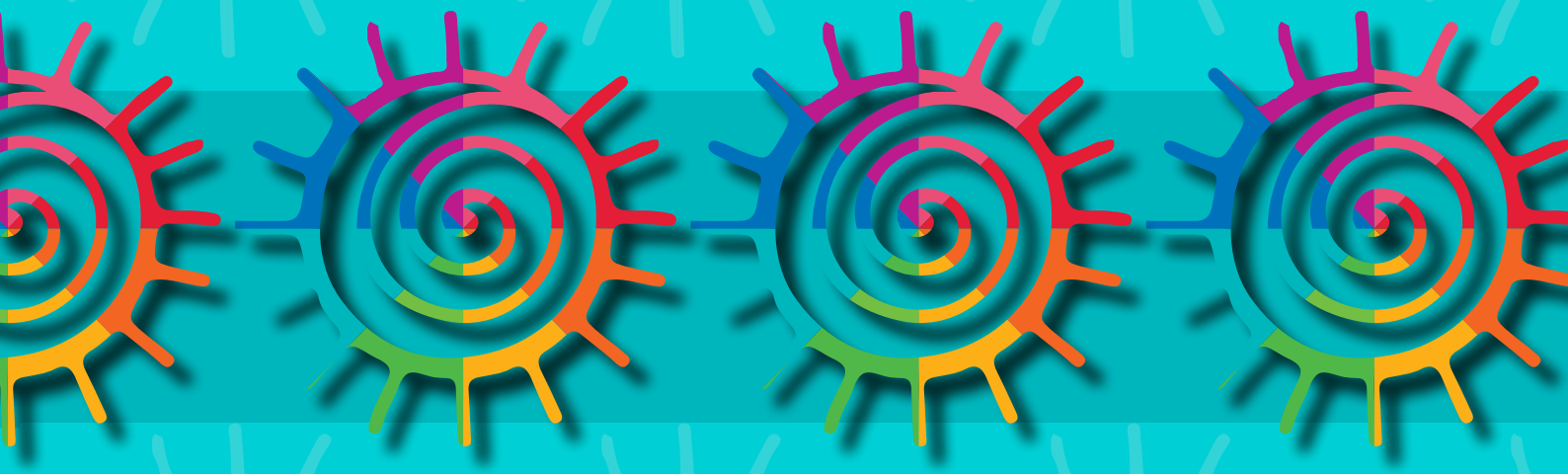
FROM FRINGES TO FOCUS

| 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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The Haitian report is translated to Creole and French

The Suriname report is translated to Dutch

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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

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 LES/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**

"The LBQT research has had such an insightful impact on me personally, one as an activist and second as a feminist. I have got the opportunity to work alongside some truly brilliant individuals as we undertook this journey together. This experience has taught me so much. I am forever grateful to have been a part of the groundbreaking milestone for Caribbean LBQT persons" Milly Moses, Saint Lucia.

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

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Milly Moses,
Saint Lucia.

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 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 and in the case of this report, Saint Lucia. The report shows that, according to the key thematic areas:

1. Socio-Economic Position:

a. In Saint Lucia the majority of respondents did not have major economic challenges. There were 96% who indicated that they can cover their basic needs while only 4% said that they can never cover their basic needs. There were 76% of the respondents who indicated that they have full-time employment and part-time employment (13%). There were 11% who indicated that they do not have work for which they are paid. In Saint Lucia, the International Labour Organization reports an unemployment rate of 14% which is 3% higher than that among the LBQ TM respondents of this survey. Compared to national statistics, the percentage of unemployment among the LBQ TM was lower. The unemployment rate among the 5 Trans Masculine and GNC respondents was 0%.

b. In Saint Lucia the majority of respondents (57%) have completed tertiary level education while 39% indicated that they had completed secondary level of education. This means that there were only 4% that had only completed primary level education or "other" form of education.

2. Sexual Orientation, Gender Identity and Expression

a. In regard to emotional and sexual attraction, the majority of the respondents are attracted to cis-gender women (98% emotional and 99% sexual). However, the respondents did indicate that they have been sexually active with cis-gender men at some point of their life. In particular, bisexual (76%) and pansexual (67%). There were 59% of lesbians who have had sex with a cis-gender man in their life. Even though attraction to trans men and trans women was very low (0%) in most cases, sexual experiences with gender non-conforming persons was relatively high among the lesbians (13%). Interestingly, 0% of the respondents identified as a trans man but there were 7% who did not identify as a woman but rather "man" (2%), gender non-conforming (4%) and "other".

3. Health

a. The majority of the respondents who accessed services in the last 12 months accessed services at private health centers (35% for) regular checkups and 50% when they are feeling sick. In most instances they accessed services most at private health facilities except in the case of emergencies (26%). Thus, if they have a choice, the majority of respondents prefer to access services at a private clinic. Access of community-based services was significantly low which is interesting as generally it is assumed that members of the LGBTIQ community prefer to access community-based services.

b. Even though the majority (90%) respondents did not indicate that there were barriers to accessing health services due to their sexual orientation and gender identity, there were 10% who felt that they sometimes received

poorer services. There were also 36% who said that health care workers had made assumptions about their SOGIE.

c. Of those that accessed services for mammograms (48%) and pap smears (64%), 7% reported anomalies when they accessed a mammogram while 18% reported anomalies when they accessed pap smears. There were at least 26% who indicated that they have severe menstrual cramps, and of these, 28% use birth control pills to manage these period cramps and 32% who use other methods.

