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# FOREWORD

Civil society stakeholders, and by extension, LGBT rights activists play a crucial role in improving the safety and security as well as the social well-being of gender minorities. Taking action to prevent and combat gender-based violence (GBV) can enable to carry out this basic responsibility. Community-based organisations (CBOs) are often the first and in some cases, the only places where survivors of GBV head to in order to get some assistance. These survivors access to the vital services they need can be hindered by the fact that there aren't enough care services or there is a lack of information pertaining to gender based violence, lack of "high-end" trainings of the staff on guidelines related to effective response to violence survivors, insufficient quantity of supplies necessary to deliver care and worst still, the fear of people's judgement. However, associations of gender minorities or identity associations implementing strategies to mitigate risks of gender based violence on LGBT particularly on Transgenders (TG) and Lesbians can be of great help to this group of people.

This handbook for the prevention of GBV on TGs and LBTs comes as the result of the partnership between AFFIRMATIVE ACTION and Coc, within the framework of the Partnership for Human Rights, Inclusion, Diversity and Equality (PRIDE). It is a handy tool that provides practical guidance to help identity organisations, LGBTs and other civil society stakeholders to coordinate, plan, implement, monitor and evaluate key measures of prevention and response to gender-based violence in TGs and LBTs. The few guidelines/recommendations outlined here mirrors the knowledge and experience of stakeholders in the field, transgenders and lesbians.

Adequate care services are not only crucial to ensure that transgenders, lesbians and other LGBTs at risk have access to life-saving or appropriate care, but also constitute the basement of any intervention aimed to overcome the devastating effects of a perpetrated GBV. By mainstreaming the guidelines provided in this thematic guide in our action, we will be able to step up our interventions in the field and, above all, enhance the safety and security and dignity of those whose interests we are defending today. We at least own them that!

All national and international stakeholders involved in defending LGBTs rights are duty bound to protect TGs and LBTs, against VBG as well. In order to save their lives and protect them to the fullest, key measures must be taken within identity organisations. These actions which are necessary in all cases of unfavourable political and legal context, are described in the last part of this guide earmarked for recommendations. Three main interdependent objectives are thus to be reached. They are as follows:

✚ Reduce the risk of gender-based violence by implementing prevention and mitigation strategies in every field.

✚ Foster resilience by strengthening community systems to prevent and mitigate GBV as well as to enable survivors alongside those most exposed to this form of violence to have access to health care services and support.

✚ Enable these identity organisations and groups to be at the forefront by supporting their communities' capacities so that they can come out with long lasting solutions to TGs and LBTs related issues.

Despite the fact that this GBV prevention handbook has been drafted specifically for TGs and LBTs, community stakeholders (LGBTs) should refrain from elaborating interventions single-handedly. They must work in tandem to make sure that the response is coordinated.



REMEM  
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### “Preventing” And “mitigating” Gender-based violence

This handbook makes a clear difference between “preventing” and “mitigating” GBV’.

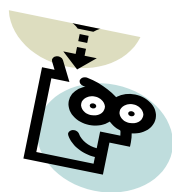
Even though overlapping of programs from both fields is unavoidable, **prevention** generally refers to measures adopted to prevent GBV from happening (*for instance by intensifying activities promoting sex equality, by working in collaboration with the communities, and TGs and LBT since we are talking about them, to end practices that lead GBV. etc.*). **Mitigation** refers to measures taken to reduce the risks of exposure to gender-based violence (ensuring the immediate implementation of risk reduction strategies when dangerous places are reported, by setting up a sufficient lighting system and adequate safety measures to consistently reduce the risks of GBV).

Besides, some fields may put up specialised programmes pertaining to the management and care of survivors.

However, the priority of this thematic guide remains the implementation of flagship activities for the prevention and mitigation of VBG, as well as support for survivors which can be implemented by identity organisations and specifically TGs and LBTs organisations

This handbook for the prevention of GBV on TGs and WSW tapped in a wide array of tools, standards, reference documents, and interesting discussions

we had with some resource people on GBV, focus groups we had with the targets of this handbook and other resources from the United Nations, national and international Non-Governmental and LGBT rights activists associations a list of specific/reference resources is provided in the bibliography.



#### REMEMBER

### Consider Gender-based violence As a state of affairs

Actions detailed in this prevention handbook are relevant from the earliest stages of a community intervention in favour of TGs and LBTs, and by extension, in favour of LGBTs, irrespective of the "known" and verified prevalence or incidence of the various forms of gender-based violence.

It is worth remembering that gender-based violence is present everywhere.

The fear of stigma or castigation, restricted availability or limited access to trustworthy service providers, impunity of perpetrators and the lack of awareness of the advantages of being taken care of in the event of a GBV are all underestimated in some NGOs and identity associations.

In a context of repression and criminalization of homosexuality, expecting or acquiring demographic data on the real scale of the issue should not be a priority, given the security and ethical problems collecting such data raises.

In this context, all staff of the association has the duty to consider gender-based violence as a state of affairs and a threat to the LGBT community, to address this issue as a serious concern that puts people's life in jeopardy and to apply the measures recommended in this document, irrespective of whether or not they exist are strong "evidence".

## Executive summary

All national and international stakeholders as well as LGBTs themselves have the duty to protect LGBT against all sorts of violence and violations of their fundamental rights. This duty is not only about providing assistance to these people, it also entails protecting them against gender-based violence. Considering that no organisation, agency or entity involved in this context is able to prevent this phenomenon single-handedly, it is crucial to work hand in gloves that is, all social stakeholders and human rights activists must be informed of any risk of gender-based violence and act to prevent and mitigate it as quickly as possible by coordinating their actions so as to ensure a comprehensive intervention.

Community stakeholders and allies themselves play a paramount role in improving the safety and security and the well-being of LGBT people. Taking action to prevent and combat gender-based violence can enable to carry out this basic responsibility. Public health services and judicial services are often the first, sometimes the only services to which survivors of gender-based violence are directed to get help. These survivors access to the vital services they need can be hindered by the fact that there aren't enough care services or there is a lack of information pertaining to gender based violence, lack of training of the staff on guidelines relating to effective interventions on LGBTs, and yes (let's call a spade a spade) stigma and discrimination LGBTs are faced with.

This handbook for the prevention of GBV on TGs and WSW is the outcome of the partnership with CoC aimed at mitigating GBV on targets which have been side-lined for long on issues of sexual and reproductive health programmes and quite unthinkable, within the LGBT community itself in Cameroon. It is an easy-to-use manual which provides useful guidelines to help TGs and WSW better prevent abuse. It equally provides community stakeholders and leaders with tips to better understand GBV related-issues among TGs and WSW. This paper on problems TGs and WSW encounter day in day out is by no means exhaustive. A more comprehensive one may be drafted later on within another framework, by us or by any other leading association.

**The Executive Director**



## Abbreviations and Acronyms

A.A	Affirmative Action
AC	Alternative Cameroon
AVAF	Association for Women Empowerment
ACHPR	African Charter on Human and Peoples' Rights
CAMFAIDS	Cameroon Foundation for AIDS
WSW	Women Who have Sex with Women
HFC	Humanity First Cameroon
MSM	Men who have Sex with Men
IBBS	Integrated Biological and Behavioural Study
STI	Sexually Transmitted Infection
LBT	Lesbian, Bisexual and Transgender
LGBTI	Lesbian, Gay, Bisexual, Transgenders and Intersex
MARP	Most at Risk Populations
CBO	Community Based Organisation
NGO	Non-Governmental Organisation
ICCPR	International Convention on Civil and Political Rights

# **GENDER, GENDER IDENTITY AND GENDER EXPRESSION AND GENDER EXPRESSION**

## **Sex and sexuality**

In our societies, one usually believes a “normal” relationship means a man and a woman who are married and have children. People have a habit of labelling the self or others when they do not necessarily comply with this set “rule” as outsiders. They are like: “How come you are still single?” “Why don’t you have kids, what's the problem?”

