FROM FRINGES TO FOCUS

| A DEEP DIVE INTO THE LIVED-REALITIES OF LESBIAN, BISEXUAL AND QUEER WOMEN AND TRANS MASCULINE PERSONS IN 8 CARIBBEAN COUNTRIES |

Barbados
Belize
Guyana
Haiti
Jamaica
Saint Lucia
Suriname
Trinidad and Tobago

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Contributors:

A coalition of Caribbean organizations across 8 countries comprised of Barbados – SHE, Sexuality Health Empowerment, Belize - PETAL, Promoting Empowerment through awareness for Les/bi women, Guyana – GUYBOW, Guyana Rainbow Foundation, Haiti – FACSDIS, Femme en Action Contre la Stigmatisation el la Discrimination Sexuelle, OTRAH, Organisation Trans d'Haiti, Jamaica - WE-Change, Women's Empowerment for Change, Saint Lucia - United and Strong, Suriname – WSW, Women's Way Foundation and Trinidad and Tobago - I am One undertook this participatory research for lesbian, bisexual and queer women as well as trans masculine persons. This community-led research project was carried out with the technical support of Kennedy Carrillo Consultancy and Liesl Theron with the involvement of the Eastern Caribbean Alliance.

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This report is part of a series of nine reports

The Haitian report is translated to Creole and French

The Suriname report is translated to Dutch

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A DEEP DIVE INTO THE LIVED-REALITIES OF LESBIAN, BISEXUAL AND QUEER WOMEN AND TRANS MASCULINE PERSONS IN 8 CARIBBEAN COUNTRIES

Barbados, Belize, Guyana, Haiti, Jamaica,
Saint Lucia, Suriname, Trinidad and Tobago

COC NETHERLANDS

Womensway Foundation Suriname

FACSDIS – Femme en action contre la stigmatisation et la discrimination sexuelle

ECADE

OTRAH Organisation Trans d'Haiti

SHE – Sexuality Health Empowerment

WE change

PETAL – Promoting Empowerment Through Awareness For Less/Bi Women

Guyana RainBow Foundation – GuyBow – "Equal Opportunities for all"

United & Strong Inc

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FOREWORD

ECADE as an umbrella network with its individual national organizations in the Eastern Caribbean region requires the most up-to-date and verifiable data on the challenges and lived realities of our own communities to address limitations on access to health, justice and all other basic human rights. This approach is further mediated by our principle of "Do no Harm", which ultimately ensures the livelihood and improved conditions for the LBQ and Trans masculine persons within the region.

After many years of advocacy with various organizations working on similar issues as ECADE, it is a realized fact that there is a paucity of research on the situation related to lesbian, bisexual and queer women and trans masculine persons in the Caribbean. The realization of this baseline study is a significant moment for ECADE, which has for a long time advocated for informed knowledge that will give us an understanding into the situation for these groups in the relevant Caribbean countries in this study which are: Barbados, Belize, Guyana, Haiti, Jamaica, Saint Lucia, Suriname and Trinidad and Tobago. This deeper understanding will give us the opportunity to reflect and improve organizational programs already developed. With this clear baseline we can re-purpose, plan and create a way forward in our activism and advocacy, collectively and within individual organizations. Times and context have changed rapidly in the past year and this survey, undertaken within this most pivotal and changing circumstance, will allow us to develop and implement more effective strategies to evaluate and align previous advocacy plans to adjust to the changing environment. Most significantly, this survey was carried out, at grassroots level, for our community, by our community and with our community. This is very important to us. I quote Robinson here, borrowed from the Trinidad and Tobago Report produced as part of this study:

> "[t]raditionally, the Caribbean has been narrated from the perspectives of the colonial masters, and by extension the Global North…[…]… Instead, we are developing our own "post-colonial project of statehood about expanding citizenship, inclusion, non-discrimination, equality, and who is being left out of that need
>
> to fit it…"

This research was in its entirety perceived, designed, developed, understood, analyzed and written by community participants from the 8 countries that not only enriched us with the data and information collected, but also generated the opportunity for country partners to share knowledge. It was truly a beneficial learning experience for everyone and as a result we have updated in-depth knowledge about the LBQ and Trans masculine communities. The facts, factors and reality gathered in this research will assist our advocacy efforts, especially to raise awareness, sensitization and education of the society in general, journalists and in meetings with politicians and relevant State actors. This information will also be very relevant to legal challenges which were launched to repeal the remnants of draconian laws of our colonial past in five countries including Barbados and Saint Lucia."

Kenita M. Placide
Co-Founder/Executive Director
Eastern Caribbean Alliance Diversity and Equality (ECADE)

ACKNOWLEDGMENTS

COC Netherlands and the coalition of 8 Caribbean country partners are proud to present this study entitled: "From Fringes to Focus – A deep dive into the lived-realities of lesbian, bi and queer women and persons of trans masculine experiences in the Caribbean. This report, product of a participatory, community-based approach to research, provides the necessary evidence to mount a forceful response to the needs of this community in the region.

This report would not have been possible without the participation of the 8 countries namely, Barbados, Belize, Guyana, Haiti, Jamaica, Saint Lucia, Suriname and Trinidad and Tobago. The work of visualizing, planning and implementing this research was the result of the commitment of the following organizations: Sexuality Health Empowerment (SHE), Barbados; Promoting Empowerment through awareness for Les/bi women (PETAL) Belize; Guyana Rainbow Foundation (GUYBOW); Femme en Action Contre la Stigmatisation el la Discrimination Sexuelle (FACSDIS), Organisation Trans d'Haiti (OTRAH), Women's Empowerment for Change (WE Change) Jamaica; United and Strong, Saint Lucia; Women's Way Foundation (WSW) Suriname and I am One, Trinidad and Tobago. In particular, special thanks to all the members of the Writing Task Force. Without your dedication, this report would not have been possible.

Special gratitude is also extended to our regional partner Eastern Caribbean Alliance (ECADE) for its endorsement of this report as it highlights a clear path for the organizations addressing the needs of the LBQ TM in the Caribbean. We also extend our gratitude to Marie Ricardo, former Regional Coordinator, and Andrea Tauta present COC Netherlands, Caribbean Regional Coordinator. Last but not least, we express our gratitude to consultants Liesl Theron and Kennedy Carrillo for providing the technical guidance to the organizations for the completion of this research. We also extend this gratitude to Evelio Cocom for providing the IT support for this project.

EXECUTIVE **SUMMARY**

"Here we have something truly for us by us. It was a dream we vocalized as LBQ TM persons in 2017. Every step of the way since then we endeavored to make it a reality that we can now all be truly proud of." - Ifasina Efunyemi, Belize

Adhering to the principles of participation, community empowerment and movement sustainability, "From Fringes to Focus", seeks to present the lived-experiences of lesbian, bi and queer women and persons of trans masculine experiences in 8 Caribbean countries – Barbados, Belize, Guyana, Haiti, Jamaica, Saint Lucia, Suriname and Trinidad and Tobago. By taking a deep dive into key themes such as: Sexual Orientation and Sexual Identity, Health (both physical and mental), Violence, Human rights violations, Legislation and Socioeconomic realities, this report identities key challenges facing LBQ TM persons and opportunities for empowerment and support.

Using a community-based approach this research was participatory in nature. From the onset, the COC Netherlands partners took the lead in visualizing, planning and implementing this project. This included capacity-building and a hands-on approach in the tool development, data collection, analysis and report writing. The 8 country coalition partners were guided in this process by two consultants who facilitated 3 knowledge sharing sessions during the process of 18 months. The data collection included a quantitative survey which was applied using a Respondent Driven sampling or Time location strategies to reach the target of 1050 respondents. The survey, which was disseminated across the 8 countries, was able to reach 1018 LBQ TM persons and there were several challenges documented as those posed by the COVID pandemic which limited the capacity of the interviewers to mobilize and meet with the respondents. In addition, political and civil unrest in countries such

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Ifasina Efunyemi, Belize

as Haiti and Guyana also affected data collection.

Notwithstanding the challenges, the study was completed successfully as all objectives were met. The findings of the study provide substantial evidence on the situation of the LBQ TM community and the priority needs of the population in these 8 countries. The report shows that: 1.) Even though, 53% of the target population is fully employed, 47% still struggle to meet their financial obligations. This includes hustling, sex work and criminal activity. This is more evident in some countries more than in others. 2.) Due to the rejection of homosexuality or being transgender by some churches, many LBQ TM persons choose not to be affiliated to any particular religious denomination (30%). 3.) There is wide diversity in sexual and emotional attraction among the LBQ TM population and assumptions can't be made on the labels they choose to identify with. 4.) There is still some lack of understanding of the difference between sexual orientation and gender identity. In several instances transgender men stated their sexual orientation as being lesbian and not heterosexual trans man (48%). 5.) Very few trans men access medical or surgical transitioning options primarily due to lack of availability of these services in their countries or inability to access these due to lack of finance. This often results in a heavy psychological burden for some. 6.) Less than 45% access health services anywhere but only 12% said they don't access due to their sexual orientation or gender identity, 7.) Alcohol (43%) and drug (25%) use among LBQ TM persons is significantly high while a significant percentage (15%) have been diagnosed with clinical anxiety and/or depression; 8.) Even though several of the respondents have been victims of discrimination and hate speech, very few have sought support from law enforcement our human rights organizations (24%); 9.) even though many efforts have been undertaken to raise awareness about stigma and discrimination, it is important to highlight the psychological impact of stigma and discrimination and lastly, 10.) There are a number of sexual health issues that affect LBQ TM persons including intimate partner violence and access to sexual health services.

In conclusion, this study highlights the realities of the LBQ TM community in these 8 countries, highlighting the challenges and the areas for support. Based on the findings, the following recommendations are presented:

1. Projects and programs organized by LGBQTI+ organizations must give attention to the economic challenges experienced by women & trans masculine people participating in these either as beneficiaries or LGBTQI+ community leaders. LGBTQI+ organizations should advocate for more attention to be given to economic empowerment through income generating projects, building employability and encouraging entrepreneurship on local and national levels.

2. Even though the level of education of the respondents was relatively high, there were persons in some countries who only completed high school or primary education. This reflects in their ability to secure formal employment and income. It is important to implement safe school policies to protect LGBTQI+ students and to provide opportunities for these persons to access further education if this is something that they believe is important for them.

3. It is important that all community led programs recognize the importance of the diversity that exists among LBQ TM persons regarding their sexuality and sexual behavior. Thus, programs that focus on sexual and reproductive health should highlight diversity, utilizing appropriate information, education and communication

(IEC) accessible materials. These need to ensure that assumptions are not made about behaviors because of specific labels but rather addressing the continuum of sexual behaviors with all sexes as well as with transgender persons.

4. There is a need for further public and community education from LGBTQI+ organizations on the topic of sexual orientation and gender identity/ expression. If members of the LBQ TM community are not comprehensively educated about their SOGIE it is difficult to assume their identity and roles within their private and public lives. This proposed need for SOGIE education should be inclusive of local, linguistic and cultural dialogues to ensure autonomy and not necessarily automatic assumption of western terminology.

5. There is a need for more community spaces where LBQ TM persons can discuss issues such as their gender identity and expressions and receive psychological support when needed. In many instances there are feelings of shame and guilt which lead to low self-esteem and confidence. In some instances, it may have even greater psychological impact resulting in depression and even suicide.

6. It is essential to acknowledge the psychological strain on trans and gender non-confirming persons who struggle not only with their personal issues due to their gender identity and expression but also the way that their family members and the general public see them. Even though LBQ women experience these challenges, the experiences of trans and GNC persons is even more extreme. Special emphasis must be placed on the importance of making inclusive psychological support readily available as a part of any program targeting trans men as well as education for cisgender members of the LGBTQI+ community.

7. It is highly important that health care providers at community, public, private and even traditional settings be sensitized and trained by LGBTQI+ organizations on providing specialized health care to LBQ TM persons. This training should also be included as part of their curriculum and ongoing professional development. Making these facilities LBQ TM friendly is very important because LBQ TM persons may have difficulties speaking about their gender identity, sexual orientation or sexual behavior, many may not access essential health services.

8. It is important that health care facilities and other service providers should have in place non-discrimination policies that protect the rights and well-being of LGBT persons. There is the need for complaints mechanisms as well as opportunities for redress in the case of any form of discrimination or violation of rights of persons based on their sexual orientation and gender identity. Additionally, collaboration between LGBTQI+ organizations and healthcare policy makers are needed to ensure these accountability measures are adhered to and includes LGBTQI+ input.

9. Special programs focusing on trans health are essential especially those focusing on medical and surgical transition. It is important that persons deciding to undergo either option are fully informed or know their options as well as the importance of seeking services that are safe. In addition, trans-inclusive mental health services such as counseling and psychotherapy should be

an option readily available to any individual that is considering transition procedures. A regional database of service providers who would give attention to trans healthcare could be established. Private healthcare providers will then work in collaboration with local LGBTQI+ organizations to carry the programs into the national and regional level.

10. There is a need for greater focus on the issue of alcohol and drug abuse. It is important to link abuse of alcohol and drugs with gender-based violence within relationships as well the health and mental health consequences of alcohol and drug use.

11. It is important to further explore the level of depression and anxiety among LBQ TM persons to determine causes, consequences and the type of support that is needed. In particular, LGBTIQ inclusive mental health programs should be an important part of every organization. Advocacy and programs focused on breaking mental health stigma about mental health are to be implemented.

12. Even though several of the respondents have been victims of discrimination and hate speech, very few have sought support from law enforcement our human rights organizations (24%). There were 23% who indicated that they have been harassed at work while 18% experienced sexual harassment at school.

13. It is important that LBQ TM have access to information and legal information and support to address instances of discrimination and hate speech based on sexual orientation and gender identity. Organizations need to increase education on human rights, legislation and avenues for redress to sensitize the community, policymakers and implementers. Form and maintain relationships between LGBTIQ organizations and legal aid/lawyers for service provision.

14. As many efforts have been undertaken to raise awareness about stigma and discrimination, it is important to highlight the psychological impact of stigma and discrimination. In particular there is a need to focus on discrimination towards LBQ TM persons within intimate relationships: families, friends and partners as well as the workplace. There is the need for a legislative framework of non-discrimination that can hold perpetrators accountable and responsible.

15. There is a clear need to address gender-based violence within intimate relationships as well as in instances where the perpetrator is a well-known acquaintance of the victim. It is important to also link the issue of sexual and physical assault with reparative practices which seek to change the sexual orientation of a person through violence or as a form of punishment for their "choices".

16. There needs to be greater focus on sexual and reproductive health issues. Programs that take into account family relationships, children and home issues should be promoted. There is a need for LBQ TM organizations to work alongside family planning organizations to ensure inclusivity, support their pro-choice advocacy as well as increased access to contraceptives and other services.

17. Further exploration of the factors that contribute to a lack of access to sexual health services needs to be conducted. Organizations should be navigators that provide information, counseling, accompaniment and referrals for LBQ TM

persons that may be reluctant to access sexual health services on their own. They should include increased opportunities for open discussions on sexual and reproductive health topics in safe settings.

18. Attention needs to be given to the issue of disabilities within the LBQ TM community. Organizations must ensure that their spaces and services are more accessible to persons with disabilities and advocate for the same within the larger society. Home-based programs are an important service that can be provided to members of the LBQ TM community who need help

INTRODUCTION

BACKGROUND – THE SITUATION OF LBQ AND TRANS MASCULINE PERSONS IN THE CARIBBEAN

The Caribbean region spans across a wide geographic scope of countries in the Caribbean Sea including Belize in Central America and Guyana and Suriname in South America. The Caribbean heritage in culture, language, religion, political and legal systems is diverse and rich. It is the home of native indigenous populations and descendants from Africa, Asia, and Europe. All eight participating countries in this research are member states of the Caribbean Community (CARICOM). These countries are Barbados, Belize, Guyana, Haiti, Jamaica, Saint Lucia, Suriname and Trinidad and Tobago.

The cultural and sociopolitical of the region points to a variety of contextual backgrounds delivering an assortment of implications on SOGIE (Sexual Orientation, Gender Identity, and Expression). A case in point to demonstrate this diversity can be seen in how the colonial history of three countries in our study - Haiti, Suriname, and Belize - has shaped differently their efforts to obtain legal same-sex recognition. In Haiti, for example, several regressive bills have been introduced in the Senate, and the society is growing increasingly intolerant and violent towards LGBT people even though Haiti has no laws criminalizing same-sex sexual acts. When Haiti became independent from France in 1804, there were no such laws, and neither was any introduced into the Penal Code. France repealed its sodomy laws in 1791 (*Mendos, 2019*). Sodomy was repealed in the Netherlands in 1811, and therefore, when Suriname became fully independent in 1975, no sodomy law was in force and no such law has been reintroduced since then (*Mendos, 2019*). Most recently in 2020 the new Penal Code has been introduced which includes

non-discrimination based on sexual orientation. This resulted in massive attacks on the LGBTIQ community in Haiti. Another example is Belize where the LGBT community gained victory in 2016, when the country's antiquated sodomy law was declared unconstitutional by the Belize Supreme Court. The Roman Catholic Church of Belize filed an appeal but the final ruling on 30 December 2019 upheld the decision of the Supreme Court in 2016 (*Human Dignity Trust, 2016*). The impact of this case was far-reaching, beyond Belize as it catalyzed momentum in the Caribbean region setting a precedent that can be followed to strike down discriminatory laws and criminal codes inherited from colonial times (*Arcus, 2018*).

Besides Belize, other recent progressive developments have been made in the Caribbean in favor of LGBT legal and social advances in the region. The High Court of Trinidad and Tobago followed a similar case as the Caleb Orozco vs. the Attorney General's Office from Belize and concluded in 2018 with the case of Jason Jones vs. the Attorney General of Trinidad and Tobago that the buggery law of Trinidad and Tobago breached Constitutional rights to equality, privacy, and freedom of thought and expression (*Gray, 2018*). Another landmark ruling was accomplished in November 2018 when appellants from Guyana with 4 trans women at the center of the case, received the outcome of their case from the Caribbean Court of Justice (CCJ), the Highest Court in the Caribbean. The four were arrested in 2009 for crossdressing and the outcome of this ruling overturned the law which makes it a criminal offense to appear in a public place while dressed in clothing of a different gender for "an improper purpose", as it violates the Constitution of Guyana. This cross-dressing law is now void in Guyana.

Barbados has anti-homosexuality laws dating back to the time of colonization and calls to decriminalize are continuously opposed by religious groups. Although the laws are seldom implemented, as in many parts of the world, its existence contributes to stigmatization, discrimination, intolerance and often times hate crimes (*Rambarran and Grenfell, 2016*) as with the case of the attack of a trans woman, Alexa Hoffmann in 2018, who is also the lead claimant in the first-ever legal challenge to the country's anti-sodomy law (*Canadian HIV/AIDS Legal Network, 2018*). Alexa Hoffmann has also taken legal action against her employer because she was fired from a law firm simply for legally changing her name (*Barbados Today, 2020*).

In the region Saint Lucia has one of the longest-standing records of an openly LGBT organization in the region, with United and Strong being in operation for 18 years. This, however, does not automatically result in a positive political and social climate for the LGBT community. The country's antiquated Buggery Laws are still standing, and they remain an on-going advocacy focus for civil society. In Saint Lucia the LGBT community's fate is at stake with parliamentarians utilizing public debate that impacts the community (*Mendos, 2019*), by the Ministry of Tourism, pitching same-sex tourism income (*TeleSUR, 2015*) in the Buggery Law discourse and the Ministry of External Affairs allowing the hosting of the World Congress of Families, a religious, heteronormative platform that is openly against homosexuality (*The Voice, 2017*).

An important indicator of the progress of the LGBT movement in the region is the public and open celebration of PRIDE. While Barbados, Guyana, Trinidad, and Tobago celebrated their first PRIDE events in 2018 (*Arcus 2018*), Jamaica had its first Pride event in 2015, organized by J-FLAG (*Davis, 2015*). Suriname has celebrated "Coming Out" week since 2011 and as of 2017 the entire month of October is declared Pride month (*LGBT Platform, 2017*). Belize started to celebrate

PRIDE in August 2016 simultaneously with the celebration of the victory over Section 53 which no longer criminalize homosexuality *(Human Dignity Trust, 2020*). Saint Lucia celebrated its first Pride events in August 2019, despite the objection of several religious denominations (*Aimee,2019*). In 2020 Pride events were impacted by the global COVID-19 pandemic.

COC NETHERLANDS AND ITS CARIBBEAN PARTNERS

COC is a key advocate for the LGBT movement of the Netherlands and the oldest existing LGBT organization in the world. As a community base organization, COC works actively to empower the Dutch LGBTI movement by doing outreach to communities (for example LGBT students in high school in the Netherlands) and lobbying and advocacy on SOGIESC issues with the Dutch national government and municipalities for greater acceptance. Since 1985, COC has also been supporting LGBT groups and organizations outside the Netherlands. This support includes funding, capacity development, technical support, exchanges, movement building, proposal writing, and linking and learning. One of the core principles of COC is its 'inside-out' approach. This means that COC ensures that their programs and interventions correspond to the priorities and needs set by the communities itself, making their international programs participatory, intersectional and community owned. COC role is to serve as a facilitator, a supporter, and a friend to the LBQ organizations in the Caribbean.

Since 2016 COC Netherlands has been implementing its Partnership for Rights, Inclusivity, Diversity and Equality (PRIDE) Program which is supported by the Netherlands Ministry of Foreign Affairs. The focus of the program is to empower LGBT people, organizations and movements. PRIDE program support this by lobbying and advocacy on SOGIESC issues, community and organizational development, movement building and strengthening of community base organizations.

Within COC's PRIDE Caribbean program, they have 3 focus countries: Belize, Haiti and Guyana and an overall regional approach. In 2016 a regional context analysis was carried out on the situation of LGBT people in the Caribbean. Based on the findings, COC recognized the urgent need to collect data to support the LBQ TM movement in the Caribbean. Later on, in 2017 at the first PRIDE Caribbean Regional Meeting held in Belize, COC partner organizations agreed on the need for a community-based research on the situation of LBQ women and later included, Trans masculine persons.

A coalition of Caribbean organizations across 8 countries comprised of Barbados – SHE, Sexuality Health Empowerment, Belize - PETAL, Promoting Empowerment through awareness for Les/bi women, Guyana – GUYBOW, Guyana Rainbow Foundation, Haiti – FACSDIS, Femme en Action Contre la Stigmatisation el la Discrimination Sexuelle, OTRAH, Organisation Trans d'Haiti, Jamaica - WE-Change, Women's Empowerment for Change, Saint Lucia - United and Strong, Suriname – WSW, Women's Way Foundation and Trinidad and Tobago - I am One undertook this participatory research for lesbian, bisexual and queer women as well as trans masculine persons. This community-led research project was carried out with the technical support of Kennedy Carrillo Consultancy and Liesl Theron with the involvement of the Eastern Caribbean Alliance.

THE RESEARCH

THE RATIONALE

In the Caribbean, there is limited substantial data that documents the experiences of lesbian, bi-women and persons of trans masculine experiences (*Parks, 2016*). Historically and culturally the patriarchal patterns of the Caribbean heteronormative society leave women, regardless of their sexual orientation and gender identity/expression, vulnerable to all forms of social ills ranging from violence, harassment, abuse, poverty, oppression, neglect to limited access to quality health and social essential services. Sexual orientation and gender identity are not health hazards per se, but the social exclusion of LGBTI people leads to significant health disparities (*Müller, 2015*). This study seeks to document the situation of lesbian, bi, and queer women including persons of trans masculine experiences within the context of a culture that oppresses women and discriminates against persons of diverse sexual orientations and gender identities/expressions. The rationale for this study is the need for evidence that justifies greater attention and investment in addressing the situation of these marginalized populations in the Caribbean region.

RESEARCH DESIGN

To overall purpose of this research to collect data on the situation of lesbian, bi and queer women and persons of trans masculine experiences to provide substantial evidence of the need for greater attention and investment to address the needs of this population in the region. The 3 main objectives are to:

- develop more effective and efficient models of activism that are targeted and avoid duplication of efforts
- To generate knowledge that will guide national, regional and international advocacy

- To strength the design and implementation of interventions/activities.

The approach to this study is community-based and participatory research based on a combination of a qualitative and quantitative methodology.

PARTICIPATORY APPROACH

The community based participatory research approach that was agreed upon by the coalition of 8 countries allows for an enrichment of the data to be understood not only by the academics but the community itself (Israel et al., 1998). Community-based participatory research (CBPR) which gained credibility in its success as a research methodology within marginalized communities forms a partnership between the grassroots activists as co-researchers along with their academic counterparts and therefore presents the opportunity to transform formal structures to include community voices (*Wallerstein & Duran 2010*). The participatory approach adopted for this study presented an opportunity to share research experience, knowledge, and responsibility. Thus, the power distribution in this research approach was shifted and although training had to take place in certain research methodologies, the emphasis was on both the activist participants and the academic persons to hold various types of knowledge and, therefore, not prioritizing one set of skills above another (*Müller et al., 2019, Northridge et al., 2007, Israel et. al.,1998*).

Meaningful participation from the onset of the CBPR project ensured that the community's input and voice carried the same leverage as that of the academic counterparts and minimized understandable mistrust within the research process. The LBQ and Trans masculine organizations in the participating countries were the best situated to co-create all phases of the research. This process eliminated misunderstandings in the manner lesbian, bisexual, queer, and trans masculine persons are portrayed in the respective countries and most importantly fostered ownership and sustainability.

With the emphasis on the participatory approach, the country partners were involved in all decision making, from drafting the outline for external support, protocol development, selection of the consultants, the research instrument finalization, criteria for data collectors, approach for human story collections, analyzing of data as well as report writing. To ensure full participation and preparedness of all participants the research project had several workshops (in-person and online) built-in throughout the various stages of the research development (*amfAR, 2015*). Each participating organization from the 8 countries selected two research participants according to their own needs and criteria. This resulted in a vibrant group of 16 country partners, who came with various skills and levels of research experience.

KNOWLEDGE SHARING

An approach of knowledge sharing instead of an approach of "teaching or training" was also adapted. Consultants facilitated the process, but the knowledge was shared horizontally. Some of the country research participants were not familiar with all aspects of research design, however, in most cases, they were familiar with some research undertaken in their country. They were experienced with carrying out research from fieldwork and data collection but not necessarily from the research design part before that moment, nor what happens with strategic use of the research findings for programming and advocacy. Our research had both components, qualitative and quantitative, and therefore provided an opportunity for increased knowledge sharing. Data analyzing and report writing was facilitated by the consultants, however, the country partners

were involved in all the processes and contributed to the entire process. The consultants facilitated two knowledge sharing meetings, the first was hosted in Trinidad and the second one in Jamaica. The country partners from Haiti were challenged each time with Visa and other related matters, preventing them to attend these two knowledge-sharing sessions. This resulted in two additional meetings, the first took place in Haiti and the next was in the Dominican Republic.

On the quantitative part of the research process, the first knowledge exchange focused on getting the Research Instrument finalized, whereby country partners took an entire day, going through the survey question-by-question (*Israel et. al.,1998, amfAR, 2015*). Discussing all terminology and double checking if all the original thematic areas, as per the meeting in Belize 2018, were represented. On the qualitative side, this meeting focused on preparing participants on Interview skills, including the impact of the emotional burden that in-depth interviews may pose and self-care strategies. The theoretical focus for this first meeting was to explore sampling strategies, and how that may impact the type of response it can deliver.

The second knowledge-sharing exchange like the first one, covered topics in all research-related areas, quantitative, qualitative, and theoretical. Data collection proved to be the priority focus and a substantial amount of time was spent again on the survey instrument, but additionally hands-on training on using a Tablet as the platform to collect data on. Decision making involved was to determine who will enter the data on the tablets, and how to plan the community sampling that results in, adequate time for field workers or separately a data entering person to manage surveys. On the qualitative side, all aspects of Human Story collection were explored, setting the criteria.

FIELDWORKER TRAINING

Country partners were equipped with tools, demonstrated during the meetings in Trinidad and Jamaica, and online during monthly group meetings. The two in-person knowledge sharing and training meetings devoted time to the qualitative part of the research, to prepare everyone with interview skills, to collect Human Stories in vignette format. The knowledge sharing for the quantitative part of the research involved training on how to use the Tablets, as well as the theoretical components of the research methodology. Discussions with examples of sampling strategies and practical considerations were compared to the various strategies. Time was spent in role-play scenarios for both the human story interviews as well as the actual survey tool.

In a group format, the decisions to align the criteria for selecting field workers across the 8 countries, and discussions about stipends or incentives were discussed. This was for many groups and the country partners the first time to lead on all aspects of research and the two consultants were available to support.

TRANSLATION

Besides English other languages and dialects such as French, French-Creole, Dutch, and Sranan (Surinamese dialect) were considered. The process of translation for the purpose of the research was not merely to translate the survey tool but required linguistic capacity in all aspects of the research. This included data collection in respective languages and considerations for a person who shares sensitive, potentially triggering, and intimate information about themselves, perhaps even for the first time.

Haiti provides an exceptional scenario due to language and other travelling barriers. The first knowledge sharing and training meeting in Haiti was with consecutive translation by a community partner from a peer organization in the LGBT movement, while with the second knowledge sharing meeting, which took place in the Dominican Republic the interpretation was done by the one country partner who is bilingual. The process to prepare for the first in-person knowledge sharing meeting with the two country partners and the two consultants in Haiti was to, prior to the meeting, have the entire survey instrument translated to French-Creole. That provided the opportunity, similar as with the larger group to go through the survey, question-by-question. This served a multipurpose goal, firstly to guarantee the country partners are on the same page and have the opportunity to ensure each question is understood and agreed, and secondly to safeguard the translation is correct. Corrections were made and noted in Drive and after the meeting returned to the translator to update the document.

The country partner of OTRAH, who self identifies (in English) as trans masculine, pointed out that as a replacement for the word "Omosexuyel" they preferred the word "Monkopé". The research translator also shared that there is no word for trans man or trans masculine in French-Creole and indicated that it would be most appropriate to use the word "Omosexuyel" throughout the document. This was to ensure that the document would not miss some of the target audience. This request to change the word in French-Creole "Omosexuyel" to Monkopé, (derived from a word that in English would be "uncle") was based on extensive discussions with country partners. Thus, the final decision on the most appropriate terminology was left to the community itself.

It remains an ethical responsibility of the research consultants, who both do not live in Haiti, to ensure terminology is not introduced into an emerging trans movement which still finds its own way of shaping their future. Language, terminology and vocabulary of self-defining, especially within an emerging community needs to be taken with the greatest respect and consciousness. The most accurate description of the notion of language (both linguistic and community jargon; can be find at the website of the International Trans Fund, the first and only funder which only target audience is to provide support to the trans community, globally: "As part of the ITF's commitment to self-determination and decolonizing bodily oppressions, we are permanently committed and open to recognizing gender identities that emerge and that our communities claim within their socio-political contexts. These arise from the ongoing work of resistance and liberation that involves both the remembering and reimagining of gender identities and expressions. [...] not privilege any one gender identity or expression over another, including those communities who do not have specific terms to describe who they are" (transfund.org, n.d.).

As a collective, we decided to release the report in French-Creole and Dutch. In the case of Haiti, we decided to prioritize French-Creole as a publication language and not French, which, similar to English is mostly used in academic and other exclusionary spaces. French-Creole will more adequately reach the community the research attempts to represent and therefore be more accessible. In the case of Suriname, a large amount of the community finds Dutch more accessible than English.

LIMITATIONS AND CHALLENGES

From Fringes to Focus is the first in-depth community research, that takes a look into the lives of Lesbian, Bisexual and Queer women and Trans Masculine Persons in the 8 participating Caribbean Countries. Even though it was carefully planned and implemented it did involve some challenges. One of the limitations was the length of the survey. Both interviewers and interviewees commented that the survey was too lengthy. Some of the challenges in organizing and interpreting data on sexual orientation and gender identity graphs had to take into account the fact that some persons are not aware that there is a difference between sexual orientation and gender identity and expression. For example: a transgender male may say he is a lesbian because he does not differentiate between the heterosexual and homosexual aspect of being a trans person. Other challenges included, country partners who experienced difficulties in retaining the full number of fieldworkers trained, regardless of stipends and Memorandums of Understanding (MOU) signed. This resulted in dividing the target amount of those fieldworkers who did not complete among the remaining fieldworkers.

Reaching out to the LBQ and Trans Masculine community was challenging, in some countries due to geographic outreach, in other instances due to the COVID-19 related country lockdowns and movement restrictions however two countries mentioned LBQ and Trans Masculine specific challenges. In the case of Jamaica: *"Reaching our stipulated target presented us with some difficulties because of existing cultural and institutional barriers that would not allow us to easily find queer-identified people"*. In Haiti *"...even people that are part of the LBTQ community do not even know if they want to label themselves with the community because they are not used to labeling themselves"*, this resulted in each person fieldworkers have empirical knowledge of, being part of the community, first had to be approached and engaged in a long discussion to come to terms of understanding. This was a time-consuming task, and in a time when COVID-19 was already present in Haiti and two weeks after fieldwork started, the country went into lockdowns with curfews.

THE CHALLENGES OF COVID-19: IMPACT ON RESEARCH AND COMMUNITY ITSELF

Another great challenge was the onset of COVID-19. It was impossible to plan for the unlikeliness of this pandemic breakout amid our research. The original timeframe set out for data collection was January through to the end of March, resulting in a range of research related challenges, as that was the timeframe, globally, that Coronavirus made its appearance in various countries. Only Guyana completed their entire targeted sampling number before country lockdowns due to the strategy they planned to avoid anticipated complications during the elections in March. Haiti on the other hand had difficulties and completed fieldworker training the first weekend in March and data collection commenced the next weekend. Shortly after COVID-19 was announced and greatly impacted their data collection. Haiti managed to reach 50% of its target sample. Most countries were impacted with the collection of Human Stories, as the overall strategy was to collect those last, in the case that reflection on field notes or interest from survey participants arose after completion of the questionnaire. Saint Lucia and Trinidad managed to collect the largest number of stories and other countries varied around 2 or 3 stories, with Haiti not being able to collect Human Stories.

Besides the technical impact, in our research process - the overall experience was much

deeper. While countries and governments aimed to protect and prepare themselves, in the best possible manner, LGBTIQ communities were impacted in ways of illuminating vulnerability, and unequal societies.

"Persons at the lower end of the financial spectrum, the self-employed, migrants, sex and/or daily paid workers, would not have the necessary documentation (National Insurance Numbers, Bank Accounts) to access the grants offered by the Ministry of Social Development. Traditional families with children were prioritized, while queer families remained an invisible demographic".
– Trinidad country partners.

People living in poverty (or those who work on a day-to-day basis, low skilled or short-term jobs or in the informal job market), and any minority group (Human Rights Watch, 2019, OutRight International, 2019).

"With COVID-19 and the strategies implemented by the Jamaican government to flatten the curve (social distancing, curfews and some work from home orders) the employment opportunities that are actually available for LGBT people, became more difficult to access or hours were cut".
- Jamaica country partners.

All our country partners were impacted in various ways, some had to immediately refocus, and among their colleagues and other organizational volunteers jumped in and provided emergency assistance to those in their communities most severely affected, by the loss of jobs, country lockdowns and a range of other restrictions.

"Interviewees for the research began contacting field workers asking for assistance in different forms such as hygiene/ care packages, and food supplies".
- Guyana country partners.

During one of our online Knowledge Sharing meetings, the country partners reflected on the data collection process in light of COVID-19 and it is important to highlight that it will remain unknown how survey sections, such as depression, and anxiety, domestic violence and demographic questions such as income and employment and a range of other socio-economic findings are shaped by the simultaneous experience of survey respondents of both the survey questions in general, as designed in combination with a pandemic.

SIDE NOTE – INTRICACIES OF QUEER AND PANSEXUAL TERMINOLOGIES

Queer

This research aimed to gather information about "persons who identify as lesbian, bisexual women, queer women, and transgender masculine persons." While the study aimed to deconstruct sexual orientation from gender identity to better understand the needs of the study participants, it is widely accepted that sexual orientation and gender identity are not always easily separated and may overlap. In addition, the meaning of the term "queer" is particularly complex. Ghisyawan points out that in Trinidad the word queer is multi-ethnic, multi-racial, and class-stratified which complicates individual and community identity politics (2015). Across the Caribbean scholars focus their work at the intersections of gender, sexuality, and race and reveals the gendered and hetero/sexist knowledge production (*Haynes & DeShong, 2017*).

Our study used the term "queer" in the questionnaire in the following ways: Do you identify as transgender, genderqueer, and/or gender non-conforming. The study also addresses the research community as "persons who identify as lesbian, bisexual women, queer women, and transgender masculine persons." Both descriptions use the term "identify" yet list words attributed to both sexual orientation (lesbian, bisexual, queer) and gender identity (women, transgender, trans masculine).From a theoretical perspective and noting that scholarship attests to the contextual specificity for meanings of "queer" – including global North/global South or Western/non-Western divides – by most definitions, "queer" denotes a sexual orientation that is not straight, non-heterosexual, or non-normative. In terms of gender identity – often called 'genderqueer' – "queer" suggests not conforming to a gender binary, subverting the binary, non-heteronormative, or transcending the norm.

Queer is by definition whatever is at odds with the norm, the "legitimate," the "dominant" (Halperin, 1995). Its referent can be sexuality or identity, or neither. 'Queer' defines a positionality with respect to, and outside/beyond/not – the normative. Acknowledging that queer is used interchangeably across questions of sexual orientation and gender identity in this study, the researchers use "queer" to broadly describe that which goes against the norm. That being said, none of the research participants described themselves as "queer" per se. Presented with the opportunity to self-describe, none of the participants used the word "queer." Many did, however, use the word "pansexual."