4. Mental Health

a. In regard to alcohol and drug consumption among the LBQTM community in Saint Lucia, this study found that 63% consume alcohol and 55% consume drugs. The consumption of both alcohol and drugs varies as the 31% consume alcohol less than monthly while 21% consume drugs less than monthly. The type of drugs could not be determined from the data. Alcohol and drug use among the LBQ TM persons are high.

b. There were 15% of the respondents who indicated that a healthcare provider had told them they have clinical anxiety while 20% had been told by a healthcare provider that they have clinical depression. There were 53% of these that have been treated for their psychological condition. There were 61% who indicated that they have thought about committing suicide while 33% attempted. The social support available was significantly low as over 60% do not have access to support from their partner, 85% from people they live with, 98% from people living nearby and 100% have no support from religious leaders.

5. Stigma and Discrimination

a. Even though some of the respondents have been victims of discrimination and hate speech, very few have sought support from law enforcement or human rights organizations (7%). There were 19% who indicated that they have been harassed at work while 10% experienced sexual harassment at school. Even though 36% of the respondents are aware of the laws/policies criminalizing LBQTM persons, there were only 2% who postponed or failed to challenge stigma and discriminatory laws/policies.

6. Violence

a. There were 28% of respondents who had been physically assaulted by a partner and 8% by someone they knew. In 30% of the instances, this was as a result of their SOGIE. 0% of victims sought support from the police. This is indicative of a significant level of sexual and physical assault towards LBQ TM persons but most importantly the lack of access of services from the police.

RECOMMENDATIONS

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 for Saint Lucia:

1. Socio-Economic Position:

a. Projects and programs organized by LGBQTI+ organizations must give attention to the economic challenges experienced by some women & trans masculine people participating in these either as beneficiaries or LGBTQI+ community leaders. It can't be assumed

that all members of the organization or community come from the same economic background. The LGBTQI+ organizations in Saint Lucia should give more attention to economic empowerment through income generating projects, building employability and encouraging entrepreneurship on local and national levels for those that need it.

b. Even though the level of education of the respondents was relatively high, it is important to further explore whether this is the general situation among the LBQTM community or based on the specific sampling which may have included persons who are in a better socio-economic bracket. The recommendation would be to conduct an assessment specifically focused on the socio-economic situation of the community and explore why the situation is very favorable compared to other countries in the region.

2. Sexual Orientation, Gender Identity and Expression

a. 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 especially those focusing 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 and gender non-conforming persons. There is also the need for further dialogue and education on the topic of gender identity and expression.

3. Health

a. It is important that health care providers at private 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 and may not be disclosing when accessing health services. There were 36% who indicated that they have not disclosed their SOGIE to a health care provider.

b. 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 LGBTIQ 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 LGBTIQ organizations and healthcare policy makers are needed to ensure these accountability measures are adhered to and includes LGBTQI+ input.

c. 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.

4. Mental Health

a. 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.

b. 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. In particular, attention should be given to the topic of suicide conducting assessments among members of the community to identify risk factors and prevalence. There is also a need to explore ways in which social and emotional support can be provided to those persons that need it.

5. Stigma and Discrimination

a. 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. 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 and the police for service provision.

6. Violence

a. 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". In addition, there is the need for greater sensitization of the police force in providing services to victims of LBQ TM in a manner that is non-discriminatory and where victims feel that they are safe accessing services.

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.

SAINT LUCIA CONTEXT - THE SITUATION OF LBQ AND TM PERSONS IN THE COUNTRY

In Saint Lucia, there are a number of issues affecting the LBQT community. One of the most common issues is that of mental illness, which seems to be more prevalent amongst LBTQ identifying women. There is a higher rate of suicidal ideations, depression and isolation than there is within the MSM population. Finding an avenue that focuses on LBTQ healthcare is often never met. There are little to no services that cater to reproductive healthcare specifically tailored for LBTQ persons. There are no legal protections against discrimination based on sexual orientation, gender identity or expression in Saint Lucia. Furthermore, although there is Legislation addressing Domestic Violence and Intimate Partner Violence, the text is specific and not worded to protect same-sex couples (*Maitland, 2020*). Lesbian and Bisexual women are often not safe in terms of rape and activists constantly work with authorities to ensure LBQ women are not excluded from the agenda when it comes to services and policies in this regard (*Staples, 2018*).

Another issue is that of unemployment which is directly linked to the way LBTQ women present themselves and the discrimination attached when seeking lawful employment. Which not only does it lead to unemployment but also adds to depression and other mental health illnesses.

Trans persons in particular are challenged, as name change became legal possible in 2010, however no gender marker changes (Chiam et. al., 2017). This creates a scenario of vulnerability as a person might end up with mismatching legal documentation, which can potentially put the person at risk of being a suspect to fraud. Finding work remains a challenge for trans persons and therefore continues contributing to their socio-economic status as opportunities are far and few in between.

United and Strong has existed for twenty years and is the longest operating organization in the Organization of Eastern Caribbean States (OECS) region focusing on the Human Rights specific to the LGBTQ community.

Despite the challenges, United and Strong Inc has managed to provide its services such as monthly social activities, sexual and reproductive health educational workshops, onsite walk in clinic where persons can HIV and Syphilis testing and counseling done to name a few.

Although Saint Lucia has LGBTQ visibility, as the oldest organization is twenty years around and raising visibility the community remains fairly closeted and feel they are in general still not well accepted in society (Aimee, 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). Religious leaders 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. Just two years earlier, the Government, through the Ministry of External Affairs, provided a platform for the homophobic and anti-LGBT World Congress of Families, to host their 5th World Congress of Families Caribbean Conference, under the

misleading theme "The Family Development – Strong Families, Prosperous Nations" (*Charles, 2017*). The World Congress of Families promotes heteronormativity by employing messages of "the natural family", "Marriage" is the cradle of civilization along with other anti-human rights notions (*ILGA, 2019, Charles, 2017*).