People find it really weird, and for many it is simply unacceptable for a man to have an intimate relationship with a man or a woman have a sexual relationship with another woman.

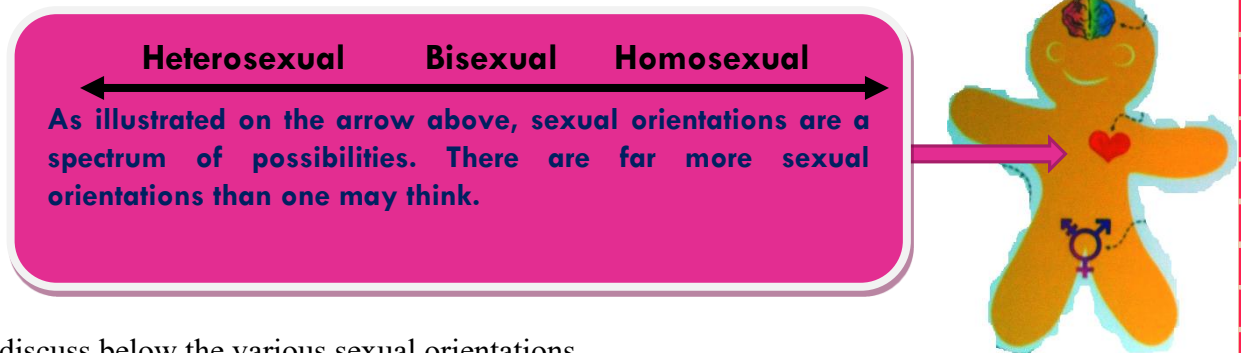
Societies, religions, and many Governments back the idea that these same-sex relationships are bad and thus should be criminalised. Actually, there is a wide range of natural and healthy options for relationships, sexual orientations and gender identities. As we welcome the fact that people’s appearance, behaviours, cultures and beliefs are as various as they are numerous, so too should we accept the fact that sexuality, sexual identity and sexual practices are diversified in a very enriching way.

Unconventional family types, sexual attraction or gender Identity do not make people more or less human beings. As such, discrepant sexual orientations and gender should by no way mean differences in the enjoyment of human rights. Hence the need to have some deeper knowledge on what sexual orientation is all about.

## **Sexual orientation**

It is the description of a person's sexual and/or emotional attraction to another person of the same or opposite sex, with the same or a different gender identity. Sexual orientation can be fluid all lifelong. The words heterosexual, bisexual and homosexual clearly relates to sexual orientation. At adulthood, most people know if they are mainly sexually attracted by the same sex or the opposite sex, though it may change with time and some people may even never come to know theirs.

Below are straight forward explanations of what sexual orientation is.



Let's discuss below the various sexual orientations.

❖ **Heterosexuality**

Emotional and / or sexual orientation towards the opposite sex.

❖ **Homosexuality**

Emotional and / or sexual orientation towards the same sex.

❖ **Bisexuality**

Emotional and / or sexual orientation towards the same sex and towards the opposite sex.

❖ **Aromanticism**

Describes people who do not experience romantic attraction or feel not able to fall in love. These people usually are satisfied with mere friendships but that does not rule out the possibility of feeling sexual attraction towards others.

❖ **Asexuality**

Describes people who do not experience sexual attraction or desire for a partner. That does not imply that asexual persons may not have sex. An asexual can express their feelings in various ways. Actually like any other sexual orientation, asexuality is felt over time and can vary from persons to persons.

❖ **Demisexuality**

This encompasses people who do not experience sexual attraction and desire to others unless they feel strongly emotionally connected to them.

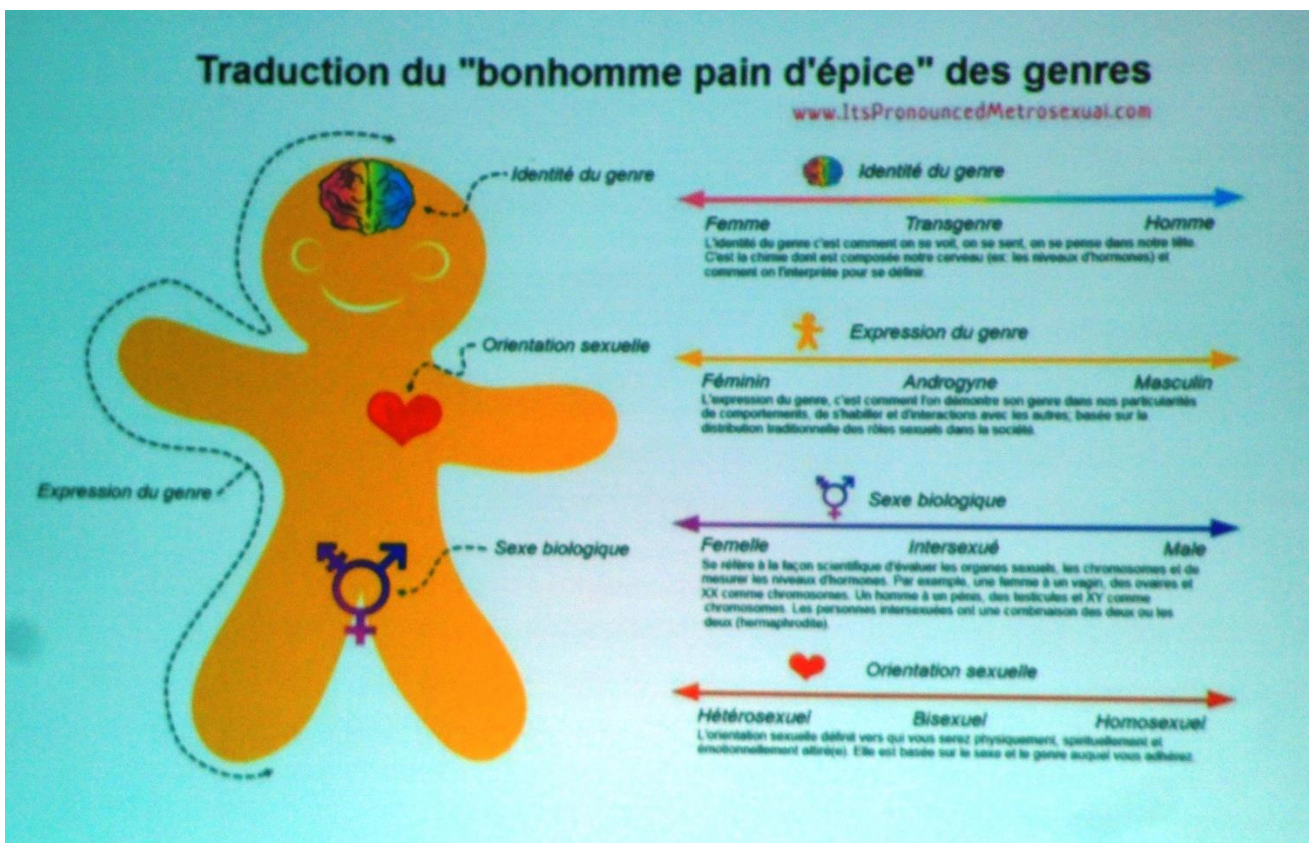
❖ **Pansexuality**

Being pansexual means that a person has romantic and/or sexual attraction towards anyone and everyone. In fact they do not prefer any one gender or sex to another.

## Gender Identity

This is when a person perceives themselves as female, transgender or male, and behaves according to their perception of that identity. These attributes are socially made and can vary following the context that is, a boy learns to behave like a man and a little girl learns to behave like a woman.

Gender roles change according to the various circumstances, which changes society's expectations and personal choices. Although gender roles are dynamic, they are rooted in long-held assumptions about women, men, girls, and boys and determine relationships between men and women.