Pansexuality

Although we set out ,as mentioned above to conduct this research within the LBQ and Trans masculine communities ,we found no participant in the survey presenting as queer ,however ,it is important to mention that the largest demographic within the option" other "self-identify as pansexual .The researchers will use the" preferred vocabularies of the people under discussion) "Epprecht ,2013.(Our goal is to surface the voices presented by the communities within the participating 8 countries. We will ,therefore ,present information in our findings for lesbian ,bisexual ,pansexual ,and trans masculine .Some countries such as Haiti had no community members identifying as pansexual and we will therefore not present graphs by that category .However ,Barbados has 28% of the participants indicating they identify as pansexual.

Our questionnaire listed the following choices for questions related to sexual orientation:

- Lesbian
- Bisexual
- Pansexual (a person who experiences sexual attraction towards members of ALL genders, including trans persons and all other variety of gender identifications, as well as those who do not feel that they have a gender)
- Heterosexual
- Asexual (a person who has no sexual feelings or desires)
- Other (with space to self-describe)

The following choices for questions related to gender identity were included:

- Man
- Trans man
- Trans woman
- Gender non-conforming
- Other (with space to self-identify)

For the purposes of this research report the data is presented according to sexual orientation namely: Lesbian, Bi-Women, Pansexual, Trans masculine person and "Others" which includes other terminologies such as "asexual, heterosexual, don't like labels etc."

THE METHODOLOGY

QUANTITATIVE COMPONENT

Sampling Strategies

Following a broad discussion during the first knowledge sharing meeting to ensure all participants, including those who had no previous research design experience, are on the same page with the various sampling strategies available and how it might impact the possible research outcome, each country could go ahead to determine the manner they would reach out to recruit participants. The majority of the countries selected Respondent Driven Sampling or Time-location strategies (*Magnani et al., 2005*).

Country partners committed to their target number of participants with a collective goal of 1050 survey participants. This number was reviewed and reaffirmed during the second knowledge sharing meeting.

Country	Target	Final Data submitted
Barbados	100	97
Belize	150	160
Guyana	150	150
Haiti	150	69
Jamaica	200	202
Saint Lucia	100	114
Suriname	100	126
Trinidad & Tobago	100	100

Data Collection & Analysis

Survey data into an online database called Kobo collect which allows for data to be collected offline and then stored in an electronic data management.

The database information was downloaded onto an excel format and was analyzed with the software JASP and Excel and descriptive statistics were executed. The key elements for reporting the statistics was Sexual Orientation of the overall sample and for each country.

For the purposes of this research report the data is presented according to sexual orientation namely: Lesbian, Bi-Women, Pansexual, Trans masculine person and "Others" which includes other terminologies such as "asexual, heterosexual, don't like labels etc."

Overall notes on research instruments

From the inception three guiding factors were considered to develop the research instrument. A search for Caribbean specific tools to measure health, mental health, and contexts for LBQ women and Trans masculine persons was carried out. Not able to find any Caribbean LBQ and Trans masculine specific instruments it was decided to rely on and borrow overlapping question areas from the 'Are we doing alright? Realities of violence, mental health, and access to healthcare-related to sexual orientation and gender identity and expression in East and Southern Africa: Research report based on a community-led study in nine countries' (Müller et al. 2019). Throughout this project, the five key themes of concern that were identified by the participants as most pressing across the 8 Countries as indicators for inclusion were at the core of the entire process.

One remarkable difference was that this study did not include gay (cisgender men), trans feminine or intersex participants (unless they self-identify as lesbian, bisexual, or queer with their sexual orientation) as in the case of the East and Southern Africa research. The instrument was adjusted to align closer to the Caribbean context and therefore altered some language. Section 2d: "Trans-related health care needs" was also added. There was no study found in the Caribbean to measure the status of medical and surgical transition of Trans masculine persons. This question set was extrapolated and adjusted from an unpublished instrument designed by Liesl Theron for a mixed-method trans community-led research project supported by amfAR, for which the complete survey instrument was approved by the University of Pittsburgh IRB as well as the local supporting University of Cape Town board of research ethics.

This community research, according to the 5 key themes of concern, required question sections on Sexual and reproductive health and rights and on access and experiences of people living with disabilities.

Section 5 was added: "Experiences of sexual and reproductive health and rights" and for this, we designed our own set of 22 dichotomous (polarized) questions with a simple Yes/No option provided.

Section 6: "Experiences of living with Disability". For the Disability questions, the "Capacity and Health Conditions" instrument in the Model Disability Survey – Brief version, developed by the World Health Organization and the World Bank was used.

Once the survey instrument for the quantitative part of the research was drafted, the country partners convened and tested the instrument, by going through it question by question to ensure local context is incorporated (*amfAR, 2015*). With their feedback, the instrument was updated and finalized.

QUALITATIVE COMPONENT

Human Stories

The purpose of storytelling as part of research provides nuanced detail to create context and lived experience from the community that is researched into the data that is presented. This strategy is helpful to produce information that is understood by the reader, who might not identify with the community. This strategy was decided on, as the participating organizations throughout the eight countries represented want to use the research in ongoing advocacy, program and project development as well as information sessions and awareness campaigns. During the knowledge sharing meeting in Trinidad, as part of the process to finalize the research methodology, we compared various Human story collecting strategies and decided on Mini-Stories, or Vignettes.

Vignettes presented the solution to what we were looking for as the length of the story can be short, the context and settings are real, facts, figures, and data can be present but is not mandatory and stories may or may not have fictional elements. This allows us to secure the anonymity of the community members who agree to share their stories, as we can change their names, location, and other information to conceal their identity without losing the information of the account given (*Valiathan, 2015, Ibrisevic, 2018*).

The approach was to use guidance, zooming in, and focus on the story, presenting it in a succinct manner, with a flow in the storyline that is similar throughout the research. Collectively the group of country research participants reviewed and agreed on the following elements and story structure, (Care.org).

Elements to consider for the story:

- Stories are about people
- The details make the story real
- Keep your audience engaged
- Keep emotion at the heart of the narrative
- Use language the audience will understand – no jargon/acronyms and limit program language.
- Structure of the story – an example:
- CONTEXT: Who, What, Where
- PROBLEM: What obstacles or challenges has the character faced?
- {3. SOLUTION: Introduction to your org's work and what happened next?}*
- 4. IMPACT: The person who shared has overcome a problem and been transformed
- {5. FUTURE: Hope}*

*Group decided that some stories might not have nr 3 and 5

During the next Knowledge sharing meeting in Jamaica collectively the group of country research participants reviewed and agreed on story collecting criteria, context guidelines, pointers to seek the solution, impact, and the future in the story according to the suggested structure from agreed in the previous meeting.

Key Themes

At the 2018 meeting, the partnering organizations discussed and decided thematic areas, in need of prioritizing, in line with the gaps identified in the 8 participatory countries and the region. The projected advocacy to address, using the research results formed part of the prioritizing process. Participating country partners took part in this robust discussion, shaping the thematic areas (amfAR, 2015).

KEY THEMATIC AREAS:

The key thematic areas agreed upon by all were:

Violence • Experience of violence • IPV • Sexual assault • Homophobic rape (UNAIDS Guidance, 2015) • Childhood experience with violence • Physical violence • Access to Justice; reporting violence, etc.

Stigma & discrimination • Level • Support systems (access of LBQ spaces) • Citizenship (social integration) • Community participation • Lack of anti-discrimination legislation • Religion (uniting sexual identity and faith)

Socio-economic position • Poverty level • Discrimination at the workplace • Education • Remittances from overseas • Cost of poverty (criminal activities etc.)

Mental Health Substance abuse • Coping mechanisms • Self-medication • Trauma's impact on mental health • Access to services • Experiences accessing services • Depression, suicidal thoughts

Health • Access • HIV/STI status • Experiences accessing health services • Living with HIV • SRHRS • Risk perception of STI/HIV • Transition related health

SURVEY FINDINGS AND DISCUSSION

SECTION 1 A: BACKGROUND

1.1 Age

The majority of the 1,018 respondents were between the ages of 21-35 years. There were only 4% between the ages of 46- 67 years of age. The majority of these older persons were persons that identified as "other". Pansexual persons were represented in all the age ranges from 18-50 years with the majority (32%) being between the ages of 21-25 years of age. The majority of the lesbians (60%) were between the ages of 20-30 years while the majority of bisexuals were between the ages of 21-30 (55%).

Figure 1: Age Range by Sexual Orientation

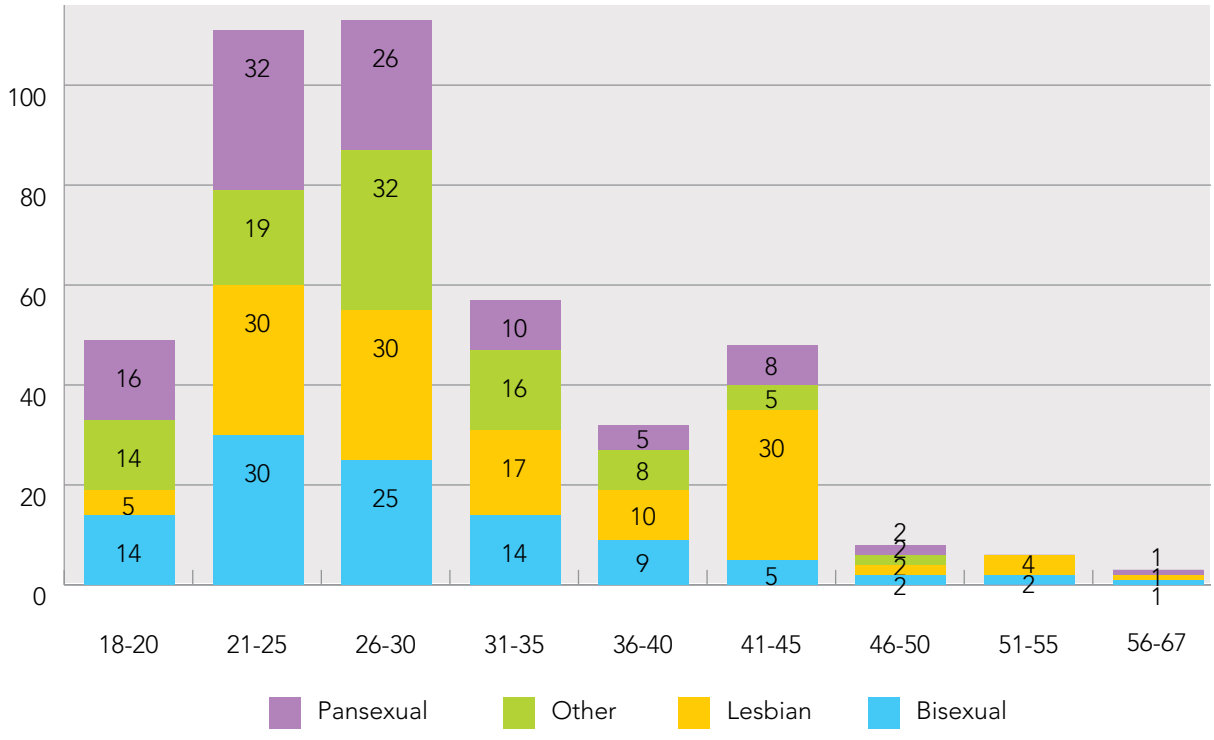
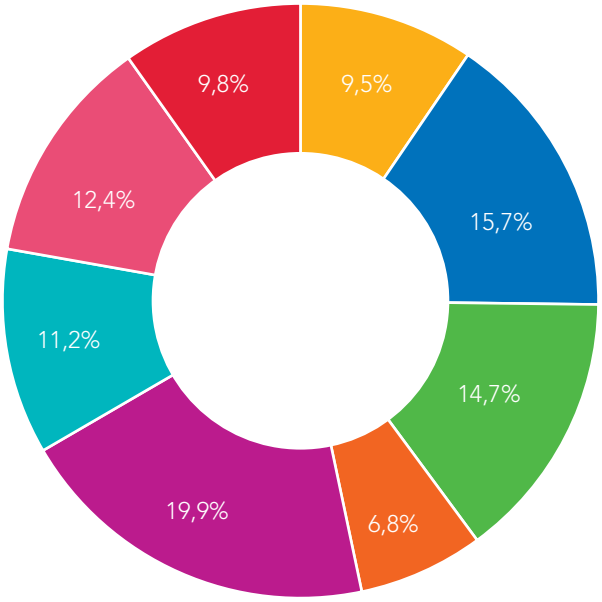


Figure 2: Country of Residence

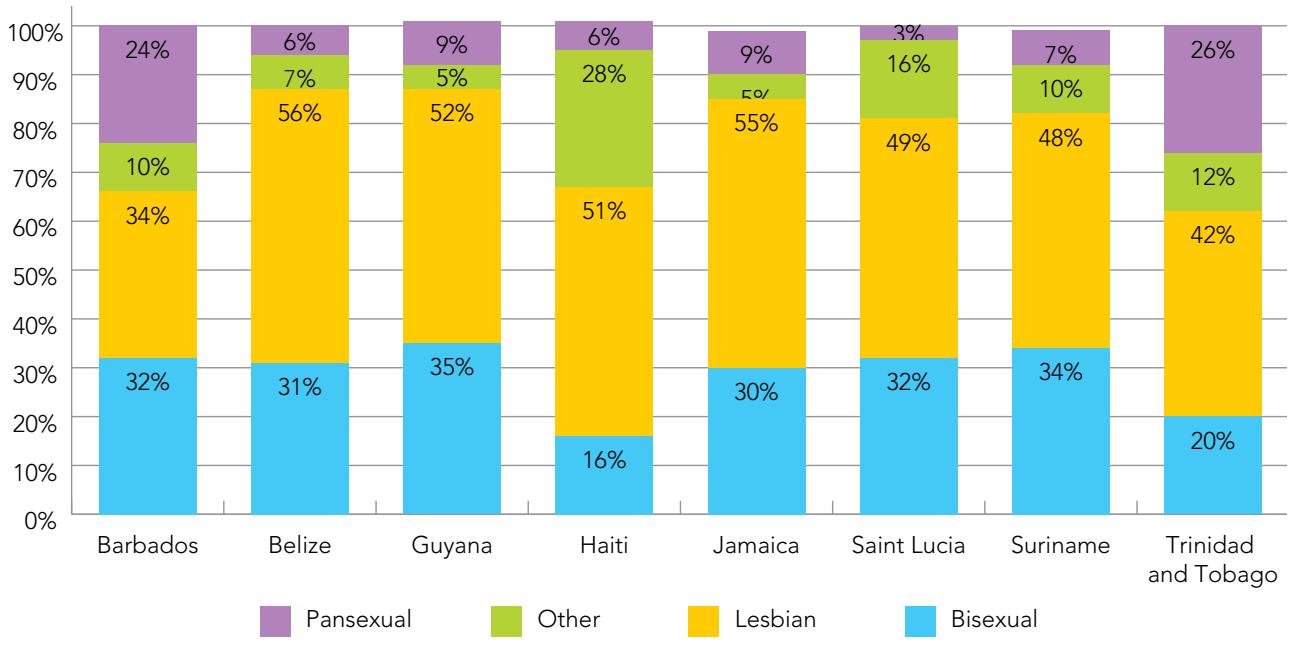


Barbados	97	9.5%
Belize	160	15.7%
Guyana	150	14.7%
Haiti	69	6.8%
Jamaica	202	19.9%
Saint Lucia	114	11.2%
Suriname	126	12.4%
Trinidad and Tobago	100	9.8%
Total	1018	100%

1.2 Country of residence

The research conducted in 8 countries had a total of 1,018 respondents. Of these, the majority were from Jamaica 20%, Belize 16%, Guyana 15% followed by Suriname 12%, Saint Lucia 11%, Trinidad and Tobago 10%, Barbados 9% and Haiti 7%. Haiti was the country with the lowest respondents due to several challenges experienced in the country including civil unrest that has led to violence against the LGBTIQ community, communication challenges and the situation of COVID-19 which affected their ability to reach the target numbers. The situation of COVID-19 which resulted in restrictions in movement as well as mandatory social distancing also affected other countries in the research.

Figure :3 Sexual Orientation and Country



1.3 Sexual Orientation

Of the 304 bisexual women that responded to the survey, 20% were from Jamaica; of the 506 lesbians, 22% were from Jamaica; of the 106 pansexual women, 22% were from Barbados. Of the 101 that identified as "other", the majority were from Haiti (19%). This high presentation of "other" in Haiti is explained by a country partner as such: *"due to the fact that mostly here in our country even people that are part of the LBTQ community do not even know if they want to label themselves with the community because they are not used to labeling themselves"* – Dominique, Haiti.

1.4 Ethnicity

The majority of the respondents identified their ethnicity as Afro-Caribbean) 73% .(There were 14% %that stated that their ethnicity was not in the list of options .This could be as a result of the diversity in ethnic groups per country .The list did not include local ethnic groups that are found in a specific country .For example ,in Belize persons identified as Mestizo or Garifuna .In Haiti ,100% of the respondents identified as Afro-Caribbean while in Trinidad and Tobago ,46% identified as Afro Caribbean and 30% as" other." Similarly ,in Suriname ,61.1% identified as Afro Caribbean while 23% identified as other .Of the 504 lesbians ,the majority 378) 74% (identified as Afro Caribbean ,of the 304 bisexuals ,215) 71% (identified as Afro Caribbean and of 106 that identified as pansexual ,77) 73% identified as Afro Caribbean .Only 1%)10 (of the respondents identified as" Caucasian."

Table 1: Ethnicity by LBP TM category

With which ethnicity do you identify most?										
	Bisexual		Lesbian		Other		Pansexual		Total	
	N	%	N	%	N	%	N	%	N	%
Afro Caribbean	215	71%	378	75%	69	68%	77	73%	739	73%
Caucasian	1	0%	7	1%	2	2%		0%	10	1%
East Indian	18	6%	25	5%	8	8%	8	8%	59	6%
Hispanic	17	6%	19	4%		0%	6	6%	42	4%
Indigenous	8	3%	15	3%	2	2%	1	1%	26	3%
Other ,specify	45	15%	60	12%	20	20%	14	13%	139	14%
Grand Total	304	100%	504	100%	101	100%	106	100%	1015	100%

1.4 What type of area do you live in?

The majority of the respondents 36% indicated that they live in the city while 35% indicated that they live in a town .There were 23% that indicated that they live in a village .Of the bisexual women ,38% live in the city while 34% live in a town ;of the lesbians ,38% indicated that they live in a city while 37% live in a town. Of the pansexual respondents ,29% live in a city while 28% indicated that they live in a village.

1.5 Enough money to cover basic needs

When asked if they have enough money to cover their basic needs, 62% of the respondents stated "always" and "sometimes" equally (31%). There were 34% that indicated that they "usually" have enough money to cover their basic needs while 4% indicated that they "never" have enough. The majority of the persons that said that they "never" have enough money to cover their basic needs were in Guyana (9%). While the majority said that they always have enough money to cover their basic needs were from Saint Lucia (44%), Jamaica (38%) and Belize (37%).

1.6 Paid Employment

There were 53% of the respondents that indicated that they have full-time employment while 22% stated that they have part-time employment. There were 23% that indicated that they do not have work for which they are paid. The majority of persons that indicated that they have full time employment were in Saint Lucia (76%) and Belize (67%) and Trinidad and Tobago (30%) while the majority that do not have employment for which they are paid were from Haiti (57%). While 30% of participants in Jamaica indicated they are unemployed, TransWave embarked on a project in 2019 entitled: *Workplace Conversation Series* with the purpose to reach out to the corporate sector creating a platform that provides space for employers and members of the gender non-conforming and trans communities to engage in dialogue. Majority of the companies contacted did not respond, and the 4 businesses that eventually took part, however, indicated that they would be willing to employ trans persons, once they are qualified (TransWave Jamaica, 2019). That obviously leads to a conundrum for trans and gender non-conforming persons who left school early and do not have the education level to match the qualifications in vacant positions.

As indicated previously the highest level of unemployment was found among the LBQ TM respondents in Haiti (57%), however, Trinidad and Tobago and Jamaica both have 30% unemployment among their

Figure 4: Enough money to cover basic needs

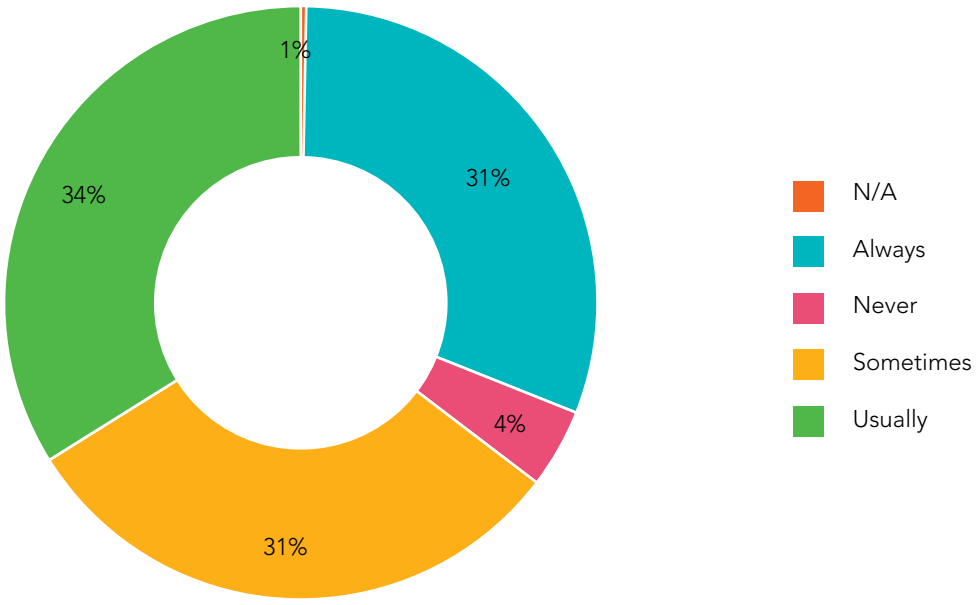
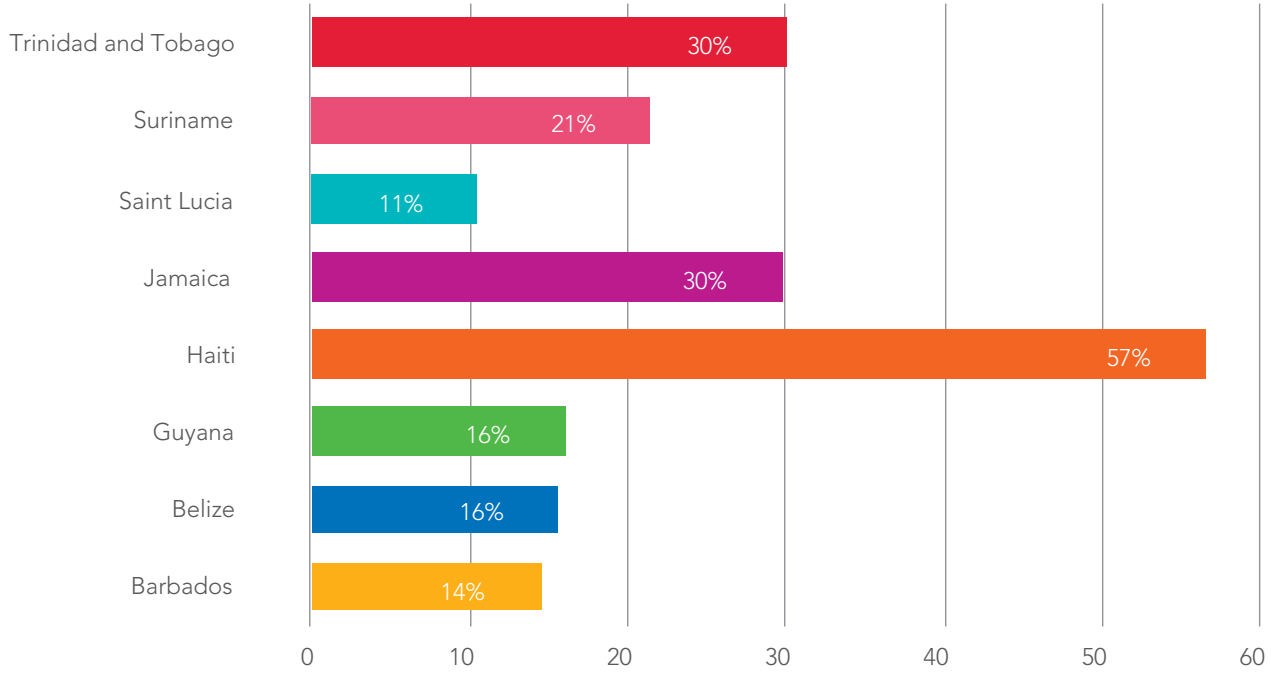


Figure 5: Paid Employment

respondents, Suriname had 21% and Guyana and Belize 16%. Barbados 8.9% (Dec. 2019) had an unemployment rate of 14% and Saint Lucia 11%. Thus, the level of unemployment among the respondents was high. World unemployment rates per country according to the United Nations (ILO) is as follows for these countries: Haiti 13.5% (Dec. 2019); Trinidad and Tobago 4.6% (Sept. 2018); Jamaica 7.2% (Dec. 2019); Barbados 8.9%(Dec. 2019); Belize 9.4% (Dec 208); Suriname 7.4 (Dec. 2019); and Guyana 13.8% (Dec

Figure 6: Unemployment



2018). *(ILO 2019)* In comparison, there are wide discrepancies between the national unemployment rate and the unemployment rate among the LBQ TM respondents. The majority of the 23% of respondents that do not have any work for which they are paid were pansexual (29%) and persons that identified as "other". They majority of the 53% that have full-time employment were lesbian (58%) and bisexuals (55%)

1.7 Alternative source of income

Respondents were asked to identify alternative sources of income. This included sexual favors for money, escorting, dancing in strip clubs or online sex for income purposes. Of the 817 persons that responded to this question, 13% said that they hustle, bargain, sell recycled good or second-hand clothing; 13% have more than one job to make ends meet; 8% perform sexual favors for money and 5% said that they turn regularly to unlawful/criminal activities.

Table 2: Alternative sources of Income

	N	Yes	Lesbian	Bisexual	Pansexual	Other	Total
Perform Sexual Favors for money	67	8%	46%	39%	12%	3%	100%
Hustle, bargain, sell recycled goods or second-hand clothing	109	13%	45%	27%	13%	15%	100%
Turn regularly to unlawful/ criminal activities	43	5%	39%	42%	7%	12%	100%
Have more than one job to make ends meet	118	13%	47%	32%	8%	13%	100%

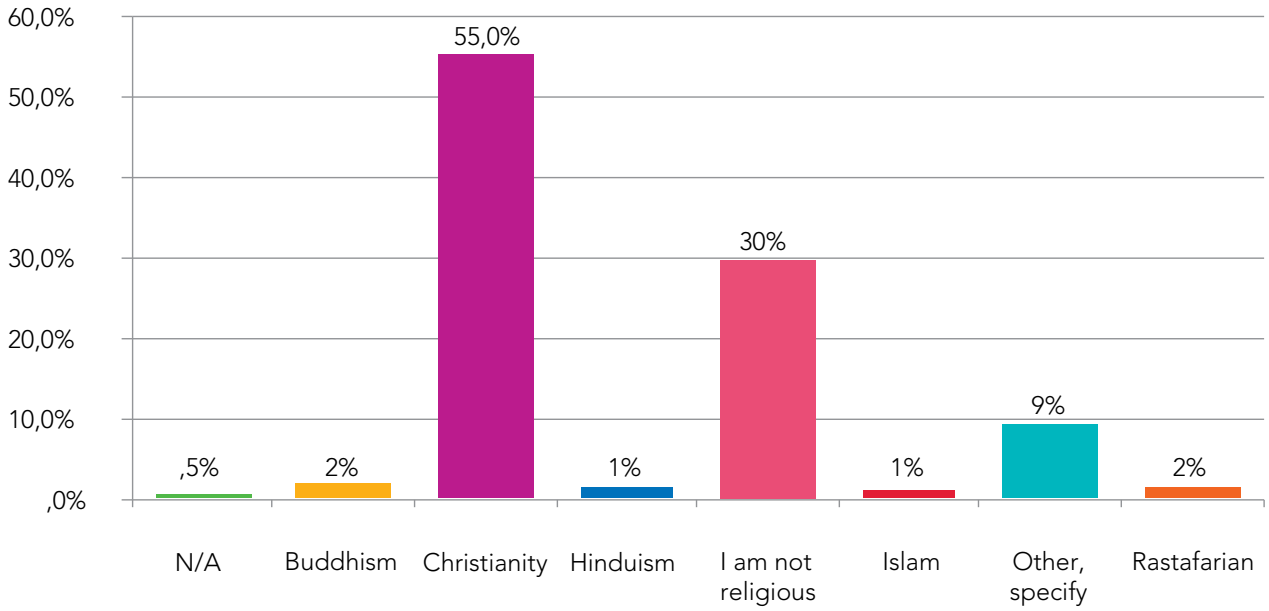
1.8 Religion

Of the 1,018 respondents, 55% stated that their religion is Christianity. There were 30% that stated that they are not religious. There were also 9% that indicated "other" as well as.

Besides Buggery laws, inherited from Colonialism, and rooted in religion, the most prominent cause for discrimination, rejection, bullying, side-lining and hate crimes in the Caribbean remains to be religion. A number of examples throughout the eight countries in our study demonstrated how religion continues being used against members of the LGBTQ community, in their private lives and public spaces. This particularly happens in public when strides are made for example a judge ruled in favor of a trans woman in Suriname who sued the government to amend her gender legally, and a range of religious leaders opposed, from the Association of Pentecostal Churches in Suriname which held a protest, with thousands of people attending, to commentary from an Evangelical pastor and the Suriname Islamic Association also objected (*The Daily Herald, 2017*).

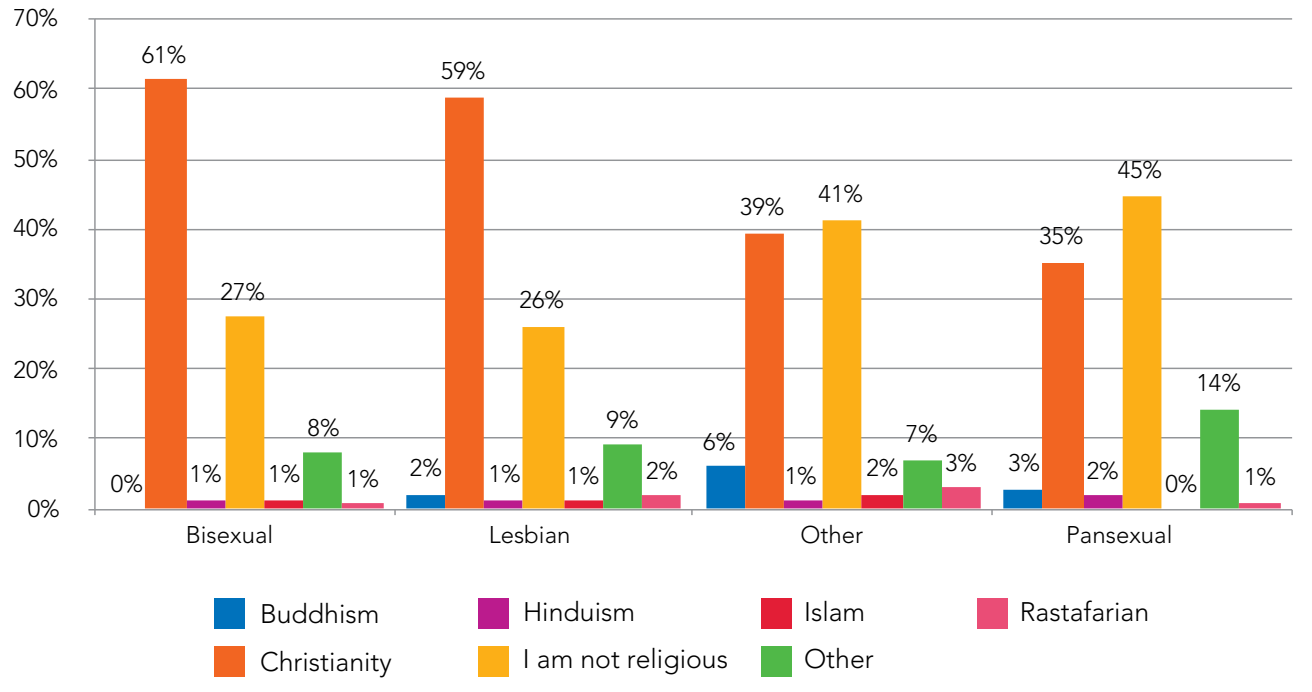
Surely, when it comes to LGBT matters all religions unify in their position. Religious leaders in Saint Lucia, from the Pentecostal, Methodist and Seventh Day Adventist churches regularly come out publicly in unified voices regarding any LGBTQ matters, displaying their disapproval as could recently be seen during the first Pride celebration, August 2019. Religion is a big factor and has a strong influence, and politicians, the media and evangelical faith leaders in particular are publicly hostile towards the LGBTIQ community (*Staples, 2018*).

Figure 7: Religious Affiliation



While members from this community are harshly judged by faith leaders and religion per se weaponized against queer people it is evident that individuals throughout this study are left with inner conflict and turmoil. One lesbian from Saint Lucia shared: *"There are times I want to beat up myself and say you know what you are doing is wrong my girl, you know that. There was a point in my life I stopped communicating with a lot of women I knew that were gay, lesbian. They wanted to have some sort of sexual relationship with me and I ceased communication with them when I started going back to church. But the funny thing is one year later I ended up in a relationship with a woman. (laughs) It's a battle for me, so you get the picture. It's a battle. My religion is not negotiable. If someone were to ask me right now to pick one or they will shoot me in the head, I'll pick my religion over my sexuality. It is what it is"*.

Figure 8: Religious Affiliation by Sexual Orientation



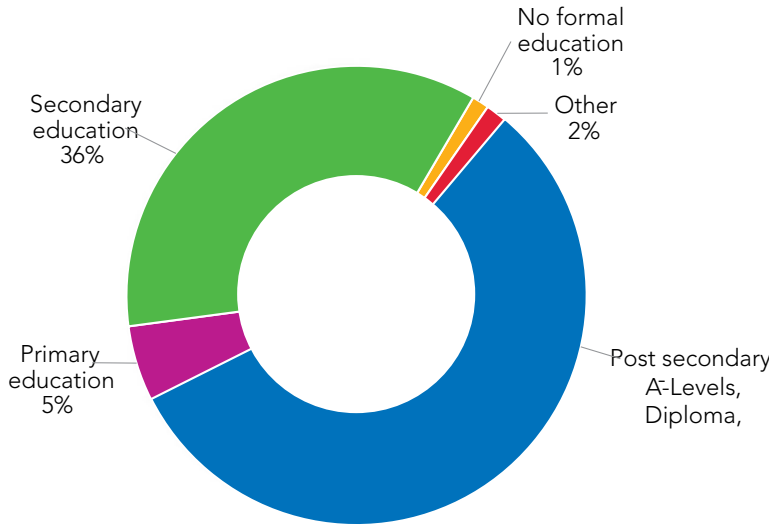
THE HUMAN STORIES

A queer person from Trinidad shared: "I was going to church since I was seven at the same place, and by the time I left I was probably twenty. I knew that I was gay/queer since Form 2 and it was sort of a back and forth struggle in terms of like "Okay should I be this way or try to change it and try to be straight and all these things?" Eventually I came out to somebody in church, thinking I was telling them in confidence, and I'm really saying it in a way like "I need help to change this thing". That went from one person to somebody else to somebody else and then before you knew it, people just knew about me and it just felt like there was this judgement around it. I decided to leave church, to live my authentic life. Yet based on what I was hearing from church and what my family believes and thinks, I felt like I was just doing the wrong thing. Not that I was doing the wrong thing, because being your authentic self is the right thing but just thinking about their judgement I felt like "I'm already one of the worst people…" because according to the bible being gay is an abomination. I remember thinking "If I'm already the worst person; I'm already going to hell, why not commit crimes or I should say be 1000% rebellious"… and that would be part of the discussion with the people I used to smoke weed… most of them were from the community so they also had similar experiences."

In Haiti it is really the rising middle class that grows increasingly intolerant towards the LGBT community as they start joining Christian churches in larger numbers. The poor and working-class do not concern themselves with sexuality, instead their focus is on where the next meal will come from. (Nixon, 2011). Catholic and Protestant religions introduce homophobia, and furthermore discrimination towards the Masisis (gay) community. According to the Vodou belief, religion and sexuality is fluid, with an absence of stigmatization and homophobia. Vodou religion understands sexuality completely differently and many LGBT persons will go to Vodou temples, even if they are not necessarily believers, but because they are welcomed at the temples. "Right after the earthquake, one of their comments (from the Christian churches) was that this happened to us because of the gay and lesbians in Haiti and that we weren't praying enough and because of their sins. And the Vodou religion also shared blame for the earthquake" (Nixon, 2011). Our study results in Haiti found that the largest number of participants (42%) indicated that they are not religious, followed by 34.8 % who indicated they are Vodou believers.

Of the 303 bisexuals, (186) 61% indicated that they are Christian while 27% indicated that they are not religious. Of the 504 lesbians, 59% that they are Christian while 26% indicated that they are not religious. Of the 105 pansexual, 55% indicated that they are Christian while 47 (45%) indicated that they are not religious.