According to the Criminal Code of Saint Lucia, a person who commits buggery (sexual intercourse by two men) is liable to imprisonment for life, if the other person did not consent, or 10 years if it was consensual. However, lesbian, bi and queer women are also affected by the Gross Indecency Section of the Criminal Code whereby they can be liable for conviction on indictment to imprisonment for 10 years, even if it took place in the privacy of their homes. The Eastern Caribbean Alliance for Diversity and Equality (ECADE) has its headquarters in Saint Lucia. ECADE operates as an umbrella organization for the Human Rights, LGBQTI organizations in the OECS and Barbados. The Eastern Caribbean Alliance for Diversity and Equality (ECADE) worked over the span of five years with organizations in Barbados, Saint Kitts and Nevis, Antigua and Barbuda and Grenada along with Saint Lucia to challenge buggery laws in the Eastern Caribbean (*ECADE, 2019*)

Earlier in 2019 community leaders from United and Strong as well as ECADE, met with the Political Leader of the Opposition Saint Lucia Labor Party, Parliamentary Representative for Castries East Honorable Philip J Pierre (*Charles, 2019*). Discussions were focused on concerns about discrimination against the LGBTQI community and recommendations to the country, made by United Nations' Universal Periodic Review (UPR) during the 2015 review and that to date, there has been little to no action on the recommendation, however, the Government of Saint Lucia accepted the recommendation to strengthen the fight against discrimination based on sexual orientation and gender identity through human rights education and anti-discrimination awareness programs (*Charles, 2019*).

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.

UNITED AND STRONG INC

United and Strong Inc. (U&S), a non-governmental organization registered in Saint Lucia comprised of human rights and health advocates for marginalized populations, such as Men who have Sex with Men, Lesbians, Bisexuals, and Transgendered persons. United and Strong is affiliated to the Caribbean HIV/AIDS Partnership — OECS, a member of AIDS Action Foundation, CVC (Caribbean Vulnerable Communities Coalition), CARIFLAGS (Caribbean Forum for Liberation and Acceptance of Genders and Sexualities) and ILGA (International Lesbian and Gay Association).

Key members of United & Strong INC. though committed activists are fearful of disclosing their sexual orientation as they have been attacked and are often open to abuse. Instead, members speak "on behalf of" or "represent" the gay community. Persons who have disclosed their gender non-conforming their sexuality or HIV status have been forced to leave Saint Lucia due to the increasing discrimination on a daily basis and the lack of support from family, community, and country. The organization has and continues to advocate on behalf of its members, persons living with and affected by HIV and sex workers.

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.

The fieldworker training in Saint Lucia took place in December 2019 with five participants attending and participating in the training session. An initial letter was sent out to female members of United and Strong Inc asking for interested persons to indicate their willingness to participate and serve as fieldworks to conduct the surveys, in addition to them confirming their attendance at the training. The invitation letter stated the number of surveys each fieldwork would be expected to complete along with the terms and references. Once persons had indicated their willingness to participate, contracts were also provided to them

Day One December 7, 2019

The training commenced with participants doing introductions and registration which was then followed by the Project Coordinator giving background information on the project and how the project began. The background information also provided insight into the other seven countries who were also part of this momentous project giving background information on the project and how the project began. The background information also provided insight into the other seven countries that were also part of this momentous project. Referral cards were given to interviewers to use as guides when conducting their interviews, in the event that interviewees need assistance. The cards provide information on various agencies and the cases they assist and services they provide along with contact information.

Participants then went through the image we use when explaining the various gender components "the Gender Bread Person" and shared various experiences, circumstances, or occasions where they were victimized because of their gender expression or identity and the impact it had on them. The day ended with interviewers browsing through the survey tool.

Day Two December 8, 2019

The second day of training began with highlights from day one to update the counselor who was now present. Day two was intense as the interviewers got the opportunity to use the tool and time themselves. This had a few tearing up and becoming emotional which I encouraged them to utilize when conducting their own interviewers as we anticipate that certain questions may be triggers for some people

TRANSLATION

Besides English, French, French-Creole, Dutch, and Sranan were considered. The process of translation for the purpose of the research is not merely to translate the survey tool but would require linguistic capacity in all aspects of the research. This includes fieldwork able to collect data in respective languages and "hold space" for a person who shares sensitive, potentially triggering, and intimate information about themselves, perhaps even for the first time.

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 survey was translated into French-Creole. As a collective, we decided to release the report in French-Creole and Dutch. 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.

One challenge we faced, specifically in Saint Lucia occurred during the actual process of carrying out the surveys. One participant who had attended the training was not able to provide or perform the task required and it was therefore determined that they would no longer serve as a fieldworker. This then put an additional strain on the other fieldworkers as their individual numbers of completed surveys increased.

Another challenge we faced was time; the interviewers noted that even after confirmation of time and location was mutually agreed upon with the interviewees, many times the interviews had to be rescheduled because the interviewee would either not show up or cancel just before the scheduled meeting time.

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.

COVID-19 forced the Saint Lucian country partners and fieldworkers to find alternative ways of reaching the population and potential interviewees. Before the pandemic, field workers met with their interviewees in person, and therefore, the collection of human stories was a little less challenging, however, since COVID-19, Saint Lucia was placed on a 24-hour curfew

which was closely followed by an 8-hour curfew. Although the curfew did not have a significant negative impact on the collection of human stories for one fieldworker, the other fieldworkers were not as successful hence we were only able to utilize the five human stories which had been captured before the pandemic and curfew started. We were aiming to gather more human stories but interviewees were quite reluctant to divulge personal information or stories over the phone or even via video chat platforms such as WhatsApp or Facebook Messenger.

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*).

The fieldworkers the Saint Lucia country partners selected were quite knowledgeable of the community, they were able to reach out to their friends and peers to participate in the training. Some persons did reach out to individuals they had no prior encounters with but had seen them at various events hosted by United and Strong Inc in the past.