## Biological sex

It refers to physical features. It is about whether a person was born with male or female genitalia. In some few cases, intersex people are born with male and female genitalia or undeveloped genitalia



## Gender identities

They are plenty gender identities, binary or non-binary. They are applied according to how each person feels them. One can be a woman or a man or both at the same time or neither, or be fluid, etc. What surrounds a person in society is also part of their identity. A person's culture, religion, and

ethnic group can also influence their identity. These aspects may at times become inter sectional with gender identity and sexual orientation.

Gender identities are illustrated in the diagram below:



### What is gender dysphoria?

The clinical diagnosis of the DSM 5 describes a genuine and persistent sentiment of belonging to a gender different from that assigned at birth. Gender dysphoria is a condition whereby a person experiences discomfort and distress because there is a mismatch between their biological sex and sexual identity. Gender Identity has **nothing to do with** sexual orientation!

**Gender identity** is the personal sense of one's own gender based on how they feel in their body and what gender role society considers. There are various gender identities and they may each be perceived differently according to the context.

They include, but are not limited to:

### **Bigender**

People who identify with two gender identities at the same time. For example: a bigender identifies as a man and a woman at the same time and will perform both female and male gender roles in society.

### **Cisgender (Cis)**

This is someone whose gender Identity matches with the sex assigned at birth. Who is not a Trans\*?

### **Gender creative / or gender non-conforming**

A gender identity label that indicates a person who identifies outside of the stereotyped gender roles society considers (their gender expression indicates a non-traditional gender binary presentation) and whose gender identity does not necessarily align with sex assigned at birth.

### **Gender fluid**

This is a gender identity that may change or shift between binary and non-binary genders. It is a mixture of two or more genders based on how they sense it to be.

### **Non binary**

An umbrella term for people with a gender identity different from the two binary genders (man and woman). May be an active form of resistance against gender binarity.

### **Gender neutrois**

A non-binary gender identity which falls under the umbrella term Queer or Transidentity. Somebody with no personal alignment with the concepts of either man or woman, or gender fluid or non-gender fluid. In fact, it is someone who sees themselves as existing without gender (just as a human being).

### **Questioning (process of)**

This is about an individual's exploring process. The time when someone does serious questioning about their own sexual orientation or gender identity, or both, or gender expression etc.

## 🚩 Trans\*, Transgender, Transsexual, Transidentity

Umbrella terms covering a range of identities that transgress socially defined gender norms (gender mismatches sex assigned at birth). They may or may not decide to undergo medical, social and legal transitioning.

- Social transitioning ( interactions with others, first name and last name)
- Medical transitioning ( hormone therapy and/or surgeries)
- Legal transitioning (change of names and legally assigned sex)

**\*WARNING!!! The word “trans” is more of an adjective not a noun!\***

For instance: A “trans person” and not “a trans”

## 🚩 Trans man (or female-to-male transgender)

This is someone assigned with the “female” sex at birth but whose gender identity is somewhere on the masculine spectrum. Some feel best described with the abbreviations FTM (Female-To-Male), F2M or AFAB (Assigned Female sex At Birth).

## 🚩 Trans woman (or male-to-female transgender)

This is someone assigned with the “male” sex at birth but whose gender identity is somewhere on the feminine spectrum. Some feel best described with the abbreviations MTF (Male-To-Female), M2F or AMAB (Assigned Male sex At Birth).

## **Shedding light on what “gender expression” is all about.**

It is about how a person’s gender identity is expressed outwardly through their behaviour, mannerisms, clothing, physical aspect, names and pronouns. Simply put it is everything they do to express their gender identity in society.



The list below on the various types of gender expression is far from being exhaustive. We have:

## 🚩 Androgyny

A term used to qualify a gender expression that has physical, psychological or clothing elements of both masculinity and femininity. Somehow close to the concept of gender neutrality.

## **Butch**

This term is associated with a cis or a trans woman who has a masculine gender expression according to the society. 'Butch' is often used for masculine lesbians.

## **Drag King /Queen**

A Drag King /Queen is someone whose appearance and gender expression is to perform respectively femininity/masculinity theatrically.

## **Femme**

- ✓ Someone who identifies themselves as feminine, whether they be cisgender or transidentity.
- ✓ This is a term used by the LGBT community to describe the gender expression of a more feminine woman or man.

## **Man**

Someone who identifies themselves as masculine, whether they be cisgender or transidentity.

## **Womyn/Womxn**

An alternate spelling of the word 'women' invented by radical feminists intent on taking back ownership of the word "woman" and thereby getting rid of the word "men" which has a patriarchal connotation.

## **Anatomic sex**

These are the internal and/or external genitalia and chromosomes of a person which determines their sex assigned at birth (or that acquired following a gender confirmation surgery). These genitals may or may not be of reproductive capacities. We therefore have male, female or intersex status.

## **An intersex person**

An intersex is a person born with a reproductive and sexual anatomy and/or chromosome patterns that do not seem to fit the standard definitions of female or male body. In some cases, intersex features are visible at birth while in others, they are not apparent until later. An intersex can identify as a male or female or even as none of them. Intersexuality is not about sexual orientation or gender identity. Actually, intersexuals do have the same array of choices regarding sexual orientation and gender identities as non-intersex people.

An intersexual person is one with primary or secondary internal and/or external male and female sex characteristics at the same time. Their secondary sex characteristics (hairiness, skeleton,

muscular configuration, genetics, DNA etc.) may not be totally masculine or totally feminine. They may exist over 20 variations of primary and secondary sex characteristics. In some cases intersex kids are mutilated right from birth by medical doctors who want by any means that the former fits in one of the two binaries (man or woman) accepted by society. Given that these surgeries are done without either child's consent or knowing their gender identity, most of them will have to later on transition to fix the mess.

### ❖ A transgender

Is a person whose gender identity or expression does not match the sex they were assigned at birth. A transgender communicates their gender identity through clothing (cross-dressing) and behaviour (behaves like the opposite sex).



### ❖ A transgender woman

Is someone born with male genitalia, but who may prefer the pronoun “she”. She tends to change her names, sometimes cross-dresses (transvestite) and may even go as far as undergoing gender reassignment surgery (transsexual).

### ❖ A transgender man

Is a woman who strongly behaves and feels like a man in every aspect of his life, exception made for the biological change.



CONCHITA WURST

BY @SYLVAINJBD

The acronym LGBTI is used to refer to gender minorities. It stands for lesbians, gays, bisexual, transgenders and intersexes. Even though it is the conventional professional appellation, this list is far from being exhaustive considering that its purpose is not to describe every single sexual orientation and identity.

Most people are aware of their sexual orientation and identity at an early age. In a less accepting society where same sex attraction is condemned, mock at and criticised, many youths suffer identity crisis and may have difficulties accepting their own sexual orientation, and thus fail to make their kith and kin understand and accept their sexuality. Most often, people abstain from revealing their sexual orientation and prefer to keep their relationships and emotions secrets for many years and for some, for the whole of their lives. Deciding to confide in their kith and kin and to speak overtly about their sexuality can be very challenging. This is known as the "Coming out".

MSM means men having sex with men. MSM include men who consider themselves gay and have their relationships mainly with other men. MSM also include people who do not necessarily consider themselves gay but do have sex with other men. Some MSM have sexual intercourse with other men, but live a heterosexual lifestyle.

The fact that they have sex with men is often hidden from their communities and their families, due to stigma, fear of social exclusion once discovered or simply the social taboo that is often associated with sexual life.

Studies, like the IBBS 2016 and many others, show that some MSM have competing female partners and can consider themselves to be heterosexuals. In health programs for key populations, MSM who refuse to claim themselves socially as such are known as "HARD TO REACH".

For the layman, those who have sex with people of the same sex are gays. Regardless of the sexual orientation, every sexual intercourse should be between consenting adults, or, between young people of the same age and big enough for mutual consent.

The problem lies with the fact that many LGBT people do not even know their rights.

## **What you need to know about Transidentity**

Transidentity has multiple causes. Transidentity can be explained by genetics, brain structure, brain function and exposure to prenatal androgens (hormones). It can also be explained by psychological factors.