Figure 9: Level of Education

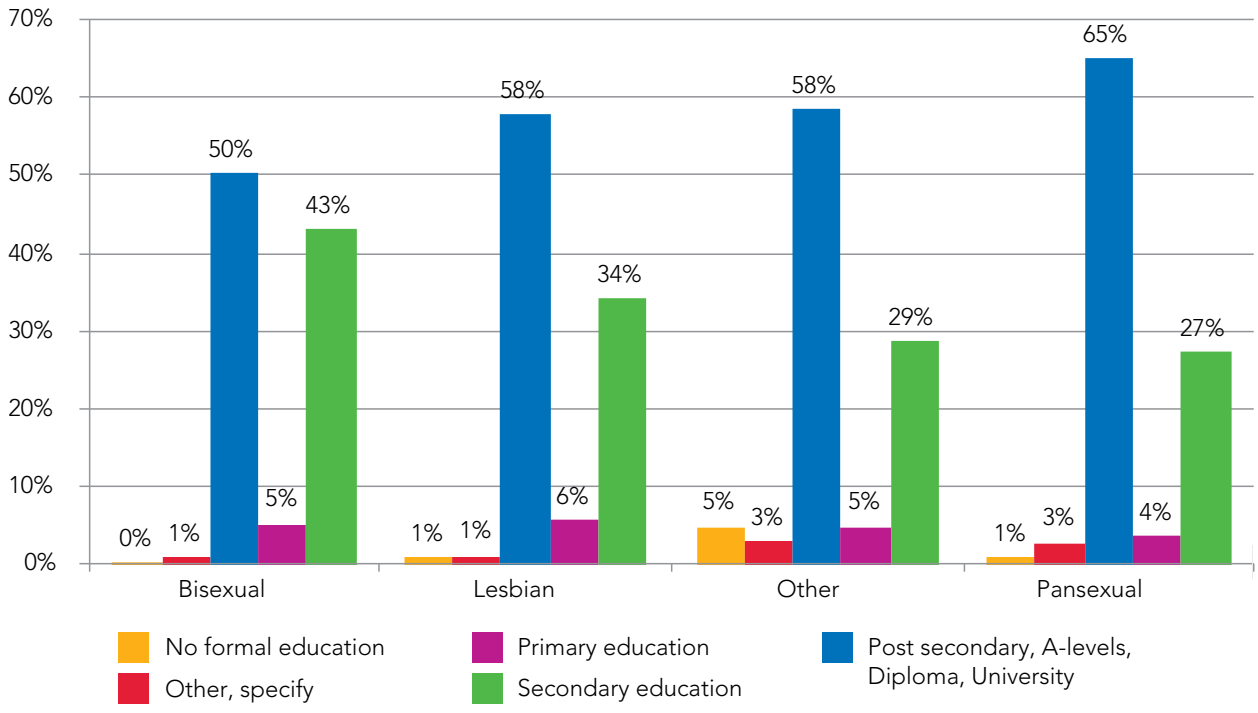


1.9 Level of Education

Of the total respondents, there were 56% that indicated that they have completed post-secondary, A-levels, Diploma or University while 35.6% indicated that they have completed only secondary education.

For persons that have completed post-secondary, A-levels, Diploma or University, there were 65% pansexual, 58% lesbians and "other" and 50% bisexual women. For those that have completed secondary education, there were 27% among the pansexual; 34% among lesbians and 43% of the bisexuals. For those that completed no formal education, the majority were among "others" (5%).

Figure 10: Level of Education by Sexual Orientation



1.10 Sexual attraction

There were 95% of the respondents that indicated that they are attracted to cisgender women. Of these 51% were lesbian, 30% are bisexual and 10% are pansexual. When asked if they are sexually attracted to cisgender men 34% of the respondents said "yes". Of these 64% were bisexual, 19% were pansexual, 11% were other and 6% were lesbian. When asked if they are sexually attracted to trans men, 15% respondents said "yes", of these 43%were pansexual; 20% "other"; 18% lesbian; 19% and 19% bisexual. When asked if they are sexually attracted to trans women, 11% of people said "yes." Of these, 51% were pansexual; 23% "other"; 17%lesbian and 8% bisexual. There 176 persons that indicated that they are sexually attracted to gender non-conforming people. Of these 43% were pansexual; 22% bisexual and 19% lesbian.

Table 3: Sexual Attraction

	N	Yes	Lesbian	Bisexual	Pansexual	Other	Total
Feel sexually attracted to cis-gender women	965	95%	51%	30%	10%	9%	100%
Feel sexually attracted to men	350	34%	6%	64%	19%	11%	100%
Feel sexually attracted to transmen	149	15%	18%	19%	43%	20%	100%
Feel sexually attracted to trans women	109	11%	18%	8%	51%	23%	100%
Feel sexually attracted to gender non-conforming persons	176	17%	19%	22%	43%	19%	100%

1.11 Emotional attraction

When asked if they are emotionally attracted to women, the majority 93% who said "yes" were lesbians (52%) and pansexual persons were 10% of those that said "yes" to feeling emotionally attracted to women while bisexuals were (29%). In regard to emotional attraction to men, the majority of persons that said "yes" were bisexual (63%), while the least were lesbian (7%). 19% were pansexual. In regard to emotional attraction to trans men, the majority of persons that said "yes" were pansexual 42%, 20% were bisexual were 19% were lesbian and 19%, persons that identify as "other". In regard to emotional attraction to trans women, the majority of persons that said "yes" were pansexual 44% and persons that identify as "other" (26%). 19% were lesbian. In regard to emotional attraction to gender non-conforming persons, the majority of persons that said "yes" were pansexual 45% and lesbians (22%). 18% were persons that identify as other and 15% bisexual. There were 21 persons that indicated that they do not feel emotional attraction. Of these the majority were bisexuals (38%). The least were pansexual persons (14%).

Table 4: Emotional Attraction

	N	Yes	Lesbian	Bisexual	Pansexual	Other	Total
Feel emotionally attracted to cis-gender women	965	93%	52%	29%	10%	9%	100%
Feel emotionally attracted to men	312	31%	6%	64%	19%	11%	100%
Feel emotionally attracted to transmen	118	12%	19%	20%	42%	19%	100%
Feel emotionally attracted to trans women	130	13%	19%	11%	44%	26%	100%
Feel sexually attracted to gender non-conforming persons	130	13%	22%	15%	45%	18%	100%
Do not feel emotional attraction	21	2%	24%	38%	14%	24%	100%

1.12 Sexual experience in the past 12 months

Of the 82% persons that indicated that they have had sex with a woman in the past 12 months, 56% were lesbian and 27% bisexual. 9% were pansexual and 8% were "other". Of the 305 persons that indicated that they have had sex with a man in the past 12 months, 65% were bisexual and 17% pansexual. 9% were lesbian and 9% were "other". Of the 43 persons that indicated that they have had sex with a trans man in the past 12 months, 32% were bisexual and 28% were lesbian and pansexual equally. Of the 11 persons that indicated that they have had sex with a trans woman in the past 12 months the majority were pansexual (46%). Of the 38 persons that indicated that they have had sex with a gender non-conforming person in the past 12 months the majority were pansexual (32%) while 29% were lesbian.

Table 5: Sexual Experience in the past 12 months

	N	Yes	Lesbian	Bisexual	Pansexual	Other	Total
Had sexual experience with cis-gender women	832	82%	56%	27%	9%	8%	100%
Had sexual experience with men	305	30%	9%	64%	17%	9%	100%
Had sexual experience with transmen	43	4%	28%	32%	28%	12%	100%
Had sexual experience with trans women	11	1%	27%	18%	46%	9%	100%
Had sexual experience with gender non-conforming persons	38	4%	29%	13%	32%	26%	100%
Have not had sexual intercourse in the past 12 months	71	7%	41%	24%	13%	13%	100%

1.13 Sexual experience in the past

Of the 92% persons that indicated that they have had sex with a woman in the past, 51% were lesbian and 29%. Of the 641 persons that indicated that they have had sex with a man in the past, 43% were bisexual and 56% were lesbian Of the 72 persons that indicated that they have had sex with a trans man in the past, 36% were lesbian and 35% were pansexual. Of the 26 persons that indicated that they have had sex with a trans woman in the past the majority were pansexual (38%) and lesbian (19%). Of the 86 persons that indicated that they have had sex with a gender non-conforming person in the past the majority were pansexual (37%) while 29% were lesbian. There were 15 persons who indicated that they have not had any sex in the last past. Of these the majority were "other" (40%) and lesbians (33%)

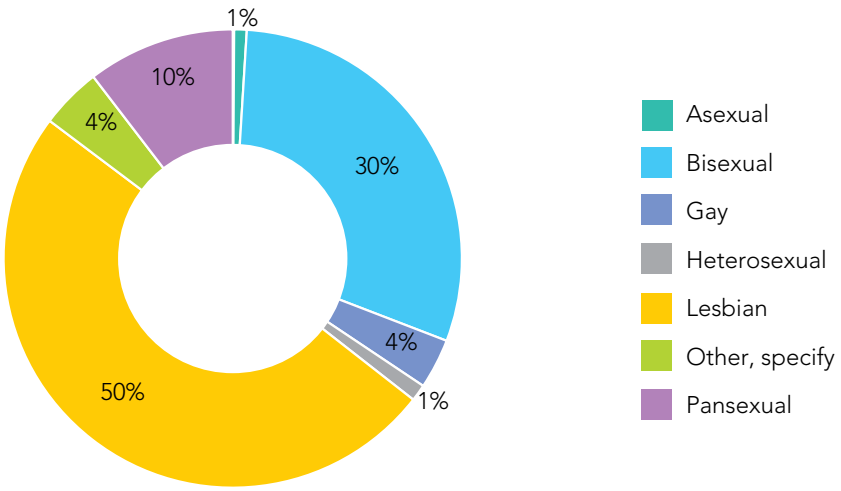
Table 6: Sexual Experience in the past in general

	N	Yes	Lesbian	Bisexual	Pansexual	Other	Total
Had sexual experience with cis-gender women	940	92%	51%	29%	10%	10%	100%
Had sexual experience with men	641	63%	36%	43%	13%	8%	100%
Had sexual experience with transmen	72	7%	36%	17%	35%	12%	100%
Had sexual experience with trans women	26	3%	19%	31%	38%	12%	100%
Had sexual experience with gender non-conforming persons	86	8%	29%	16%	37%	18%	100%
Have not had sexual intercourse in the past	15	1%	33%	7%	20%	40%	100%

1.14 Sexual Orientation

When asked to identify their sexual orientation, 50% indicated lesbian, 30% bisexual, 10% pansexual, 4% "other" and 1% heterosexual. "Bisexuality, pansexuality, sexually fluid, queer and simply "not doing labels" – all are different ways people identify to indicate that they are not exclusively attracted to either men or women" (Villareal, 2020, Zane, 2018). There were 40.3% that either identified as pansexual or bisexual. Even though 10.4% identified as "pansexual", the concept itself is new to the region.

Figure 11: Sexual Orientation



1.15 Gender Identity

In terms of gender identity, 83% identified as women; 6% as men; 6% as trans men and 5% as gender non-conforming. There were 94% of the bisexuals that identified as a woman, while 82% of lesbians identified as a woman. There were 6% that identified as a "man" and of these it can be assumed that this includes the 2 trans men that have transitioned as well as the 10 persons that identify as monkopé in Haiti. Monkopé; a word to indicate someone that is a female but who identifies as a man are known and identifies as monkopé. They do not adopt the label of trans men.

Figure 12: Gender Identity

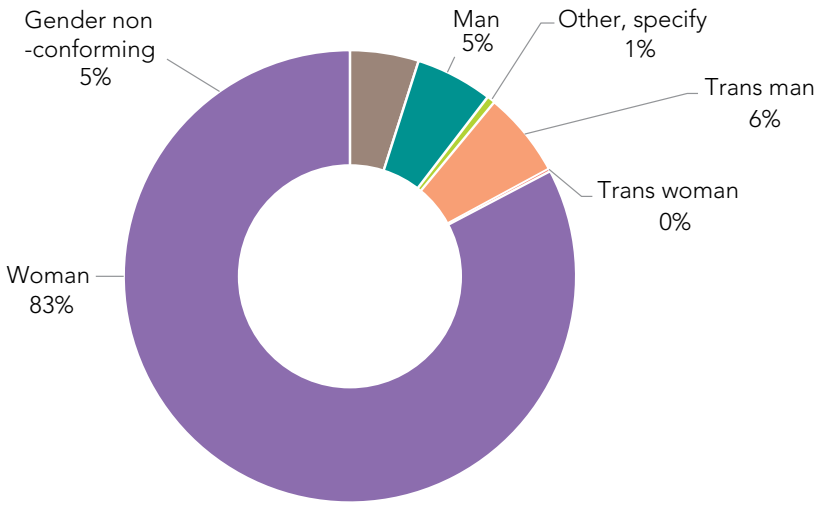
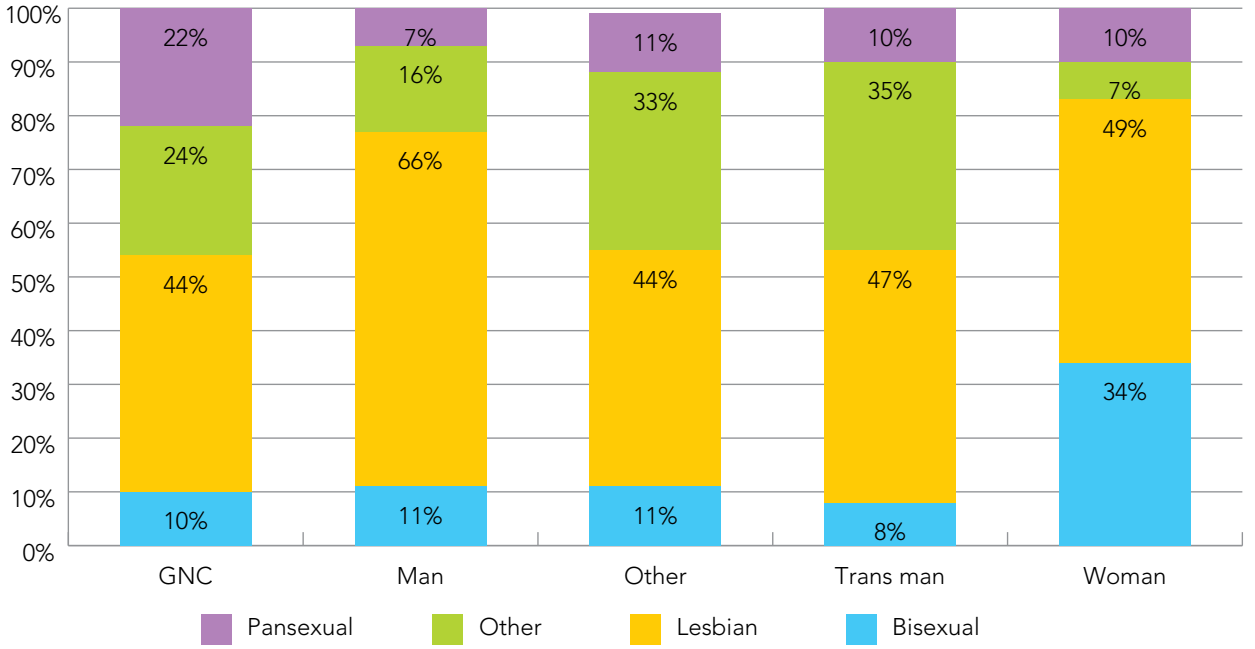


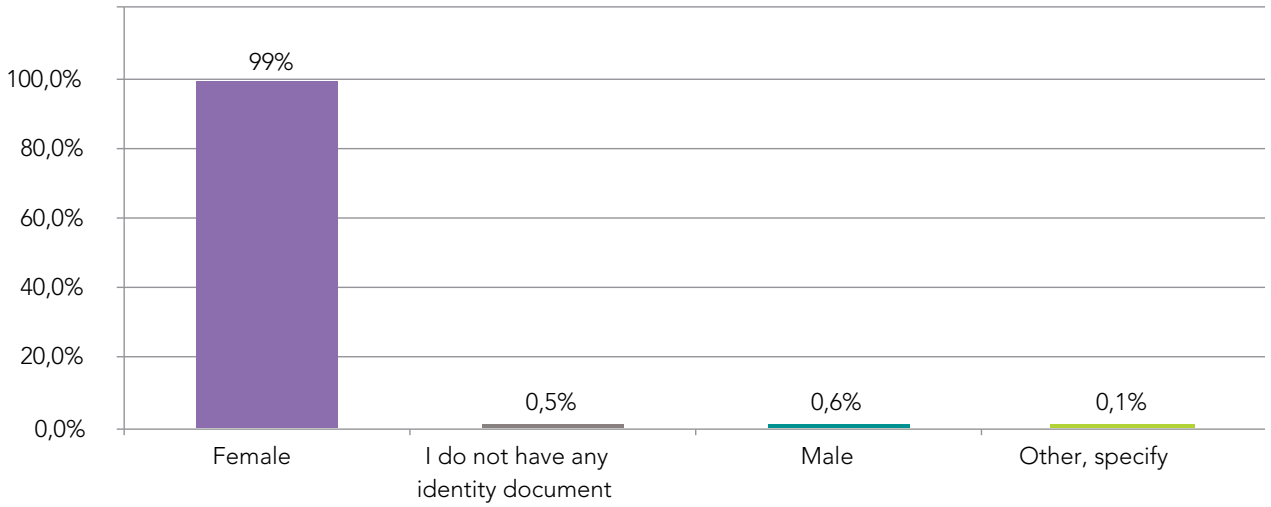
Figure 13: Gender Identity vs Sexual Orientation



1.16 Sex at birth

The majority, 99.6%, identified their sex at birth as female .1% as intersex and .3% as male. There was one person that identified as intersex in Trinidad and Tobago while there were 2 persons that identified as male at birth, one in Suriname and 1 in Jamaica.

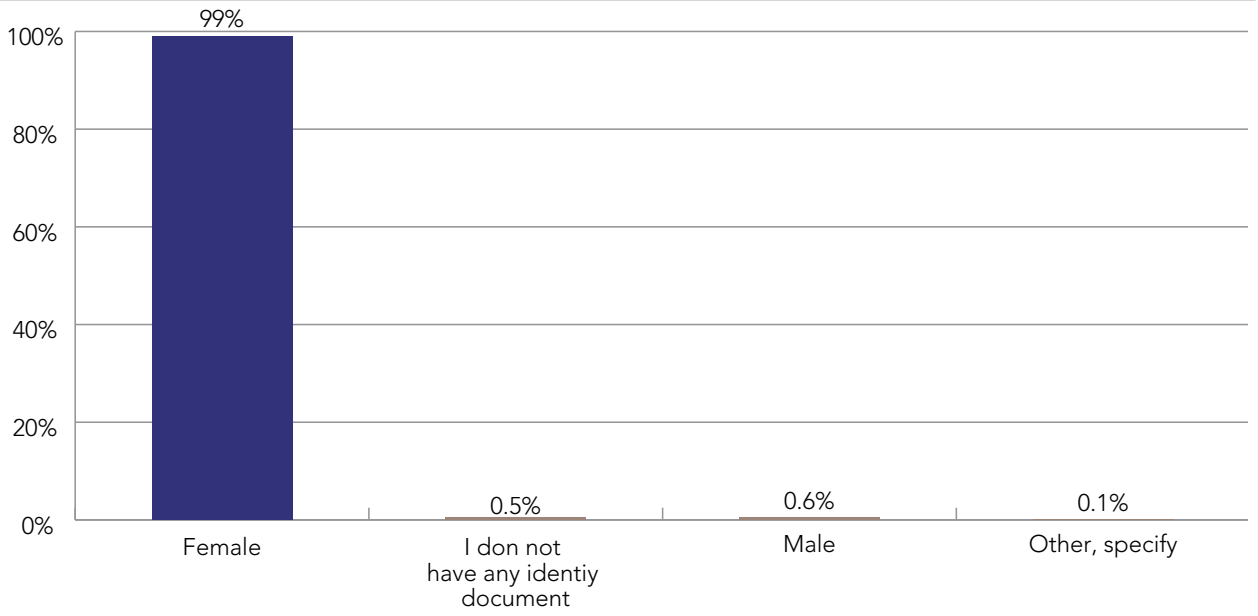
Figure 14: Sex at Birth



1.17 Legal sex/gender

There were 99% of the respondents that indicated that their legal sex/gender currently recorded in their identity document is female. There were 5 persons that that indicated that they do not have any identity documents while 6 persons indicated that their identify is legally male including 1 lesbian. Of those that do not have legal identity documents the majority were from Haiti.

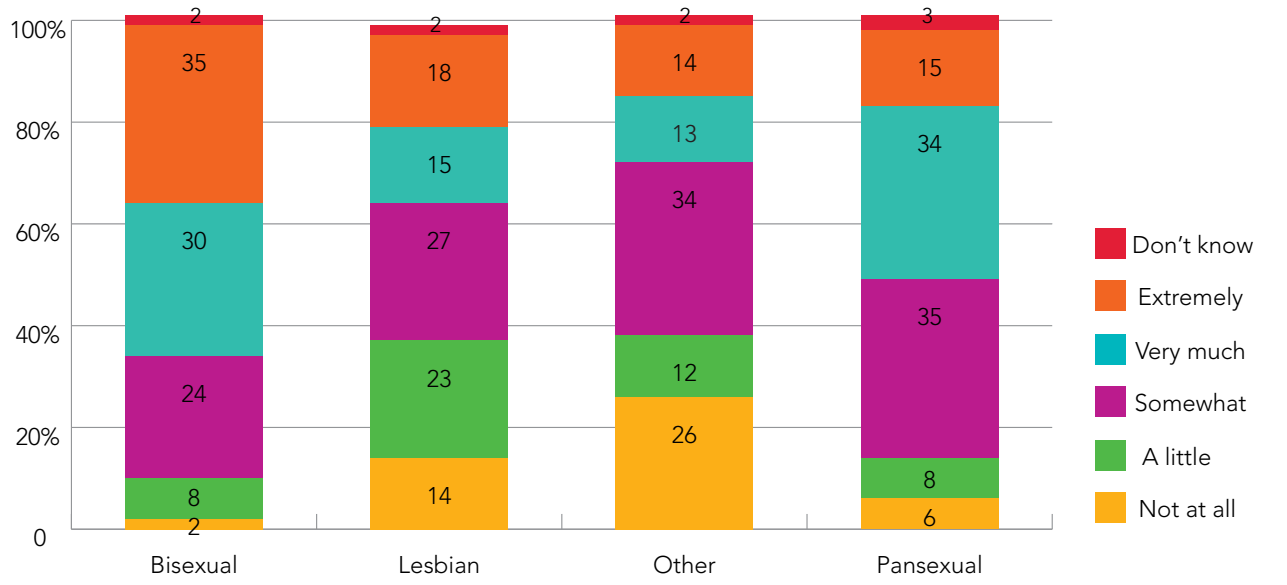
Figure 15: Legal Sex in Documents



SECTION 1B :GENDER EXPRESSION

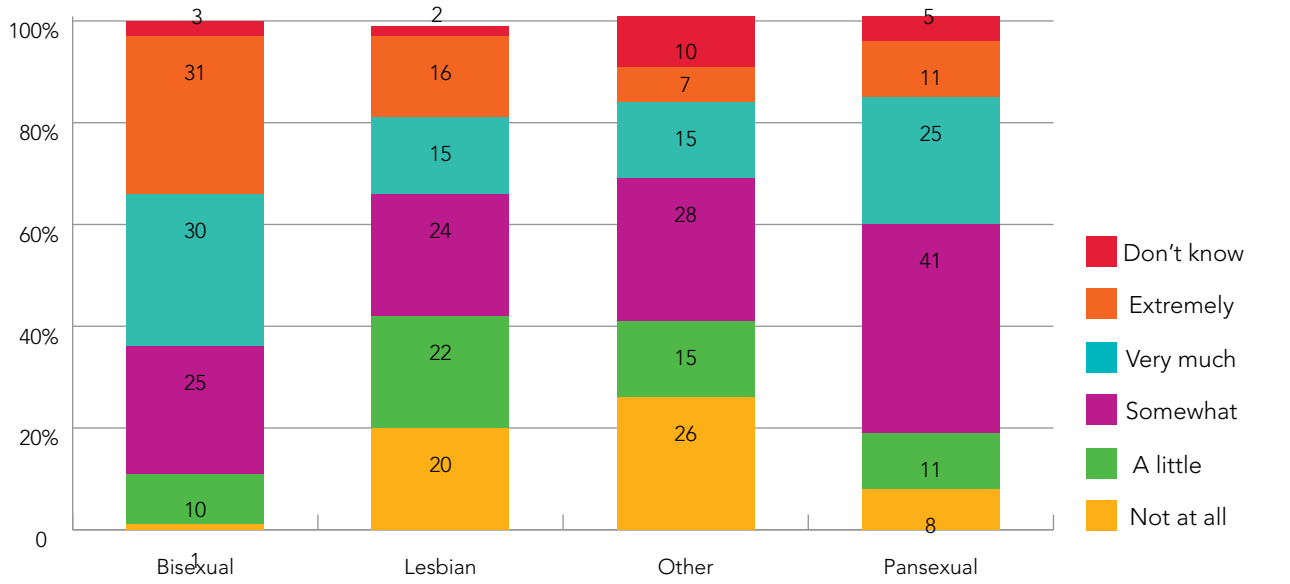
In exploring gender expressions, the respondents were asked how feminine they think they are. There were 27% that stated "somewhat", while 44% stated "very much and extremely. There were 11% that said, "not at all" and 16% said "a little." There were 35% of the bisexuals that said they are extremely feminine while 18% of the lesbians also said that they are extremely feminine. Of those that said, "not at all" or "a little", the majority were lesbian or "other."

Figure 16: How feminine do you think you are?



The respondents were also asked how feminine they behave in front of others. There were 23% that stated that they behave extremely feminine while 21% said "somewhat" and 21% said "very much". There were 15% that said that they do not behave feminine in front of others "not at all." The majority of these were persons that identify as "other" while 41% of pansexual stated that they "somewhat" behave

Figure 17: How feminine do you behave in front of others?



feminine in front of others. But when asked how feminine they think they appear to others, there were 33% of bisexuals that said "extremely", while 32% said "very much." Only 2% of bisexuals said that when it comes to how they appear to others, they were "not at all" seen as not being feminine. There were 21% of lesbians who felt that they do not appear any at all as feminine to others.

When asked how masculine they think they are, 26% stated "a little", 24% said "somewhat" while "23% said "not at all". There were 24% of the respondents that stated that they are "extremely" or "very much" masculine. Of those that feel extremely masculine, the majority were lesbians and others. Of those that do not feel masculine "not at all" the majority were bisexuals (36%). For those that feel "somewhat" or a little masculine, the majority were pansexual. When asked, how masculine do they appear to others, the majority 33% said not at all while 11% said "extremely" of which the majority were lesbians. For the bisexual, the majority, 48%, not at all while 35% of pansexual also said "not at all".

GENDER AFFIRMING PRACTICES

There were only 22 (2%) of the respondents that stated that they use hormones for transitioning. Of these 12 persons accessed these hormones from a local private health care provider: 7 from a local public health care provider and 3 from another source.

Table 7: Use of hormones (transitioning)

	Lesbian	Bisexual	Pansexual	Other	Total
Yes ,from a local private health care provider	6	1	4	1	12
Yes ,from a local public health care provider	1	2	1	3	7
Yes ,from another source	1	1	1	0	3
No	496	300	99	97	992
Grand Total	504	304	105	100	1014

There were 10% that stated that they do use some form of binding (binders, bandages) or some other method to hide their breasts. 50% of these persons identified as lesbian while 25% as other. There were 81 persons who stated that they use socks or dildoes/packers in their underwear to simulate a penis. Of these 52% were lesbian, 23% "other" and 14% pansexual.

Table 8: Gender Affirming practices

	Yes	No
Do you use any form of binding) binders ,bandages etc (.Or use any other method of hiding your breast	10%	90%
Do you use any objects such as socks or dildoes/packers in your underwear to simulate a penis?	8%	92%
Do you publicly live by your self-identified gender?	82%	18%
Do people publicly know you by your chosen name?	85%	15%
Do you publicly live as yourself identified gender ,only in some safe spaces?	49%	51%

Respondents were asked to state if they live by their self-identified gender. There were 18% that stated that they do not. The majority of these were lesbians (46%) and bisexuals (35%). When asked if they live as their self-identified gender only in safe spaces, 49% said "yes". There were 14% that stated that people do not know them by their chosen name. The majority of these were lesbians (53%) and bisexuals (27%). In some Caribbean countries, such as Belize, Jamaica, Guyana, Trinidad and Tobago, it is possible to legally change a person's name however it is still not legal to officially change documentation – and therefore leave trans persons with no legal protection if their documents are not in alignment with their self-expression (Berredo et. Al., 2018).

SECTION 1C: SEXUALITY AND SELF

The respondents were asked if they dislike themselves for being a person who has or wants sex with people of the same sex. Of the 988 respondents that do not identify as heterosexual, 11% agreed with this statement while 87% either disagreed or disagreed strongly. The majority of those that dislike themselves for being a person who has or wants sex with people of the same sex, 38% were lesbian while 31% were bisexual. There were 11% that either agreed or strongly agreed that they wish they were only sexually attracted to the opposite sex. Of these the majority were bisexuals and lesbians (70%). There were 17% of pansexual that wished they were attracted only to the opposite sex. There were 6% that stated that they feel ashamed of being sexually attracted to persons of the same sex. Of these the majority were bisexuals (71%) who agreed and strongly agreed. There were 9% that agreed or strongly agreed that being attracted to a person of the same sex is a personal weakness of theirs of which 4% were bisexual and 4% were lesbian. There were 10% of the respondents who indicated that they would accept if someone offered them the chance to be completely heterosexual. Of these 62% were "other" while 57% were bisexual. There were 2% of the respondents who indicated that when they think about having sex with someone of the same sex, they have negative thoughts or feelings. The majority of these were bisexuals and "others."

THE HUMAN STORIES

"As a child growing up with my grandparents, with my mom being away from I was 4 years old, I had the freedom to play with the neighborhood friends of which 90% were boys. For this reason I would always wear pants and my grandparents did not have an issue with this. When my mom came back home, I was already 9 years old and she wanted me to dress and behave like a girl. It was too late. I was already a tomboy. Dresses made me feel weak and physically disabled. My mom became distant from me because of this but I grew mentally strong and satisfied with my body. The key to our sexuality is self-acceptance. After self-acceptance, everything falls perfectly into place."

– Respondent.

Table 9: Sexuality and Self

	N	Agree or Strongly Agree	Lesbian	Bisexual	Pansexual	Other
Sometimes I dislike myself for being a person who has) or wants (sex with people of the same sex	128	13%	14%	9%	19%	24%
I wish I was only sexually attracted to the opposite sex	105	11%	29%	39%	10%	22%
I am ashamed of myself for being sexually attracted to people of the same sex	69	7%	29%	39%	11%	21%
I feel that being attracted to people of the same sex is a personal weakness of mine	210	21%	35%	39%	13%	13%
If someone offered me the chance to be completely heterosexual ,I would accept the offer	95	10%	35%	39%	8%	18%
Whenever I think about having sex with someone of the same sex ,I have negative thoughts and/or feelings	47	5%	21%	28%	19%	32%

SECTION 1D: GENDER IDENTITY AND SELF

Of the persons who identified as transgender and/or gender non-conforming, of these 48% were lesbian, 27% "other", 14% pansexual and 11% bisexual. There were 20% who strongly agreed or disagreed that they dislike themselves for being trans or gender non-conforming. Of these, the majority were "others" and lesbians. Of those that agreed and disagreed, the majority were lesbians (41%). When asked if they wished they were not transgender or gender non-conforming, the majority that agreed and strong agreed were lesbians and pansexual. There were 11% persons who said that they agreed or strongly agreed that they think about the fact that they are transgender when interacting with people. Of these the majority identified as lesbian. There were 22% persons that stated that they think that being transgender or gender non-conforming is a personal weakness while 27% stated that if they were given the opportunity to be cisgender, they would accept the offer.

Table 10: Gender Identity and Self (Transgender and Non-Conforming)

	N	Agree or Strongly Agree
Sometimes I dislike myself for being transgender and/or gender non-conforming	46	20%
Sometimes I wish I wasn't transgender and/or gender non-conforming	61	27%
I think about the fact that I am transgender and/or gender non-conforming when I interact with people	105	46%
I feel that being transgender and/or gender non-conforming is a personal weakness of mine	50	22%
If someone offered me the chance to be completely cisgender, I would accept the offer	62	27%

THE HUMAN STORIES

"There are times I want to beat up myself and say, you know what you doing is wrong my girl, you know that. There was a point in my life I stopped communicating with a lot of women I knew that were gay, lesbian. They wanted to have some sort of sexual relationship with me and I ceased communication with them when I started going back to church. But the funny thing is one year later I end up in a relationship with a woman. (laughs) It's a battle for me, so you get the picture. It's a battle. My religion is not negotiable. If someone were to ask me right now to pick one or they will shoot me in the head, I'll pick my religion over my sexuality. It is what it is. I had to stop going to high school because one of my teacher was paying me to perform oral sex on him and a student found out and shared it with the entire school. The other teachers started treating me harshly and I couldn't take the abuse so I stayed home."

- Respondents

GENDER-AFFIRMING PRACTICES

The respondents were asked if a person can get hormones for transitioning from a local health provider, if they need them. Of the 902 persons who responded to this question, 74% said "they don't know", 14% said "no" and 12% said "yes." When asked if a person can get gender-affirming surgery from a local healthcare provider, of the 898 persons that responded, 73% said that they did not know, 21% said "no" and 6% persons said "yes". Gender affirming health care is not officially available in Caribbean countries. Persons who use hormones source it from overseas or anyway self-administered and therefore not with guidance of medical professionals. (*Rambarran & Hereman, 2020*).

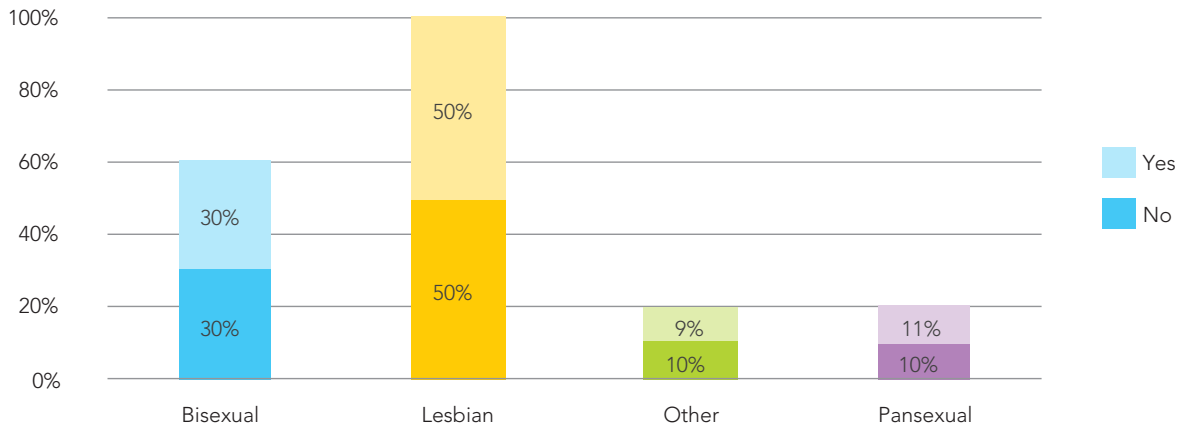
Table 11: Gender Affirming Practices (Transgender and Non-Conforming)

	/N	Yes	No	Don't Know
Can a person get hormones for transitioning from a local health care provider if they need them?	902	12%	14%	74%
Can a person get gender affirming surgery from a local healthcare provider if they need them?	902	6%	20%	74%

SECTION 2A: HEALTH SERVICE USE

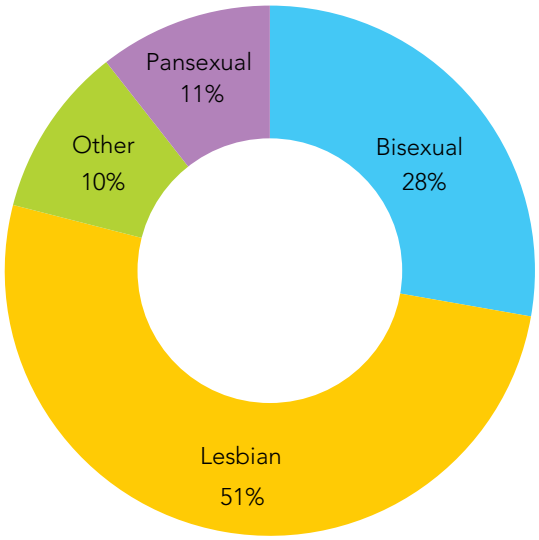
When asked about private health insurance, 34% stated that they do have private health insurance while 66% said that they do not. Of those that have private health insurance, 50% were lesbians, 30% bisexuals, 11% pansexual and 9% "others".

Figure 18: Private Insurance



There were 64% who indicated that they have not accessed services in the past 12 months. Of these 51% were lesbians, 28% bisexual, 11% pansexual and 10% "others"

Figure 19: Have not Accessed health services in the past 12 months



Accessed Community-based or non-governmental services in the past 12 months.

There were 13% that indicated that they have had regular check-ups when they have been feeling well at a Community-based or NGO health center. Of these 51% were lesbian and 31% were pansexual. There were 30% that indicated that they have accessed similar services when they have been sick. Of these

the majority were 50% lesbians and 33% bisexuals. For emergency care at a community-based or NGO health center, 9% indicated "yes" of which 47% were lesbian and 37% were bisexual. After a sexual attack, 15 persons or 1.5% accessed services at a community-based or NGO. Of those that accessed the services 47% were lesbian and 27% were bisexual while 2% were pansexual and 2% were "others." There were 13 persons that accessed service after a physical assault, 4 lesbian and 6 were "others".