One fieldworker was specifically selected for her ties to the community in the southernmost part of the island. She was responsible for identifying suitable candidates and conducting the surveys with the individuals in the south who oftentimes don't get the opportunity to participate in such activities or projects. Their input was quite vital and needed as they are oftentimes from low income families and low socio-economic backgrounds.

Although interviewees were not given financial compensation, tokens were distributed to each participant. These tokens were carefully and specifically chosen with words of encouragement

printed on each of them, with various sizes to ensure the perfect fit for everyone.

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.

Data Collection - Saint Lucia specific

The process for the collecting of the data began quite smoothly until COVID-19. Interviewers were able to meet with interviewees in person to conduct the surveys and that made the process run efficiently and effectively. The project coordinator and interviewers met at regular intervals to discuss any challenges they may have experienced during the process and recommendations were made to alleviate any issues which had arisen.

With the regular check-ins and meetings the project coordinator was kept in the loop as to what the experiences were of the interviewers and also the interviewees. Some of the interviewers did express their concern after having conducted certain interviews which highlighted traumatic experiences of the interviewees. Since these circumstances had been forecasted, the services of a counselor had been secured for both the interviewers and the interviewees.

Tablets

With prior training on the use of the tablet, the data entry process went smoothly and quickly. The survey tools were collected at various intervals, sometimes weekly or biweekly ensuring that all survey tools within a set month were collected and entered into the tablet before the start of a new month. This process was to ensure full entry of all the survey tools as we strived to attain our own personal goal.

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

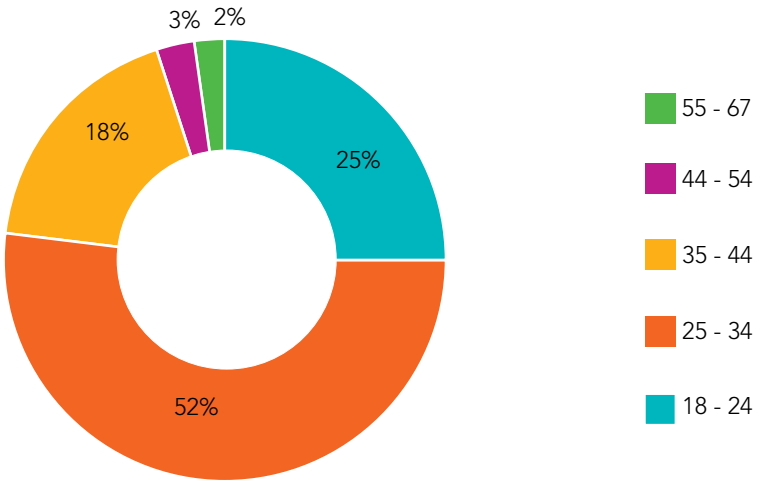
SURVEY FINDINGS AND DISCUSSION

SECTION 1A: BACKGROUND

1.1 Age

The majority of the 114 respondents were between the ages of 25– 34 years (52%). There were only 2% between the ages of 55-57 years of age. The majority of these older persons were persons that identified as "other". There were 25% between the ages of 18-24 years.

Figure 1: Age Range



1.2 Sexual Orientation

Of the 114 respondents the majority identify their sexual orientation as lesbian (50%) and bisexual (33%). There were also 3% that identified as pansexual. There were 1% that identified as heterosexual, 1% asexual and 5% gay. There were also 10% that identified as "others" which could include "queer", "not into labels" among others. For the purpose of this study the data is presented according the 4 larger percentages namely: lesbian, bisexual, pansexual and "others" which is expanded to include asexual, gay and heterosexual as well. The reason why heterosexual is still considered even though the research

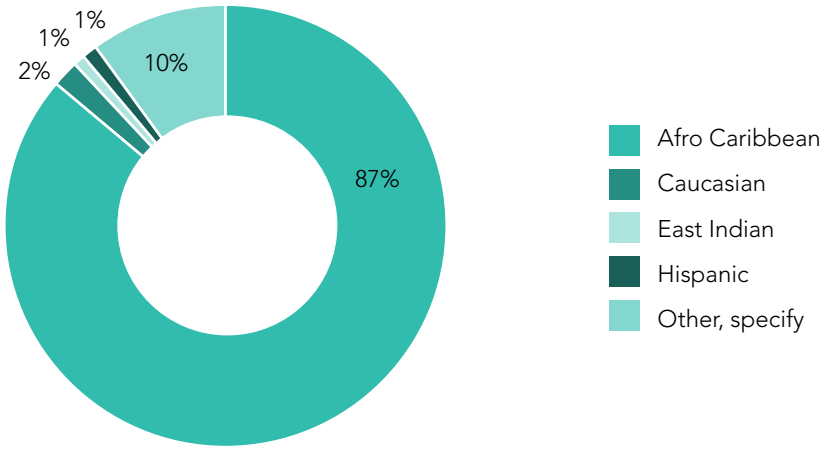
targeted LBQ TM persons is because some TM persons may identify themselves as heterosexual and as a "man" instead of a "trans man". There will also be data presented to describe the situation for persons that identify as a gender minority "trans man, gender non-conforming or man." Even though these are included under the 4 classifications it was important to also show the situation for the 8 persons that identify as gender minorities separately.

"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 36% that either identified as pansexual or bisexual. The concept of "pansexual" is new to the region and in Saint Lucia. There were 3% of the respondents that identified as pansexual

1.3 Ethnicity

The majority of the respondents identified their ethnicity as Afro-Caribbean (89%). There were 10% that stated "other" because 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. There were only 2% Caucasians while 1% each for Hispanics and East Indians.