### **❖ Genetic causes**

According to a study by Hare, transgender women have an androgen receptor gene longer than cisgender men. This makes testosterone binding less effective, and thus may prevent complete masculinization of the brain.

### **❖ Brain structure**

In their book "Male-to-Female Transsexuals Have Female Neuron Numbers in a Limbic Nucleus" published in 2000, Zhou, Kruijver and Coll demonstrated that the brain structures of transgender women (volume and density of neurons) were similar to those of cisgender women and different

from those of transgender men, even under control of hormone intake. Other studies have also shown that androphilic and gynephilic report and responses of transgender women are similar to those of cisgender women, and different from those of cisgender men. Similarly, studies have found that gynephilic transgender men had white substance patterns similar to those of cisgender men (even before taking hormones).

### ❖ Prenatal androgens exposure (hormones)

Prenatal androgens exposure, the lack of it, or the low susceptibility to prenatal androgens may be mechanisms to explain the phenomenon of transidentity. Schneider, Pickel, and Stalla (2006) found a correlation between the Manning index (a marker that is generally accepted for prenatal androgens exposure ) and the M2F trans whose numbers, when compared, happened to be higher than those of cisgender men subject to the experiment and likened to those of cisgender women subject to the experiment.

# HUMAN RIGHTS, LGBT AND GBV ON TG AND WSW

## Human rights and sexual orientation

*“We see a pattern of violence and discrimination directed at people just because they are gay, lesbian, bisexual or transgender ... Any attack on you is an attack on the universal values the United Nations and I have sworn to defend and uphold. Today, I stand with you ... and I call upon all countries and people to stand with you, too.”*

**An excerpt of the United Nations Secretary General Ban Ki-Moon message to the Human Rights Council, March 7, 2012.**

Human rights are protected at the international and regional levels. In Africa, the African Charter on Human and Peoples’ Rights is the main instrument governing the African regional system on human rights and additional protocols. The charter does not protect sexual orientation in particular but protects LGBTI rights in general. Homosexuality is still criminalised in 37 African countries. Article 2 of the Charter prohibits discrimination on individuals without distinction of any kind such as race, ethnic group, colour, sex, language, religion, political or any other opinion, national and social origin, fortune, birth or any status.

Article 3 stipulates that every individual shall be equal before the law. Articles 4 and 5 ensures to every individual respect for his life and the integrity of his person, and prohibit torture, cruel, inhuman or degrading punishment and treatment.

A strong advocacy by African LGBTI organisations directed to the African Commission led to the adoption of Resolution 275, which condemns violence and other violations against people on the basis of their sexual orientation and gender identity.

Violence and discrimination based on their sexual orientation and gender identity is the daily grind of LGBTIs. The community is faced with violence such as “corrective” rape, physical assault, deprivation of liberty, police abuse, torture, murder, arbitrary arrests, detention, extra judicial executions, enforced disappearances, extortion and blackmail.

The above cited violations, most often perpetrated by state actors and non-state actors, also target human rights activists and civil society organizations defending the rights of LGBTI who are sometimes victims of arbitrary raids and some other times compelled to close down.

It was in a bid to respond to those violations that the African Commission condemned the growing incidence of violence and other human rights violations against LGBTs. The Commission has been concerned with the inability of law enforcement officers to investigate and prosecute perpetrators of violence and other human rights violations against individuals on the basis of their real or perceived sexual orientation and gender identity.

The Commission condemned the systematic attacks by state and non-state actors against people based on their real or perceived sexual orientation and gender identity.

The Commission has called on States Parties to the African Charter to ensure that human rights activists work in a supportive environment without stigmatisation, threat or criminal prosecution for their human rights activities, including the rights of sexual minorities. The Commission urged States to end all acts of violence and abuse by state actors through the enactment and enforcement of appropriate laws prohibiting and punishing all forms of violence, including those targeting people on the basis of their real or perceived sexual orientation and to ensure the proper investigation and the prosecution of perpetrators and the set-up of judicial procedures that meet the needs of the victims.

Although the resolution adopted by the African Commission lacks enforcement mechanisms and is not binding, it is a great achievement and token in LGBTI advocacy given the hostile environment. This is a change in tone from an adulated institution like the African Commission, which should encourage States Parties to act in compliance with the Commission's resolution.

The right to freedom of expression and assembly of LGBTIs is also violated on the basis of their sexual orientation and gender identity. Sexual minorities are criminalised for expressing their sexual orientation and gender identity, their social life and other activities. Criminalisation at times takes the form of laws that prevent people from communicating and assemble to advocate for LGBTI rights, thereby violating their freedom of assembly.

Protecting the rights of LGBTIs from violence and discrimination does not require the drafting of a new set of specific or special rights for LGBTI people. Neither does it require the establishment of new international human rights standards. The existing state duties must protect the rights of all individuals regardless of their sex, sexual orientation or gender identity. The fundamental legal obligations of States with regard to the respect, protection, promotion and achievement of the rights of LGBTIs include obligations to:

- ✚ Protect individuals against violence by state and non-state actors;



- ✚ Prevent torture, cruel, inhumane and degrading treatment or investigate these in the event they occurred to provide an effective remedy to the victim;
- ✚ Prohibit discrimination based on sexual orientation and gender identity;
- ✚ Repeal laws promoting discrimination based on sexual orientation including but not limited to, the decriminalisation of homosexuality;
- ✚ Protect freedom of peaceful expression, association and assembly for all;
- ✚ Ensuring access to Justice and effective recourse for LGBTIs in cases of violations and abuse.

### **Legal framework and LGBT related issues in Cameroon.**

Cameroon, right from the preamble of its constitution proclaims: All persons shall have equal rights and obligations. The State shall provide all its citizens with the conditions necessary for their development. Still in the preamble, freedom and security shall be guaranteed to each individual, subject to respect for the rights of others and the higher interests of the States. The home is inviolate. No search may be conducted except by virtue of the law;

It is further stipulated in the constitution in Article 45, that the State proclaims the primacy of international law over its national instruments duly approved or ratified treaties and international agreements shall, following the publication, override national laws, provided the other party implements the said treaty or agreement. It is equally worth mentioning here the LAW N ° 90/53 of 19 December 1990 pertaining to the freedom of association thus guaranteeing the right to any natural or legal persons the possibility of declaring an association throughout the national territory. As well as the numerous Treaties and Agreements to which Cameroon is a signatory, notably the African Charter on Human and Peoples' Rights (ACHPR), the International Covenant on Civil and Political Rights (ICCPR).

Paradoxically, despite these constitutional guarantees, as well as a concrete commitment to the international normative framework, the legal framework of Cameroon has been negatively exhibited since 2005 with its Section 347-1, Ordinance No. 72-16 of 28 September 1972, which stipulated: “Whoever has sexual relations with a person of the same sex shall be punished with imprisonment of from 6 (six) months to 5(five) years and a fine of from CFAF 20 000 (twenty thousand) and to 200 000 (two hundred thousand)” this provision has been copied from the new Penal Code which entered into force on 12 July 2016 by presidential decree. Let’s equally mention some curiosity with regards to the law n ° 2010/12 of 21 December 2010 pertaining to cyber-security and the cyber-criminality in Cameroon which in its Section 83 (subsection 1) “Whoever uses electronic communication devices to make sexual proposal to a person of the same sex shall be punished with imprisonment for from 01 (one) to 02 (two) years or a fine of from 500,000 (five



hundred thousand) to 1,000,000 (one million) CFA francs or both of such fine and imprisonment.”. (Subsection 2) The penalties provided for in subsection (1) above shall be doubled if sexual proposals are followed by sexual intercourse.

### **LGBT right to health and access to healthcare**

The right to health may imply the right to an effective and integrated healthcare system that includes health care services and the underlying health determinants mindful of national and local priorities and accessible by everybody. The main covenant protecting the right to health is the International Covenant on Civil and Political Rights (ICCPR) under Article 12.