Table 12: Services accessed at a community-based or NGO health center

	N	Yes	Lesbian	Bisexual	Pansexual	Other	Total
Regular check-ups when I am feeling well	135	13%	51%	31%	10%	7%	100%
Check-ups when I am feeling sick	301	30%	50%	33%	8%	9%	100%
Emergency care	95	9%	47%	37%	7%	8%	100%
Care after a sexual assault	15	1%	47%	27%	13%	13%	100%
Care after a physical assault	13	1%	31%	8%	15%	46%	100%
Test for HIV	232	23%	51%	28%	12%	9%	100%
HIV Care and treatment	14	1%	43%	29%	7%	21%	100%
Testing, care, or treatment for other sexually transmitted infections (STIs) (Not HIV)	91	9%	47%	27%	13%	12%	100%
Counselling or psychosocial support	88	9%	45%	25%	19%	10%	100%
Care for mental health conditions	46	6%	24%	50%	17%	9%	100%
Barrier methods (condoms, dental dams or finger condoms)	58	5%	33%	29%	22%	16%	100%
Contraception (injection, pill, IUD/loop, implant)	58	5%	24%	50%	17%	9%	100%
Breast cancer checks (mammogram)	51	5%	53%	37%	2%	8%	100%
Throat cancer checks	10	1%	70%	20%	0%	10%	100%
Cervical cancer checks (pap smears)	74	7%	42%	36%	15%	7%	100%
Gender affirming treatment (hormones, surgery)	5	.4%	40%	20%	40%	0%	100%

Of the 1005 respondents to this question, there were 23% that had accessed an HIV test at a community-based or NGO health center. Of these 51% were lesbian and 28% were bisexual. There were 14 persons that accessed HIV care and treatment at these health centers with 43% of them being lesbian and 29%

bisexual. There were 9% that accessed STI services including test, care and/or treatment that was not HIV. Of these 47% were lesbian and 27% were bisexual. Of the total respondents there were only 4.5% that had accessed mental health services at a community or NGO health facility over the past 12 months. Of these the majority were lesbians. There were 5.7% that accessed barrier methods such as condoms, dental dams or finger condoms at a community or NGO health center. Of these the majority were lesbians and bisexuals. There were also 5.7% that accessed contraception such as injection, pills, IUD/loop and implant) at a community or NGO health center. Of these the majority were bisexual women. Of the bisexuals that have accessed services at a community or NGO health center 50% had accessed contraception and 17% barrier methods. Of the lesbians that had accessed services at a community or NGO center, 19% had accessed barrier methods while 24% had accessed contraception. For breast cancer, there were 5% that have accessed a breast cancer check (mammogram) at a community or NGO health center. Of these the majority were lesbians. There were only 1% persons that indicated that they had accessed services for throat cancer checks at a community or NGO facility. Of these 70% were lesbians. For cervical cancer checks (pap smears) 7.3% had accessed services at a community or NGO health center. Of these 42% were lesbian and 36% were bisexuals. There were only 5 persons that had accessed gender affirming treatment (hormones or surgery) at a community or NGO facility. Of these the majority were lesbian (2) or pansexual (2).

Accessed public health care (clinic/hospital) services in the past 12 months.

There were 40% of the respondents that indicated that they have access to services at a public health facility. There were 13.4% that indicated that they have had regular check-ups when they have been feeling well at a public health center. Of these 53% were lesbian and 33% were bisexual. There were 40% that indicated that they have accessed similar services when they have been sick. Of these the majority were 52% lesbians and 29% bisexuals. For emergency care at a public health center, 20% indicated "yes" of which 46% were lesbian and 34% were bisexual. After a sexual attack, 12 persons or 1.1% who accessed services at a public health center. Of those that accessed the services 8 were lesbian and 2 were pansexual while 1 was bisexual and 1 "others." There were 17 persons that accessed service after a physical assault, 9 lesbians and 4 were "others".

Table 13: Services accessed at a Public health center

	N	Yes	Lesbian	Bisexual	Pansexual	Other	Total
Regular check-ups when I am feeling well	135	13%	53%	33%	6%	9%	100%
Check-ups when I am feeling sick	403	40%	52%	29%	9%	10%	100%
Emergency care	202	20%	46%	34%	11%	9%	100%
Care after a sexual assault	12	1%	67%	8%	17%	8%	100%
Care after a physical assault	17	2%	53%	12%	12%	24%	100%
Test for HIV	219	22%	49%	30%	10%	11%	100%
HIV Care and treatment	13	1%	54%	15%	8%	23%	100%

	N	Yes	Lesbian	Bisexual	Pansexual	Other	Total
Testing, care, or treatment for other sexually transmitted infections (STIs) (Not HIV)	86	9%	50%	28%	16%	6%	100%
Counselling or psychosocial support	60	6%	42%	30%	12%	17%	100%
Care for mental health conditions	40	4%	43%	20%	25%	13%	100%
Barrier methods (condoms, dental dams or finger condoms)	45	4%	29%	49%	18%	4%	100
Contraception (injection, pill, IUD/loop, implant)	54	5%	19%	56%	20%	6%	100%
Breast cancer checks (mammogram)	55	5%	55%	35%	7%	4%	100%
Throat cancer checks	9	1%	67%	22%	0%	11%	100%
Cervical cancer checks (pap smears)	73	7%	42%	27%	18%	12%	100%
Gender affirming treatment (hormones, surgery)	8	.4%	50%	0%	13%	0%	100%

Of the 1003 respondents to this question, there were 22% that had accessed an HIV test at a public health center. Of these 49% were lesbian and 30% were bisexual. There were 13 persons that accessed HIV care and treatment at these health centers with 44% of them being lesbian and 23% other. There were 9% that accessed STI services including test, care and/or treatment that was not HIV. Of these 50% were lesbian and 28% were bisexual. Of the total respondents there were only 7 persons that had accessed counseling or psychosocial services at a public health facility over the past 12 months. Of these the majority were lesbians (42%). There were 3.9% who have accessed care for mental health conditions of which 43% were lesbians and 25% were pansexual. There were 4.4% that accessed barrier methods such as condoms, dental dams or finger condoms at a community or NGO health center. Of these the majority were bisexuals (49%) and lesbians (29%). There were also 5.4% that accessed contraception such as injection, pills, IUD/loop and implant) at a community or NGO health center. Of these the majority were bisexual women (56%) and pansexual (20%). Of the bisexuals that have accessed services at a public health center 56% had accessed contraception and 29% barrier methods. Of the lesbians that had accessed services at a public health center, 19% had accessed barrier methods while 29% had accessed contraception. For breast cancer, there were 5.4% that have accessed a breast cancer check (mammogram) at a community or NGO health center. Of these the 55% were lesbians and 35% bisexuals. There were only 9 persons that indicated that they had accessed services for throat cancer checks at a public health facility. Of these 67% were lesbians and 22% bisexuals. For cervical cancer checks (pap smears) 7.2% had accessed services at a public health center. Of these 42% were lesbian and 27% were bisexuals. There were only 8 persons that had accessed gender affirming treatment (hormones or surgery) at a community or NGO facility. Of these the majority were lesbian (4) or other (3).

Accessed private health care (clinic/hospital) services in the past 12 months.

There were 19% that indicated that they have had regular check-ups when they have been feeling well at a public health center. Of these 47% were lesbian and 37% were pansexual. There were 43.2% that indicated that they have accessed similar services when they have been sick. Of these the majority were 48% lesbians and 30% bisexuals. For emergency care at a private health center, 15% indicated "yes" of which 47% were lesbian and 35% were bisexual. After a sexual attack, 9 persons or accessed services at a private health facility. Of those that accessed the services 4% were lesbian and 44% were pansexual. There were 8 persons that accessed service after a physical assault, 3 lesbian and 3 were "others".

Of the 994 respondents to this question, there were 19% that had accessed an HIV test at a private health center. Of these 45% were lesbian and 37% were bisexual. There were 3 persons that accessed HIV care and treatment at private health centers with 1 of them being lesbian, 1 bisexual and 1 "other". There were 8.3% that accessed STI services including test, care and/or treatment that was not HIV. Of these the majority were (40%) lesbian and (35%) were bisexual. Of the total respondents there were only 8% that had accessed counseling or psychosocial services at a public health facility over the past 12 months. Of these the majority were lesbians (31%) and bisexual (25%). There were 4.9% who have accessed care for mental health conditions of which 33% of which 33% were lesbians and 24% were bisexual. There were 16% others and 27% pansexual. There were 3.2% that accessed barrier methods such as condoms, dental dams or finger condoms at a public health center. Of these the majority were bisexuals (38%) and lesbians (28%). There were also 5.2% that accessed contraception such as injection, pills, IUD/loop and implant) at a public health center. Of these the majority were bisexual women (52%) and lesbians (23%). Of the bisexuals that have accessed services at a private health center, 52% had accessed contraception and 38% barrier methods. Of the lesbians that had accessed services at a private health center, 28% had accessed barrier methods while 23% had accessed contraception. For breast cancer, there were 7% that have accessed a breast cancer check (mammogram) at a private health center. Of these 46% were lesbians and 29% bisexuals. There were only 13 persons that indicated that they had accessed services for throat cancer checks at a private health facility. Of these 54% were lesbians and 38% bisexuals. For cervical cancer checks (pap smears) 11% had accessed services at a private health center. Of these 40% were lesbian and 33% were bisexuals. There were only 5 persons that had accessed gender affirming treatment (hormones or surgery) at a public health facility. Of these the majority were pansexual (2)

Table 14: Services accessed at a Private health center

	N	Yes	Lesbian	Bisexual	Pansexual	Other	Total
Regular check-ups when I am feeling well	191	19%	47%	37%	6%	10%	100%
Check-ups when I am feeling sick	433	44%	48%	30%	11%	11%	100%
Emergency care	150	15%	47%	35%	9%	9%	100%
Care after a sexual assault	9	1%	44%	0%	44%	11%	100%
Care after a physical assault	8	1%	13%	13%	38%	38%	100%
Test for HIV	198	20%	45%	37%	10%	9%	100%

	N	Yes	Lesbian	Bisexual	Pansexual	Other	Total
HIV Care and treatment	3	.3%	33%	33%	0	33%	100%
Testing, care, or treatment for other sexually transmitted infections (STIs) (Not HIV)	83	8%	40%	35%	14%	11%	100%
Counselling or psychosocial support	80	8%	25%	20%	19%	16%	100%
Care for mental health conditions	49	5%	33%	24%	27%	16%	100%
Barrier methods (condoms, dental dams or finger condoms)	32	3%	28%	38%	13%	22%	100
Contraception (injection, pill, IUD/loop, implant)	52	5%	23%	52%	13%	12%	100%
Breast cancer checks (mammogram)	70	7%	46%	29%	14%	11%	100%
Throat cancer checks	13	1%	54%	38%	0%	8%	100%
Cervical cancer checks (pap smears)	114	11%	40%	33%	16%	11%	100%
Gender affirming treatment (hormones, surgery)	5	.5	20%	20%	40%	20%	100%

Other services accessed at public health services included dental services, eczema and ultra- sounds.

Accessed indigenous or traditional healthcare or faith healing in the past 12 months.

There were 10.7% that indicated that they have accessed indigenous or traditional healthcare services when they have been sick. Of these the majority were 45% lesbians and 36% bisexuals. For emergency care at a private health center, 3.3% indicated "yes" of which 52% were lesbian and 30% were bisexual. After a sexual attack, 4 persons or accessed services at an indigenous or traditional health facility. Of those the majority (75%) were lesbian. There were 5 persons that accessed service after a physical assault, 3 lesbian and 1 were "others" and 1 bisexual.

Of the 997 respondents to this question, there were 3.3% that had accessed an HIV test at an indigenous or traditional healer. Of these 52% were lesbian and 33% were bisexual. There were 4 persons that accessed HIV care and treatment at an indigenous or traditional health center with 2 of them being lesbian and 2 bisexuals. There were 9 persons that accessed STI services including test, care and/or treatment that was not HIV. Of these the majority were (5) lesbian. Of the total respondents there were only 2.7% that had accessed counseling or psychosocial services at an indigenous or traditional healthcare facility over the past 12 months. Of these the majority were lesbians (48%) and bisexual (26%). There were 1.9% who have accessed care for mental health conditions of which 42% of were lesbians and 32% were bisexual. There were 11 persons that accessed barrier methods such as condoms, dental dams or finger condoms at an indigenous or traditional center. Of these the majority were lesbians (55%). There were also 9 persons that

accessed contraception such as injection, pills, IUD/loop and implant) at a public health center. Of these the majority were lesbians (67%).

Of the lesbians that had accessed services at a indigenous or traditional health center, 55% had accessed barrier methods while 67% had accessed contraception. For breast cancer, there were 4 persons that have accessed a breast cancer check (mammogram) at an indigenous or traditional health center. Of these 3 were lesbians. There were only 4 persons that indicated that they had accessed services for throat cancer checks at an indigenous or traditional healthcare facility. Of these 75% were lesbians. For cervical cancer checks (pap smears) 8 persons had accessed services at an indigenous or traditional health center. Of these 50% were lesbian and 38% were bisexuals. There was only 1 person that had accessed gender affirming treatment (hormones or surgery) at an indigenous or traditional health care facility. This person was a lesbian.

Table 15: Services accessed at a indigenous or traditional health care in the last 12 months

	N	Yes	Lesbian	Bisexual	Pansexual	Other	Total
Check-ups when I am feeling sick	107	11%	45%	36%	7%	13%	100%
Emergency care	33	3%	52%	30%	0%	18%	100%
Care after a sexual assault	4	.4%	75%	0%	0%	25%	100%
Care after a physical assault	5	.5%	20%	20%	0%	60%	100%
Test for HIV	33	3%	52%	33%	9%	6%	100%
HIV Care and treatment	4	.4%	50%	0%	0%	50%	100%
Testing, care, or treatment for other sexually transmitted infections (STIs) (Not HIV)	9	1%	56%	11%	11%	22%	100%
Counselling or psychosocial support	27	3%	48%	26%	15%	11%	100%
Care for mental health conditions	19	2%	42%	32%	21%	5%	100%
Barrier methods (condoms, dental dams or finger condoms)	11	1%	55%	18%	9%	18%	100
Contraception (injection, pill, IUD/loop, implant)	9	1%	67%	11%	11%	11%	100%
Breast cancer checks (mammogram)	4	.4%	75%	0%	0%	25%	100%
Throat cancer checks	4	.4%	75%	25%	0%	0%	100%
Cervical cancer checks (pap smears)	8	1%	50%	38%	0%	3%	100%
Gender affirming treatment (hormones, surgery)	1	.1	100%	0%	0%	0%	100%

SECTION 2B: HEALTH SERVICE BARRIERS

There were 53% persons who indicated that they had disclosed their sexual orientation or gender identity to a health staff member while 47% said that they had not. Of these the majority were lesbians (53%) and bisexuals (25%). There were 39% that had disclosed at a non-governmental or community facility. Of these majority were lesbian 53% and bisexual 11%. When asked if a healthcare staff member had made assumptions of their sexual orientation or gender identity, 34% said "yes" while 66% said "no". Of those that said "yes" the majority were lesbian 45% and bisexual 37%.

Figure 20: LBQ TM disclosure to a health care worker?

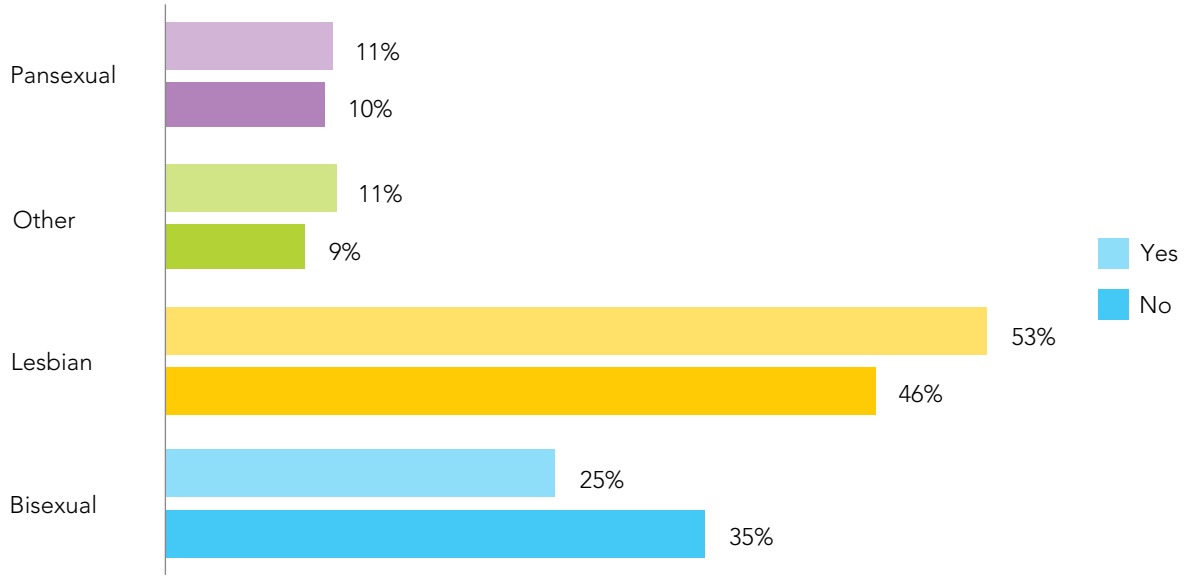


Figure 21: LBQ TM disclosure to a health care worker at a non-governmental and/or community-based facility

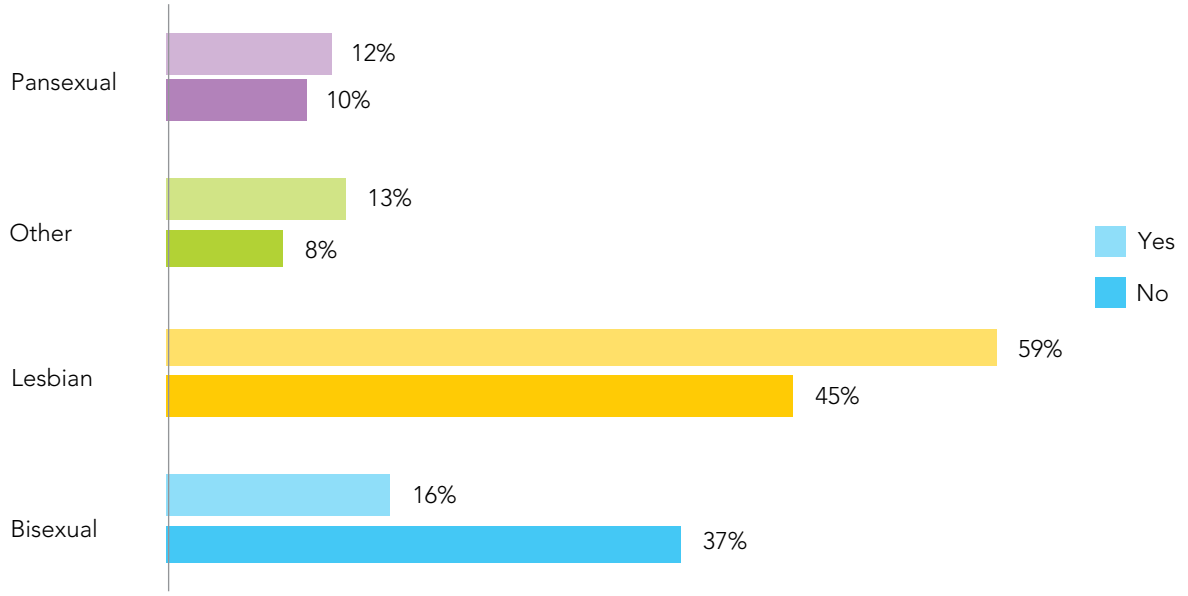
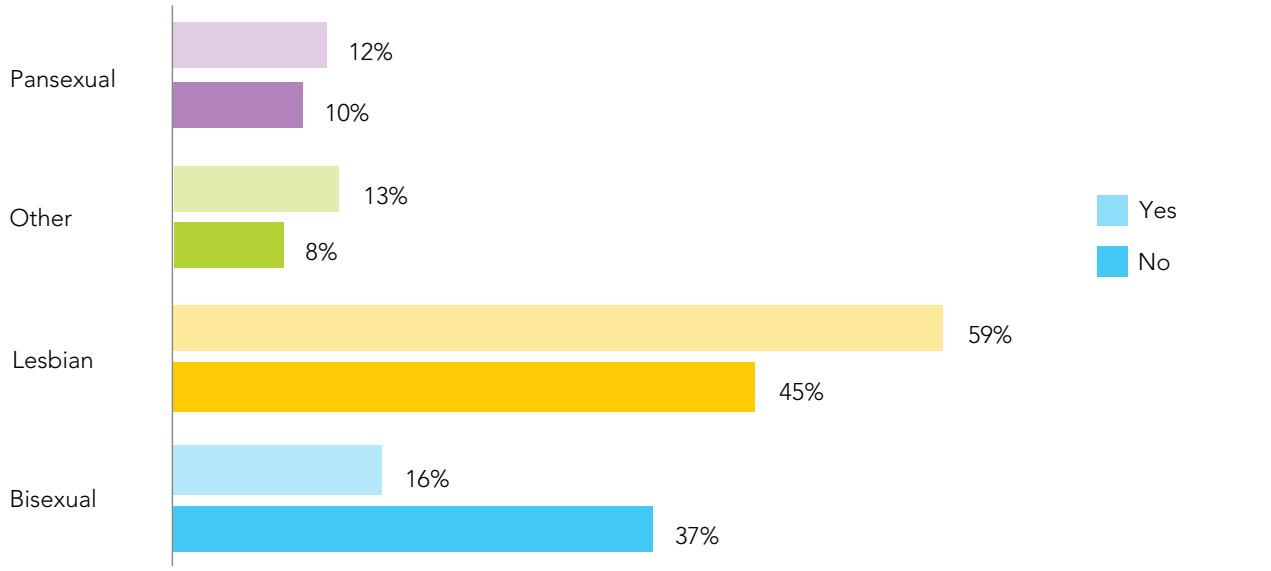
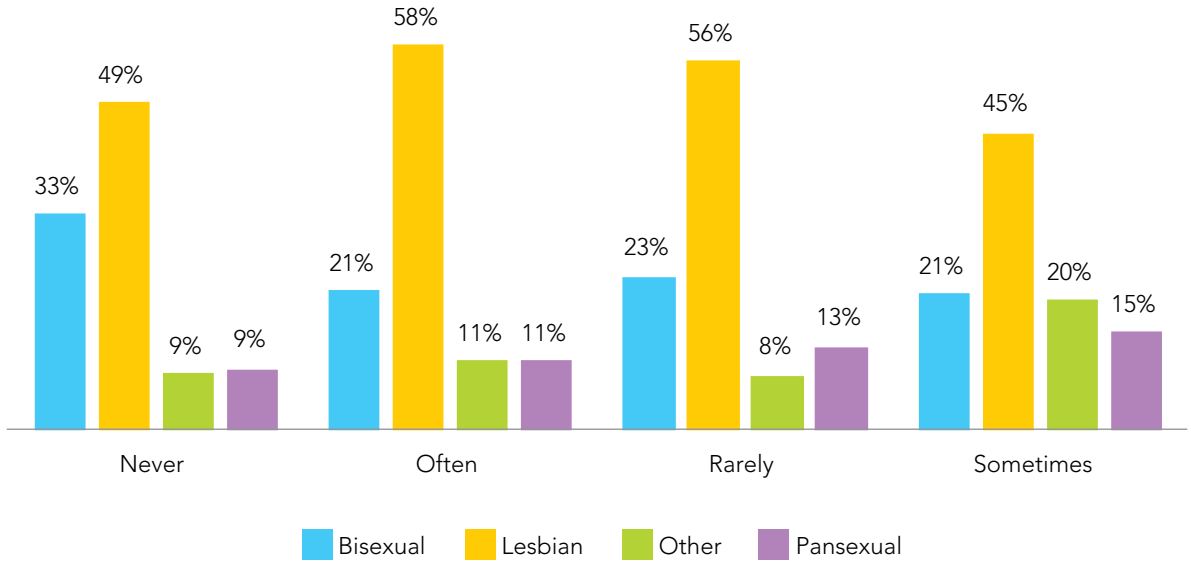


Figure 22: Health care staff worker assumptions about your sexual orientation or gender identity



There were 12% of the respondents that indicated that they have sometimes or often received poorer service than other people because they are LBQ-TM. Of these the majority were lesbian 56%. There were 76% that indicated that they have never felt this way and 14% that indicated rarely.

Figure 23: Received poorer service than other people



There were 7% that indicated that they have been called names or insulted by health care staff for being lesbian, bisexual, queer or a transman often or sometimes. Of these 50% were lesbian. There were 84% who said they had never been called names while 97% said "rarely". There were 5% who think that they have been denied access sometimes or often to health care services because they are lesbian, bisexual, queer or a trans man. There were 84% who said that they have not been denied access to health care for those reasons. There were 6% that said "rarely". There were 96% who said healthcare staff had never threatened to call the police or law enforcement agent because they are lesbian, bisexual, queer or trans man. There were, however, 12 persons who indicated "sometimes" or "often". Of these 7 were lesbians.

"...it is not uncommon for me to hear Caribbean Transgender people speak of negative experiences at healthcare institutions. Many persons often recount ordeals [...] and even being subjected to on-the-spot preaching and judgmental reproach from nurses and doctors when it is revealed that they engage in sexual intimacy with persons of the same sex or both sexes. [...] oftentimes the stigma inflicted by health care workers is rooted in the belief that one is "tampering with God's creation" by transitioning to live as the sex or gender not assigned at birth. The resulting discomfort, which many Trans and Intersex people face, will result in a reluctance to seek medical attention unless it is absolutely unavoidable, such as in a life-or-death situation." (D'Marco, 2020)

A recent study by the Human Rights Institute in Guyana reported they are facing consistently discrimination when they seek medical treatment, and some were refused care. Others shared examples of being treated disrespectfully and violated (*HRI, 2018*). In another study, also in Guyana participants felt that nurses often are rude with them, if their sexual orientation are known while others stated that often they feel that they are pathologized due to their sexual orientation and "in the need to be fixed" (*Rambarran & Simpson, 2016*).

Many LGBT people don't reveal their sexual orientation or gender identity during their medical appointments and as a result don't always receive appropriate health care (IACHR, 2017). In Jamaica, similarly, participants to a study, reported being discriminated against by health care providers and indicated such a level of distrust that they rather avoid health care at all (Logie et al., 2018). Lesbian and bisexual women and trans persons alike are discriminated by health care providers and treated with disrespect. Often, they are interrupted during the session or treatment, at the moment the health care provider realizes their sexual orientation, or the providers are annoyed and not give them a chance to explain their health condition (*Bakboord, 2017*).

Table 16: Quality of healthcare services

	N	%	Often	Sometimes
How often have you been called names or insulted by health care staff because you are lesbian, bisexual, queer or a trans man	74	7%	1%	6%
How often do you think health care staff has denied you a service because you are lesbian, bisexual, queer or a trans man	52	5%	.5%	5%
How often has health care staff threatened to call the police or law enforcement agent because you are lesbian, bisexual, queer or a trans man	12	1%	.09%	1%

Section 2c: The impact of previous experiences on health seeking behavior

There were 25% of the respondents who stated that they had postponed or not tried to get needed health care when they were sick or injured because they could not afford it. Of these 45% were lesbians, 25% bisexual, 18% pansexual and 11% "other". There were. 4% who said that they have postponed or not tried to get HIV testing because they could not afford it. There were 3% who said that they have postponed or not tried to get STI testing other than HIV because they could not afford it.

Table 17: Previous experiences impact on health care seeking behaviour

	N	Yes
You have postponed or not tried to get needed health care when you were sick or injured because you could not afford it	255	25%
You have postponed or not tried to get HIV testing because you could not afford it	41	4%
You have postponed or tried not to get STI or STI/HIV treatment because you could not afford it	35	3%
You have postponed or not tried to get needed healthcare when you were sick or injured because of disrespect or discrimination because you identify as lesbian, bisexual, queer or a trans man from doctors or other healthcare providers	43	4%
You have postponed or not tried to get HIV testing because of disrespect or discrimination because you identify as lesbian, bisexual, queer or a trans man from doctors or other health care providers	29	3%
You have postponed or not tried to get STI testing or STI/HIV treatment because of disrespect or discrimination because you identify as lesbian, bisexual, queer or a trans man from doctors or other healthcare providers	14	1%
You have postponed or tried not to get cervical, breast or throat cancer screening because you could not afford it	87	9%
You have postponed or not tried to get cervical, breast or throat cancer screening because of disrespect or discrimination because you identify as lesbian, bisexual, queer or a trans man from doctors or other health care providers	14	1%
You are aware of a situation where a healthcare professional shared that you are lesbian, bisexual, queer or a trans man with others without your permission	43	4%

There were 9% of the respondents who indicated that they have postponed or tried not to get cervical, breast or throat cancer screening because they could not afford it. Of the lesbians, 51% said "yes" and 38% said "no" while 30% of the bisexual said, "yes" and 28% "no". There were 43 persons (4%) who indicated that they had postponed or not tried to access healthcare when they were sick or insured because of disrespect or discrimination because they identified as lesbian, bisexual, queer or trans man from doctors or other health care providers. Of these 51% were lesbian and 26% "others". There were 29 persons (3%) who indicated that they had postponed or not tried to access an HIV test when they were sick or insured due to disrespect or discrimination as well and 14 persons (1%) had not access STI testing for the same reason. When asked if they had every hidden or tried to hide that they are lesbian, bisexual, queer or a transman from a health care provider, 40% of the lesbians said "yes", 21% of the "others" said "yes", 22% of pansexual said "yes" and 17% of bisexuals said "yes". There were 4% who said that they were aware of a situation where a healthcare professional shared that they are lesbian, bisexual, queer or trans man with others without their permission. Of these, 43% of the lesbians said "yes".

In total 63% of the respondents indicated that they had been prevented from accessing healthcare for one reason or the other as mentioned above. The majority were lesbian (53%) and bisexual (33%).

SECTION 2D: TRANS-RELATED HEALTH CARE NEEDS

Of the total of respondents, 18% indicated that they identify as transgender. Of these 175 persons (51%) identified their sexual orientation as "lesbian", 27% as "other", 12% as "pansexual" and 10% as "bisexual". Of the 175 persons that identify as trans, 95% indicated that they are currently medically transitioning or currently using hormones consistently (testosterone). Of these, 44% are "other" and 33% are "pansexual." There was one person (pansexual) that had discontinued using hormones. There were 20 persons (11%) who stated that they would want to start medical transition or hormones but it's not available in their country. There were 16% who stated that they would like to start medical transition/ hormones' treatment, but they can't afford it while 14% said that they would like to start but don't know where to access the services. There were two persons that indicated that they use hormones when they get hold of them in other countries. Of the 95% that access medical transitioning/or hormone treatment, 7 of them indicated that they do so and also do some lab tests, such as: liver function tests, cholesterol and blood pressure.

Table 18: Transgender and Non-Conforming – Medical Transition

	N	Yes
Do you identify as transgender or non-conforming?	179	18%
I am currently using hormones consistently (Testosterone)	166	95%
I discontinued using hormones.	1	.5%
I want to use hormones, but it is not available in my country	20	11%
I want to use hormones, but I cannot afford it	28	16%
I want to use hormones but don't know where to access them	25	14%
I use hormones, when I get hold of it in other countries	2	1%
I take hormones, and do some lab tests, such as: liver function tests, cholesterol and blood pressure	7	4%

Table 19: Transgender and Non-Conforming – Surgical Transition

	N	Yes
I Choose to not have any surgery	95	56%
I want surgery, but will never be able to get it	14	8%
I want surgery but I can't afford it	57	33%
I want surgery but don't know how to get it	20	11%
I had chest reconstructive surgery and/or nipple graft	5	3%
I had breast augmentation	0	0%

	N	Yes
I had bottom surgery	2	1%
I had my surgery/s done in my country	3	2%
I had my surgery/s done in another country	2	1%
I plan to have top surgery	19	11%
I plan to have bottom surgery	7	4%
I have had additional corrective surgeries after those mentioned above	2	1%

100% of the persons that identified as transgender indicated that they did not know about taking some lab tests, such as liver function tests, cholesterol and blood pressure when in medical transition or taking hormones. While it happens in various parts of the world that trans people access hormones in locations where there are not a medical support system in place, this translates to often place the person at potential health risk - not the hormones per se, but to introduce cross-sex hormones without a baseline knowledge of blood pressure, cholesterol and potential family health history factors (Snow, 2014). Initial hormone administration with the care and guidance of a health practitioner not only considers these baseline health conditions, which can be determined with lab tests, but health care providers should also discuss fertility options with the trans person, before any hormones are introduced (Snow, 2014).

There were 55% that indicated that they would choose to have surgery while there were 45% that said "no". Of those that said "yes" 50% were lesbians. There were 14 persons that indicated that they would want surgery, but they will never get it. Of these 64% were lesbians. There were 33% that indicated that they would want surgery but will never be able to afford it. There were 20 persons (12%) who said they would want surgery but didn't know how to get it. 55% of these were lesbians while 45% were "others".

There were 5 (3%) persons who indicated that they have had chest reconstructive surgery/and or nipple graft. There were zero (0) persons that had had breast augmentation. There was 1 person that has had bottom surgery. There were 3 persons that said that they had their surgery done in their country while 2 said that they had their surgery done in another country.

There were 11% of the transgender respondents who indicated that they plan to have top surgery. Of these 42 persons are lesbians and 37% "others". There were 4% that plan to have bottom surgery. Of these 3 are lesbians, 2 "others" and 2 pansexual. There were 2 persons who indicated that they have had corrective surgeries after those mentioned above.

SECTION 3A: ALCOHOL

Of the 1015 respondents, 12% indicated that they have a drink containing alcohol daily or almost daily, 27% weekly, 24% less than monthly, 24% monthly and 13% indicated that they never have a drink containing alcohol. Of those that drink daily or almost daily the majority were lesbians (50%) and bisexuals (27%). Of those that never drink alcohol, the majority were lesbians (46%) and 31% (bisexual). When asked how often they have six or more drinks on one occasion, there were 4% who said daily or almost daily, 17% weekly, 26% less than monthly, 26% monthly, and 24% never.

Table 20: Daily Alcohol use by Sexual Orientation

	N	Yes	Lesbian	Bisexual	Pansexual	Other	Total
How often do you have six or more drinks on one occasion?	38	4%	47%	33%	18%	3%	100%
How often during the past year have you found that you were not able to stop drinking once you started?	26	3%	46%	38%	8%	8%	100%
How often during the past year have you found that you failed to do what was normally expected from you because of drinking?	11	1%	45%	55%	0%	0%	100%
How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	18	2%	56%	22%	17%	6%	100%
How often during the last year have you had a feeling of guilt or remorse after a heavy drinking session?	11	1%	55%	36%	9%	0%	100%
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	7	1%	86%	14%	0%	0%	100%
Have you or someone else been injured because of your drinking?	57	6%	37%	37%	21%	5%	100%
Has a relative ,friend, doctor ,or other health care worker been concerned about your drinking or suggested you cut down?	37	4%	49%	27%	22%	3%	100%

Respondents were asked how often during the past year did they find that they were not able to stop drinking once they started. There were 3% who said daily or almost daily, 6% weekly, 11% less than monthly, 6% monthly and 62% said that they have never found that they are not able to stop drinking once they have started. In total there were 38% who indicated that they have found during the past year that sometimes they are not able to stop drinking once they have started especially monthly and weekly. The majority being lesbians and bisexual women. When asked how often during the past year 80% said that they never found that they failed to do what was normally expected from them because of drinking. Of the 20% (179 persons) that said "yes", 60% felt this way less than monthly, 9% weekly, 26% weekly and 6% daily or almost daily.

When asked how often during the past year they needed a first drink in the morning to get themselves going after a heavy drinking session, 87% said never while 13% said "yes". Of the 111 persons that said yes, 43% said less than monthly, 25% monthly, 16% daily or almost daily and 15% said weekly. In all cases the majority were lesbians (47%)

When asked how often during the last year, they had a feeling of guilt or remorse after a heavy drinking session, 76% said never while 34% said "yes". Of the 209 person who indicated that they have felt remorse, 67% said "less than monthly", 17% monthly, 11% weekly and 5% said that they felt guilt or remorse daily or almost daily.

When asked how often during the last year they have been unable to remember what happened the night before because of drinking, 78% said never, while 22% said "yes". Of these 190 persons that said "yes," the majority 67.8% said less than monthly, 20% said monthly, 8% weekly and 4% daily or almost daily. When asked if someone else has been injured because of their drinking, 92% said "never" while 8% said "yes". Of these 69 persons that said "yes", 83% said less than monthly. When asked if a relative, friend, doctor or other health care worker has been concerned about their drinking or suggested counting down, 79% never while 21% said "yes". Of the 183 persons that said "yes", 48% said less than monthly, 22% said monthly, 20% said almost daily or daily while 10% said weekly.

SECTION 3B: DRUGS

Regarding drugs, the respondents were asked how often they used drugs other than alcohol. There were 56% who said that they never use drugs and 44% who indicated that they did. There were 15% who said less than monthly, 14% who said daily or almost daily, 8% who said monthly and 7% who said weekly. Of those that never use, 61% were bisexual, 59% were other and 56% lesbian. Of those that use drugs daily or almost daily, the majority were pansexual (19%) and lesbian (16%). Of the 451 persons who indicated that they do use drugs, 32% said monthly while 31% said daily or almost daily. The majority of those that do drugs daily or almost daily are lesbian 38% and pansexual 29%. Of those that do drugs, 46% said that they are never influenced heavily by drugs while 19% less than monthly and 16% said daily or almost daily.