Figure 2: Ethnicity



1.4 What type of area do you live in?

There was equal distribution of persons living in different areas. There were 27% living in the city and there were also 27% in other areas. While there were 23% who indicated that they live in a village and 23% live in a town. 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.

Table 1: Area where they live

Area where they live		
	N=114	%
City	31	27%
Other, specify	31	27%
Town	26	23%
Village	26	23%

SOCIOECONOMIC CONDITIONS

1.5 Enough money to cover basic needs

When asked if they have enough money to cover their basic needs, 44% of the respondents stated that they "always". There were 36% that indicated that they "usually" have enough money to cover their basic needs while 3% indicated that they "never" have enough. The classification of "bisexuals" had the highest percentage of persons that said that they "never" have enough money to cover their basic needs (8%). By gender identity, there were 0% trans men and "men" that stated that they never have enough money to cover their needs while 60% they usually have enough to cover their basic needs.

Table 2: Enough money to cover basic needs

	Bisexual	Lesbian	Other	Pansexual	Trans Masculine/ GNC N-5
Always	27%	46%	72%	33%	20%
Never	8%	0%	0	0%	0%
Sometimes	22%	16%	11%	33%	20%
Usually	43%	38%	17%	33%	60%
Total	100%	100%	100%	100%	100%

1.6 Paid Employment

There were 76% of the respondents that indicated that they have a full-time employment while 13% stated that they have part-time employment. There were 11% that indicated that they do not have work for which they are paid. Of the persons that identified as a gender minority, 60% indicated that they have full-time employment while 40% are unemployed. According to the International Labor Organization the unemployment rate in Saint Lucia is 14% *(ILO 2019)*. In comparison the unemployment rate (11%) among the LBQ TM respondents was less.

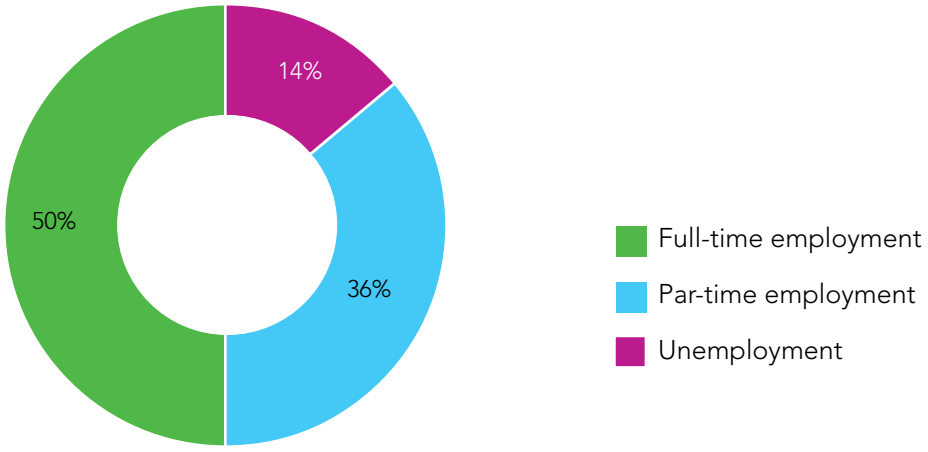
Table 3: Employment

Gender Minorities				
	N=114	%	N 5/114	%
No, I do not have any work for which I am paid	12	11%	0	0%
Yes, I have part-time	15	13%	2	40%
Yes, I have full-time employment	87	76%	3	60%

1.7 Religion

Of the 114 respondents, the majority 60% stated that their religion is Christianity. There were 37% that stated that they are not religious. There were also 6% that indicated "other" as well as 3% identified Buddhism 3% as their religious.

Figure 3: Religious Affiliation



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.

1.8 Level of Education

Of the total respondents, there were 57% that indicated that they have completed post-secondary, A-levels, Diploma or University while 39% indicated that they have completed only secondary education. Based on gender identity, the majority of the trans men and gender non-conforming persons had an accomplished primary education 75% while 25% had no formal education.

Table 4: Level of Education

Gender Minority				
	N=114	%	N=5	%
No formal education	0	0%	0	0%
Post-Secondary, A-levels Diploma, university	65	57%	2	40%
Primary Education	2	2%	0	0%
Secondary Education	45	39%	3	60%
Other	2	2%	0	0%
Total	114	100%	5	100%

SEXUAL ORIENTATION AND GENDER IDENTITY AND EXPRESSION

1.9 Sexual attraction

There were 99% of the respondents that indicated that they are attracted to cisgender women. Of these 100% of the lesbians and the bisexuals said they were attracted to cis gender women while 94% of "others" and 78% of the pansexual said they were. When asked if they are sexually attracted to cisgender men 34% of the respondents said "yes". Of these there were 78% of the bisexuals, 67% of the pansexual and 44% of the "others" said yes while there were no lesbians who said they are sexually attracted to cis-gender men. When asked if they are sexually attracted to trans men, 4% respondents said "yes", Of these there were 67% of the pansexual and 17% of "other." When asked if they are sexually attracted to trans women, 3% persons said "yes." Of these there were 33% that were pansexual and 11% "other." There were 11% that said that they are sexually attracted to gender non-conforming people. Of these 67% of pansexual; 33% of other; 8% of bisexual and 4% of lesbian

Table 5: Sexual Attraction

	N	Yes	Bisexual	Lesbian	Other	Pansexual
Feel sexually attracted to cis-gender women	113	99%	100%	100%	94%	100%
Feel sexually attracted to men	39	34%	78%	0%	44%	67%
Feel sexually attracted to transmen	5	4%	0%	0%	17%	67%
Feel sexually attracted to trans women	3	3%	0%	0%	11%	33%
Feel sexually attracted to gender non-conforming persons	13	11%	8%	4%	33%	67%

1.10 Emotional attraction

When asked if they are emotionally attracted to women, 98% of the respondents said "yes." Of these, there were 100% of the lesbians and 98% of the lesbians. There were 100% of the pansexual and 94% of the "others" who feel emotionally attracted to cis-gender women. In regard to emotional attraction to men, 34% said "yes." Of these, of the bisexual there were 73%, of "others" 44%, of pansexual 100% and only 2% of the lesbians. In regard to emotional attraction to trans men, there were 4% that said "yes." Of these there were 33% of the pansexual and 17% of "others." In regard to emotional attraction to trans women, there were 3% that said "yes." Of these there were 17% of the "others" only. In regard to emotional attraction to gender non-conforming persons, 2% said "yes". Of these there were 6% of the "others", 2% of the lesbians, 2% of the bisexual and 0% of the pansexual.