The right to health is a global right. It entails liberties and rights. These include:

- ✚ The right to be free from non-consented medical treatment
- ✚ The right to be free from torture or degrading treatment; non consented anal examinations is tantamount to torture

Rights include:

- ✚ The right to a health protecting system providing equal opportunities for all to enjoy health to the fullest
- ✚ The right to diseases prevention, treatment and status control
- ✚ Access to essential drugs
- ✚ Equal and timely access to basic health services
- ✚ The guarantee of rights related to health
- ✚ Inclusion of the population in health decision-making processes at the national and community levels.

Sexual minorities like everyone else have the right to health. However, criminalising homosexual intercourse renders access to health care quite impossible, and prevents governments from including them in national health programs.

Criminalising homosexual intercourse has a devastating impact on access to health care. The consequence being the deprivation of economic rights, social dislocation and promotion of human rights violation. Criminalisation impacts the enjoyment of the above mention liberties and rights. This leads to an increment of the risk of HIV transmission among sexual minorities.

Sexual minorities are at high risk of HIV infection because of the lack of targeted messages, support and services, and because of such laws that compel them to drive underground, often excluding them of programs aimed at preventing and treating HIV/AIDS. In Africa, MSM are nine times more likely to be infected with HIV/AIDS than their heterosexual counterparts. As a result, HIV infection among sexual minorities remains incredibly high as compared to their heterosexual counterparts.

In Africa, HIV/AIDS prevention, care and treatment of the LGBTI community are not included in national programs. They are subsequently not taken into account in the prevention and treatment of HIV/AIDS.

Like everyone else, LGBTI people should enjoy the right to health without discrimination. They must be able to access health care services without any fear. Discriminatory treatment in the health system has a negative impact not only on the LGBTI community but on the entire population. HIV remains a top priority in Africa, and exclusion of the LGBTI community in national health programs due to anti-gay legislation undermines this priority.

### **A human rights based approach in preventing GBV and HIV among Transgenders and WSW communities in Cameroon.**

The HIV pandemic is widespread in most African countries. This implies that there is a high HIV infection rate among all the strata of the population. Granted, most people living with HIV in Africa are in the general population but, there are minority groups which are more exposed to HIV infection and subsequently have a higher percentage of people most at risk and those living with HIV. These are key populations also known as Most At Risk Populations (MARPs). Those included in this group vary according to situations and countries. They include inter alia men who sex with men, sex workers, injectable drug users, transgender people, HIV negative partners of HIV positive people, (serodiscordant couples) and constantly moving people. LGBTs are vulnerable to HIV infection for a couple of reasons. They run as follows:

- ✚ Stigma, discrimination and abuse deter LGBTs from resorting to healthcare services and may therefore not receive the care they are in need of.
- ✚ Health information, publicity and awareness raising campaigns are done following the heterosexual “standard”. Factual and relevant information regarding key populations are generally not disseminated.
- ✚ In the worst case scenario LGBTs, like most men, tend not to access health care services. LGBTs become even more reluctant to access health care facilities "they experience discrimination, being dismissed by health care providers, stigma, attitudes and services that do not meet their needs."
- ✚ Consequence being that they are less likely to do HIV screening and have less access to treatment and prevention services.
- ✚ Discrimination, and services that do not meet their health needs lead to higher HIV infections rates.



MSM have specific health needs:

- ✚ Not only do they have poor access to health information and services but unprotected anal sex has a higher risk of HIV infection.
- ✚ Condoms are generally easy to have we must confess, but MSM equally need lubricants. Unfortunately lubricants are not that available.

About half of the MSM population reportedly have sex with women. Many other key populations also have sex with people in the general population. So, in addition to the vulnerability of key populations to HIV infection, high risk for these people means more infections in the general population. In a nutshell, the more the HIV infection the greater the burden of disease and the higher the costs of health care services.

# CAN WE REALLY TALK OF GBV ON TG AND WSW WHEN WE KNOW THE CAMEROONIAN CANTEXT?

In every region of the world, LGBTs might be subject to rights violations regardless of their age. These people are victims of physical assault, abduction, rape and murder. In more than one third of the countries of the world, people may be arrested and imprisoned for having private sexual intercourse with consenting adults. States often fail to adequately protect LGBTs from discriminatory treatment in the private sphere, including in the workplace, at home and in health care facilities. Article 347-1 of the new Penal Code of Cameroon goes as far as criminalising these acts. Youngsters and adolescents who are LGBT are bullied at school and sometimes evicted from their homes by their parents, sent to psychiatric institutions against their will or forced to marry. Transgenders are often denied identity documents with the gender they choose, documents without which they cannot work, travel, open a bank account or access services. Intersex children can be severely traumatised. Examples are the psychiatric treatments imposed to "heal" individuals from their attraction for people of the same sex, or the so-called "corrective" rape of lesbians committed for the averred purpose of "getting them back on the right track".

## What is violence?

Violence is rife in our societies today. It can be physical, psychological, mental, economic, civic, moral ... That notwithstanding, there is positive and negative violence. Violence is defined as per the context. For the purpose of this paper, violence is defined as the brutal aggression in actions or words, behaviour or attitude towards a person because of their sexual orientation, gender identity or social and societal commitment.

## What is a GBV?

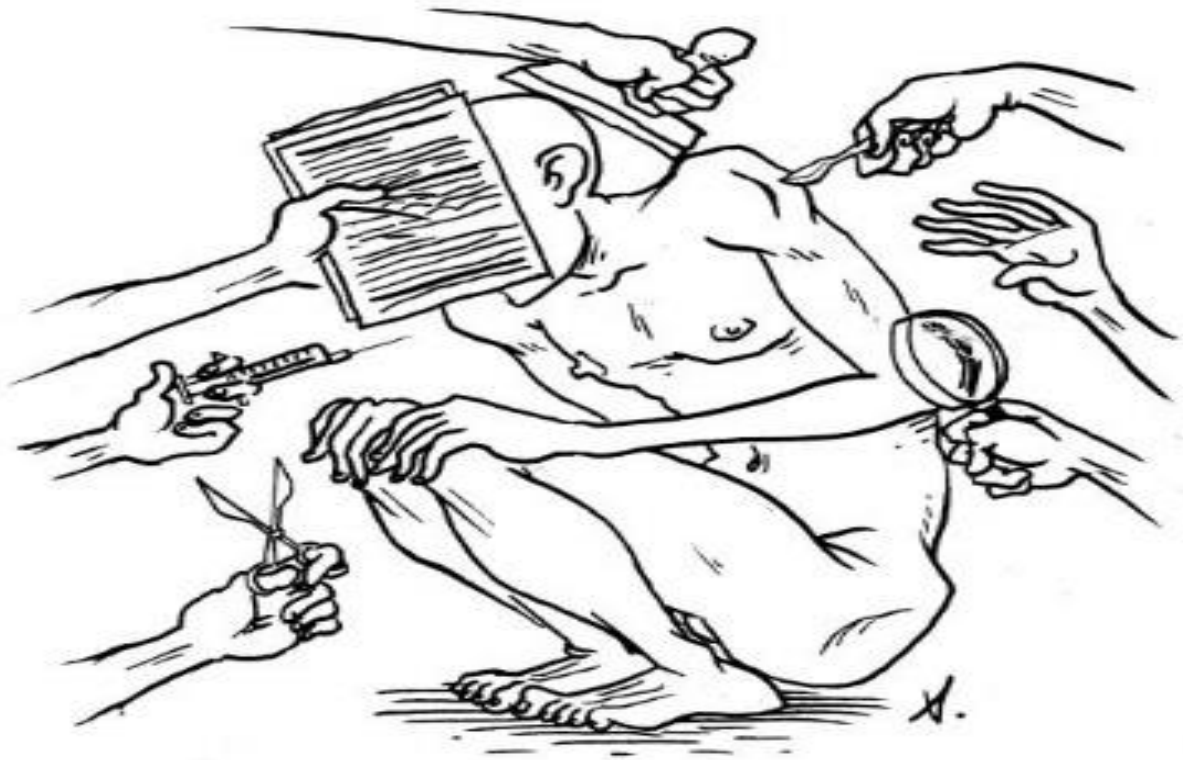
Gender-based violence, within the framework of this paper, is defined as a physical, psychological, economic, social, mental and behavioural aggression against somebody because of their known or perceived sexual orientation, gender identity or physical appearance. Actually, LGBTs in general and TGs and WSW in particular are victims of these specific forms of violence.