Table 21: Frequency of drug use by Sexual Orientation

	Bisexual		Lesbian		Other		Pansexual		Total	
	N	%	N	%	N	%	N	%	N	%
Daily or almost daily	29	24%	84	38%	9	21%	20	29%	142	31%
Less than monthly	42	35%	57	26%	21	50%	26	37%	146	32%
Monthly	27	23%	37	17%	2	5%	13	19%	79	18%
Never	4	3%	3	1%	3	7%	1	1%	11	2%
Weekly	17	14%	39	18%	7	17%	10	14%	73	16%
Total	119	100%	220	100%	42	100%	70	100%	451	100%

Of the 44% that use drugs, there were 13% who indicated that less than monthly in the past year they have had feelings of guilt or bad conscience because they used drugs while there were 76% who indicated that they never felt guilty over the past year for using drugs. When they were asked if they or someone else had been hurt (mentally or physically) because of their use of drugs there were 35 persons (8%) who said less than monthly. There were 90% who said never. When asked if a relative, friend, doctor or other health care worker was concerned about their drug use, 38% of the persons that use drugs said "yes" while 60% said "no". The majority of persons that said "yes" were bisexual (44%) and pansexual (43%). There were 450 persons who indicated that they use drugs (44%) and 29% said they use drugs daily or almost daily.

Table 22: Daily or almost Daily Drug use by Sexual Orientation

	N	Yes	Lesbian	Bisexual	Pansexual	Other
How often are you influenced heavily by drugs?	38	18%	20%	11%	16%	12%
How often during the last year have you had a feeling of guilt or a bad conscience because you used drugs?	4	30%	4%	3%	0%	2%
Have you or someone else been hurt)mentally or physically (because you use drugs?	1	50%	0%	100%	0%	0%
Has a relative ,friend ,doctor ,or other health care worker been concerned about your drug use?	171	38%	36%	44%	43%	26%

THE HUMAN STORIES

"I started smoking weed when I was about 21. I did it partly because I felt I needed to fit in with the people I was around. However, when I started and I felt how zoned out I could have been…it was a good distraction, so I just continued doing it. By the time I was 22yrs. I would try anything and pretty much do anything (Weed, Coke, Xanax, Acid, Alcohol) but the main thing ended up being cocaine but at the time it was nearly everything; anything to escape reality… the "judgment"... the guilt…isolation from church and family… I stopped for a year and three months…and then I relapsed. Currently I'm in therapy with somebody from UWI and then also art therapy. I recently started in the public healthcare system so there's that.

There was one time my heart rate was weird, racing for about 4 hours. I went to the health center in UWI and they sent me to Mt. Hope and we (my friend and I) waited for hours and hours because it's public healthcare. There was this one doctor who was like literally screaming at me like "YOU COULD HAVE A HEART ATTACK! …YOU COULD DIE!" In my head I was like "Does it seem like I want to be alive?!" She just made me want to do it more to be honest, I felt worse about myself. I needed somebody to speak to me with compassion and understanding like, "Hey I get why you're doing it but…" not somebody shouting, "It's not smart to be doing it." That would not get me to stop. I already know cocaine is bad…it's ruining my life; I know the consequences. An addict doesn't need to be reminded that they're doing something that's bad for them. We don't need persecution and harsh judgement. We are struggling to stop so help and understanding would be what we need. Eventually I went to Caura for rehab, the outpatient clinic. There were meetings I think every Thursday and I had a lot of support. I had one of my closest friends saying, "I'll go to meetings with you." I had the therapist listening to everything I had to say in session and offering advice and even offering to call a sponsor of a rehab for me.

I also started NA (Narcotics Anonymous) meetings. At first I went in feeling like "Yes I'm going to get help. It's going to be fine." but I was the only female and youngest (23 going on 24) and these men were like in their 30's/40's/ 50's… so I just always felt out of place. Unfortunately, there are only two groups for women, far from Chaguanas, and I wouldn't feel comfortable sharing my experiences of abuse and sexual assault in a room of men especially when some of them are giving me creepy looks that make me feel very uncomfortable and sometimes trigger my anxiety. At times it felt more like a danger zone than a safe haven. The vibe and energy from these older men…

when they shared their stories about addiction yes I could relate 100% and it helped me so much because I felt understood and a lot less alone but then sometimes they would make degrading comments about women, catch themselves and say "Oh no sorry!..." I think women for sure have different experiences to men with addiction in the first place, so we need more NA groups just for us to be able to share our stories openly and have a safe place to process and heal". - Trinidad

SECTION 3C: DEPRESSION AND ANXIETY

When asked about feeling nervous, anxious or on edge, 61% indicated that they do feel nervous, anxious or edge at some point. There were 39% who said that they rarely or none of the time feel nervous, anxious or on edge. Of those that do feel on edge, 48% said they feel this way some or a little of the time (1-2 days), 34% feel this way occasionally or a moderate amount of time (2-4 days) while 18% said all of the time (5-7 days). Of those that feel stressed all the time the majority were lesbians (46%) and bisexuals (32%) of the time. When asked about if they worry too much about different things at different times, 27% stated that they worry rarely or none of the time (less than 1 day) while 73% indicated that they were at some point. Of these the majority indicated that they worry, 41% worry about different things some or a little of the time (1-2 days), while 32% worry occasionally or a moderate amount of time (3-4 days) while 28% indicated that they worry all of the time (5-7 days). Of those that worry all the time, the majority were lesbian (38%) and bisexual (30%).

Table 23: Depression and Anxiety by Sexual Orientation – All the time

	N	Yes	Lesbian	Bisexual	Pansexual	Other	Total
Feeling nervous, anxious or on the edge	111	11%	41%	32%	14%	14%	100%
Worrying too much about different things	206	20%	38%	30%	15%	17%	100%
Becoming easily annoyed and irritable	148	15%	41%	34%	11%	13%	100%
Feeling hopeful about the future	299	30%	54%	28%	8%	10%	100%
Feeling happy	199	20%	52%	31%	8%	9%	100%
Feeling lonely	163	16%	47%	26%	12%	14%	100%
Been bothered over things that usually don't bother you	58	6%	40%	38%	14%	9%	100%
Feeling depressed	92	9%	39%	33%	13%	15%	100%
How difficult have these made it for you to do your work, take care of things at home, or get along with other people?	48	5%	42%	38%	8%	13%	100%

	N	Yes	Lesbian	Bisexual	Pansexual	Other	Total
Has a health care provider ever told you that you have clinical anxiety?	155	15%	35%	25%	22%	18%	100%
Has a health care provider ever told you that you have clinical depression?	159	16%	36%	27%	18%	18%	100%
!re you being treated for clinical anxiety or clinical depression (e.g. medication, therapy)?	99	45%	38%	18%	26%	17%	100%

Of the 1016 respondents 68% indicated that they become easily annoyed and irritable at some time. There were 32% who said that they rarely or one of the times (less than 1 day) get easily annoyed and irritable. Of those that do get easily annoyed and irritable 46% indicated that they do so some or a little of the time (1-2 days), 33% said occasionally or a moderate amount of time (3-4 days), while 21% indicated that they become easily annoyed and irritable all of the time (5-7 days). Of those that become easily annoyed and irritable, 41% were lesbian and 34% bisexual.

When asked if they feel hopeful about the future ,20% indicated that they rarely or none of the time) less than 1 day (feel hopeful about the future .Of the 808 persons) 80% (that feel hopeful about the future, the majority) 37% (feel this way all of the time) 5-7 days (while 30% feel this way some or a little of the time) 1-2 days (while 28% feel this way occasionally or a moderate amount of time) 3-4 days .(The majority of lesbians) 54% (feel hopeful all of the time ;the majority of bisexuals) 31% (stated that they feel rarely or none of the time hopeful about the future as well as 31% occasionally or a moderate amount of time hopeful for the future ;of the pansexual the majority) 12% (feel hopeful for the future some or a little of the time ;and of the" others "the majority) 13% (stated that they rarely or none of the time feel hopeful about the future as well as 13% some or a little of the time hopeful about the future.

When asked if they feel happy ,there were 165 persons) 16% (who indicated that they rarely or none of the time feel happy .Of the 84% that indicated that they are happy ,44% indicated that they feel happy occasionally or a moderate amount of time while 32% said some or a little of the time .There were 23% who indicated that they feel happy all of the time .Of these there 52% were lesbians and 31% bisexuals. Of those that are rarely happy ,46% were lesbian and 33% bisexuals.

When asked if they feel lonely ,there were 163 persons) 16% (who indicated that they feel lonely all of the time .There were 37% of the persons that indicated that they feel rarely or none of the time feel lonely. There were 28% who indicated that they feel lonely some or a little of the time while 19% indicated that they feel lonely occasionally or a moderate amount of time .Of the 1016 respondents ,47% indicated that they rarely or none of the time were bothered over things that usually don't bother them .There were 549)53% (that indicated that they do .There were 11% that indicated that they are bothered all of the time with the majority being lesbians 40% and bisexuals 38%.

Of the total respondents ,42% indicated that they rarely or none of the time feel depressed .There were 585) 58% (that indicated that they do .Of this 58% that feel depressed there were 16% that indicated that they feel depressed all of the time with the majority being lesbians 39% and bisexuals 33%.

THE HUMAN STORIES

"As a closeted trans man, I live in constant fear of being outed. […] I do wish to transition, the reason I can't is because I am forced to live in the closet for my own safety and not because I can't afford it. I would like to migrate or at least move out on my own first. I feel some of my depression is tied to not being able to express myself and having to pretend to fit in to preserve my well-being. I have not been discriminated against much because I am in the closet, so my lack of discrimination doesn't represent what openly trans people go through, but every day living in the closet feels more exhausting and stifling. I wish that I could be rescued but I have become good at coping. However, I know many trans people have it worse, so I count my blessings".

– Trans man, Trinidad

The respondents were asked to indicate how difficult the above-mentioned emotional states had made it difficult to do their work, take care of things at home or get along with other people and 39% indicated that these have affected them rarely or none of the time feel depressed. There were 612 (61%) that said that they had it difficult to cope with work, home and people, 8% said all of the time. Of this 8%, 42% were lesbians and 38% bisexuals. When asked if a health provider ever told them that they have clinical anxiety, 34 persons (3%) said "yes". Of these 35% were lesbian and 25% bisexual. 18% were "others." When asked if a health provider ever told them that they have a clinical depression, 159 persons (16%) said "yes". Of these 36% were lesbian and 27% bisexual. 18% were "others" and 18% were pansexual. Of those that indicated that a health care provider has told them that they have clinical anxiety or depression, 121 persons 55% indicated that they are not being treated with medication or therapy while 45% indicated that they are being treated. Of those that are not being treated 34% are bisexual and 33% lesbian. "Access to Mental Health services is mostly nonexistent unless you have the financial means to access this service privately. In the Caribbean, Trans people are the lower priority and receive substandard care. Healthcare workers often blame Trans people for their health problems and deny them services. Service providers have not only failed to meet the specific needs of Trans people in the Caribbean but also discriminate against them when they seek services". (*D'Marco, 2020*). A lesbian from Jamaica said she feels like she *"cannot be herself fully because being gay in a homophobic environment is not safe. This is heightened as she lives in a rural community and they are less tolerant than urban spaces"*. While a lesbian from Suriname had a real hard time with her mental health and a number of issues that came up, she shared that "I went on a hunger strike for longer than 3 weeks. I lost almost 25 kg in that time.

THE HUMAN STORIES

My anxiety just became so bad, I felt like I needed to talk to somebody who would understand, somebody professionally. Not just people around, who could give bad advice, like my parents. I will be depressed, and they'll say you have nothing to be depressed about, you have food, clothes and a roof over your head. That's their take on mental illness; it doesn't exist.

– Lesbian, Suriname

"I think LGBT+ persons are more at risk for mental illness than anyone else. It's easy to become depressed, when in addition to everyday pressures there is so much opposition to who you love. It's easy to have anxiety. It's easy to use drugs and alcohol therapy has been doing great things for my mental health. We ventured into places where I thought it would be better to avoid but confronting them was a good thing. Unfortunately, there's a lack of information about mental wellness resources out there."

– Respondent, Trinidad

SECTION 3D: SUICIDE

When asked if there was ever a period of time when they thought about committing suicide in the past, 62% said" yes ."Of these 47% were lesbians and 28% bisexuals .13% were pansexual and 11%" others." When asked if they ever considered committing suicide over the past 12 months ,25% of the respondents said" yes ."Of these 44% were lesbians and 27% bisexuals .When asked if they had ever tried to end their own life ,whether or not they thought about it ahead or not in the past ,36% said" yes ."Of these, 46% were lesbian and 31% bisexual .When asked if they had ever tried to end their own life ,whether or not they thought about it ahead or not in the past 12 months ,11% said" yes ."Of these ,44% were lesbian and 37% bisexual.

Table 24: Suicide by Sexual Orientation

	N	Yes	Lesbian	Bisexual	Pansexual	Other	Total
Has there ever been a period of time when you thought about committing suicide? In the past	625	61%	54%	32%	6%	8%	100%
Has there ever been a period of time when you thought about committing suicide? In the last 12 months?	251	25%	44%	27%	14%	14%	100%

	N	Yes	Lesbian	Bisexual	Pansexual	Other	Total
Did you ever try to end your own life, whether or not you had thought about it ahead? In your past	361	36%	46%	31%	13%	10%	100%
Did you ever try to end your own life, whether or not you had thought about it ahead? In the last 12 months?	111	11%	44%	37%	11%	8%	100%

THE HUMAN STORIES

I grew up hearing all of my family members disrespecting persons from the LBGT community because our household was a Christian household. In high school I realized I started having deep feelings for girls, but I didn't know what it was. I was becoming depressed keeping my life a secret because of my family, so I decided to tell one of my close friends who introduced me to this woman that was 10 years older than me. At this time I was in a deep relationship with her, one day we were in a public place in a very compromising position and she was holding my hands and at the same time my neighbor was passing and saw. Later that afternoon when I got home, I was being interrogated by my family, my cousins started making disrespectful remarks like "Yuh dutty lesbian" , "Yuh shameful whore" , "Put her out man" etc. I was so shocked and hurt, I didn't know what to do, I tried explaining myself but every time I opened my mouth, I received a slap. My cousin then started dragging me by my hair and down the stairs, he began kicking and cursing me and as I looked up the stairs, I heard my family saying, 'get out'!!!

At this time, I was heartbroken, hurt and began having suicidal thoughts. I started staying with a friend and we made contact with a LGBT organization who helped me up to this day, they even tried contacting my family and no respectful response was given. I was being counseled by them and housed for a short period.

– Lesbian, Guyana

SECTION 3E: SOCIAL SUPPORT

When asked if they have a current partner that they can go to when they need to talk about some problems related to being lesbian, bisexual, queer or a trans man, 55% of the respondents said "no" while 45% said "yes." Of the bisexuals, 61% said "no" and 39% said "yes". Of the lesbians, 53% said "no" and 47% said "yes." Of the pansexual 51% said "no" and 49% said "yes". When asked if they have a family they can go to, 70% of the respondents said "no" while 30% said "yes." Of the bisexuals, 68% said "no" and 32% said "yes". Of the lesbians, 72% said "no" and 28% said "yes." Of the pansexual 67% said "no" and 33% said "yes". Of the "others" 71% said "no" and 29% said "yes".

Table 25: Social Support by Sexual Orientation

	N	Yes	Lesbian	Bisexual	Pansexual	Other
Current partner (at least one)	562	55%	47%	39%	49%	44%
Family (at least one member)	302	30%	28%	32%	33%	29%
Friends (at least one)	661	65%	61%	70%	75%	61%
People I live with (at least one)	135	13%	11%	17%	12%	15%
Health care providers (at least one)	61	6%	5%	4%	11%	13%
People I work with (at least one)	107	11%	11%	10%	9%	12%
People living nearby me (at least one)	35	3%	3%	3%	4%	6%
LGBTQI organizations	100	10%	10%	7%	15%	14%
Religious leaders	9	.8%	0%	2%	1%	1%
Traditional/cultural leader	7	.6%	0%	1%	2%	0%
No one	180	18%	18%	19%	11%	18%

When asked if they have friends (at least 1) they can talk to, 35% of the respondents said "no" while 65% said "yes." Of the bisexuals, 30% said "no" and 70% said "yes". Of the lesbians, 39% said "no" and 61% said "yes." Of the pansexual 25% said "no" and 75% said "yes". Of the "others" 39% said "no" and 61% said "yes". When asked if they have people, they live with that they can talk to (at least 1), 87% of the respondents said "no" while 13% said "yes." Of the bisexuals, 83% said "no" and 17% said "yes". Of the lesbians, 89% said "no" and 11% said "yes." Of the pansexual 88% said "no" and 12% said "yes". Of the "others" 85% said "no" and 15% said "yes". Of the total respondents, 94% said that they do not have health care providers they can talk to about problems related to their sexual orientation or gender identity while 6% said "yes". Of those that said yes, 13% were "others", 11% pansexual, 5% lesbians and 4% bisexuals. 89% said that they do not have people that they work with while 11% said "yes". Of those that said "no", there were 90% of "bisexuals", 91% of pansexual, 89% of lesbians and 91% of bisexuals. There were 97% who said that they did not have people living near them that they can talk to while 3% said that they did. Of those that don't, there were 97% of the bisexuals, 97% of the lesbians, 94% of "others" and 96% of the pansexual.

When asked if they belong to a LGBTIQ organization where they can talk about their problems that related to their sexual orientation or gender identity, 90% said "no" while 10% said "yes". Of those that said "no" there were 93% of the bisexuals, 90% of the lesbians, 86% of the "others" and 85% of the pansexual. There were 99% who said that they do not have a religious leader/s they can talk to when they have problems related to their sexual orientation and identity. There were also 99% who said that they did not have a traditional or cultural leader they could talk to about their problems that related to their sexual orientation or gender identity. There were also 82% who said that they had no one to talk to about their problems. Of these 89% of the pansexual said that they had no one.

In a recent study that was released in Guyana- Desires for care and access to services among transgender persons, research participants felt that factors that contribute to their adaptation and sense of belonging in community and day to day lives included "having education or work environments that have non-discriminatory policies, supportive families, teachers and organizations (Rambarrand & Hereman, 2020).

When asked who in their life knows that they are lesbian, bisexual, queer or a trans man? There were 3% who said that no one knew. Of these 32 persons, there were 12 bisexuals, 10 lesbians, and 5 "others" and 5 "pansexual". When asked if their current partner or partners know that they are lesbian, bisexual, queer or a trans man, there were 34% who said that their partners/partner did not know. Of these persons, there were 43% of the bisexuals, 27% of the lesbians, and 42% "others" and 37% pansexual.

Table 26: Who knows of their sexual orientation

	N	Yes	Lesbian	Bisexual	Pansexual	Other
No one	32	3%	2%	4%	5%	5%
Current partner(s)	667	66%	73%	57%	63%	58%
Family (at least one member)	751	75%	85%	59%	72%	62%
Friends (at least one)	890	88%	90%	85%	85%	84%
People I live with (at least one)	479	47%	56%	33%	47%	47%
Health care providers (at least one)	308	30%	5%	4%	11%	13%
People I work with (at least one)	490	48%	58%	31%	51%	47%
People living nearby me (at least one)	349	35%	45%	21%	26%	28%
LGBTQI organizations	361	35%	40%	21%	42%	48%
Religious leaders	108	11%	14%	4%	11%	11%
Traditional/cultural leader	66	6%	9%	3%	8%	4%

When asked if their family know that they are lesbian, bisexual, queer or a trans man, there were 26% who said that their family did not know. Of these persons, there were 41% of the bisexuals, 15% of the lesbians, and 38% of the "others" and 28% of the pansexual. There were 12% who said that their friends did not

know of their sexual orientation or gender identity. Of these persons, there were 15% of the bisexuals, 10% of the lesbians, and 16% of the "others" and 15% of the pansexual.

For many LBQ and Trans masculine persons, family as a unit and as a holding space, are not a place of comfort or support. One bisexual woman from Belize shared: *"I am a bisexual woman. In Belize City last year 2019 in April around Easter Time. I was staying with my cousin and her mother, my aunt. My cousin also identifies as bisexual, but her mother is not aware of her sexuality. I am not sure how my aunt came to find out that I was a bisexual woman but [when she did] she told me to get out of her house and that she does not want me to be around my cousin to influence her. I was very sad because I did not [make it a habit to] come around my family with my girlfriend nor did I disrespect their home. I did not know what to do. I left because my aunt was cursing me to get out of her house. I went back home to [my home community] to live with my mom and continued to see my partner. I noticed that the rest of my family started to stay away from me. This started to bother me because we were so close and now nobody wanted to be around me or speak to me. My family has now welcomed me back and everything is back to normal. I decided that my family is very important to me. I am now in a heterosexual relationship and I can be around my family all the time and they don't judge me now. I feel that I had to make this decision [so] my family would speak to me [and] want me around. I am happy because they are happy that I am no longer in a same sex relationship".*

THE HUMAN STORIES

A lesbian from Saint Lucia shared: " My mother never rejected me. My father knew because I was close to my father, but I never told my mother. She's very Catholic and I would never do that to her, but I think she knows. Sometimes when I'm visiting her, she would talk about homosexuals and the Bible. She would say all these things about how it's wrong. She would say these things when I'm there, but she never says anything to me. She knows. Mothers' always know".

One person from Suriname shared about her loss of family and friends, due to her sexual orientation: "I'm very feminine so people don't really make remarks, but I lost my favorite uncle due to my sexual orientation. We were really close but when he knew he even put me out of the family home, that was really hurtful. I have a support system now, but I have also lost a lot of my old friends from back in the days who were not so fond of my sexual orientation".

There were 53% who said that the people they live with did not know of their sexual orientation or gender identity. Of these persons, there were 67% of the bisexuals, 44% of the lesbians, 53% of the "others" and 53% of the pansexual. On the other hand, 78% of their health care providers did not know of their sexual orientation or gender identity. Of these persons, there were 78% of the bisexuals, 67% of the lesbians, 64% of the "others" and 65% of the pansexual.

It is not always easy to be out, with the people where lesbian, bisexual women and trans masculine people stay. That obviously removes another safety net if a person cannot be their authentic self at home,

the place where you usually need to find comfort. A participant from Jamaica shared: *"Bisexual woman tried to find an apartment for rent in Kingston and was discriminated against by landlords whenever she went to view the spaces because she was accompanied by her masculine presenting friend"*.

There were 52% who said that the people they work with did not know of their sexual orientation or gender identity. Of these persons, there were 69% of the bisexuals, 42% of the lesbians, 53% of the "others" and 49% of the pansexual. There were 52% who said that the people they work with did not know of their sexual orientation or gender identity. Of these persons, there were 69% of bisexuals, 42% of lesbians, 53% of "others" and 49% of pansexual. When asked if people living near them knew of their sexual orientation and gender identity. There were 66% who said "no". Of these there were 79% of persons that identify as bisexual, 55% lesbian, 72% "others" and 74% pansexual.

There were 65% who said that persons at an LGBTIQ organization did not know of their sexual orientation or identity. Of these there were 79% of persons that identify as bisexual, 60% lesbian, 52% "others" and 58% pansexual. When asked if religious leaders knew about their sexual orientation or gender identity 89% of the respondents said "no". Of these there were 96% of bisexuals, 86% lesbians, 89% "others" and 89% pansexual. Similarly, 94% of the respondents said that no traditional or cultural leader knew of their sexual orientation or gender identity. Of these there were 97% of bisexuals, 91% lesbians, 96% "others" and 92% pansexual.

Of those that know of their sexual orientation or gender identity, respondents were asked to indicate who did they personally tell. There were 59% who said they told their current partner or partners; 63% who told their family (at least one member); 81% told their friends; 36% told people they live with; 25% told health care providers; 36% told people they work with; 18% told people that live near them; 27% disclosed at an LGBTIQ organization; 6% told religious leaders; 3% told traditional or cultural leaders and 7% told no one.

SECTION 3F: EXPERIENCE OF STIGMA AND DISCRIMINATION AND HATE SPEECH

Respondents were asked if they had disclosed being lesbian, bisexual, queer or a transman to law enforcement agencies/agents/human rights groups when they experienced stigma and discrimination and the majority 80% said "no." There were 16% who said "yes" and 5% not applicable. 86% of the bisexuals said "No" while 78% lesbians, 73% others and 75% pansexual also said "no".

THE HUMAN STORIES

"I had a situation with my (cohabitating) girlfriend. She was being physical. So, I went to the police to report it. When I told them, my girlfriend had hit me, they laughed. They just started to laugh. They called other officers and it was a whole joke. I wanted help to get my things out of the house, but they never helped. They didn't take me seriously, they just laughed. I never went back to the police to report anything again. I had situations but I never reported it. It wouldn't make sense".

– Lesbian, Saint Lucia

Similarly, in Suriname a bisexual woman reported harsh treatment by police officers, when they want to report cases. There was an incident of a woman who wanted to make a report on a theft. Instead of noting the details of the case of theft, the police officers condemned them for their sexual behavior. It was only after substantial time passed and the woman said she belonged to Women's Way and that the organization did training with police and threatened to report them to their superiors, that the police officers took the case (*Bakboord, 2017*).

Table 27: Experiences of stigma and discrimination by sexual orientation

	N	Yes	Lesbian	Bisexual	Pansexual	Other
Have you ever disclosed being lesbian, bisexual, queer or a trans man to law enforcement agency/agent/human rights groups when you experience stigma or discrimination on the basis of your orientation?	159	16%	17%	10%	19%	23%
Has/have the law enforcement agent/ agency human rights groups been reluctant to take up your case of stigma and discrimination?	85	9%	8%	5%	13%	16%

	N	Yes	Lesbian	Bisexual	Pansexual	Other
Have you postponed or failed to report a case of stigma and discrimination for fear of judgement by law enforcement agent/agency human rights groups	167	17%	16%	13%	26%	23%
Have you postponed or failed to report cases of hate speech by the media, family members or general public to law enforcement agent/agency for fear of judgment by law enforcement agent/ agency?	173	17%	19%	11%	25%	21%
Have you postponed or failed to report a case of blackmail and extortion on account of your sexual orientation and gender identity to law enforcement agent/agency/human rights groups?	82	8%	8%	6%	12%	13%

83% of the respondents indicated that the law enforcement agent/agency or human rights group were not reluctant to take up their case of stigma and discrimination. This included police, army, mainstream human rights institutions, government paralegal or human rights officers. There were 9% who said they were reluctant while 5% said that the question was not applicable.

"I experienced sexual assault twice in my adult life. The first one I did not report but the second one I took legal action. It took two years and several prosecutors and lawyers before he finally got found guilty and paid a fine. I got no intervention for me. The system is weak. It does not help victims." - Respondent

While reluctance to report cases might find its basis from internalized homophobia, lesbophobia or transphobia, the consequences of not reporting cases leaves a person with unresolved issues, anxiety or eventual depression. All of those emotions are demonstrated in the following story from a person in Guyana: "At the age of seventeen, sometime in August around 11 pm in the night, at a popular bar at West Bank Demerara I was, for the first time, involved in gender-based violence. At that time, I was not aware of this term and quite frankly was just becoming more knowledgeable about my sexuality and difference from my cousins and sister.

THE HUMAN STORIES

My girlfriend and I were hanging with some friends who were celebrating a birthday. We were all having great fun, especially me, I was dancing with all the girls there. I was not paying any attention to anyone around us or so. The night was amazing, and everyone was enjoying themselves. My girlfriend at that time was telling me that a guy was looking at her and that she was uncomfortable, but I told her to ignore him and let's just enjoy ourselves. As the night came to an end, we all had to head back to Georgetown where we were living. All my friends took a taxi and my girlfriend, and I decided to wait for a bus, so we walked down to the bus shed not too far from the bar to wait.

As we stood there talking and thiefin a few kisses as no one else was there to see us, a man approached us from nowhere. He said goodnight, as my girlfriend whispered quietly to me that it was the same man in the bar. I became a little concerned and cautious. I answered goodnight to him, and he immediately shouted at me " wait is a fuckin woman dea here playing fuckin man???" I became afraid and as I looked at my girlfriend, I could see the fear in her eyes, I immediately pushed her behind me as he continued to curse me. " We don't deal with fucking sadomites over fucking here, getttt!!!!" Was what he said as he picked up a piece of wood from the road and began hitting me about six times on my arms and legs. I just didn't want him to hit me on my head or to hit my girl. So as he was hitting me I was crying and saying" sorry, sorry, sorry" and my girl ran out to get help. Two other men came shouting to leave me and he dropped the wood and ran. The men advised me to go to the station, which was also not too far, but I was scared. I didn't go. I just wanted to go home, I was in pain, I was ashamed and mostly I was very very very scared. I was scared of this unexpected attack, I was ashamed of why I was being attacked, and of what I Kno the police will tell me when I go to make a report. I Know they would've laughed at me and not taken this matter seriously. I went home and got undressed and my girlfriend was inspecting the bruises on my arm and leg. She begged me to go to the hospital to make sure nowhere was broken but I was too afraid to go. I knew the nurses would want an explanation, and when I told them, I knew they would laugh. I decided to stay home and treat myself. Thankfully nowhere was broken. I did nothing about the situation, I said nothing to no one. I felt as if I deserved what had happened to me and became, depressed and lost.

At this time of my life as I reflect on that particular experience, I wished I had done things differently, I wished I had fought. I wished I had taken that

wood from him and hit him with all my strength. I wished I had gone to the station and demanded justice and made a report. I wished I had gone to the hospital and gotten proper treatment. I wished I had known my rights as a human being.

I don't want this to happen to anyone, but in case any LGBTQ Guyanese person should ever meet a homophobic person, I would advise them to fight back!!! Go to police, demand justice, go to the media, demand justice, go to any associated LGBTQ organization, ask for advice. Never tell yourself you deserve violence, disrespect or any sort of mistreatment. Fight back!! Get knowledgeable, be strong and be yourself!

17% of the respondents indicated that they had postponed or failed to report a case of stigma and discrimination for fear of judgement by law enforcement agency/agent or human rights group. There were 76% who said they were reluctant while 7% said that the question was not applicable. Of those that were reluctant there were 81% of the bisexual persons, 76% of lesbians, 69% of others and 69% of pansexual. 17% of the respondents indicated that they had postponed or failed to report hate speech by media, family member of general public to law enforcement agent/agency for fear of judgement. There were 76% who said they were not reluctant while 7% said that the question was not applicable. Of those that were reluctant there were 11% of the bisexual persons, 19% of lesbians, 21% of others and 25% of pansexual.

8% of the respondents indicated that they had postponed or failed to report a case of blackmail and extortion on account of their sexual orientation or gender identity to law enforcement agent/agencies or human rights groups. There were 84% who said they were not reluctant while 8% said that the question was not applicable. Of those that were reluctant there were 6% of the bisexual persons, 8% of lesbians, 13% of others and 12% of pansexual.

Table 28: Experiences of stigma and discrimination by sexual orientation at work/school/housing

	N	Yes	Lesbian	Bisexual	Pansexual	Other
Have you ever been harassed at work as a result of your real or perceived sexual orientation or gender identity?	234	23%	24%	17%	34%	28%
Have you postponed or failed to challenge a case of a job denial/ termination as a result of/ on assumption about your sexual orientation or gender identity?	99	10%	12%	5%	14%	9%
Have you ever been terminated from an employment as a result of your real or perceived sexual orientation or gender identity?	78	8%	8%	6%	5%	14%

	N	Yes	Lesbian	Bisexual	Pansexual	Other
Have you faced eviction from a rented apartment on account of your sexual orientation and gender identity?	93	9%	10%	6%	9%	18%
Have you been denied housing on account of your dress preference or real or perceived sexual orientation and gender identity?	118	11%	13%	8%	14%	17%
Have you ever been dismissed from or punished at school as a result of your real or perceived sexual orientation or gender identity?	104	10%	11%	5%	19%	12%
Have you ever faced sexual harassment at school as a result of your real or perceived sexual orientation or gender identity	183	18%	19%	12%	32%	22%

23% of the respondents indicated that they have been harassed at work as a result of real or perceived sexual orientation or gender identity. There were 74% who said they have not been harassed 3% said that the question was not applicable. Of those that were harassed there were 17% of the bisexual persons, 24% of lesbians, 28% of others and34% of pansexual. 10% of the respondents indicated that they postponed or failed to challenge case of a job denial/termination as a result of/ assumption about their sexual orientation or gender identity. There were 85% who said they have not while 5% said that the question was not applicable. Of those that postponed or failed to challenge there were 5% of bisexual persons, 12% of lesbians, 9% of others and 14% of pansexual. 8% of the respondents indicated that they have been terminated from an employment as a result of their real or perceived sexual orientation or gender identity. There were 90% who said they have not while 2% said that the question was not applicable. Of those that had been terminated there were 6% of bisexual persons, 8% of lesbians, 14% of others and 5% of pansexual. 9% of the respondents indicated that they have been evicted from a rented apartment on account of their sexual orientation and gender identity. Of those that had been terminated there were 6% of bisexual persons, 10% of lesbians, 18% of others and 9% of pansexual. On the other hand, there were 12% of the respondents who indicated that they have been denied housing on account of their sexual orientation and gender identity. Of those that had been denied there were 8% of bisexual persons, 13% of lesbians, 17% of others and 14% of pansexual. The Lespiki Mi (Respect my Rights) study in Suriname, which looked at the experience of sex workers, lesbian, gay, bisexual and transgender men and women as well as people living with HIV found that transgender people in particular struggle to find accommodation to rent due to stigma and discrimination (*Bakboord, 2017*).

When asked if they have ever been dismissed from or punished at school as a result of their real or perceived sexual orientation or gender identity, 10% said "yes". There were 5% bisexuals, 11% lesbians, 12% "others" and 19% pansexual who said "yes". When asked if they have ever experienced sexual harassment at school as a result of their real or perceived sexual orientation or gender identity, 18% said "yes". There were 12% bisexuals, 19% lesbians, 22% "others" and 32% pansexual who said "yes". Lesbians

and bisexual women in Suriname reported that they are deprived from equal education experiences than their cisgender and heterosexual counterparts, unless they remain deeply closeted. A learner who cannot expressed their authentic self is compromised, there is example of the college student whose presentation was cancelled when the teacher learned that the presentation topic will involve a foundation that works with lesbian issues. This was against the teacher's religion (*Bakboord, 2017*).

SECTION 3E: EXPERIENCE OF RIGHT VIOLATION

There were 45% who indicated that they are aware of laws and policies that criminalize LBQT persons. There were 55% of people who said that they were not aware. Of those that are aware, there were 68% pansexual and 52% "others". There were 14% of the respondents who indicated that they have postponed or failed to challenge abuse or violence as a result of their knowledge of the existence of discriminatory law/policies. There were 17% of the respondents who indicated that they have postponed or failed to challenge stigma and discriminatory practices as a result of their knowledge of the existence of discriminatory law/policies. There were 11% who said that they have experienced violations/mob action and failed to challenge it as a result of their knowledge of the existence of discriminatory laws/policies. Of those that failed to challenge was 28% of "others" and 28% pansexual.

Table 29: Experience of Rights violations by sexual orientation

	N	Yes	Lesbian	Bisexual	Pansexual	Other
Are you aware of any laws/policies that criminalize LBQT persons?	455	45%	41%	40%	68%	52%
Have you postponed or failed to challenge abuse or violence as a result of your knowledge of the existence of discriminatory law/ policies?	142	14%	11%	12%	21%	26%
Have you postponed or failed to challenge stigma and discriminatory practices as a result of your knowledge of the existence of discriminatory laws/ policies?	173	17%	14%	15%	28%	28%
Have you experienced violations/ mob action and failed to challenge it as a result of your knowledge of the existence of discriminatory laws/policies?	114	11%	10%	7%	21%	20%

SECTION 4: EXPERIENCE OF VIOLENCE AND INFRINGEMENT ON RIGHTS

When asked if they were aware of anyone ever revealing that they are lesbian, bisexual, queer or a trans man without their permission, 63% said "yes". Of these there were 67% of lesbians, 67% "others", 65% of pansexual and 55% bisexual. There were 35% who stated that they have been threatened to reveal their sexual orientation or gender identity. Of these 42% were "other", 46% pansexual, 34% lesbian and 32% bisexual. 61% of the respondents indicated that they have been insulted or verbally harassed because of their sexual orientation or gender identity. Of these there 66% of pansexual, 65% "other", 65% lesbian and 50% were bisexual. 29% of the respondents indicated that they have been insulted or verbally harassed because of their sexual orientation or gender identity in the past 12 months. Of these there 40% of pansexual 31% "other", 32% lesbian and 18% were bisexual. When asked if an intimate partner (past or current) ever threatened to reveal their sexual orientation or gender identity, there were 20% who said "yes". Of these the majority were bisexual persons (24%)

Table 30: Experience of Violence and Infringement of Rights by sexual orientation

	N	Yes	Lesbian	Bisexual	Pansexual	Other
Are you aware of anyone ever revealing that you are lesbian, bisexual, queer or a trans man to others without your permission?	645	64%	67%	55%	65%	67%
Has anyone ever threatened to reveal that you are lesbian, bisexual, queer or a trans man to others without your permission?	360	35%	34%	32%	46%	42%
Has anyone ever insulted or verbally harassed you because of being lesbian, bisexual, queer or a trans man? In your past?	611	61%	65%	50%	66%	65%
Has anyone ever insulted or verbally harassed you because of being lesbian, bisexual, queer or a trans man? In the last 12 months?	283	29%	32%	18%	40%	31%
Has an intimate partner (past or current) ever threatened to reveal that you are lesbian, bisexual, queer or a trans man to others without your permission?	204	20%	18%	24%	19%	22%
Has an intimate partner (past or current) ever made you feel worthless because of your sexual orientation and gender identity?	235	23%	20%	23%	32%	29%
Has an intimate partner (past or current) ever made you feel ashamed because of your sexual orientation and gender identity?	255	25%	21%	26%	37%	34%

	N	Yes	Lesbian	Bisexual	Pansexual	Other
Have you ever been coerced, pressured or forced into marriage?	114	11%	10%	11%	13%	15%
Have you ever been coerced, pressured or forced into a heterosexual relationship?	287	28%	29%	23%	36%	31%

29% of the respondents indicated that they have been insulted or verbally harassed because of their sexual orientation or gender identity in the past 12 months. Of these there 40% of pansexual 31% "other", 32% lesbian and 18% were bisexual. There were 25% of the respondents who indicated that in the past or current, an intimate partner has made them feel ashamed of their sexual orientation or their gender identity. Of these, there were 32% of pansexual, 29% of "others", 23% of bisexual and 20% and lesbian. 11% of the respondents indicated that they have been coerced, pressured or forced into marriage. Of these, there were 13% of pansexual, 15% of "others", 11% of bisexual and 10% and lesbian. 28% of the respondents indicated that they have been coerced, pressured or forced into a heterosexual relationship. Of these, there were 36% of pansexual, 31% of "others", 11% of bisexual and 29% of lesbian.