Table 6: Emotional Attraction

	N	Yes	Bisexual	Lesbian	Other	Pansexual
Feel emotionally attracted to cis-gender women	112	98%	100%	98%	94%	100%
Feel emotionally attracted to men	39	34%	73%	2%	44%	100%
Feel emotionally attracted to transmen	4	4%	0%	0%	17%	33%
Feel emotionally attracted to trans women	3	3%	0%	0%	17%	0%
Feel sexually attracted to gender non-conforming persons	8	7%	5%	2%	22%	33%
Do not feel emotional attraction	2	2%	2%	2%	6%	0%

1.11 Sexual experience in the past 12 months

Of the 80% persons that indicated that they have had sex with a woman in the past 12 months, there were 88% of the lesbians and 78% of bisexuals. 67% were "others" and 33% were pansexual. Of the 33% that indicated that they have had sex with a man in the past 12 months, there were 76% of the bisexual and 67% of the pansexual. There were also 39% of "other" and 2% of the lesbians. There were 8% who indicated that they have not had sexual intercourse in the past 12 months and of these there were 13% of the lesbians.

Table 7: Sexual Experience in the past 12 months

	N	Yes	Bisexual	Lesbian	Other	Pansexual
Had sexual experience with cis-gender women	91	80%	78%	88%	67%	33%
Had sexual experience with men	38	33%	76%	2%	39%	67%
Had sexual experience with transmen	0	0%	0%	0%	0%	0%
Had sexual experience with trans women	0	0%	0%	0%	0%	0%
Had sexual experience with gender non-conforming persons	2	2%	3%	13%	6%	9%
Have not had sexual intercourse in the past 12 months	9	8%	3%	13%	6%	0%

Of the 98% persons that indicated that they have had sex with a woman in the past, there were 100% of lesbian and 95% of bisexuals. There were also 100% pansexual and 100% of "others". Of the 77% persons that indicated that they have had sex with a man in the past, there were 100% of the bisexual and 100% of pansexual. There were also 59% of the lesbians that have had sex with a man in the past while 83% of the "others" have had sex with a man in the past. There were 3% that indicated that they have had sex with a trans man in the past. 1% have had sex with a trans woman while 0% indicated that they have not had any sex in the last past.

1.14 Sexual experience in the past

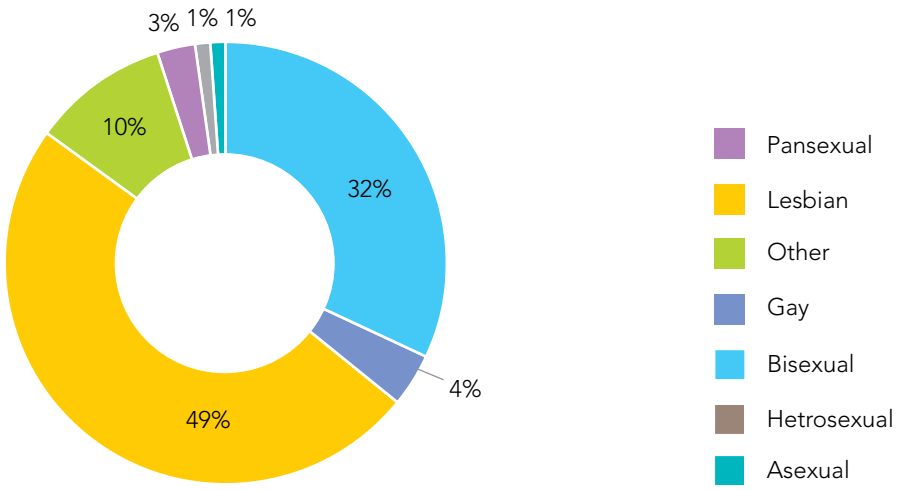
Table 8: Sexual Experience in the past in general

	N	Yes	Bisexual	Lesbian	Other	Pansexual
Had sexual experience with cis-gender women	112	98%	95%	100%	100%	100%
Had sexual experience with men	88	77%	100%	59%	83%	100%
Had sexual experience with transmen	3	3%	2%	0%	0%	1%
Had sexual experience with trans women	1	1%	0%	0%	0%	1%
Have not had sexual intercourse in the past	0	0%	0%	0%	0%	0%

1.15 Sexual Orientation

The majority of the respondents (49%) identified their sexual orientation as lesbian. There 32% who identified as bisexual, 10% as "other" and 3% as pansexual. For the purposes of this study, "Other" includes others, heterosexual, gay and asexual.

Figure 4: Sexual Orientation



1.15 Gender Identity

In terms of gender identity, there were 93% that identified as women; 4% as gender non-conforming; 2% as man, 1% as other and 0% as trans man. It is significant that no one identified as a trans man but 2% as "man" and 1% as "other". There were 93% of the bisexuals that identified as a woman, while 74% of lesbians identified as a woman. There were 15% that identified as "men". This is very interesting as we saw a similar situation in the Haiti findings of this research.