## Root causes and contributing factors of GBV

To integrate the prevention and mitigation of gender-based violence on TGs and the LBT in urban areas in Cameroon, it is imperative to foresee, contextualise and fight against factors likely to contribute to this form of violence. Below are examples of factors sorted at the individual / family, community and societal levels. These categories emerged from interviews we had with TGs and LBTs in some localities of Cameroon. The real risk factors vary depending on the context and the forms of violence. Nevertheless, these examples underscore the importance of addressing GBV through interventions of a broader scope targeting different sorts of risks.

### Stocktaking of GBV on TGs and LBT in Cameroon

Based on the literature review and discussions with transgenders, lesbians and some resource persons within the LGBT community, we listed out the various forms of violence in urban and peri-urban areas in Cameroon.



#### ❖ Extortion/swindle/blackmail (homophobic harassment)

This category of violence witnesses a steady upward movement, except in 2013 when it somehow stalled. The issue of sexual orientation has become a business for some. This category of GBV is fuelled by the shady role of Article 347-1 for it creates fear which is then exploited by the perpetrators of the VGB mentioned at the onset of this part.

### ❖ **Corrective rapes**

It mainly affects LBT. LBTs are raped on assumptions, held by rapists, that the former might have never had sex with a male sex man. So, having sex with a male sex man may 'cure' the lesbian of her sexual orientation and make her get back to "normal".

### ❖ **Physical assaults**

This refers to people whose threats have been translated into assault and battery either by a relative or someone around them. In some cases, this physical assaults have been coupled with other forms of violence. We thus registered two cases of physical assaults followed by family eviction and one other case followed by sexual violence. In the latter case, the individual after having been beaten by family was forced to have sex with a woman to check whether "he was still a man".

Apart from being of a demeaning and painful nature, this violence usually comes along with family disclaim of financial responsibility vis-à-vis the victim. These victims are thus made vulnerable, condemned by their families to live in financial hardship and on clandestine prostitution, the breathing ground of all sorts of woes.

### ❖ **Sexual violence**

This form of violence is recurrent among LBT but less among TGs. It is worth mentioning the peculiarity of this form of violence; actually it is not that different from cases of blackmail whereby, in the face of an obvious violation, the victim unfortunately has no avenue for complaint lest they be arrested on charges of homosexuality. This is a case in point of the manipulation of the criminalisation of homosexuality.

### ❖ **Psychological violence**

Often neglected, this form of violence tends to be the most common. A possible cause is the greater visibility of LGBTI. Once discovered as such, they are rejected, insulted, threatened or bullied on the basis of their identity. It has perverse effects and leads to suicide which is very scantily documented.

### ❖ **Lesbophobia**

It is an attitude marked by disgust, hatred, fear or rejection of lesbianism or lesbians. This category of GBV is much more felt in the social environment the LB lives in and it is fuelled the more by social and cultural pressures.

### ❖ **Transphobia stirred up by media**

The point here is that media convey to the general public messages that stir up stigmatisation and discrimination against transgenders.

### ❖ Serophobia

This can be described as the fact of having a sentiment of disgust, fear or rejection of HIV positives. This is particularly true for TGs, WSW and other LGBTs by health care providers when they are HIV positive.

### ❖ Arrests

Cases of violations documented at the beginning of the activities of identity associations were arrests. Repeated appeals to the State of Cameroon to stop these arrests done pursuant to Article 347-1 as an alternative to the repealing of the said law has fallen in deaf ears. The resolute commitment of LGBTs rights activists contributed in ebbing cases of arrests. As attested by data collected. After peaking in 2014, it sharply decreased in 2015 while in 2016 we noticed a slight increase of these arrests due to the new law adopted in 2016, which legitimised violence.

### ❖ Relationship difficulties due to low-self esteem

These are people who are emotionally addicted and tend to create parenting relationships, with active protection seeking. For some, challenging couple lives may lead to the fear of being abandoned and for some others, recurrent unprotected and occasional sexual intercourse increases the risk of infection and superinfection with STIs and HIV. These individuals often feel like their world is falling apart, they feel guilty about their sexual orientation and their own lives even. Relationship difficulties cause frequent depressions sometimes associated with suicidal ideation and when it comes to HIV-positives, they often lead to difficulties in adherence to ARVs.

### ❖ Rejection by the church

The rejection by the church is a situation whereby the individual, denounced in his religious assembly has been banned on grounds of their sexual orientation. The aggressiveness the individual developed against the religious institution, has been transposed to their sexual partners who suffer their physical violence. The individual tends to live on risky sex behaviours, against a backdrop of suicidal ideation.

### ❖ Evictions, parental abandonment and discrimination

Evictions apply to people who have been cast out from family or chased away from their environment by their acquaintances because of their real or perceived sexual orientation. Parental abandonment on the other hand is about those whose family disclaimed all financial responsibilities on them because of their real or perceived sexual orientation. The individual may be living under the same roof as the family but is left to their own device (refusal to pay tuition, for instance). In both



cases, the individuals find themselves in great distress and forced into clandestine prostitution, with a weak capacity to negotiate the use of condom. Regarding the other case, discrimination (01 case) affects an individual whose family, without speaking explicitly of homosexuality, treat him as an effeminate and stopped associating him with activities involving men. He is ignored by all (parents and siblings) and his relatives hardly speak to him. In some cases, this violence leads individuals to suicidal ideation.

### ❖ Internalised homophobia

Given that it originates with the family, harassment is internalised by the individuals. Through an inversion process the victims gradually identify themselves as being the assaulter instead, they then integrate homophobia and feel compelled to coerce themselves into façade heterosexual relationships in a bid to have a child to brandish as evidence to cover themselves. That being said, internalised homophobia was the second form of violence experienced by MSM.

These are people who, having integrated the prohibitions and risks of violence from their surroundings, become their own censor and endure self-flagellation as repentance. By and large, those who fall under this category have unprotected sex with other people of different sex, even if they are infected with HIV, because they wish to have a child so as to level up the esteem their acquaintances show to them. And these risky attitudes make them vulnerable to STIs and HIV and in some cases to superinfection.

### ❖ Harassment

It constitute the first and main form of violence MSM suffer. It comprises either direct threats or insults and persistent mockery. Direct threats relate to the risk of eviction from home, threatened with beatings, threats of suspension of financial support and, in the worst case scenarios, death threats, because of the suspected homosexuality. With regard to persistent mockery and insults, in the simplest scenario, individuals are subjected to highly intrusive questioning and mockery about the absence of a female partner. Insults occur when the community associates homosexuality with witchcraft or dangerous secret societies. As a result, the individuals are side-lined and accused of endangering their families. This harassment by family or close relatives occur when a suspicion of homosexuality weighs on the individual. And since this harassment is done on a daily basis, it will have an influence on their mental health pushing them either to run away or to self-withdrawal. Harassment is a source of distress for TGs and LBTs and therefore reduces their self-esteem. It leaves them with no other choice than to dive into clandestine sex often at risk, which in itself is a source of high vulnerability to STIs and HIV.