Sexual Assault

Table 31: Experience of Sexual Assault by sexual orientation

	N	Yes	Lesbian	Bisexual	Pansexual	Other
By an intimate partner of the same sex as you? In your past?	138	14%	11%	16%	13%	19%
By an intimate partner of the same sex as you? In the last 12 months?	34	3%	2%	4%	2%	9%
Have you ever been sexually assaulted By an intimate partner of a different sex than you? In your past?	219	22%	15%	27%	34%	24%
Have you ever been sexually assaulted By an intimate partner of a different sex than you? In the last 12 months?	32	3%	2%	5%	7%	2%
By someone you know (not an intimate partner but a neighbor, friend, family member, etc.) In your past?	365	36%	32%	37%	48%	44%
By someone you know (not an intimate partner but a neighbor, friend, family member, etc.) In the last 12 months?	39	4%	2%	3%	7%	12%
Have you ever been sexually assaulted by a stranger in your past?	189	19%	15%	19%	32%	23%

Have you ever been sexually assaulted by a stranger In the last 12 months?	36	4%	2%	3%	8%	8%
Have you ever been sexually assaulted by someone you live with? In your past?	163	16%	14%	17%	19%	19%
Have you ever been sexually assaulted by someone you live with? In the last 12 months?	21	2%	1%	3%	1%	1%

When asked if they have ever been sexually assaulted by an intimate partner of the same sex in the past, there were 14% of the respondents who said "yes". Of these, there were 16% of bisexuals, 11% of lesbians, 19% "other" and 13%. There were 22% of the respondents who indicated that they have been sexually assaulted by an intimate same sex partner in the past 12 months.

THE HUMAN STORIES

"A lesbian woman was in an abusive relationship with her partner for almost 5 years where she was abused physically, verbally and financially. She said whenever she tried to leave, her partner threatened to have her killed. She said she was forced to care for her partner's special needs daughter when she left the house and wouldn't return for days. She finally got the courage to leave when her partner went to work in the US and lived in fear for years after because her partner would send threatening messages over Facebook. The partner told her work that she was a lesbian and this made the environment very toxic for her as it was a Christian institution".

Respondent, Jamaica

There were 22% of the respondents who indicated that they have been sexually assaulted by an intimate partner of a different sex in the past. This included 34% of pansexual, 27% bisexual, 24% of "other" and 15% of lesbians. There were 3% of the respondents who indicated that they have been sexually assaulted by an intimate partner of a different sex in the past 12 months. There were 36% of the respondents who indicated that they have been sexually assaulted by someone they know (who was not an intimate partner but a neighbor, friend, family member etc.) in the past. This included 48% of pansexual, 32% bisexual, 44% of "other" and 32% of lesbians. There were 4% of the respondents who indicated that they have been sexually assaulted by someone they know (who was not an intimate partner but a neighbor, friend, family member etc.) in the past 12 months.

A respondent from Saint Lucia shared about multiple incidents of sexual assault she experienced: "They [sexual assaults] maybe scarred me emotionally. Maybe, because I normally block out my emotions, I don't pay attention. Sometimes it's a bit much and it causes depression, so I just ignore it. But I don't think it will surface to affect me in any way. I can talk about it because I can't do anything to change it. It's happened already, why would I let it affect me now. It's in my past. The first one was with my stepfather. He used to try to have sex with me a lot when I was about 13 or 14. At that time I didn't know anything about having sex with males because I was always more into girls. I was still a virgin; I had not had sex with anybody. Probably my mother would leave me home with him if she had to go to a meeting, and he would try, or he would come into my bedroom when I was asleep and touch me up and stuff like that because I used to be a heavy sleeper. Then one time I caught him doing it and I couldn't really sleep heavy after that; anything would wake me up. I told my mother, but she never believed me. She didn't take him on (confront him) at all. So, at that time, I went to the counsellor in my school, but it wasn't doing anything. The counsellor was just making me remember everything that happened. It was just making no sense. So, I just leave it alone. I never resolved it, but I just left it behind. It stopped when he moved out when he and my mother broke up. She didn't know about it before he moved out.

The other one was with my uncle who lives in Caribbean country where I was born. At the time he was drunk. There was a whole set of us drinking and then I went to take a shower to go to bed. He came into the bathroom and he forced himself on me. It kept on happening continuously. I guess he didn't do anything about it. I told him it cannot keep happening, it has to stop, but he was always pursuing it. He kept saying he loves me, he has a different feeling for me, he wants to be with me. It stopped when I left the country to come back to Saint Lucia. I never reported because it would be too much trouble, especially on my father's side. It would be too much trouble to do anything about it.*

If I told my mother, she wouldn't really care. It wouldn't make much sense. But the kind of person my father is, he's one to get on really stupid. My father would not care, he'd want to act too much. He'd want to kill my uncle, that's how far he goes. Then the whole family would watch my uncle a certain way. To me, it's just too much drama. Whatever brings too much drama and problems into my life, if I cannot deal with them, I just avoid them. Those I can deal with and get out of the way; I just deal with them".

There were 19% of the respondents who indicated that they have been sexually assaulted by a stranger in the past. This included 32% of pansexual, 19% bisexual, 23% of "other" and 15% of lesbians. There were 4% who indicated that they have been sexually assaulted by a stranger in the past 12 months. There were 16% of the respondents who indicated that they have been sexually assaulted by someone they live with, in the past. This included 19% of pansexual, 27% bisexual, 19% of "other" and 14% of lesbians. There were 2% of the respondents who indicated that they have been sexually assaulted by someone they live within the past 12 months.

Physical Assault

There were 25% of the respondents who indicated that they have been physically assaulted by an intimate partner of the same sex, in the past. This included 18% of pansexual, 21% bisexual, 26% of "other" and 28% of lesbians.

"…whenever she would take her white lady (crack), she would hit me like crazy. I didn't love her, but she took care of the baby girl."

On the other hand, here were 7% of the respondents who indicated that they have been physically assaulted by an intimate partner, in the past 12 months. When asked if they have been physically assaulted by an intimate partner of different sex in the past, 19% said "yes". Of these, there were 26% of bisexuals, 14% lesbians, 23% "others" and 22% pansexual. There were 4% of the respondents who indicated that they have been physically assaulted by an intimate partner of different sex, in the past 12 months.

Table 32: Experience of Physical Assault by sexual orientation

	N	Yes	Lesbian	Bisexual	Pansexual	Other
Have you ever been physically assaulted By an intimate partner of the same sex as you? In your past?	250	25%	28%	21%	18%	26%
Have you ever been physically assaulted By an intimate partner of the same sex as you? In the last 12 months?	73	7%	9%	4%	5%	10%
Have you ever been physically assaulted By an intimate partner of a different sex than you? In your past?	196	19%	14%	26%	22%	23%
Have you ever been physically assaulted By an intimate partner of a different sex than you? In the last 12 months?	37	4%	1%	6%	7%	5%
Have you ever been physically assaulted By someone you know (not an intimate partner but a neighbor, friend, family member, etc.) In your past?	248	25%	21%	25%	34%	32%

	N	Yes	Lesbian	Bisexual	Pansexual	Other
Have you ever been physically assaulted By someone you know (not an intimate partner but a neighbor, friend, family member, etc.) In the last 12 months?	39	4%	2%	3%	10%	9%
Have you ever been physically assaulted by a stranger? In your past?	155	15%	15%	12%	21%	22%
Have you ever been physically assaulted by a stranger? In the last 12 months?	36	3%	2%	3%	7%	8%
Have you ever been physically assaulted by someone you live with? In your past?	198	20%	18%	21%	19%	25%
Have you ever been physically assaulted by someone you live with? In the last 12 months?	47	5%	3%	4%	9%	9%

There were 25% of the respondents who indicated that they have been physically assaulted by someone they know (not an intimate partner but a neighbor, friend, family member) in the past. This included 34% of pansexual, 25% bisexual, 32% of "other" and 25% of lesbians. On the other hand, here were 4% of the respondents who indicated that they have been physically assaulted by someone they know other than their intimate partner, in the past 12 months.

There were 15% of the respondents who indicated that they have been physically assaulted by a stranger in the past. This included 21% of pansexual, 12% bisexual, 22% of "other" and 15% of lesbians. On the other hand, here were 4% of the respondents who indicated that they have been physically assaulted by someone they know other than their intimate partner, in the past 12 months. There were 20% of the respondents who indicated that they have been physically assaulted by someone they live with, in the past. This included 19% of pansexual, 21% bisexual, 25% of "other" and 18% of lesbians. On the other hand, there were 5% of the respondents who indicated that they have been physically assaulted by someone they live, in the past 12 months. There were 31% of the respondents who indicated that they thought the sexual and physical assaults were motivated by their sexual orientation. This included 27% of pansexual, 22% bisexual, 49% of "other" and 33% of lesbians. On the other hand, there were 5% of the respondents who indicated that they have been physically assaulted by someone they live, in the past 12 months.

Motivation

There were 31% of the respondents who indicated that they thought the sexual and physical assaults were motivated by their gender identity. There were 34% who indicated that the incidents happened because of their gender expression (how they present themselves as masculine, feminine or both.)

Table 33: Motivation for assault by sexual orientation

	N	Yes	Lesbian	Bisexual	Pansexual	Other
Do you think any of these incidents (sexual or physical assault) were motivated by your sexual orientation?	199	31%	33%	22%	27%	49%
Do you think any of these incidents (sexual or physical assault) were motivated by your gender identity?	200	31%	31%	24%	30%	55%
Do you think any of these incidents (sexual or physical assault) happened because of your gender expression (how you present yourself as masculine, feminine or both)	216	34%	36%	25%	33%	51%
Did any of these incidents result in flashbacks, nightmares, or reliving the event?	438	69%	66%	66%	83%	75%
Have you avoided situations or people who remind you of the incident(s)?	493	78%	75%	78%	87%	79%
Following the incident(s), have you felt jumpy, irritable, or restless?	439	69%	64%	69%	80%	79%
If you have experienced physical or sexual assault in the last 12 months, have you sought medical care for it?	39	21%	15%	29%	22%	25%
If you have experienced physical or sexual assault in the last 12 months, have you reported it to the police?	19	10%	5%	19%	22%	0%

When asked if any of the physical or sexual assault incidents resulted in flashback, nightmares or reliving the even, 69% said "yes". There were 78% who indicated that they have avoided situations or people who remind them of the incident. Of these, there were 87% pansexual, 79% other, 75% lesbian and 78% bisexual. 69% of the respondents that had experience physical or sexual abuse indicated that they have felt jumpy, irritable or restless following the incident. Of these, there were 80% were of the pansexual, 79% others, 64% bisexual and 64% lesbian. Of the 183 persons that have experienced some form of sexual or physical assault in the past 12 months, 21% indicated that they did not seek any medical care for it. There were 10% who stated that they did not report the incident to the police.

When asked if they felt they had been treated with less courtesy than other people by police or health care staff for being LBTQ, 87% said "never". There were 5% that said that they had been treated with less courtesy.

Table 34: Treated less courteous by police or healthcare due to LBTQ TM

	Bisexual		Lesbian		Other		Pansexual		Total	
	N	%	N	%	N	%	N	%	N	%
I have not sought help for physical or sexual assault	29	10%	32	6%	14	14%	12	11%	87	9%
Never	262	86%	453	90%	79	78%	88	83%	882	87%
Often	2	1%	4	1%		0%	1	1%	7	1%
Rarely	3	1%	9	2%	3	3%	2	2%	17	2%
Sometimes	8	3%	8	2%	5	5%	3	3%	24	2%
Total	304	100%	506	100%	101	100%	106	100%	1017	100%

SECTION 5: EXPERIENCES OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

There were 31% of respondents that have a child or children biological or other. Of these, there were 38% of bisexuals, 29% of lesbians, 29% of "others" and 25% of pansexual. When asked if they want children or children there were 61% who said "yes". Of these, there were 60% of the bisexuals, 63% of lesbians, 55% of "others" and 58% of pansexual. When asked if their partner wants a child or children, there were 54% who said "yes". Of these, there were 57% of lesbians, 52% of bisexual, 51% of "other" and 47% of pansexual.

Table 35: Experiences of Sexual and Reproductive Health and Rights

	N	Yes	Lesbian	Bisexual	Pansexual	Other
Do you have a child or children, biological or other?	316	31%	29%	38%	25%	29%
Do you want a child or children?	617	61%	63%	60%	58%	55%
Does your partner want a child or children (if you have a partner)?	546	54%	57%	52%	47%	48%
Would you consider adoption?	643	63%	66%	55%	71%	67%
Would you consider insemination (using sperm from a sperm bank) to get pregnant?	486	48%	55%	39%	50%	39%
Would you consider home-based or self- administered insemination (DIY/"turkey baster" method)	365	36%	41%	27%	43%	32%
Were you ever pregnant?	363	36%	28%	48%	42%	32%
Did you ever give birth?	260	26%	42%	41%	9%	8%
Did you ever want/ need an abortion?	170	17%	10%	25%	26%	15%

	N	Yes	Lesbian	Bisexual	Pansexual	Other
Did you ever have an abortion?	171	17%	9%	27%	27%	15%
Could you access an abortion at a clinic, hospital or any medical service provider?	465	46%	42%	52%	52%	43%
Did you ever approach a indigenous or herbal healer, or natural method to get an abortion?	46	5%	3%	5%	8%	5%
Did you ever make use of some alternative/ home-based method to get an abortion?	74	7%	5%	12%	9%	6%

When asked if they would consider adoption there were 63% who said "yes". There were 71% of the pansexual who said "yes" and 67% of others. 66% of the lesbians and 55% of the bisexuals also said "yes." When asked if they would consider insemination (using sperm from a sperm bank) to get pregnant there were 48% who said "yes". There were 50% of the pansexual who said "yes" and 39% of others. 55% of the lesbians and 39% of the bisexuals also said "yes." When asked if they would consider home-based or self-administered insemination (DIY/turkey baster method), 36% said "yes". There were 27% of the bisexual that said "yes", 41% of the lesbians, 32% of "others" and 43% of pansexual. When asked if they were ever pregnant, 36% said "yes". There were 48% of the bisexual that said "yes", 28% of the lesbians, 32% of "others" and 42% of pansexual. There were 25% of the respondents who indicated that they have given birth. Of the bisexuals 41% said yes, of the lesbians 42%, of the "others" 9% and of the pansexual 8%. When asked if they ever needed an abortion, 17% (170 persons) of the respondents said "yes." Of the bisexuals, 23% said yes, of the lesbians 10%, of the "others" 15% and of the pansexual 26%.

The 8 countries in this study hold various positions, protection and abortion laws, therefore legal access to termination of pregnancies. Haiti, Jamaica and Suriname prohibit abortions altogether, regardless of reason. To preserve the health of the mother, abortions are accessible in Saint Lucia and Trinidad and Tobago. Belize and Barbados permit termination of pregnancies on broader social and economic grounds and in Guyana abortions are available on request. (Center for Reproductive Rights; Maitland, 2020). However, some of the restrictions allowing abortions oftentimes only provide a next layer of hurdles to make it nearly impossible, as termination of pregnancy can be obtained only if certain criteria is met (Maitland, 2020). In Belize abortion is legal under certain conditions, with a legal framework that is on the more relaxed side, but due to ignorance about this, and the refusal of health providers most often pregnancies are only legally terminated when the person's life is at risk. This leads to unsafe and clandestine procedures in a country that actually have legal protections for safe abortions (SAAF). A legal gap analysis of laws affecting the right to mental health for girls, women and LGBT persons in the Eastern Caribbean was released by Kaleidoscope Trust. The research looked at a few countries in the Eastern Caribbean, of which two of those countries; Barbados and Saint Lucia were included. The list of 8 conditions, of which one or more must be met, before authorities can give permission to termination of a pregnancy. Three of those criteria markers, put together, in Saint Lucia will nearly make it impossible, and the decision is at the hands of authorities (most often men):

- To preserve the physical or mental health of the mother, if the pregnancy resulted from rape or incest - if substituted by an official police report;
- If done within a certain gestational period
- If done after a mandatory waiting period between the request for and performance of the procedure

(Maitland, 2020)

When asked if they could access an abortion at a clinic, hospital or any medical service, 47% said "no". There were 41% of the bisexual that said "yes", 42% of the lesbians, 43% of "others" and 52% of pansexual. There were 10% that said that the question was not applicable to them. When asked if they ever approached an indigenous or herbal healer, or natural method to get an abortion 46 persons (5%) said "yes." When asked if they could access an abortion at a clinic, hospital or any medical service, 47% said "no". There were 41% of the bisexual that said "yes", 42% of the lesbians, 43% of "others" and 52% of pansexual. There were 7% that indicated that have made use of some alternative/home/based method to get an abortion.

SEXUAL AND REPRODUCTIVE HEALTH SERVICES:

Only 30% of the respondents indicated that they have had a mammogram (test for breast cancer) done. Of the pansexual 32% have had a mammogram, of the bisexuals 32%, of the lesbians 29% and of the "others" 21%. 10% of those that have had a mammogram indicated that there were anomalies found. 45% of the respondents indicated that they have had a pap smear to test for cervical cancer done. Of the pansexual 55% have had a pap spear, of the bisexuals 50%, of the lesbians 40% and of the "others" 39%. There were 21% of the respondents who indicated that they have gone for a PCO or endometriosis test. There were 16% of the respondents that indicated that these anomalies were found when they went for a PCO or endometriosis.

Table 36: Accessing Sexual and Reproductive Health and Rights Services

	N	Yes	Lesbian	Bisexual	Pansexual	Other
Did you ever go for a mammogram (test for breast cancer)?	301	30%	29%	32%	32%	21%
Were there ever anomalies reported? (for example, cysts,)	99	10%	10%	8%	13%	11%
Did you get it treated?	64	6%	6%	6%	9%	8%
Did you ever go for a pap smear to test for cervical cancer?	454	45%	40%	50%	55%	39%
Did you ever go for a PCO or endometriosis test?	198	20%	20%	20%	32%	20%
Were there ever anomalies reported? (for example, cysts)	163	16%	14%	14%	25%	24%
Did you ever go for a test ?	134	13%	85%	88%	96%	83%
Did you get treated?	131	13%	12%	11%	19%	20%

	N	Yes	Lesbian	Bisexual	Pansexual	Other
Did you or are you having such severe period /menstrual pains that you need to see a doctor?	317	31%	30%	27%	44%	38%
Are you using / or did you use birth control pills to manage your period/menstrual pains or cycle?	287	28%	22%	31%	46%	34%
Do you use any other methods to manage your pain or cycle?	382	38%	37%	33%	53%	39%

There were 31% of the respondents that indicated that they have such severe period/menstrual pains that they need to see a doctor. There were 28% of the respondents who indicated that they are using or did use birth control pills to manage their period/menstrual pains or cycle. 38% said that they use other methods to control their severe period/menstrual pains.

SECTION 6: EXPERIENCES OF LIVING WITH DISABILITIES

There were 167 persons who indicated that they are living with a disability. Of the pansexual there are 26%, of the "others" 20%, of the lesbians 16% and of bisexuals 13%.

Table 37: Persons living with disabilities by sexual orientation

	Bisexual		Lesbian		Other		Pansexual		Total	
	N	%	N	%	N	%	N	%	N	%
NO	266	88%	422	84%	81	80%	78	74%	847	84%
YES	38	13%	81	16%	20	20%	28	26%	167	16%
Total	304	100%	503	100%	101	100%	106	100%	1014	100%

Capacity and Health Conditions

For each question, the respondents were asked to share how much problem they have doing specific tasks on a scale from 1-5 with 1 being no problem/difficulty to 5 meaning problem or extremely difficult. When asked how much difficulty they have seeing things from a distance (without glasses), 22% said no problem and 22% said extreme problem/difficulty. Of the bisexual 26% said extreme problems; of the lesbians 16% said extreme problems; 26% of others and 31% of the pansexual said extreme problems/difficulties. When asked how much difficulty they have hearing (without hearing aid), 77% said no problem. The others ranged from 2 – 5 equally. Of the respondents there were 72% who said that they don't have any problem/difficulty walking or climbing steps. There were 2% who said extreme problems. The others ranged from 2-4 equally. There were 34% who said that they have no problem/difficulty remembering or concentrating while 6% said that they have extreme problems.

Table 38: Living with Disabilities – Capacity and Health Conditions

	No Problem	2	3	4	Extreme Problem
How much difficulty do you have seeing things at a distance [without glasses]?	22%	17%	19%	19%	22%
How much difficulty do you have hearing [without hearing aids]?	77%	15%	6%	2%	0%
How much difficulty do you have walking or climbing steps	72%	16%	6%	4%	2%
How much difficulty do you have remembering or concentrating?	34%	25%	22%	14%	6%
How much difficulty do you have washing all over or dressing?	81%	8%	5%	4%	3%
How much difficulty do you have sleeping because of your health?	51%	15%	16%	11%	7%
How much difficulty do you have doing household tasks because of your health?	63%	16%	8%	7%	6%
Because of your health how much difficulty do you have with joining community activities, such as festivities, religious events	61%	13%	12%	8%	6%
How much difficulty do you have with feeling sad, low, worried or anxious because of your health?	35%	14%	21%	13%	17%
Because of your health how much difficulty do you have getting along with other people who are close to you, including your family and friends?	52%	14%	19%	8%	6%
How much bodily aches and pains do you have?	32%	28%	14%	17%	10%

When asked how much difficulty washing all over or dressing themselves, 81% said no problem while 3% said extreme problems. The others ranged from 2 – 4 equally. There were 7% who said that they have extreme problems falling asleep because of their health. There were 51% who said no problem while the others ranged from 2-4 equally. There were 63% who said that they have no problem doing their household tasks because of their health. There were 6% who said they have extreme problems. There were 6% who said that they have extreme problems joining community activities, such as festivities and religious events because of their health. 61% said that they have no problem. All others were from 2-4 equally. When asked how much difficulty they have because they feel sad, low, worried or anxious about their health, 35% no problem while 17% said extreme problems. All others were between 2-4 equally. There were 8% who said that they have difficulty getting along with other people who are close to them, including family and friends because of their health. There were 52% who said no problem. When asked how much bodily aches and pains they have, 32% said no problem while 10% said extreme problems. There were 17% at 4, 14% at 3 and 28% at 2.

Environmental Factors

When asked if the places where they go to socialize and engage in community activities make it easy or hard for them, 47% said "no problem" while 3% said extremely difficult. There were 20% at 2, 19% at 3 and 11% at 4. When asked if shops, banks and post offices in their neighborhood make it easy or hard for them to use them, 58% said no problem, 3% said extreme problems, 18% said 2, 14% said 3 and 7% said 4. When asked if the transportation they need and want to use make it easy or hard for them to use them, 60% said no problem, 7% said extreme problems, 12% said 2, 14% said 3 and 7% said 4. When asked if the building (house/apartment/room) including the toilet and bath/shower make it easy or hard for them to use them, 75% said no problem, 3% said extreme problems, 12% said 2, 8% said 3 and 3% said 4.

Table 39: Living with Disabilities – Environmental Factors

	No Problem	2	3	4	Extreme Problem
Do places where you socialize and engage in community activities make it easy or hard for you to do this?	47%	20%	19%	11%	3%
Do the shops, banks and the post office in your neighborhood make it easy or hard for you to use them?	58%	18%	14%	7%	3%
Does the transportation your need or want to use make it easy or hard for you to use it?	60%	12%	14%	7%	7%
Does the building (house/ apartment/ room) including the toilet and bath/ shower make it easy or hard for you to live there?	75%	12%	8%	3%	3%
Should you need help, how easy is it for you to get help from a close family member (including your partner)?	54%	20%	10%	9%	7%
Should you need help, how easy is it for you to get help from friends and co-workers?	50%	19%	16%	7%	7%
Should you need help, how easy is it for you to get help from neighbors?	38%	15%	19%	11%	17%
Do you feel that other people respect you? For example, do you feel that others value you as a person and listen to what you have to say?	36%	18%	20%	15%	11%

When asked how easy it is for them to get help from a close family member (including their partner, 54% said no problem while 9% said extremely difficult. There were 10% that said 4. When asked if they need help how easy it is to get it from friends or co-workers, 50% said no problem while 7% said it was extremely difficult while 17% said it's extremely difficult to get help from neighbors. 11% stated that they feel that it is extremely difficult for other people to respect them, by valuing them or listening to what they have to say.

Personal Assistance and assistive products

There were 35% who said that they have someone to assist them with their daily activities at home or outside. 18% said that they need additional assistance with their daily activities at home or outside. There were 25% who said that they feel they need someone to assist them.

Table 40: Living with Disabilities – Personal Assistance and Assistive Products

	N	Yes	Lesbian	Bisexual	Pansexual	Other
Do you have someone to assist you with your daily activities at home or outside?	55	35%	45%	22%	29%	25%
Do you think you need additional assistance with your daily activities at home or outside?	29	18%	16%	14%	21%	30%
Do you think you need someone to assist you?	39	25%	27%	20%	21%	30%
Do you currently use a cane stick?	6	4%	4%	3%	7%	0%
Do you currently use crutches, axillary or elbow	2	1%	1%	0%	1%	0%
Do you currently use crutches, lower limb, upper limb or spinal	2	1%	1%	3%	0%	0%
Pressure relieve cushions	7	4%	0%	5%	14%	5%
Prostheses, lower limb	0	0%	0%	0%	0%	0%
Rollators	1	1%	1%	0%	0%	0%
Standing frames, adjustable	1	1%	1%	0%	0%	0%
Therapeutic footwear, orthopedic	10	6%	5%	5%	11%	5%
Tricycles	0	0%	0%	0%	0%	0%
Walking frames	2	1%	1%	1%	0%	0%
Wheelchair	0	0%	0%	0%	0%	0%
Spectacles, low vision, short distance, long distance, filters and protection	60	37%	23%	43%	64%	42%
White cane	0	0%	0%	0%	0%	0%
Hearing Aid	0	0%	0%	0%	0%	0%
Others	5	3%	0%	6%	0%	0%

When asked if they need any assistive products, 58% said yes. There were 4% who said they need a cane or stick to walk; 1% who need crutches; 1% said they need orthoses, lower limb, upper limb or spinal; 4% need pressure relief cushions; 0% prosthesis for lower limb; 1% rollators; 1% standing frames; 6% therapeutic footwear; 0% tricycles; 1% walker; 0% wheelchair; 37% spectacles, low vision, short distance, long distance, filters, and protection; 0% white cane; 0% hearing aid; and 3% other.

CONCLUSIONS AND RECOMMENDATIONS

The findings of this study in 8 Caribbean countries shows that:

1. The majority of respondents did not have major economic challenges. As indicated that can cover their basic needs (96%) and are employed full-time (53%). However, there were some disparities among the countries since as much as 23% are unemployed in Haiti and those with full time employment the majority were from Belize (67%) and Saint Lucia (76%). There were 26% that hustle or have more than one job to make ends meet and 8% who indicated that they perform sexual favors for money, with 46% of these being lesbians. Compared to national statistics, the percentage of unemployment among the LBQ TM was significantly higher.

   Recommendation:

   Projects and programs organized by LGBQTI+ organizations must give attention to the economic challenges experienced by women & trans masculine people participating in these either as beneficiaries or LGBTQI+ community leaders. LGBTQI+ organizations should advocate for more attention to be given to economic empowerment through income generating projects, building employability and encouraging entrepreneurship on local and national levels.

2. The majority of respondents indicated that they were Christians as much as 30% said that they were not religious, with the majority of these being pansexual (45%). Due to rejection of homosexuality or being transgender by some churches, many LBQ TM persons choose not to be affiliated to any particular religious denomination. Interestingly, pansexual (65%) were also the majority of those that have completed post-secondary education. In total more than half of the respondents have completed post-secondary education.

Recommendation:

Even though the level of education of the respondents was relatively high, there were persons in some countries who only completed high school or primary education. This reflects in their ability to secure formal employment and income. It is important to implement safe school policies to protect LGBTQI+ students and to provide opportunities for these persons to access further education if this is something that they believe is important for them.

3. As was expected, the majority of the respondents were sexually and emotionally attracted to cisgender women. However, 34% of participants were attracted to men and this figure included bisexuals (64%) as well as lesbians (6%). Overall, sexual and emotional attraction towards transgender persons occurs across all the sexual orientations, lesbian, bisexual, pansexual and others. Even though not as high as cis women and men, there were those that were sexually or emotionally attracted to trans and gender non-conforming persons. Similarly, 92% had had sex with a cis woman and 63% with a man of those 36% were lesbians.

Recommendation:

It is important that all community led programs recognize the importance of the diversity that exists among LBQ TM persons regarding their sexuality and sexual behavior. Thus, programs that focus on sexual and reproductive health should highlight diversity, utilizing appropriate information, education and communication (IEC) accessible materials. These need to ensure that assumptions are not made about behaviors because of specific labels but rather addressing the continuum of sexual behaviors with all sexes as well as with transgender persons.

4. There was still some lack of understanding of the difference between sexual orientation and gender identity. In several instances transgender men stated their sexual orientation as being lesbian and not heterosexual trans man (48%). In addition, in countries such as Haiti, persons assigned female at birth who are identified as men, do not adopt the label of "trans man". They refer to themselves as a "man" (6%) and or by reclaiming a previous derogatory word; "monkopé". Even though 16% identified as trans or gender non-conforming, very few have changed their name legally (1%). Similarly, in Suriname, men who were assigned female at birth do not use the term "trans masculine" or "trans man" which could have affected how the question was understood.

Recommendation:

There is a need for further public and community education from LGBTQI+ organizations on the topic of sexual orientation and gender identity/ expression. If members of the LBQ TM community are not comprehensively educated about their SOGIE it is difficult to assume their identity and roles within their private and public lives. This proposed need for SOGIE education should be inclusive of local, linguistic and cultural dialogues to ensure autonomy and not necessarily automatic assumption of western terminology.

5. In their gender expression, 24% stated that they felt extremely masculine while 44% said that they felt extremely feminine. The majority of pansexuals and "others" said that they don't appear masculine to the

public as 41% indicated that they felt very feminine. In regard to transitioning, 13% of the trans and gender non-confirming persons used hormones for transitioning which they accessed at local private health care providers and less than 10% used binding and objects in their underwear to simulate a penis.

Recommendation:

There is a need for more community spaces where LBQ TM persons can discuss issues such as their gender identity and expressions and receive psychological support when needed. In many instances there are feelings of shame and guilt which lead to low self-esteem and confidence. In some instances, it may have even greater psychological impact resulting in depression and even suicide.

6. 20% of the trans and gender non-conforming respondents expressed that they disliked themselves for being trans and GNC, while 27% preferred to be cisgender if given the choice. 74% of the trans and GNC persons who didn't know if hormones for transitioning or gender affirming surgery were available at local health care providers.

Recommendations:

It is essential to acknowledge the psychological strain on trans and gender non-confirming persons who struggle not only with their personal issues due to their gender identity and expression but also the way that their family members and the general public see them. Even though LBQ women experience these challenges, the experiences of trans and GNC persons is even more extreme. Special emphasis must be placed on the importance of making inclusive psychological support readily available as a part of any program targeting trans men as well as education for cisgender members of the LGBTQI+ community.

7. The majority of the respondents accessed private health care when they were sick (44%). 40% accessed public health care while 30% accessed NGOs or community health services. Approximately 20% accessed HIV tests at these different health centers equally. Even though some persons access indigenous or traditional health care, the percentage was very low to be significant. Very few of the respondents have private insurance.

Recommendation:

It is highly important that health care providers at community, public, private and even traditional settings be sensitized and trained by LGBTQI+ organizations on providing specialized health care to LBQ TM persons. This training should also be included as part of their curriculum and ongoing professional development. Making these facilities LBQ TM friendly is very important because LBQ TM persons may have difficulties speaking about their gender identity, sexual orientation or sexual behavior, many may not access essential health services.

8. Even though the majority respondents did not indicate that there were barriers to accessing health services due to their sexual orientation and gender identity, there were 12% who felt that they sometimes received poorer services and 7% who were called insulting names or denied service because of their sexual orientation, gender identity or gender expression (SOGIE). 25% of participants indicated postponing or could not access needed health care because

they could not afford it.

Recommendation:

It is important that health care facilities and other service providers should have in place non-discrimination policies that protect the rights and well-being of LGBT persons. There is the need for complaints mechanisms as well as opportunities for redress in the case of any form of discrimination or violation of rights of persons based on their sexual orientation and gender identity. Additionally, collaboration between LGBTQI+ organizations and healthcare policy makers are needed to ensure these accountability measures are adhered to and includes LGBTQI+ input.

9. Of the 18% of respondents who identified as trans or GNC, 95% were using testosterone when interviewed. Interestingly, 56% chose not to have surgery, while 33% said that they wanted surgery but could not afford it. Only 4% indicated that they planned to have bottom surgery. The majority found it easier to access hormone replacement therapy rather than surgery as an option for transitioning for many reasons; including the facts that surgery is not easily accessible in their countries or the region and it is seen as too costly.

Recommendation:

Special programs focusing on trans health are essential especially those focusing on medical and surgical transition. It is important that persons deciding to undergo either option are fully informed or know their options as well as the importance of seeking services that are safe. In addition, trans-inclusive mental health services such as counseling and psychotherapy should be an option readily available to any individual that is considering transition procedures. A regional database of service providers who would give attention to trans healthcare could be established. Private healthcare providers will then work in collaboration with local LGBTQI+ organizations to carry the programs into the national and regional level.

10. Alcohol consumption on a less than monthly (43%) and monthly basis (25%); especially among lesbians. On the other hand, 31% used drugs daily and 30% felt guilty because of their drug use. The type of drugs could not be determined from the data. Alcohol and drug use among the LBQ TM persons are high.

Recommendation:

There is a need for greater focus on the issue of alcohol and drug abuse. It is important to link abuse of alcohol and drugs with gender-based violence within relationships as well the health and mental health consequences of alcohol and drug use.

11. Fifteen percent of respondents were diagnosed with clinical anxiety and 16% with clinical depression; of which less than half were receiving treatment. Suicidal thoughts among participants was significantly high at 61% and 36% have attempted suicide in the past. The majority had support from current partners, friends and family but this was not the experience of everyone. Very few (10%) identified LGBTIQ organizations, religious or cultural leaders and health care providers as sources of support. It's important to note that very few of the persons who were experiencing mental health issues actually accessed services.

Recommendation:

It is important to further explore the level of depression and anxiety among LBQ TM persons to determine causes, consequences and the type of support that is needed. In particular, LGBTIQ inclusive mental health programs should be an important part of every organization. Advocacy and programs focused on breaking mental health stigma about mental health are to be implemented.

12. Even though several of the respondents have been victims of discrimination and hate speech, very few have sought support from law enforcement our human rights organizations (24%). There were 23% who indicated that they have been harassed at work while 18% experienced sexual harassment at school.

Recommendation:

Organizations need to continue awareness and education among their community members to increase capacity and knowledge fending for their rights, in cases such as harassment at work, school and other public domains.

13. As much as 55% of respondents were not aware of laws and policies criminalizing LGBT persons and in most instances the respondents who had been victims of discrimination or hate speech failed to reach out for support from law enforcement and human rights entities because of existing laws criminalizing LGBT persons. Knowledge of laws and policies criminalizing LGBT persons was low.

Recommendation:

It is important that LBQ TM have access to information and legal information and support to address instances of discrimination and hate speech based on sexual orientation and gender identity. Organizations need to increase education on human rights, legislation and avenues for redress to sensitize the community, policymakers and implementers. Form and maintain relationships between LGBTIQ organizations and legal aid/lawyers for service provision.

14. Sixty-four percent of respondents reported an awareness that someone revealed their SOGIE and 35% knew someone who threatened to reveal their SOGIE. 30% had been threatened by their intimate partner or their partner made them feel ashamed of their SOGIE. As much as 28% have been pressured into heterosexual marriage. Stigma and discrimination are high.

Recommendation:

As many efforts have been undertaken to raise awareness about stigma and discrimination, it is important to highlight the psychological impact of stigma and discrimination. In particular there is a need to focus on discrimination towards LBQ TM persons within intimate relationships: families, friends and partners as well as the workplace. There is the need for a legislative framework of non-discrimination that can hold perpetrators accountable and responsible.

15. There were 22% of respondents who had been sexually assaulted by a partner and 36% by someone they knew. Twenty-five percent had been physically assaulted by a partner and 20% by someone they lived with. In 31% of the instances, this was as a result of their SOGIE. Only 10% of victims sought support from the police. This is indicative of a high level of sexual and physical assault towards LBQ TM persons

within spaces that are supposed to be safe.