Table 9: Gender Identity and Sexual Orientation

	Bisexual	Lesbian	Other	Pansexual	Total
Gender non-conforming	0%	7%	6%	0%	4%
Man	7%	2%	0%	0%	2%
Trans man	0%	0%	0%	0%	0%
Woman	93%	89%	94%	100%	93%
Other	0%	2%	0%	0%	1%
Total	100%	100%	100%	100%	100%

1.16 Sex at birth and legal sex

All of the respondents, 100%, identified their sex at birth as female while 0% indicated that another sex other than female is presently recorded in their legal documents.

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 114 respondents that do not identify as heterosexual, 10% agreed or strongly agreed that sometimes they dislike themselves for being a person who has or wants to have sex with people of the same sex. Of these the majority were pansexual (33%). There were 9% who strongly agreed or agreed that they wish they were only attracted to the opposite sex and 5% that are ashamed of themselves for being sexually attracted to people of the same sex. There were also 15% that felt that being attracted to people of the same sex is a personal weakness of theirs and if offered the chance to be completely heterosexual 4% would accept the offer. There were 2% who said that whenever they think about having sex with someone of the same sex, they have negative thoughts or feelings.

"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 10: Sexuality and Self

	N	% Agree/ Strongly Agree	Bisexual	Lesbian	Other	Pansexual
Sometimes I dislike myself for being a person who has (or wants) sex with people of the same sex	12	10%	10%	6%	25%	33%
I wish I was only sexually attracted to the opposite sex	10	9%	3%	6%	38%	0%
I am ashamed of myself for being sexually attracted to people of the same sex	6	5%	0%	4%	25%	0%
I feel that being attracted to people of the same sex is a personal weakness of mine	17	15%	16%	7%	37%	33%

	N	% Agree/ Strongly Agree	Bisexual	Lesbian	Other	Pansexual
If someone offered me the chance to be completely heterosexual, I would accept the offer	5	4%	0%	0%	31%	0%
Whenever I think about having sex with someone of the same sex, I have negative thoughts and/or feelings	2	2%	0%	0%	6%	33%

SECTION 1D: GENDER IDENTITY AND SELF

Of the 13 persons who identified as a gender minority, there were 15% who strongly agreed or disagreed that they dislike themselves for being trans or gender non-conforming. There were 54% who said that they agreed or strongly agreed that they think about the fact that they are transgender when interacting with people. There were 31% persons that stated that they think that being transgender or gender non-conforming is a personal weakness while 8% stated that if they were given the opportunity to be cisgender, they would accept the offer.

Table 11: Gender Identity and Self

	N=13	Agree or Strongly Agree
Sometimes I dislike myself for being transgender and/or gender non-conforming	2	15%
I think about the fact that I am transgender and/or gender non-conforming when I interact with people	7	54%
I feel that being transgender and/or gender non-conforming is a personal weakness of mine	4	31%
If someone offered me the chance to be completely cisgender, I would accept the offer	1	8%

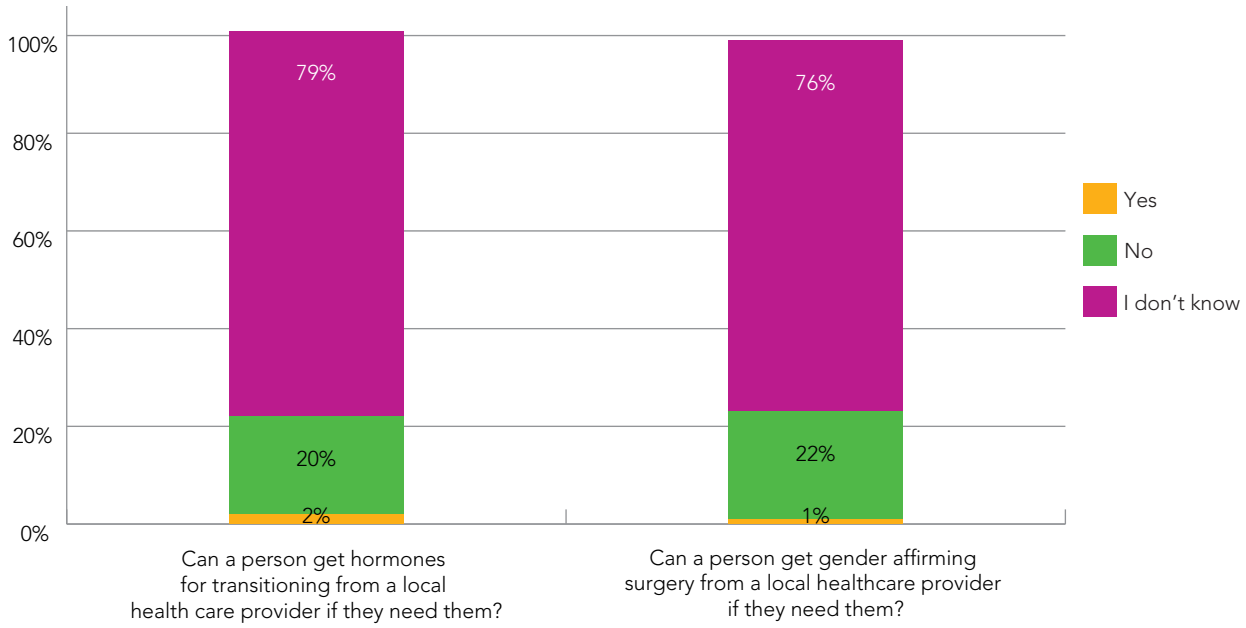
"There are times I want to beat up myself and say, you know what you doing is wrong my girl, you know that. There was a point in my life I stopped communicating with a lot of women I knew that were gay, lesbian. They wanted to have some sort of sexual relationship with me and I ceased communication with 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." - Respondent

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 114 persons who responded to this question, 79% said "they don't know, 20% said "no" and 2% said "yes." When asked if a person can get gender-affirming surgery from a local healthcare provider, 76% said that they did not know, 22% said "no" and 1% 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*).