### ❖ Stigma and discrimination

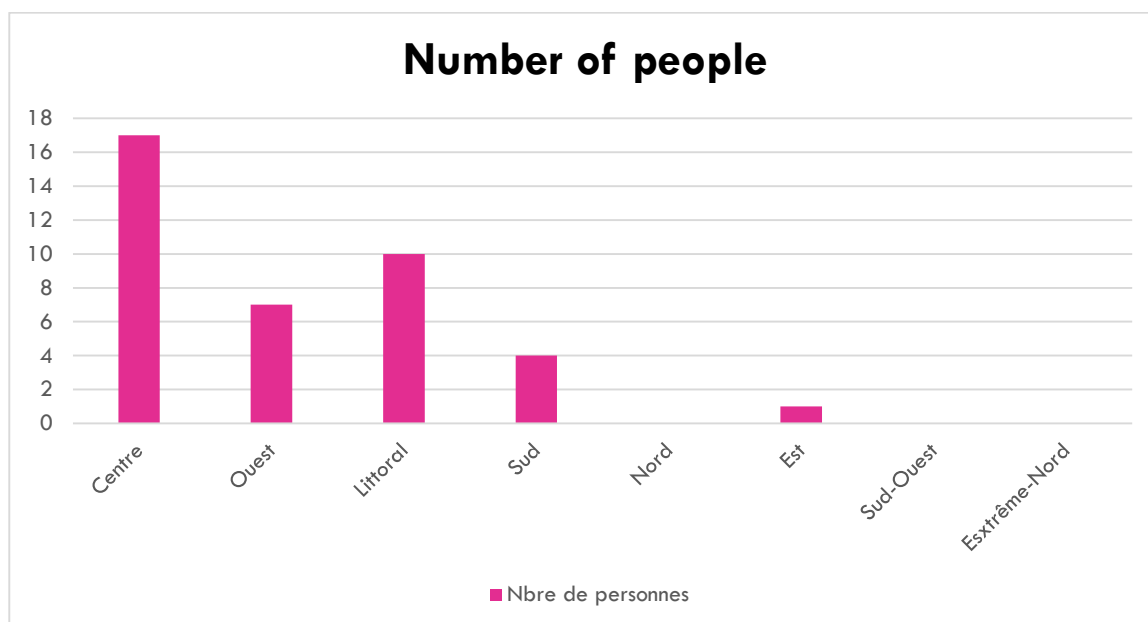
Social stigma and marginalisation increase the risk of violence on transgender women or men who do not live according to social and cultural gender standards. What's more, the risk of discrimination, harassment and even violence in health care facilities often prevents them from getting the care or support they need. Health programs should take on board all transgenders and genders non-conforming to social and cultural standards so that they may access all health care services, including sexual and reproductive health. Stakeholders in the field of health also need to take into account the violence that affects transgender and ensure that health staff are properly trained in providing care for transgender survivors.

### GBV Results by indicators

The table below presents the findings of a study carried out by CAMFAIDS within the framework of LBTs rights violations observance in Cameroon 2018. This activity was lead in June 2018, this is to say how up-to-date this information was, and by the time we conducted the present study.

REGION	NUMBER OF PEOPLE
<b>Centre</b>	<b>17</b>
<b>West</b>	<b>07</b>
<b>Littoral</b>	<b>10</b>
<b>South</b>	<b>06</b>
<b>North</b>	
<b>East</b>	<b>01</b>
<b>South-west</b>	
<b>Far-north</b>	

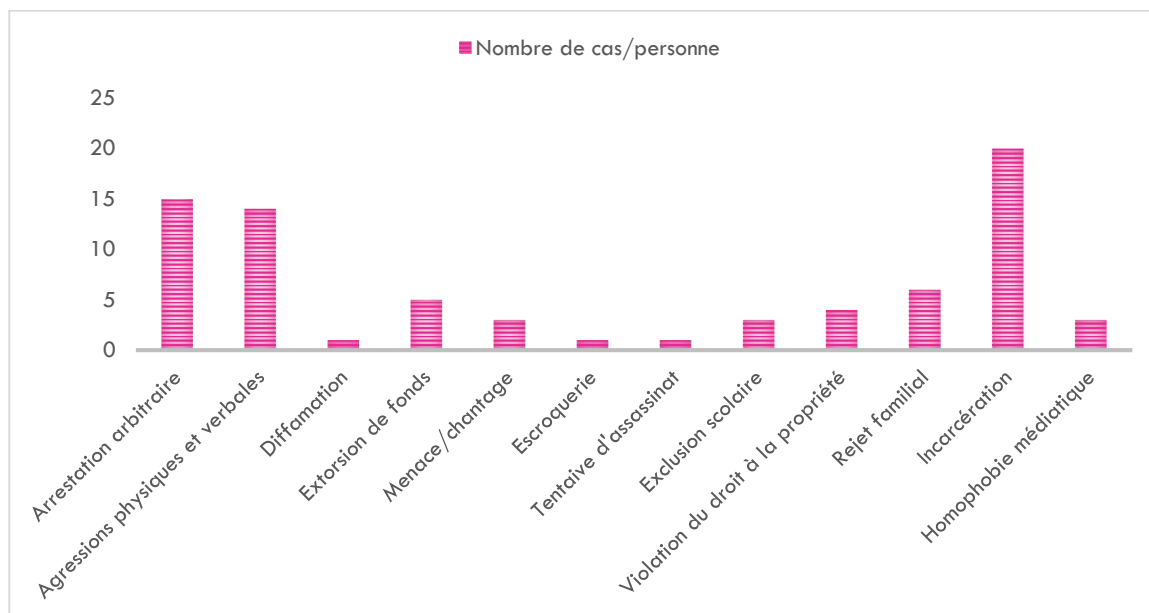
From the table above, it is noticeable that violence rate is higher in some regions namely the Centre, Littoral and West regions. While in the field, by the end of the interviews we had, we finally came to understand that these figures do not match the reality on the ground. LGBTs are faced with far more incidence of violence daily than what is reported.



The table below gives statistics according to specific forms of violence in Cameroon.

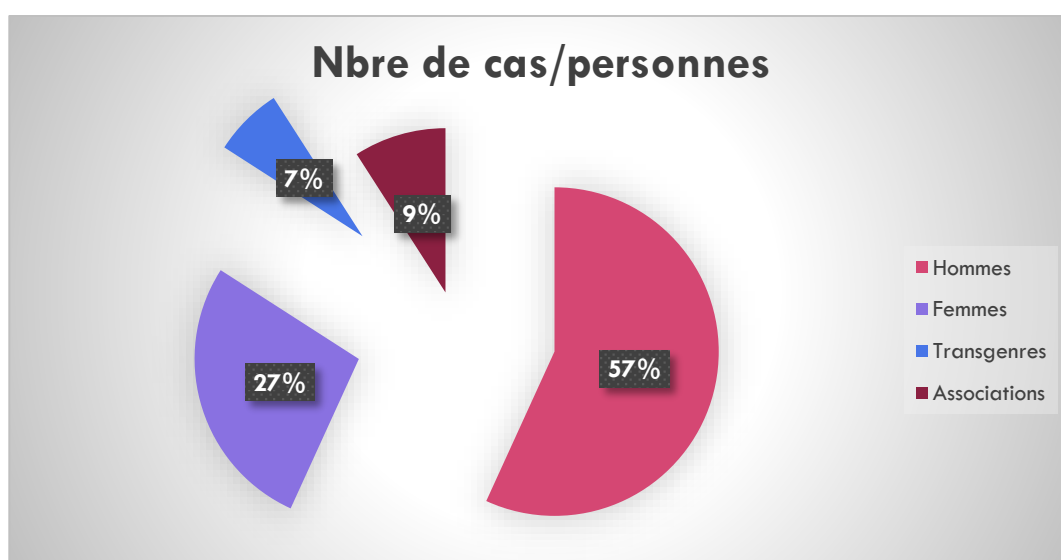
#### Statistics according to the form of the violence.