Recommendations:

There is a clear need to address gender-based violence within intimate relationships as well as in instances where the perpetrator is a well-known acquaintance of the victim. It is important to also link the issue of sexual and physical assault with reparative practices which seek to change the sexual orientation of a person through violence or as a form of punishment for their "choices".

16. Over 30% of the LBQ TM respondents have children while 61% of the total number of respondents want children. There was a high percentage of respondents that would consider adoption (63%) or insemination (48%). Of the total number of respondents, 26% have been pregnant and 17% of these have needed and had an abortion. 46% accessed abortion services at a clinic or medical provider while others used home based methods (7%) and traditional healers (5%).

Recommendations:

There needs to be greater focus on sexual and reproductive health issues. Programs that take into account family relationships, children and home issues should be promoted. There is a need for LBQ TM organizations to work alongside family planning organizations to ensure inclusivity, support their pro-choice advocacy as well as increased access to contraceptives and other services.

17. Of those that accessed services for mammograms (30%) and pap smears (45%), 6% reported anomalies that got treated. There were at least 31% who indicated that they have severe menstrual cramps, and of these, 28% use birth control pills to manage these period cramps.

Recommendations:

Further exploration of the factors that contribute to a lack of access to sexual health services needs to be conducted. Organizations should be navigators that provide information, counseling, accompaniment and referrals for LBQ TM persons that may be reluctant to access sexual health services on their own. They should include increased opportunities for open discussions on sexual and reproductive health topics in safe settings.

18. Overall, there were 16% of the respondents who indicated that they have multiple forms of disability. Of these, the majority have extreme problems seeing (78%) while others indicate that they suffer from depression (65%), bodily aches (68%) and difficulties concentrating (66%). Sixty-five percent of those who need assistance with daily activities and taking care of themselves, reported that they have no one to assist them on a daily basis. Persons with disabilities should be included in LBQ TM programming and their needs taken into account and provided for.

Recommendations:

Attention needs to be given to the issue of disabilities within the LBQ TM community. Organizations must ensure that their spaces and services are more accessible to persons with disabilities and advocate for the same within the larger society. Home-based programs are an important service that can be provided to members of the LBQ TM community who need help

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ACRONYMS AND TERMINOLOGY

AFAB / AMAB	Acronyms meaning "assigned female/male at birth" (also designated female/male at birth or female/male assigned at birth). No one, whether cis or trans, gets to choose what sex they're assigned at birth. This term is preferred to "biological male/female", "male/female bodied", "natal male/female", and "born male/female" which are inaccurate.
Asexual	A person who has no sexual feelings or desires
Bisexual	People who are emotionally, romantically and/or sexually attracted not exclusively to people of one particular gender, attracted to both men and women.
Cisgender	A person whose sense of personal identity and gender corresponds with the sex assigned to them at birth.
Corrective rape	See Homophobic rape
Gay	A person who is emotionally, romantically and/or sexually attracted to persons of the same gender.
Gender expression	External appearance of one's gender identity, usually expressed through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.
Gender identity	One's innermost concept of self as man, woman, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.
Gender minority -	Gender minority refers to transgender and gender non-conforming/ gender diverse people whose gender identities or gender expressions fall outside of the social norms typically associated with the sex assigned to them at birth.
Gender non-conforming	A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.
Hate crime	Aggression based on rejection, intolerance, scorn, hate, and/or discrimination, usually against an individual because of a personal characteristic such as race, religion, national or ethnic origin, sex, sexual orientation, or gender identity or expression.
Heterosexual	A person who is emotionally, romantically and/or sexually attracted to persons of the opposite gender.

Homophobic rape	In homophobic rape, people are raped because they are, or are perceived to be, lesbian, gay or trans. Part of a wider pattern of sexual violence, attacks of this kind commonly combine a fundamental lack of respect for women, often amounting to misogyny, with deeply-entrenched homophobia. According to the UNAIDS Terminology Guidelines there is a move away to not use the term "corrective rape", as it implies the need to correct or rectify a "deviated" behavior or sexual orientation. The preferred term, homophobic rape, notes the deep-seated homophobia that motivates the hate crime.
Intersex	Intersex is an umbrella term for individuals who are born with sex characteristics that are, according to the typical understanding in society, either female and male at the same time, or not quite female or male, or neither female or male. This diversity can be related to chromosomes, hormones or anatomical features, and is not pathological.
Lesbian	Term used to describe female-identified people attracted romantically, sexually, and/or emotionally to other female-identified people.
LGBT, LGBTI, LGBTIQ	An acronym that refers to lesbian, gay, bisexual, transgender (and intersex if the 'I' is included and queer if the 'q' is included) people. Often used together to refer to a shared marginalization because of sexual orientation, gender identity and expression (and diversity of sex characteristics).
Monkopé	In Haiti, a word to indicate someone that is a female but who identifies as a man are known and identifies as Monkopé (which directly in French-Creole would translate to "Uncle"). The word has a derogative history, however, lately activists and some community members started to reclaim the word.
Pansexual	A person who experiences sexual attraction towards members of all genders, regardless of their sex assigned at birth, including trans persons and all other variety of gender identifications, as well as those who do not feel that they have a gender. In other words, pansexual people say gender and sex aren't determining factors in whether they feel sexually attracted to someone. As such they reject the gender binary (the idea that everyone only identifies either as "male" or "female"). (Villarreal, 2020)
Queer	A term for people of marginalized gender identities and sexual orientations who are not cisgender and/or heterosexual. This term has a complicated history as a reclaimed slur. (Transstudent)
Sex assigned at birth	The assignment and classification of people as male, female, intersex, or another sex assigned at birth, often based on physical anatomy at birth and/or karyotyping.
Sexual activity	Sexual activity which includes sexual acts and sexual contacts, is the manner in which humans experience and express their sexuality.
Sexual attraction	Sexual attraction is attractiveness on the basis of sexual desire or the quality of arousing that interest. It is inherent to a person, and not a choice.

Sexual identity	Sexual identity is how someone thinks of him/herself in terms of to whom he/she is romantically or sexually attracted.
Sexual minority	A group whose sexual identity, orientation or practices differ from the majority of the surrounding society.
Sexual orientation	An enduring emotional, romantic, sexual, or affectional attraction or non-attraction to other people. It is inherent to a person, and not a choice. Sexual orientation is not the same as gender identity.
Transgender	An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.
Transgender man	A person who identifies as a man but was assigned a female sex at birth.
Transgender woman	A person who identifies as a woman but was assigned a male sex at birth.
Transmasculine	Transmasculine individuals were assigned female at birth but identify more on the male side of the gender spectrum than on the female side.
Vodou	**Vodou**, also spelled Voodoo, Voudou, Vodun, or French Vaudou, a religion practiced in Haiti. Vodou is a creolized religion forged by descendants of Dahomean, Kongo, Yoruba, and other African ethnic groups who had been enslaved and brought to colonial Saint-Domingue (as Haiti was known then) and Christianized by Roman Catholic missionaries in the 16th and 17th centuries. The word Vodou means "spirit" or "deity" in the Fon language of the African kingdom of Dahomey (now Benin)

APPENDICES

APPENDIX 1 – LIST OF TABLES AND GRAPHS

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APPENDIX 2 - LIST OF PARTICIPATING ORGANIZATIONS

Barbados – SHE, Sexuality Health Empowerment

Belize - PETAL, Promoting Empowerment through awareness for Les/bi women

Guyana – GUYBOW, Guyana Rainbow Foundation

Haiti – FACSDIS, Femme en Action Contre la Stigmatisation el la Discrimination Sexuelle

Haiti - OTRAH, Organisation Trans d'Haiti

Jamaica - WE-Change, Women's Empowerment for Change

Saint Lucia - United and Strong

Suriname – WSW, Women's Way Foundation

Trinidad and Tobago - I am One

APPENDIX 3 - THE HUMAN STORIES – ORGANIZED PER THEMATIC AREA

Story	Country
Violence • Experience of violence • IPV • Sexual assault • Homophobic rape (UNAIDS Guidance, 2015) • Childhood experience with violence • Physical violence • Access to Justice; reporting violence etc.	
When I was fourteen years old, I experienced sexual molestation by my aunt living with her as a little girl. At that time, I didn't know what it meant. It felt normal for me. As I got older I started to understand what was going on even though it still continued, many nights I would cry, fall into depression and even thoughts of suicide because I had nobody to talk to and felt scared and embarrassed to tell anyone. As I reached the age of 18 years old, my family decided to get me married to a guy in the same village since they have never seen me interact with a guy. Being with him I felt no attraction, my attraction was only for women. A few months later my aunt still pursued to have sexual encounters with me and it became overbearing so I decided to confide in one of my cousins, eventually my husband found out and was so angry he blamed me, started abusing me physically beating me almost every night, my family members would throw disrespectful remarks to me in the streets. My cousin who I had confided in made contact with a well-known LGBT organization, by then the police were involved and my aunt and husband were jailed. From then I started working along with persons that haven been through similar situations but are scared to raise their voices.	Guyana
I always knew I was not like my sister and other female cousins. Ever since I knew I could be attracted to anyone I knew that I was attracted to other women as myself. While my cousins would talk about the boy six packs and handsomeness, I was busy playing cricket with the same six packs boys and trying to get six packs of my own. My family members always observed this difference and would always tease me about it. However, they would always advise me to be safe whenever I am in public places, but I never completely took them seriously until I had this one experience that changed my life. I am proud to share it with others and I hope it makes a difference. At the age of seventeen, sometime in August around 11 pm in the night, at a popular bar at West Bank Demerara I was, for the first time, involved in gender-based violence. At that time, I was not aware of this term and quite frankly was just becoming more knowledgeable about my sexuality and difference from my cousins and sister. My girlfriend and I were hanging with some friends who were celebrating a birthday. We were all having great fun, especially me, I was dancing with all the girls there. I was not paying any attention to anyone around us or so. The night was amazing, and everyone	Guyana

was enjoying themselves. My girlfriend at that time was telling me that a guy was looking at her and that she was uncomfortable, but I told her to ignore him and let's just enjoy ourselves. As the night came to an end, we all had to head back to Georgetown where we were living. All my friends took a taxi and my girlfriend, and I decided to wait for a bus, so we walked down to the bus shed not too far from the bar to wait. As we stood there talking and thiefin a few kisses as no one else was there to see us, a man approached us from nowhere. He said goodnight, as my girlfriend whispered quietly to me that it was the same man in the bar. I became a little concerned and cautious. I answered goodnight to him, and he immediately shouted at me " wait is a fuckin woman dea here playing fuckin man???" I became afraid and as I looked at my girlfriend, I could see the fear in her eyes, I immediately pushed her behind me as he continued to curse me. " We don't deal with fucking sadomites over fucking here, getttt!!!!" Was what he said as he picked up a piece of wood from the road and began hitting me about six times on my arms and legs. I just didn't want him to hit me on my head or to hit my girl. So as he was hitting me I was crying and saying" sorry, sorry, sorry" and my girl ran out to get help. Two other men came shouting to leave me and he dropped the wood and ran. The men advised me to go to the station, which was also not too far, but I was scared. I didn't go. I just wanted to go home, I was in pain, I was ashamed and mostly I was very very very scared. I was scared of this unexpected attack, I was ashamed of why I was being attacked, and of what I Kno the police will tell me when I go to make a report. I Know they would've laughed at me and not taken this matter seriously. I went home and got undressed and my girlfriend was inspecting the bruises on my arm and leg. She begged me to go to the hospital to make sure nowhere was broken but I was too afraid to go. I knew the nurses would want an explanation, and when I told them, I knew they would laugh. I decided to stay home and treat myself. Thankfully nowhere was broken. I did nothing about the situation, I said nothing to no one. I felt as if I deserved what had happened to me and became, depressed and lost. At this time of my life as I reflect on that particular experience, I wished I had done things differently, I wished I had fought. I wished I had taken that wood from him and hit him with all my strength. I wished I had gone to the station and demanded justice and made a report. I wished I had gone to the hospital and gotten proper treatment. I wished I had known my rights as a human being. I don't want this to happen to anyone, but in case any LGBTQ Guyanese person should ever meet a homophobic person, I would advise them to fight back!!! Go to police, demand justice, go to the media, demand justice, go to any associated LGBTQ organization, ask for advice. Never tell yourself you deserve violence, disrespect or any sort of mistreatment. Fight back!! Get knowledgeable, be strong and be yourself!	**Guyana**

A lesbian woman was in an abusive relationship with her partner for almost 5 years where she was abused physically, verbally and financially. She said whenever she tried to leave, her partner threatened to have her killed. She said she was forced to care for her partner's special needs daughter when she left the house and wouldn't return for days. She finally got the courage to leave when her partner went to work in the US and lived in fear for years after because her partner would send threatening messages over Facebook. The partner told her work that she was a lesbian and this made the environment very toxic for her as it was a Christian institution.	**Jamaica**
They (sexual assaults) maybe scarred me emotionally. Maybe, because I normally block out my emotions, I don't pay attention. Sometimes it's a bit much and it causes depression, so I just ignore it. But I don't think it will surface to affect me in any way. I can talk about it because I can't do anything to change it. It's happened already, why would I let it affect me now. It's in my past. The first one was with my stepfather. He used to try to have sex with me a lot when I was about 13, 14. At that time I didn't know anything about having sex with males because I was always more into girls. I was still a virgin; I had not had sex with anybody. Probably my mother would leave me home with him if she had to go to a meeting, and he would try, or he would come into my bedroom when I was asleep and touch me up and stuff like that because I used to be a heavy sleeper. Then one time I caught him doing it and I couldn't really sleep heavy after that; anything would wake me up. I told my mother, but she never believed me. She didn't take him on (confront him) at all. So, at that time, I went to the counsellor in my school, but it wasn't doing anything. The counsellor was just making me remember everything that happened. It was just making no sense. So, I just leave it alone. I never resolved it but I just left it behind. It stopped when he moved out when he and my mother broke up. She didn't know about it before he moved out. The other one was with my uncle who lives in Caribbean country* where I was born. At the time he was drunk. There was a whole set of us drinking and then I went to take a shower to go to bed. He came into the bathroom and he forced himself on me. It kept on happening continuously. I guess he didn't do anything about it. I told him it cannot keep happening, it has to stop, but he was always pursuing it. He kept saying he loves me, he has a different feeling for me, he wants to be with me. It stopped when I left the country to come back to Saint Lucia. I never reported because it would be too much trouble, especially on my father's side. It wudda be too much trouble to do anything about it. If I told my mother, she wouldn't really care. It wouldn't make much sense. But the kind of person my father is, he's one to get on really stupid. My father would not care, he'd want to act too much. He'd want to kill my uncle, that's how far he goes. Then the whole family would watch my uncle a certain way. To me, it's just too much drama. Whatever brings too much drama and problems into my life, if I cannot deal with them, I just avoid them. Those I can deal with and get out of the way; I just deal with them. * names or other identifying information changed	**Saint Lucia**

I lived with somebody once, and I never did it again. I was in my 30s. A gay male friend of mine told me he had this person he wanted me to meet. I was thinking "how is me uh. I'm not looking for anyone. I had a lot of friends, people who could afford to go out all the time, to travel; friends I would take trips with for vacation; I used to travel a lot for work as well. So, I was out and about, I didn't really have time.

Anyway, I met her. She was young, about 22. So, I kind of fell into it you know. I didn't really like her like that, but you know how it is. So, we said she would come to live with me. She lived with her mother. The most horrible person, she was horrible, horrible. She would call her names, all kinds of things. So, we didn't want her to know she was coming to live with me, cuz she didn't even know the girl was gay. So, I came up with this plan. I don't know how I came up with that. So, my male friend and I got this friend of mine who had lived in the US, she was very proper, well dressed, she had an accent... you know. So, we went to the mother and told her the girl would be going to her home to work for her and she would be living there. But she was really coming to live with me. You should see where they lived; I don't want to say it but it was ghetto.

So we started this thing. I introduced her to my friends. I tried to get her to go out with us but she was really not on that level. She wouldn't talk, she would just sit there, she wouldn't really enjoy herself. She had her own friends, so we started doing our own thing. She would go out with her friends, they would hang out on the beach mostly, go to bars, that kind of thing. She would do her own thing, I would do mine, but we were together.

I was with her for about 2 years and during that time the girl transformed. That was the most transformation I have seen. She started dressing in men's clothes, she would wear a cap and put it backwards. She had the men's shoes and everything and I didn't like it. When I met her, she was wearing dresses, she was feminine. All of a sudden, she changed. I realized she was just waiting to get away from her mother for her to express herself how she wanted but I didn't like it.

Anyway, I found out she had somebody else. We had the rotary phones at that time. And one day I was sleeping in my room and I heard her on the phone. She was in the living room but the way she was speaking...so I came by the doorway and I listened. I heard her making plans to meet this person, but I didn't say anything, because that was supposed to be her friend. But I knew she was having sex with this woman IN MY BED when I was travelling for work. She had the woman in the house. I knew it but I didn't say anything. I would get the phone bill; I could see the calls...they were how long. She left me with a huge phone bill.

Then one day we're home. I'm hearing someone shouting her name by the road. She's acting as if she didn't hear. It's the same person calling her. "Jo*, you want me to tell Mary* everything? Come outside or I will tell her." She sat there as if nothing was happening. I told her, "you woman calling you, get out of my house!" And the woman there shouting.

So she went outside. I heard them quarrelling. Jo was threatening her. Then she came back inside. I told her, "I know what you've been doing but I want nothing to do with you." That was it for me.

So, I started locking my bedroom door. We were sleeping in separate rooms, but she was acting as if we were still together. She would come and knock on my door, so I started locking it. Sometimes we still had sex but whatever I felt for her was gone. But I didn't want to put her out, she had nowhere to go. I would go to my parties, that time Rodney Bay was active there were a lot of things happening. I would hang out with my friends; I would come home, and I would ignore her.

One day I came home, and she was there. I came to pick something up from work and the taxi was waiting for me outside. A man I knew. She came into the room and locked the door. It was as if she was waiting for me. She started trying to touch me and I pushed her. I said the John* was outside waiting for me. She started quarrelling and then she lifted her hand to hit me. I started shouting for her to stop. All this time John* is outside hearing that but he never came. Later on, he said to me it was me and my woman business. And I thought this man was my friend. I had this neighbour, who lived over the next wall, an old lady, I used to call her aunty. She heard and she started calling me, shouting "Mary, Mary, sa ka fet la?" (Mary, what's going on). Then she jumped the wall to come and see what was happening. That's when Jo* stopped. I told her to take her things and leave my house. I called my father and he came and spoke to her. He told her, "my daughter doesn't want you here. I want you to leave today and never talk to her again." He took my keys from her that same day and put her things out. I didn't care where she went.

That Old Years night there was a party in Rodney Bay. A private party. It was my friends, managers, business owners, you know, that kind of people. I went with my two gay male friends. I had this expensive dress on, a little bit of makeup. When I got to the party, I found out my friend, the one that introduced us, had invited her. Apparently, all the time he had been talking to her, she used to bring the woman by his home, that's where they used to meet. So, I was trying to ignore her, my god! Why did she even come? Then one of my male friends I came with got into an argument with her. I didn't even realize anything had happened until she came up to us getting on, saying how he broke her glasses. I was so embarrassed. Everybody was looking at us, the kind of people that were there...The girl was getting on so badly I left the party. I don't know why my friend invited her - she couldn't really talk, that wasn't her kind of person. I went outside, I was crying. It was raining that night, I was crying, I didn't care. I walked all the way home barefoot. I lived about 20 minutes away and by the time I got home I was soaked. My friends didn't even realize I had left. After the argument, they were looking for me thinking I was still at the party. We didn't have cell phones back then so they couldn't call me. They finally decided to come home to see if I was there. I had these nice shoes on, my dress, everything was ruined.

While we were at home, the girl walked into the house. The back door was open because my friends didn't lock it. She started getting on again. I was in a towel because I had taken a shower and she tried to come at me. Thank God my friends were there. When she realizes she couldn't do anything she shouted: "When I was fucking you, you wasn't saying that!" She flings her hand and she leaves. (laughs). I'm laughing about it now but that was a bad night. I felt so embarrassed. That was the only time I lived with somebody. I met someone later who I was in love with. We were so compatible. We had so much in common. She was the best. But we never lived together. I wouldn't do that again. People thought we were living together because I would spend one night at her place. She would spend one night by me; we were together ALL the time. But we never lived together. ** names or other identifying information changed*	**Saint Lucia**
I lost my virginity at 12. How I lost my virginity was in standard 4. That's 12. He was a taxi driver in Soufriere, or something like that. That's when you started your pen pal thing in school, writing letters. You know. Finally, I met my pen pal and finally, my father will allow me to spend time with my pen pal. I wasn't even allowed to go down the road growing up. I met this person through the whole pen pal thing at school and he said finally you can go down for summer. And of course, I go down for summer, and I've never experienced going out. Going down there they were comfortable with sending their kids, their daughters, to the teenage nights' dance in Soufriere, in the town. So I happen to go. I get an opportunity to flex myself, so I go all out. Got drunk, shit happens. And I never told my parents. I never said anything about that at all except to the guy that I liked from church. I told him later actually. Much, much later. But he realized something was wrong. He was like, "so why don't you want me to come close to you?" It's like him standing behind me and I would be like, "what are you doing?" that sort of thing. I felt nervous and that continued for years. We had a little thing going on. I really liked him, but my dad thought I was too young to have a boyfriend. That was from 13, 14, 15. After that, he left the island to go to school abroad and that ended there. We never had sex. Everybody else I dated after that if it's 1 - 2 weeks it ends up with them wanting to have sex. I'd say, "no, I'm not ready. I don't feel comfortable," and it's like everybody forced themselves after that. In-between I had girlfriends but with regards to males, it's always been that way. So, I figure you know, with that shit just stay away from men because with men that's how it's going to be. Until my husband. I've never had an issue with females forcing themselves on me. Never.	**Saint Lucia**

I had a situation with Ayisha* (cohabitating girlfriend). She was being physical. So, I went to the police to report it. When I told them, my girlfriend had hit me, they laughed. They just started to laugh. They called other officers and it was a whole joke. I wanted help to get my things out of the house, but they never helped. They didn't take me seriously, they just laughed. I never went back to the police to report anything again. I had situations but I never reported it. It wouldn't make sense. ** names or other identifying information changed*	**Saint Lucia**
Discrimination stigma and violence I think every child in Suriname has been beaten at least 10 times. I think it's normal that you get a beating. My last partner really beat me up because she blamed me for treating her with love and attention in the beginning and then later on nothing and I worked all the time. To me 1 time per week is enough. When my grandfather found out that the last girl I was dating he put me out of the house, so I went to live with her. He didn't want me to stay at home. Living with her was the biggest mistake I made.	**Suriname**
Well I I'm 24 I like women don't like labels but if necessary ill label myself as lesbian. I'm a hairdresser. I have a little salon. I'm really living my dream. I'm happy I'm not really social. I can do small talk but if not needed I'll just be quiet my favorite colors are black and white. Have you had any experiences with violence? Not physically but I have been assaulted sexually 2 times one time when I was 11, the person said I looked grown up enough to do grownup things so he was going to touch me and show me how. The second time I was 16-17 years old and it was my uncle. He used to stay with us, and he would touch me in my sleep. One day I asked him if he was touching me in my sleep and he said no! I told my mom and family and his aunt, and my aunt didn't do anything about it. Then my niece told me a few months later that he was molesting her so I told everyone in the family and asked then that if they didn't want to do something when it happened to me at least protect the jongerones cus it was my aunt her daughter so they told him he had to leave the country and never come back so they sent him to the Netherlands. Till this day if I see him I still get angry and I have anxiety anytime a grown man is near children or I see a man behaving suspiciously around kids I start to panic I don't trust adults around children any more men or women.	**Suriname**

I identify as non-binary. As a sexual minority you experience more gender-based violence, especially when you don't conform to gender norms. I think that when persons like me break those norms, some people envy our gender freedom; because most people don't naturally fit into the binary and they're frustrated that they can't break out of it. I remember going to a reggae club some years ago with my (Black) girlfriend and I got spat on. We were standing there, close to each other and a big, tall, beautiful Rasta came up to us, we thought he was going to flirt with us and so we were like; "heyyy!". He came up to us and he was like; "This is Rasta business!" and we were like, "Yeahhh this is really great." He says, "You don't understand me. This is Rasta business!" and we were like "Yeah this is great! He stepped right up to me and his chest was at my face…he was a really tall man…and he said it again "This. Is. Rasta business!" and I put my hand on his chest to keep him an arm's length away. Then he said, "Alright!" and spat on my face. I think he was upset that we're queer; upset that…we were queer and interracial. You know like his "black goddess with a queen".	**Trinidad**
The club was closing, and a lot of people were forcing their way back into the club and I was standing at the door trying to block them. There was this trans-woman…a black trans woman, I'm sure she was drunk, and somehow in the fracas her wig came off and ended up in my hands. She turned around believing that I was being aggressive towards her and had taken it on purpose. I think in her eyes I represented a cis-gendered woman, with long hair and pale skin, umm white skin, and that I had the audacity to pull off her wig. I'm sure that excited her rage. Without warning, she slapped me, and my glasses flew across the room. Before I knew it, she was choke-holding me and she had a really good grip on my neck. She was a big, big woman. I was very, very scared. It was traumatic. The next day I felt bruised up, tired and exhausted…shaky, you know, PTSD all the way! I missed a very important event that day because I was so anxious about arriving late. My anxiety was fueled by the shame of being queer. Being queer and late to this super straight event, unable to say I was late because; "I was at a gay club and I got choked out by a trans woman". Unable to be honest about what had happened, and not have people think that I'm an extremely late hung-over flake. I just sat with the shame; "Yeah I'm a flake alright. Everybody, I'm a flake." …kept it to myself. I don't think I deserved any of that. There have been a couple times since, I've thought I've seen her, and I feel unsafe. I've been on guard, but it wasn't her or if it was, she walked far away from me. I've gone to other clubs afterwards and I've kept an eye out for her. In the end I didn't feel comfortable reporting it. How would the police handle that situation? My perception of Trinidad's police force with a black trans youth is very poor. I don't think they've been treated well. I just didn't want to entertain any kind of police or legal issues because of her own identity.	**Trinidad**

I think she has problems and involving the police will not solve her problems. Ideally, she should have access to counselling. Maybe she has some sort of serious problem that I'm unaware of. She really acted out over-the-top for getting her wig pulled off…I think it just got stuck on something. It was a very unique position, considering also that I'm a white foreigner. I'm seen as a person with power, taking what little power she has with her wig, away from her, punishing her…maybe. I don't know what she was thinking, but that club was a Black club. To me, spaces for black queer youth in the Caribbean are sacred, and to even be present is always a kind of ….like it's not my space, you know? And I felt like an intruder, you know.	
Stigma & discrimination • Level • Support systems (access of LBQ spaces) • Citizenship (social integration) • Community participation • Lack of antidiscrimination legislation • Religion (uniting sexual identity and faith)	
I am a bisexual woman. In Belize City last year 2019 in April around Easter Time. I was staying with my cousin and her mother, my aunt. My cousin also identifies as bisexual, but her mother is not aware of her sexuality. I am not sure how my aunt came to find out that I was a bisexual woman but [when she did] she told me to get out of her house and that she does not want me to be around my cousin to influence her. I was very sad because I did not [make it a habit to] come around my family with my girlfriend nor did I disrespect their home. I did not know what to do. I left because my aunt was cursing me to get out of her house. I went back home to [my home community] to live with my mom and continued to see my partner. I noticed that the rest of my family started to stay away from me. This started to bother me because we were so close and now nobody wanted to be around me or speak to me. My family has now welcomed me back and everything is back to normal. I decided that my family is very important to me. I am now in a heterosexual relationship and I can be around my family all the time and they don't judge me now. I feel that I had to make this decision [so] my family would speak to me [and] want me around. I am happy because they are happy that I am no longer in a same sex relationship.	**Belize**

As a child growing up, I was with my grandparents because my mom had to be away from when I was 4 years old to work for me and my three siblings. Since then I had the freedom to play and run around with my neighbouring friends. In my neighbourhood, I was surrounded by 90% being boys. For that reason, my grandparents did not have an issue with me wearing pants all the time. When mom came back home, I was already 9 years old and she wanted me to straighten up with the way I dressed and behaved. By then, it was too late. I was already a tomboy and I disliked dresses. Dresses made me feel weak and physically disabled. This dressing problem for mom made our closeness extremely distant. However, I grew mentally strong and satisfied with my body and was dealing with puberty on my own. My sexuality scared me a little because I did not want any rejection from mom but mom knew already my queer traits from I was a child. When I finally told her I was into girls she told me, "I already know;" this was the reason she wanted to transform me into a lady and she even wanted me to drop off from playing sports. This never happened from my part and mom began to accept me for who I am now. The key to our sexuality is self-acceptance. After self-acceptance, everything falls perfectly into place.	**Belize**
I grew up hearing all of my family members disrespecting persons from the LBGT community because our household was a Christian household. In high school I realized I started having deep feelings for girls, but I didn't know what it was. I was becoming depressed keeping my life a secret because of my family, so I decided to tell one of my close friends who introduced me to this woman that was 10 years older than me. At this time I was in a deep relationship with her, one day we were in a public place in a very compromising position and she was holding my hands and at the same time my neighbor was passing and saw. Later that afternoon when I got home, I was being interrogated by my family, my cousins started making disrespectful remarks like "Yuh dutty lesbian" , "Yuh shameful whore" , "Put her out man" etc. I was so shocked and hurt, I didn't know what to do, I tried explaining myself but every time I opened my mouth, I received a slap. My cousin then started dragging me by my hair and down the stairs, he began kicking and cursing me and as I looked up the stairs, I heard my family saying 'get out'!!! At this time, I was heartbroken, hurt and began having suicidal thoughts. I started staying with a friend and we made contact with a LGBT organization who helped me up to this day, they even tried contacting my family and no respectful response was given. I was being counseled by them and housed for a short period.	**Guyana**
Bisexual woman tried to find an apartment for rent in Kingston and was discriminated against by landlords whenever she went to view the spaces because she was accompanied by her masculine presenting friend.	**Jamaica**

My mother never rejected me. My father knew because I was close to my father, but I never told my mother. She's very Catholic and I would never do that to her, but I think she knows. Sometimes when I'm visiting her, she would talk about homosexuals and the Bible. She would say all these things about how it's wrong. She would say these things when I'm there, but she never says anything to me. She knows. Mothers' always know.	Saint Lucia
People don't call me names or say anything to me. At work they make jokes, they even put comments in the group chat but I doh take it on. I just laugh. That's (name calling) only happened a few times. Once I was waiting to cross the highway, Years ago, long. And Beverly* was driving by and shouted something like zameyez! (a derogatory term for lesbians) I saw her. I was surprised because I knew her; she was into modelling. After that, a friend invited me to a party and told me Beverly* was the one organizing it. Aa! So, you can insult people, but you want to make money on us. I didn't go. She saw me some months later with some prominent people that she wanted to talk to. You know she came up to me and told me hi. I look at the girl eh! I didn't answer her. I never spoke to her. Another time I was walking in the parking lot of the mall. Sometimes I use the different taxis there. Just so this taxi driver says "vieux zameyez" (nasty lesbian). I could barely hear him but know what he said. I didn't look at the man. He looks like a donkey. I don't have any reason to talk to him, I never took his taxi before; so I just ignored him.	Saint Lucia
Stigma discrimination and violence I have no experience with violence haven't dealt with face to face discrimination although there had been a situation wherein I noticed a trans women get bullied and I was walking right behind her and the men didn't say anything to me but they did bully her. Also, in Suriname usually it's christians who liked to make remarks about how I dress or walk or behave. The only piece of female clothing that I own is a sports bra. My family accepted me from the start and then (at 20y) identified as gender non binary, I was lucky if some of my friends didn't know or understand they would always ask and I would always seize the opportunity to educate them and then answer their questions.	Suriname
I'm very feminine so people don't really make remarks, but I lost my favorite uncle due to my sexual orientation. We were really close but when he knew he even put me out of the family home, that was really hurtful. I have a support system now, but I have also lost a lot of my old friends from back in the days who were not so fond of my sexual orientation.	Suriname

I was eleven when I realized that I did like girls, I was that young, and so I'm thinking it is just something that passes. I haven't quite come out, not because I hated myself for being queer. I just thought it would have been easier on everybody if I were straight. Years after, when I got comfortable with myself and I was ready to come out I felt I was putting myself in danger. It's just that the environment is very hostile. I think about coming out to my parents all the time and I know that it would be very violent. It's gonna be like hell. I've heard the discriminating comments they've made towards people in the community. It's never been anything good. It's always negative or they're laughing at it. I mean they refer to people as "the gay man from down there" … or they're saying, "this person needs help" or "they need prayers". It will be the same thing with me. Nothing is going to change because I am your daughter. So, before coming out, I need a plan in case this goes wrong, and I get put out. At some point I would have to yes, but not right now, I remain closeted to "keep the peace". However, coming out to my sisters helped me to understand that I have a support system. We just got closer to the point where we basically tell each other everything. Because I mean that sort of information is already like so sensitive and to share it with somebody means that you trust them, so I think that the relationship just got stronger. When my girlfriend is around, and my parents are in the room she comes off like "This is my best friend…everything is great". But, when she's around my sisters then everything just kinda flows more naturally so it's more like a family kind of feeling. I feel comfortable with the people I love knowing who I am.	**Trinidad**
"As a closeted trans man, I live in constant fear of being outed. There was no option for closeted trans people in parts of the survey eg. I do wish to transition, the reason I can't is because I am forced to live in the closet for my own safety and not because I can't afford it. I would like to migrate or at least move out on my own first. I feel some of my depression is tied to not being able to express myself and having to pretend to fit in to preserve my well-being. I have not been discriminated against much because I am in the closet, so my lack of discrimination doesn't represent what openly trans people go through, but every day living in the closet feels more exhausting and stifling. I wish that I could be rescued but I have become good at coping. However, I know many trans people have it worse so I count my blessings. I hope my feedback was enlightening for the sake of the LGBT community!"	**Trinidad**

Socio-economic position • Poverty level • Discrimination at the workplace • Education • Remittances from overseas • Cost of poverty (criminal activities etc.)	
I am a woman who identifies as lesbian. In 2011, I went for a job interview in an important industrial hub of the country in the largest rural community in one of the two southern districts in Belize. I was not aware that my sexual orientation had been disclosed. The woman conducting the interview said to me that it was brought to her attention that I was a lesbian. I was very nervous about continuing the interview. The interviewer asked me many questions about my personal life. It made me very uncomfortable. In my defense I told her that I can do the job and if given the opportunity I will do well regardless of my sexual identity. I was disappointed to learn that someone, another woman at that, would disclose my personal information solely for me to not obtain employment. I [did get the job and] got promoted very quickly to a supervisor. … and I also went on to run for political office and won a seat on the village council. I have grown stronger and continue to live openly as a lesbian.	**Belize**
A woman who identifies as lesbian was living with her partner, who would physically abuse her whenever she snorted cocaine. She said even though she didn't love what her partner did, she stayed because she loved and cared for her baby. She had a baby with her previous partner who carried the baby because she was unable to. She said sometimes she feels less of a woman because of this.	**Jamaica**
I'm not rich but I make ends meet. Due to domestic situations I haven't finished school. I was in the last class of high school. I'm not insured. So, I have to pay every time I go to the doctor. But I don't get sick easily so it's okay. I also don't have any STD's or STI's so I'm good, but I do miss the information when it comes to that. All the information out there is MSM focused and or heteronormative, women often times forget that they can also get infected.	**Suriname**
Mental Health Substance abuse • Coping mechanisms • Self-medication • Trauma's impact on mental health • Access to services • Experiences accessing services • Depression, suicidal thoughts	
Lesbian woman who has been battling depression. When questioned further she said she feels like she cannot be herself fully because being gay in a homophobic environment is not safe. This is heightened as she lives in a rural community and they are less tolerant than urban spaces.	**Jamaica**

Sexualitie mental health I've had 1 serious relationship and that was for 5 years, but she cheated on me. She was my first, I was in high school then there was something like new year fest and I saw her sitting she was quiet and not the popular one I talked to her cus I liked her best friend and while talking she told me that her ex was a woman then I was interested so we started dation on the 22of march of 2013 we kissed for the first time it was during the anti-discrimination march.. We went steady and at year 3 we started to get issues. Her family knew me as her best friend. She promised to introduce me at the 5-year anniversary, but her family is very christian so for 5 years I never got to introduce myself as her partner. No one knew who I was that was also hurtful, but we stuck through it and then I started my second job. She was always secretive so I had to get to know her still. At my job I worked 24/7 I gave her my car so she started complaining about being alone to long and me working etc. so she wanted to play soccer for the school she met a girl there and that girl started giving her attention and that's where it started she said that she was going to introduce the new girl cus I want giving her sex or attention. So yeah to get over her I really had to get help. I went to Maya Heijmans. She has experience with our community and is a psychologist she helped me through. I went on a hunger strike for longer than 3 weeks. I lost almost 25 kg in that time. I started to look after myself and tried to get my life back on track a year later. I dated again. But I cheated on this girl cus I still loved my ex I've tried sex, but I think I still have a trauma. My first girlfriend wanted to give me oral sex one day and I thought I just relax and try to enjoy once so as I laid down she toot wiped to wipe my vagina because she said it was too wet and after that day I can please a woman but I don't want her to please me .	**Suriname**
What's your take on mental health in Surinam? We don't talk enough!!! Everything is taboo people don't know how hard it is for someone with depression. I'm 23 and I'm dealing with depression. In the past few months, I've looked for help but I have yet to find someone who knows how to deal with me. So far they (psychologist) keep telling me to go back to the past but I haven't had any problems in my past I think my depression come from worrying about the future, my future, and it's like all psychologist use a checklist I want tailored mental health care and not checklist style help, so for now I stopped until I find someone who can really help me maybe you guys can start offering help to us. Someone who knows our community and our issues. It's so expensive and you have to pay for every session right now. I also don't have that money cus I paid for my surgery so I'll have to find a job and then save up to find someone who does tailored treatment. My depression started when I was saving up for surgery. I had to combine schoolwork and gym and personal life. It was a lot and then the currency flew up, so I had to work over hours I'm just over stressed. I even had suicidal thoughts but because I'm an overthinker and a medical student I didn't go through with it I also can't smoke weed or something cuz at that time a binder and smoking are the wrong combo. I do drink for fun from time to time but that's all.	**Suriname**

I smoke a lot of weed not to the point that it's abuse, but it does help me with my anxiety. I really think anxiety is genetic in my family. I deal with it daily. And anything can trigger it. I tried to get heat, but I can't pay for it. My depression kicks in from time to time, but I do self-healing and I try to stay positive. I moved so I have peace of mind.	**Suriname**
Personally, not being able to come out to my parents has affected my mental health. When I think about the future, having a girlfriend and still trying to be part of my family I feel super sad. I think I could never come out to my parents because they would hate me…because I am a bad person. I feel hopeless and have very bad anxiety. I will be in a funk for weeks. To deal with the funks and the anxiety. I started writing, listening to music or drawing. Then I turned to alcohol to quiet the thoughts and graduated to marijuana. Sometimes I lose time with the real world. I have my own little world that I go into and it's like days on end binge watching Netflix shows until I snap out of it. By then it's three, four days. I would be in my head most of the time unable to take care of myself physically. I don't feel like talking to anybody, my room gets messy, then I'm eating too much or too little. So, I am looking totally different than what I would look like on a normal basis.	**Trinidad**
My anxiety just became so bad, I felt like I needed to talk to somebody who would understand, somebody professionally. Not just people around, who could give bad advice, like my parents. I will be depressed, and they'll say you have nothing to be depressed about, you have food, clothes and a roof over your head. That's their take on mental illness; it doesn't exist. I think LGBT+ persons are more at risk for mental illness than anyone else. It's easy to become depressed, when in addition to everyday pressures there is so much opposition to who you love. It's easy to have anxiety. It's easy to use drugs and alcohol. Therapy has been doing great things for my mental health. We ventured into places where I thought it would be better to avoid but confronting them was a good thing. Unfortunately, there's a lack of information about mental wellness resources out there.	**Trinidad**

Trinidad

I started smoking weed when I was about 21. I did it partly because I felt I needed to fit in with the people I was around. However, when I started and I felt how zoned out I could have been…it was a good distraction, so I just continued doing it. By the time I was 22yrs. I would try anything and pretty much do anything (Weed, Coke, Xanax, Acid, Alcohol) but the main thing ended up being cocaine but at the time it was nearly everything; anything to escape reality… the "judgment"... the guilt…isolation from church and family… I stopped for a year and three months…and then I relapsed. Currently I'm in therapy with somebody from UWI and then also art therapy. I recently started in the public healthcare system so there's that.

There was one time my heart rate was weird, racing for about 4 hours. I went to the health center in UWI and they sent me to Mt. Hope and we (my friend and I) waited for hours and hours because it's public healthcare. There was this one doctor who was like literally screaming at me like "YOU COULD HAVE A HEART ATTACK! …YOU COULD DIE!" In my head I was like "Does it seem like I want to be alive?!" She just made me want to do it more to be honest, I felt worse about myself. I needed somebody to speak to me with compassion and understanding like, "Hey I get why you're doing it but…" not somebody shouting, "It's not smart to be doing it." That would not get me to stop. I already know cocaine is bad…it's ruining my life; I know the consequences. An addict doesn't need to be reminded that they're doing something that's bad for them. We don't need persecution and harsh judgement. We are struggling to stop so help and understanding would be what we need.

Eventually I went to Caura for rehab, the outpatient clinic. There were meetings I think every Thursday and I had a lot of support. I had one of my closest friends saying, "I'll go to meetings with you." I had the therapist listening to everything I had to say in session and offering advice and even offering to call a sponsor of a rehab for me.

I also started NA (Narcotics Anonymous) meetings. At first I went in feeling like "Yes I'm going to get help. It's going to be fine." but I was the only female and youngest (23 going on 24) and these men were like in their 30's/40's/ 50's…so I just always felt out of place.

Unfortunately, there are only two groups for women, far from Chaguanas, and I wouldn't feel comfortable sharing my experiences of abuse and sexual assault in a room of men especially when some of them are giving me creepy looks that make me feel very uncomfortable and sometimes trigger my anxiety. At times it felt more like a danger zone than a safe haven. The vibe and energy from these older men…when they shared their stories about addiction yes I could relate 100% and it helped me so much because I felt understood and a lot less alone but then sometimes they would make degrading comments about women, catch themselves and say "Oh no sorry!..." I think women for sure have different experiences to men with addiction in the first place so we need more NA groups just for us to be able to share our stories openly and have a safe place to process and heal.

Health • Access • HIV/STI status • Experiences accessing health services • Living with HIV • SRHRS • Risk perception of STI/HIV * Transition related health	
I was trying to get an HIV test done and there was a nurse administering the test who knows my marital status, my supposed gender identity and sexual orientation. So she said I don't need to get the HIV test because I'm married and I tested negative the last time and I don't have any additional sexual partners. So I still persisted to go through the process. I guess there is a checklist, the questions that they ask you, and when we got to the question about sexual partners; if you're heterosexual, she just ticked what she wanted. She knew my name; she was calling me by name, and she was ticking the boxes as she went with what she wanted. So, I don't know if it's a systemic thing; this was very personal. I was really taken aback, and I got the test done but it was very, very regretting. She gave me the test like, hahaha. I think she even gave me the results very loudly. It was like a total violation on every, every level. I also heard her telling other women who she perceived to have sex with women, that they don't need to get tested. They were behind me and she said, "You don't need to get tested unless you are taking man or something else that I don't know about." If I heard it. And I'm not supposed to be hearing that...it was not even an enclosed space in the office. So, it was extremely concerning for me. I did tell people. I think I told her supervisor and some researchers as well. But she's still working and she's still actually a senior nurse who works with the (LGBTQ) community. I didn't mention it at the time because I didn't know how to take her. To me she looks combative. I don't know if it's me or if our personalities just don't mesh, so that's why I told her supervisor. I told someone else and they said that's how she is, and she doesn't mean any malice by it. But the supervisor was quieter and more introspective and she said that she would handle it, which I don't know how. The supervisor is good for it but I didn't want her to follow up at the moment because I didn't want her (the nurse) to know who made the report at the time. You never know who you are going to get when you get tested. If I'm ever going to get her again I definitely wouldn't want her to test me because I wouldn't be able to answer honestly, to get whatever risk assessment they need to do for the test or to even determine if you're eligible for whatever it is. I just feel like it would be a waste of time to go get tested and she happens to be the person to test me. I wasn't sure if it was just her or if it was other nurses. A lot of people in the community health setting knew me, if that would be the same sort of response, I also could see why most people only go to private doctors. I heard that a lot and I didn't really see the point, I didn't get it. I was like, "no, that's their job to be confidential." But when I experienced it, that was like, "wow this is serious". And of course, cost is a factor. Basically, I don't think I will get to test here in Saint Lucia because of it; unless I saw who would be doing the test. Like if I'm passing and there's a mobile truck or whatever it is and if I see who the testers are and there is no chance that is her or anyone who knows me or whatever the case may be, I think that would be the only way.	Saint Lucia

If it was absolutely non-judgmental and based on our rapport and if I felt that it could remain on that paper, yes, I could have been honest. I'm not sure it's systemic because I do not want to paint them with a wide brush and say that the whole system is problematic. I mean she is just one nurse with a very strong personality. (laughs) There are so many other nurses and from my understanding, they get a lot of training in that regard and I hate to think that systematically, they're all like this. Maybe she thought she was joking with me, as she knows me, you know. So, I don't know if for other people that's how it is when they go get tested in their communities. I've heard stories, it's not my story, but people tend to go where they're not known. So, all of that came to my head when that happened. I was thinking if you need certain things it's probably best to go out of your jurisdiction and then maybe they would be more professional that way. So I really don't know if it's systematic or it's because there was already that relationship because I can't imagine me being in Castries going to a nurse in Vieux Fort (at different ends of the island), approaching with the same information that I approached this nurse with and her telling me she's not going to give me the test. I can't imagine it. I would have to go and that happened to me for me to say okay this is definitely systemic. It's their job to do it and I think what tainted it was her knowing me.	
Regarding access to HIV test at the Public Health Care Clinic after a sexual assault I tried so hard to go to the clinic. Again, this may be very atypical. I called the operator at the hospital and I asked for the hours and the days because when I first started going, I knew the clinic was on Tuesdays. I was told now it's supposed to be every day. I wrote all the information from the operator, and I said transfer me there because I wanted to know exactly what battery of tests they would be offering. The phone kept ringing out, it kept ringing out. I said, "okay, I don't have time for this, so I'm going to head on down there." I went. It was 15 minutes to town and then the bus from town to the hospital. I didn't know how to get there so I had to ask all these people what bus goes to the hospital and then it was another 10-15 minutes on the bus. So, the whole trip was about half an hour to 45 minutes total. But I got there. It took a lot out of me to even say to the security, "hey, I'm looking for the STI clinic," that's anonymous. He said "What? They're closed today." But I just called that morning right, so I said, "Okay when are they open?" He said they'd be back open tomorrow. I said, "Okay, great." Then it took me so long to get home because the buses don't come there regularly, the hospital bus. What I had gotten was a route bus and I got totally lost. I had to take a taxi home because the directions they gave me were wrong. I ended up below the tunnel, then I ended up above it oh, just trying to go home. And I had a headache; it was horrible. Tried again the next day and the same thing happened. I was like "I am wasting my time here." So, I went back home and thought, "Oh, I could check the health centers." So, I started calling. I got Castries (the health center in the city, Castries). They said they don't	**Saint Lucia**

do any STI tests. I think she might have said they only do HIV. She said no health centers but maybe the Polyclinic in Gros Islet. So, I called them (polyclinic), they said they only do HIV and syphilis and to get something else I have to go to some lab, a private lab. I asked for the costs for the test. I wrote all the information down.

It was just ridiculous.

When I asked when I called the Health Center and Polyclinic, they never mentioned the STI clinic.

So, this is now the third day. I was calling at the clinic again to see when they would be open because I was not going to waste another trip there. I know there's a clinic and I tried to get through with them again but the operator, I can't remember if at that point she told me that they would not be open for the rest of the week or to call another number and I was just not getting through. So, I called a contact I have at the Bureau of Health and asked them to get some information about the STI clinic. It took her one more day. She said she had been trying and that they were not open, that they would be open the next week.

How many days had passed by now? I think they had been closed for about 7 days. I can't remember what the reason was, mold or whatever, but it was not communicated at all. It's something that should have been. I mean I watch NTN (local government channel) and the local channels. That's something that should have been going across the screen, announced on the radio, a flyer at the front of the hospital, something. You'll have to ask each time and the poor security...There was no secret, there was no confidentiality for me.

** names or other identifying information changed*

I did top surgery in November of 2019, I paid it myself a whopping USD2000. I'm the first one in Suriname to have top surgery locally. I'm insured through my mom's insurance plan, but it doesn't cover my top surgery it does cover medicine and band aids for aftercare I also get hormones per ml with my mom's insurance, I don't think that would be the same for governmental health care I think it's because of my mom's job and the private health care that I can get hormones. The surgeon who did my surgery said that he was taught how to but never did one and, in the books, they write it down as a breast reduction just so it doesn't raise suspicion. When the nurse got a hold of what I was going to do, they made remarks, but I didn't bother cus I was so happy to finally get it done. I need to self-administer my hormone shots every 3 weeks and I've heard that you can get illegal testosterone shots for SRD 90.-per 1 ml at the bodybuilding shops. The internist and the surgeon knew what I was talking about but my doctor didn't understand why I didn't want my boobs anymore. But now I'm hopeful for the future. I have PCOS and I'm taking hormones. I don't know if I want a child yet so it's still a grey area for me. But adoption is always an option. I would also want bottom surgery but I have to save up and the way the Surinamese economy is going and Coronavirus I'm not so sure, but we'll see. Freezing eggs is also expensive	**Suriname**
Other – Multiple issues: Secondary education, socio-economic, violence, discrimination	
I grew up with foster parents and grandparents in Belize City. I was born in a family of nine children and my mother was struggling so she gave me away as a baby to total strangers since she didn't want to give me to my father. My foster grandparents, though, they wanted the best for me especially my foster grandmother and they were sending me to school when my foster parents had gone away for like four to five years. Thing is, when my foster parents came back from the States, they just took me out of school the same day they came back! My foster parents were just so terrible to me, especially my foster mother. I still have scars on my back from when she would tie me to the bed and beat me, burst up my face. There was a night, just before I turned 14, my foster father was beating her because he had heard she was cheating on him. But the whole time he was beating her, she was calling my name because she believed that I was the one that told him about her carrying on with other men. I was up listening to this commotion and I was trembling in my skin because I knew what she could do to me. I made up my mind then to run away. She woke me up the next morning pulling on my ear and she threatened that when my foster father went to work, she would pin my ear to the wall. I ran away to my mother's house but my mother wasn't there, my maternal grandmother was there with a few of my siblings. For some strange reason, my grandmother didn't like me and she wanted me to go back to my foster parents but I refused and my older sister let me stay. I eventually started to work at age 14 to take care of myself because my grandmother didn't want to share anything with me. By the time I reached 17, I gotpregnant. I was still at my mother's house and I would get to meet her for the first	**Belize**

time when my grandfather died - I was 26. The day she arrived, I was at the door and went to hug her and she just moved my hand to stop me from hugging her. She did this in front of everyone. I never forgot that. It really went through me that she did that. She returned to the US but a couple years later, she came back home and she put me out of the house. I had two children by that time and was only working off and on.

I was homeless for a while and had to leave my children with relatives, that's how I ended up pregnant again. I met this guy and stayed at his house for three days but then I got pregnant. I then started staying at a dock yard and eventually met a girlfriend but I was three months pregnant and I didn't tell her. She had four children too but when she found out I was pregnant, she started fighting with me - she didn't like that I was pregnant - I never fought like that in my life. Even though she was constantly fighting with me, she still didn't want to let me go and she didn't want me to go to work either. She almost killed me one time, I had to hide from her. She even locked me out of the house while she had my baby in the house! I still tried working things out with her and we eventually moved to the village with her children and my children but it was a challenge. She started using drugs and there were times I didn't see her for days. One day when I came home, she had cleared out the house and left my children with relatives.

Eventually, I was living with a friend who was renting me a room at her house but she really set me up and caused social workers to take away my children. It was such a stressful time for me. I couldn't sleep! I was so worried about my children. I wanted to drink but I just couldn't. I asked God to please not let these things happen to me. The social workers said if I didn't have a house and a job, I wouldn't get back my children. They just took them away from me. If I knew then what I know now, those things would have never happened to me.

I was with men only because of society but the men that fathered my children only took advantage of me. They didn't rape me but they took advantage of my situation and they never supported me nor their children. As my children got grown, I just had to explain to them that it wasn't because I didn't want to raise them but it was just a huge struggle for me and I couldn't do it alone.

I knew I liked girls from when I was a little girl but I never saw that in the open so I had to hide that within myself. I always dressed in male clothes and shoes from when I started taking care of myself because that was how I felt comfortable. Once I had my last child - I had five of them - I decided to only be with women because that was what was within me and I knew it from childhood. I never faced any discrimination except from my mother who said, "You da mus wa salad (You must be a salad)."

In all my relationships with women, they were the ones who courted me. After that abusive one in Belize City, I got with another woman in Dangriga (southern Belize), and she had six children. I was very supportive of her and her children and I had one of my

sons with me also. I was with her for seven years but she had a hole in her heart and was very sick. I helped her build her house and furnished it also. I took care of her and the children. Eventually, she passed away and her children, who were already grown, asked me when I was leaving the house. It wasn't long after her death that I left the house, I was no longer welcome there. I met another woman and lived with her in the village for almost five years. Sometimes she would just leave and by the time I heard from her, she would be in the hospital. She used to fight with me too. A relative of hers gave us permission to build on his property and so I built a little house for us to live in. He said I could live here until I died. Her health eventually deteriorated. She had diabetes and drank alcohol a lot. I really loved her but I wasn't sure she really loved me. I stayed with her and cared for her until she passed away as well. Now her relative seems to want to get me off the land after I already built this house here and have been living here for 19 years. This time I won't be homeless again. I have already spoken with a lawyer and will take legal action this time.	
Other – coerced/ forced into marriage – also issues of both person in the closet	
It (our relationship) was coming from a youth group, that's where I met him. We were together from when I was 17 until I was 20. We're no longer together. My mother's family is from another Caribbean country*, that's where I was born. They're very traditional. We have strong Indian (East Indian) heritage. So basically, me being with this boy meant we had to get married. They didn't threaten me or anything, it's just…(shrugs) you have to get married. Just things they said, all the time. I liked him but not to marry him and I knew I was bisexual. When I was with him, I told him that I was. He said he accepted it, but he always had a problem with it. I know because of the way he used to get on oh, he would take my phone and throw it just because I was talking to a girl, once it was a tomboy. I'm a fighter. So, when he did that, I would fight with him, hands-on, because that doh make no sense. Sometimes I would argue and if I realized he wanted to square up to me, I won't back down. I'd want to resolve it with him because it really didn't make sense and it got really bad. It got to the point that I pulled knives on him. Just because of that particular issue. Right now, I only speak to him when he comes to spend time with my daughter. But other than that, I don't speak to him. When it comes to my daughter, I don't ask for anything, even when she needs something. And he's not accepting it but he's also bisexual. I found out through certain things that I observe. He would pick up his game station (to go play with his male friend) but the fact that he would pick up a change of clothes and a bottle of wine, knowing the person that he was going by was bisexual... So that just raised red flags. And then there was a time my friends told me that they saw him in a porn video with another guy. I didn't want to see it, but my friend said it was definitely him because they know him. They never really liked him because of how he gets on. So, when they saw it, they came and told me one time.	**Saint Lucia**

I didn't tell him anything about it. I just let it go because I know he would deny it and he would defend himself. I accept it because it is what it is, he is who he is; but he's denying it, he doesn't want to accept that. So, I just leave it alone. That's for him to deal with. I know he doesn't accept it because he says that he does not like it (homosexuality). He would see some gay people passing and he would not talk to them but when he's in a private area, he would speak to them. He's just ashamed of it that's all. When he says he doesn't like it I know it's just his pride.	
Other – Early sexual debut. Support advocacy for early Sex Ed in schools	
I had my first sexual experience at 6. That's what happens when your neighbour's daughter is exposed to their parents having sex at an early age, and they want to show you how to do it. So, she tells you to lie down and innocently you lie down and it goes from there. My second sexual encounter with another girl when I think we were 7 or 8. I always knew I liked women; I knew it as early as the age of 6. People wonder how and why at 6 you can know all of that. Don't fool yourself, the children know a lot of things you know. They just play dumb to y'all adults. The first time I saw pornography I was probably 6 or 7. It was by mistake because my parents were asleep, and I turned on the TV. That was the time they had Cinemax and I saw the man and the woman doing it. But I paid more attention to the woman's body than the man, at this point I knew it was not normal. Her breasts, her backside…that was soft pornography, you know, you wouldn't see the penetration. You know them old time porn on Cinemax. I got this tingling feeling in my vagina every time I saw a naked woman. I didn't think it was wrong. I knew something was different about me. I had a mommy and a daddy at home, you don't have a mommy and a mommy or a daddy and a daddy. At that time persons were hiding their sexuality, so I wasn't exposed to any gay people. A lot of them are more open now. I have been with both men and women throughout my life. IDK for some reason I feel like with a man it's wrong. Does that make sense? Like I'm more emotionally involved with a female than with a male.	Saint Lucia
Other – Closeted, Internal Homophobia - Religion	
There are times I want to beat up myself and say you know what you are doing is wrong my girl, you know that. There was a point in my life I stopped communicating with a lot of women I knew that were gay, lesbian. They wanted to have some sort of sexual relationship with me and I ceased communication with them when I started going back to church. But the funny thing is one year later I ended up in a relationship with a woman. (laughs) It's a battle for me, so you get the picture. It's a battle. My religion is not negotiable. If someone were to ask me right now to pick one or they will shoot me in the head, I'll pick my religion over my sexuality. It is what it is.	Saint Lucia

Other – Rebellion/ Break away from church	
I was going to church since I was seven at the same place, and by the time I left I was probably twenty. I knew that I was gay/queer since Form 2 and it was sort of a back and forth struggle in terms of like "Okay should I be this way or try to change it and try to be straight and all these things?" Eventually I came out to somebody in church, thinking I was telling them in confidence, and I'm really saying it in a way like "I need help to change this thing". That went from one person to somebody else to somebody else and then before you knew it, people just knew about me and it just felt like there was this judgement around it. I decided to leave church, to live my authentic life. Yet based on what I was hearing from church and what my family believes and thinks, I felt like I was just doing the wrong thing. Not that I was doing the wrong thing, because being your authentic self is the right thing but just thinking about their judgement I felt like "I'm already one of the worst people…" because according to the bible being gay is an abomination. I remember thinking "If I'm already the worst person; I'm already going to hell, why not commit crimes or I should say be 1000% rebellious"… and that would be part of the discussion with the people I used to smoke weed… most of them were from the community so they also had similar experiences.	**Trinidad**

BIOGRAPHIES

Alibey, Rae

Rae Alibey is a Director on the Trinidad and Tobago Trans Coalition (TTTC) board. A human rights organization advocating for the advancement of trans rights, gender justice and comprehensive health care for Persons of Trans Experience (PTE). Rae's journey towards LGBT+ activism began in 2012 when Rae joined the NGO Friends for Life (FFL) as a volunteer. Over the years Rae has partnered with other LGBT+ organizations (CAISO, Alliance for Justice and Diversity (AJD) to deliver psycho-social care to the community, advocate for gender equality and develop the potential for self-advocacy for the constituents of these NGO's. Rae has contributed to two participatory research projects that add to the scholarship of Trinidad focused studies on sexual minorities. "Understanding the Experiences of LGBTQI and Their Relationships with Family", a research project undertaken by FFL. And "Life Stories of LGBTQI Persons in Trinidad & Tobago", a Sexual Culture of Justice (SCJ) Project, led by FFL and the Institute for Gender and Development Studies (IGDS). A graduate from the University of the West Indies she holds a Bachelor's in Psychology and is currently pursuing her Master's in Applied Psychology at the same University.

Bisnauth, Terianna

Terianna Bisnauth, Queer Black Guyanese woman, I'm an independent human rights defender who volunteers with LGBTIQ organizations and movements towards the promotion of human rights for vulnerable groups in Guyana. I consider myself a student of life, who embraces diversity in all of humanity, volunteering with organizations' such as Guyana Rainbow Foundation (GUYBOW) and Society Against Sexual Orientation and Discrimination (SASOD), has given me the opportunity to be a part of something bigger than myself in developing and utilizing my own skills set and knowledge to make sustainable changes.

Boschman, Stacey

Stacey Anastacia Boschman is a 38-year-old activist. I am currently working as the guest service experience manager at McDonald's Suriname. I have been with the company for 15 years. In my free time I am the finance secretary for Women's Way Foundation for more than 8 years. With Women's Way my biggest highlight was organizing my country's first pride in 2011.

This has always been the motivation in keeping me fighting the inequality everywhere.

Carrillo, Kennedy

Kennedy Carrillo is a graduate of the University of Louisville where they completed a Bachelor of Science Degree in Psychology and the University of the West Indies where they completed a Master's Degree in Counseling Psychology. Over the past 25 years of their professional life they have been invested in the work of sexual health in the fields of HIV, Gender, and Sexuality with a special focus on Human Rights and working with marginalized populations such as LGBT as well as youth and women in difficult circumstances. After serving as Executive Director of the National AIDS Commission of Belize for 4 years Kennedy established Kennedy and Associates: Sexual Health and Development Consultants where they serve as lead consultant providing technical support to organizations both nationally and regionally in:

Research, Strategic Planning, Policy Development, Curriculum Development, Monitoring and Evaluation and Training in several aspects of Sexual Health and Development. Over the past years they have gained extensive experience working in the Caribbean region providing technical support to key entities such as the Pan Caribbean Partnership for HIV, CARICOM, the Global Fund, Caribbean Vulnerable Communities Coalition, CariFLAGS, Guyana Trans United and COTRAVED in the Dominican Republic among others. Presently they serve as the Caribbean Liaison Officer for the Latin American and Caribbean Regional Platform, of the Communities, Rights and Gender Special Initiative of the Global Fund and the Caribbean OutRight Action International.

Doorson, Susan

Susan "Sammy" Doorson was born in 1993 as Leader of the fire signs. In every aspect she is a true Aries, with a sanguine personality and a high EQ. Singing, dancing and making people smile are what she likes to do, she can be the life of the party but also be very reserved. Currently she is the chair of women's way foundation Suriname, owns her a freelance company and a nail salon and is political candidate at PALU Suriname. Human rights and advocacy are her social passion, she wants to help create a world where. Our differences are not what put us apart but it's our similarities that unite us. Sammy also refers to herself as a unicorn. She believes that being your true authentic self is doing so without fear of judgement and or stigma while at the same time being respectful and mindful of your actions. At the age of 12 she realized that aside from the fact that she wore glasses, was the only black girl in her class and was already being bullied for her differences she now also likes a girl. Coming out was the worst experience of her life. Growing up in a Christian household does not allow having a different sexual orientation then Heterosexual. But having experienced stigma, discrimination and being bullied firsthand gives her the insight and perspective she needs to do the work that she's doing. Making the world better one project at a time.

Efunyemi, Ifásínà

Ifásínà Efunyemi is a journalist as well as an educator by profession. She has been active in broadcast media in Belize since 1997 and has been a Lecturer of Belizean History, Caribbean Studies, and Research since 2008 at Stann Creek Ecumenical Junior College. She is also a human rights advocate. She has been involved in advocacy since her teenage years working with the National Garifuna Council and the Barranco Homecoming Committee to promote and preserve Garifuna culture and community development. She continued on her path of advocacy with the People's Movement led by the Society for the Promotion of Education and Research (SPEAR) and then with the Powa fu Women Project that was conducted by the Dangriga HIV/AIDS Society. She is a co-founder of two active women's organizations in Belize - the Productive Organization for Women in Action (POWA) which was established in 2003 in response to the feminization of HIV/AIDS and Promoting Empowerment Through Awareness for Lesbian and Bisexual Women (PETAL) which began work in 2011 to improve the capacity of especially les/bi women in Belize through informative and interactive safe spaces so they could enjoy economic, social and gender justice. In the area of research, apart from 12 years of teaching and participating in training locally and regionally in research, she has also been involved in various research projects including two needs assessments on les/bi women in Belize.

Joseph, Edmide

Edmide was born in Port-au-Prince, the eldest of a family of three (3) children, and mother of a nine-year-old girl. At a very young age in her life she discovered her attraction to people of the same sex as hers, and later on she began identifying herself has a bisexual cis-gender woman. This discovery has changed her life completely and made her go through some difficult, unstable moments. From verbal and physical violence, to financial struggles these situations had giving her the strength to stand against the discrimination that other women are going through. Many women in Haiti are marginalized for their sexual orientation or gender expression, or even for being free spirits that live their sexual desires as they please. Ever since Edmide has realize this, she had chosen to battle against these inequalities and had joined the FACSDIS association, ever since that day she had engaged herself has an ACTIVIST for FACSDIS where she now currently works. She has regained her self-esteem and sense of belonging; she proudly supports other women that are currently living in the same situation she was years ago. Today she is amongst the LGBTI Activist leadership in Haiti who never cease to fight for the Woman to have the right to stand against actions of stigma, gender discrimination and every other problem that women are faced with. FACSDIS is a non-profit association designed to support women who are marginalized, oppressed due to their sexual orientation or gender identity, such as lesbian women sex workers transgender people. Her strength and determination for the fight for the rights of lesbian women is tireless. "I will get bored only when lesbian women realize that they too have rights like all other women."

Lewis, Darcelle

Darcelle Lewis is an LGBTQ+ and mental health activist from Trinidad and Tobago. She has a Bachelor's degree in Psychology and is currently completing a Master's degree in Counselling Psychology. During her undergrad years, she collaborated with the lead psychologist at the university to develop workshops and events for students and staff that were aimed at educating and challenging the stigma around mental health and wellness. In 2016, Darcelle sought more experience in the field of psychology that was focused on emotional intelligence and wellness of children and young adults. She founded and co-directed M.A.P.P- Mindfulness, Art and Play Programme- a non-profitable organization dedicated to the promotion of mental health and well-being of youth in Trinidad and Tobago, with her friend. They facilitated educational outreach related to the psychological, emotional and holistic well-being of youth within Trinidad and Tobago and promoted skills development through mindfulness, art and educative theatre. In 2017, she shifted her focus on women's sexual health by volunteering at a local birth centre- Mamatoto Resource & Birth Centre, the only birth centre in the Caribbean that facilitates water births. She also collaborated with one of their midwives in the creation of BirthWorksTT, an initiative to develop community sex positive education around reproductive and sexual health.

Mohammed, Ro Ann

Ro-Ann Mohammed is a Caribbean feminist and activist, originally from Trinidad & Tobago and has been based in Barbados since 2011. She has been a community organiser for nine years and is passionate about decolonising the narrative surrounding gender and sexual minorities in the Global South. Her advocacy has focused on promoting women's leadership in Caribbean LGBTQI+ discourse, collaboration, facilitating safe spaces, access to resources and platforms for empowerment for local LGBTQI+ communities, combating religious intolerance, public education and visibility. Due to the invisibility

of Lesbian, Bisexual, Queer women and Transgender people in both feminist and LGBTQI+ resource allocation, she founded Sexuality, Health & Empowerment (SHE) Barbados, the only platform in Barbados specifically dedicated to LBQT advocacy, movement building and research. She is a Director of Pride Barbados and coordinator of Barbados' annual Pride Parade. She is the Public Relations Director at Equals Barbados, an organisation that provides LGBTQI+ people with direct access to health services. She works at FRIDA, The Young Feminist Fund and is a 2020 Beijing+25 Fellow with OutRight Action International and an advisor for the Women Voice and Leadership Project at the Equality Fund. Through her activism, she has co-founded Barbados – Gays, Lesbians and All-Sexuals against Discrimination (B-GLAD) and is also a Women's Deliver Global Young Leader alumni focused on SRHR for LGBTQI+ people.

Moses, Milly

As a member of United and Strong Inc, St. Lucia's sole LGBTQI focused nonprofit organization, I have had the pleasure of not just being a member of the community we serve, but also a part of the driving force that is United and Strong Inc. I first joined the organization, as the Communication Officer which was followed by the Programme Officer.

I am often described as a trustworthy and compassionate individual; therefore, community members gravitate towards me no matter their age. This has proven to be beneficial in providing a listening ear to members and also in providing them with the support they need. I work well with others and love learning from others in a creative and enabling environment. I work well independently as I possess excellent leadership skills which can be highlighted with the LBT group I started since joining United and Strong Inc.

I am a certified Peer Educator and qualified and certified Voluntary Counselor and Rapid Tester for HIV and Syphilis. All of which are skills proven to be quite beneficial in my current post as the head for the onsite clinic at United and Strong's Safe Space and now Interim Executive Director. In this new post, my focus is on the entire community as a whole as I seek to implement, improve, enhance, and co-create programs that not only address the issues faced by the LGBTQI population especially the youth but also methods that would seek to alleviate those issues.

Neil, Kristina

Kristina Neil is a graduate of the University of the West Indies, where she earned her degree in International Relations with a minor in Gender and Development Studies. Passionate about research, feminism, human rights, social and gender justice, Kristina constantly seeks opportunities to engage in critical discussions and activism to advance her knowledge and praxis.

Kristina is currently the research assistant at the Institute for Gender and Development Studies. She is a part of the community based, women led organization, Women's Empowerment for Change, where she engages in advocacy around Caribbean LBQ women's issues.

Rambarran, Nastassia

Dr Nastassia Rambarran is a researcher, public health consultant, activist, writer and physician. She received her medical degree from the University of Guyana School of Medicine, has a Masters in Public

Health from University of London, London School of Hygiene and Tropical Medicine and a post-grad certificate in LGBT Health Policy and Practice from George Washington University. She has a passionate interest in LGBT health, HIV, sexual and reproductive health rights, gender justice and human rights. She is currently involved in projects dealing with HIV, key populations, sexual minority womens' body image, and healthcare worker's attitudes towards LGBT patients. Dr. Rambarran is a board member of SHE Barbados and the site physician at Equals Barbados where she provides HIV PrEP and gender affirming care

Small, Ouandie

Ouandie M.N.Small was placed on this earth 5th of September 1990. In my few years of knowing myself and sexuality, I have enjoyed nothing more than helping to educate and guide younger LGBT persons on their journey for which I think this project has afforded me. For the last few years, I would have done so through NGOs (GuyBow) Guyana Rainbow Foundation and (GTU) Guyana Trans United, where I'm mostly known for my strong will, courage and dedication, because of my years of volunteering and the need for more advocacy within my country the past 16 year of my life was decanted to paving the way for youths, advocacy has been a part of my life because while growing up there was no one for me to idolize or seek guidance from, so going forward I wish to be that ray of hope for the youths still to come. So in keeping with my dreams, myself and two friends have decided to accept the challenge while becoming a Co-Founder in a new and upcoming NGO Called A Way For The Rainbow, as my newest journey in serving the community in which I love and belong. A Way For The Rainbow aims to take today's generation of LBQ Women into a positive life style and independence, through empowerment and creativity, we wish to have more independent LBQ women within the working class of society which will then create a for you by you environment where LBQ women can seek services without feeling discriminated.

Steward, Shawna

Shawna Stewart is an Educator by profession specializing in Literacy Development for children with learning and developmental challenges. She studied at the Shortwood Teachers' College in Jamaica and the University of the West Indies Mona. She holds a Bachelor of Education in Early Childhood Education, a Diploma in Teaching, a Certificate in Event Planning and Management from the University of Technology, Jamaica and a Certificate in Project Management from the Mona School of Business, UWI, Mona. She is currently completing a MSc in Gender & Development Studies at the University of the West Indies, Mona. Shawna was born and raised in Kingston, Jamaica and has been an advocate for women's rights for most of her adult years. She is committed to using her voice and gifts to empower young women to be their best selves. She is passionate about volunteerism and social justice and is an advocate for women and girls who fall victim to sexual abuse and rape.

Shawna began volunteering with WE-Change Jamaica in 2016 and currently serves as the Co- Director. She also served as Co-Facilitator for our Support Group for women who were impacted by sexual violence. She enjoys solo travels to new and interesting places and connecting with nature.

St. Vil, Dominique

Anne Eunice St Vil born August 31st, 1985 in Port-au-Prince, is a Trans man, who, prefers to be called Dominique St Vil due to his gender identity. Dominique did his elementary and primary School studies

at Collège Marie-Anne, at 13 years old, he pursued his secondary studies at La Sève Institute, after he finished his secondary studies he continued his professional studies; first at CKSS (Christ the king Secretarial School) ,than at CFIS where he graduated as a Cargo Agent. On March 13, 2014, he joined the association Kouraj pou Pwoteje Dwa Moun and since then, he has become an advocate for Human Right, more specifically an advocate for the LGBTQI+. Since then Dominique has become an important member of the association of Kouraj, an essential activist who by his charisma, his commitment and his sense of responsibility in the fight for Human Rights went from a founding member of the organization OTRAH (Organization Trans d'Haïti) to General Coordinator, a position he has held since January 11th, 2020.

Dominique is what we call a committed leader, always ready to listen, available to extend his shoulders to others when needed, he is an authentic philanthropist which earned him his place on the advocacy committee founded in November 2018.

Until recently Dominique was one of the closest collaborators of the late Charlot Jeudy, the pioneer of the Haitian LGBTI Movement. Dominique, in a short time has risen through the ranks of activism and continues on all occasions to demonstrate a passion, an assiduous praise for the respect of the rights of Human Person everywhere, without distinction of movement or vision, as long as the objective is promoting Human Rights, justice, equity and equality.. Because human rights are for every human being.

Theron, Liesl

Liesl Theron is a freelance consultant and researcher. Activist since 2005, co-founded and became the inaugural Executive Director of Gender DynamiX, the first South African (and African) registered organization focusing on trans advocacy (2005 – 2014). Liesl was the consultant for the International Trans Fund supporting their institutionalizing and emergence. Other consultancies include logistical support to Global Philanthropy Project, Strategic Planning with ECADE and Training tools development for SAfAIDS.

Three recent publications; "Beyond the Mountain: queer life in 'Africa's gay capital'" illuminates the underground trans [women] network in apartheid South Africa. "The emergence of a grassroots African trans archive" in the Transgender Studies Quarterly: Trans Archives and archiving discuss the importance of documenting a community to ensure the history is not lost. Liesl also contributed "Trans Issues in Africa" to The Global Encyclopaedia of Lesbian, Gay, Bisexual, Transgender, and Queer History. Liesl holds a Masters Degree in Gender Studies, University Cape Town.

Liesl now lives in Mexico City and expanded her consultation work within the Caribbean region. When she is not consulting, she enjoys walking in the city, taking photos of street murals and graffiti especially those with quirky, political or resistance messages.