Forms of violence	Number of cases
Arbitrary arrests and detentions	15
Physical assault or verbal abuse	14
Slander	01
Extortion	05
Threat/blackmail	03
Swindle	01
Attempted murder	01
Dismissal from school	03
Trespassing	04
Rejection by family	06
Imprisonment	20
Homophobia stirred up by Media.	03



## Statistics by gender

Target/gender identity/gender expression	Number of cases
<i>Men</i>	<b>25</b>
<i>Women</i>	<b>12</b>
<i>Transgenders</i>	<b>03</b>
<i>Associations</i>	<b>04</b>



From the tables and charts above, we can conclude that cases of GBV on transgenders and WSW are very few. It should be stated that the figures considered here are scientifically or empirically verifiable. Thus, cases listed here can be proved. However, there is no room for thinking that because of these

figures cases of GBV in TGs and WSW are not that important. There are cases of GBV that affect TGs and WSW, but which unfortunately are not documented, subsequently though, we won't be able to provide real facts.

### **How should GBV of TG and Lesbian victims be understood in Cameroon?**

Gender-based violence seriously undermines the immediate sexual, physical and psychological health of survivors and contributes to increase the survivors' level of vulnerability and serious health problems. Possible effects on sexual health include unwanted pregnancies among lesbians, sexual arousal disorders and sexually transmitted infections (STIs), including HIV. Possible physical health effects include injuries that can develop into acute and chronic diseases of the nervous, digestive, muscular, urinary as well as the reproductive systems. These consequences may prevent the survivor from performing physical or intellectual tasks that would be doable under normal circumstances. Possible mental health effects include depression, anxiety, alcohol and drug abuse, post-traumatic stress disease, and suicidal ideation.

Survivors of gender-based violence may also suffer from the stigma associated with this form of violence, which can play against them at the social and economic levels given they be side-lined by their family or community. Physical and psychological consequences of gender-based violence can disrupt the survivor's abilities and well-being, at the personal level and with regards to the relationship with family and others. These effects can extend to relationships with relatives, affecting, for example, the relationship the survivor has with family and community or the community's attitude towards the survivor. Lesbians may find difficulties in convincing security forces that the acts of sexual violence they have suffered were committed without their consent.

Many effects on survivors are difficult to relate directly to gender-based violence, as they are not always easily identifiable by health care or other providers as signs of exposure to this form of violence. This may lead to the erroneous believe that gender-based violence is not a big deal. Failure to make an educated guess on the scope of some violence due to their disguised nature so as to address its impact on the individual may result in limited power for some identity associations, to care for or support survivors.

Article 347-1 of the new Penal Code undoubtedly tenfolds the chances of having emerging forms of GBV against TGs and lesbians. That said, root causes of violence are associated with attitudes, beliefs, standards and structures which encourage or condone discrimination based on sexual orientation. Linking gender-based violence to its roots of discrimination based on sexual orientation and gender identity implies not only focusing on meeting the immediate needs of LGBTs, but also implementing



strategies (as soon as possible) that promote the sustainable development of the society and culture towards tolerance and acceptance of differences of others. These strategies consist in organising advocacy activities defending LBGTs rights; to ensure that lesbians and transgenders are included in sexual and preventive health programs, for example.

### **Consequences of violence on physical and mental health**

In 2016, the IBBS survey highlighted a worrying fact: that key populations in the study (sex workers and men who have sex with men) were twice as infected with HIV whether they were victims of violence based on their gender or sexual orientation. The violence is henceforth a public health issue. We long held the assumption that the HIV response would be hindered by human rights violations. In 2017, the community study conducted by Alternatives-Cameroun reports the mental health of gays and lesbians as a matter of real concern. In particular, an acute depression was observed in 32% of gays in Douala. Among lesbians, 30% have acute depression, 81% drink alcohol, 56% smoke tobacco and 18% use drugs.<sup>1</sup>

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<sup>1</sup> 2017 violation report by Humanity First Cameroon and Alternatives-Cameroun

# HOW CAN GBV ON TG AND LBT BE LIMITED/SIGNIFICANTLY REDUCED GIVEN THE CAMEROONIAN CONTEXT?

**Disseminating and sharing information:** Program and community service staff are urged here to:

- ✚ Work with gender-based violence specialists to sort out safe, confidential and survivor-friendly care systems (for instance referral systems) adaptable to survivors of this form of violence, to fan basic messages on the issue during mass communication and awareness raising activities on topics pertaining to health and develop standards for information sharing that promote survivors confidentiality and anonymity. Services may be limited right from an emergency intervention. Adjust orientation systems as services expand.
- ✚ Be trained on gender-based violence on, women's rights, human rights, social exclusion, sexuality and psychology first aid (for instance how to support survivors and respect ethics, safety and security as well as confidentiality in communicating information about the rights and opportunities they have to report a risk and receive support).

## The fight against GBV: a public health emergency?

Health services are often the first, if not the only, resort for survivors of gender-based violence. In order to easily administer the care they are in need of, it is necessary for survivors to have safe access to health facilities. With respect to transgender and lesbian specifically, it is important that health care providers be able to provide survivors with non-discriminatory and quality health services.

The fear of reprisal, social stigma and rejection by their family or for other reasons, pushes most transgenders and lesbians to rather ignore issues of violence when they meet a health care provider (or other staff). Health care providers who have not received adequate training may not be able to detect signs of violence. Survivors sometimes do not dare to address their GBV-related health issues, particularly in the following situations: the provider does not ask the right questions; the

communication media of the institution do not clearly indicate the types of services available and do not specify that these services are accessible to all; or the provider did not clearly state that GBV information will be processed in a respectful, benevolent and confidential manner.

## GOOD TO KNOW

The management of GBV on transgenders and Lesbians requires concerted actions.

Thus taking on board several sectors of social life.

So, to reduce (if not yet possible to do away with) GBV on TGs and lesbians, actions must be performed at Various levels. At the level of the :

### Ministry of justice

- ✚ Organise updating sessions on criminal procedures in Cameroon;
- ✚ Organise updating sessions on notions of human rights ;
- ✚ Organise capacity building sessions for Justice auditors on aspects pertaining to gender, gender identity and sexual orientation;
- ✚ Ensure that those convicted are sentenced based on facts and in accordance with the criminal procedure;
- ✚ Provide a bill to rescind article 347-1 of the new Penal Code of Cameroon, a sham to perpetrate human rights violations.

### Forces of law and order

- ✚ Stop the torture and humiliation of sexual minorities during judicial procedures ;
- ✚ Train public security officers on human rights notions;
- ✚ Raise awareness on the scrupulous respect of the law and criminal procedure when arresting people;
- ✚ Promote respect for human dignity and remind of the general and impersonal nature of the law.

### Ministry of Public Health and the National AIDS Control Committee (NACC)

- ✚ Introduce in the training curricula of care providers, teaching modules on sexual orientation and gender identities,

#### What is " health " ?

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Preamble of the Constitution of the World Health Organisation, as adopted by the International Health Conference, New York, 19-22 June 1946; signed on 22 July 1946 by the representatives of 61 States [Official Records of the World Health Organization, No. 2, p. 100] and entered into force on 7 April 1948.



- ✚ Educate health providers on the harms of GBV on the health of survivors. Especially when it comes to LGBTs;
- ✚ Lay emphasis on the need to comply with the provisions of the National Strategic Plan for HIV/AIDS(NSP) by health care providers;

## **Identity organisations and the Targets**

- ✚ Devise tools adapted to violation of rights of the target.
- ✚ Train members of the community on their fundamental rights and the respect of the said rights.
- ✚ Raise awareness and inform TGs and WSW on the respect of their fundamental rights.
- ✚ Adopt a clothing style that does not offend the public.
- ✚ Collaborate with all regional representatives of the President of the bar association and why not, notify them in the event of violations of rights.
- ✚ Have a mapping of judicial authorities to do advocacy.
- ✚ Have primary prevention tools in each CBO.
- ✚ Behave decently.
- ✚ Always take along an identification document ( preferably a National Identity Card)
- ✚ Develop self-esteem and avoid self-stigmatisation.
- ✚ Bear in mind the context you live in (criminalisation of homosexuality).

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