Figure 5: Gender Affirming Practices



SECTION 2A: HEALTH SERVICE USE

Regarding access to health care, 56% indicated that they have private insurance while 44% said that they do not.

Accessed health services in the past 12 months

Of those that accessed health services in the last 12 months, the majority accessed services at private health centers. Of all the respondents that access services for regular check-ups, there were 35% that went to a private health center, 10% at community health centers, 8% at public and 2% at traditional

health care. For those that access check-ups when they are feeling sick, 50% access at private health centers, 10% at community-based, 8% at public and 7% at traditional. For emergency care, the majority (26%) seek services at a public health facility. Only 1% had accessed services anywhere at a sexual assault or physical assault (3%). These were accessed either a private or public facility. The majority (26%) access services at a private facility and 19% at a public health facility. There were also only 2% that access care and treatment for HIV, 1% at community facility and 1% at a public. The majority access STI services at public (12%) and (11%) private facility. The majority access mental health services private (10%) and public (5%) facilities. The majority (4%) indicated that they access barrier methods and contraceptives at community and public facilities. For cancer screening including breast, throat and cervical the majority prefer to access these at private health clinics. 6% said that the access gender affirming treatment (hormones, surgery) at private (6%) and public (4%) health facilities. There were 3% that access these from traditional healers.

Table 12: Accessed health services at different health centers in the past 12 months

	Community-based	Public health	Private Health	Traditional
	Yes	Yes	Yes	Yes
Regular check-ups when I am feeling well	10%	8%	35%	2%
Check-ups when I am feeling sick	25%	47%	50%	7%
Emergency care	4%	26%	19%	3%
Care after a sexual assault	1%	0%	1%	0%
Care after a physical assault	0%	2%	1%	0%
Test for HIV	9%	19%	26%	0%
HIV Care and treatment	1%	0%	1%	0%
Testing, care, or treatment for other sexually transmitted infections (STIs) (Not HIV)	4%	12%	11%	0%
Counselling or psychosocial support	4%	4%	7%	1%
Care for mental health conditions	4%	1%	3%	0%
Barrier methods (condoms, dental dams or finger condoms)	4%	4%	2%	0%
Contraception (injection, pill, IUD/loop, implant)	4%	4%	5%	0%
Breast cancer checks (mammogram)	5%	8%	14%	0%
Throat cancer checks	0%	2%	5%	0%
Cervical cancer checks (pap smears)	4%	9%	22%	0%
Gender affirming treatment (hormones, surgery)	0%	1%	0%	0%
other,	1%	4%	6%	3%

SECTION 2B: HEALTH SERVICE BARRIERS

There were 64% of the respondents who indicated that they had disclosed their sexual orientation or gender identity to a health staff member while 36% said that they had not. Of these the majority were pansexual 67%. There were 46% that had disclosed at a non-governmental or community facility. When asked if a healthcare staff member had made assumptions of their sexual orientation or gender identity, 36% said "yes" and of those that said "yes" the majority were lesbian (43%).

Figure 6: LBQ TM disclosure to a health care worker

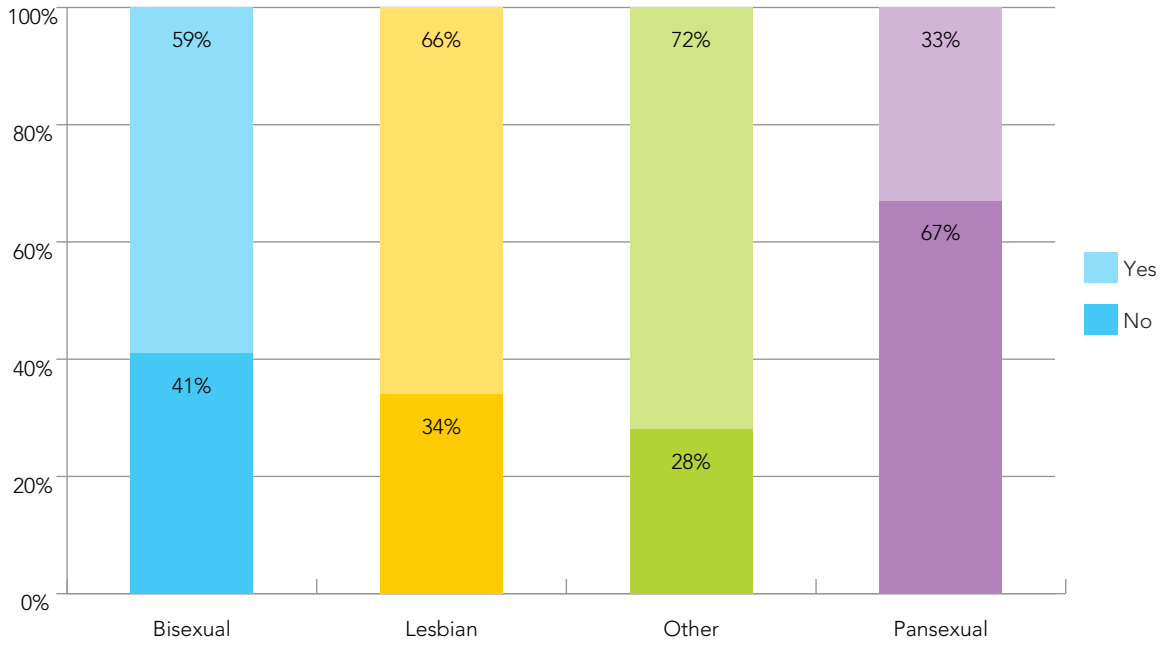
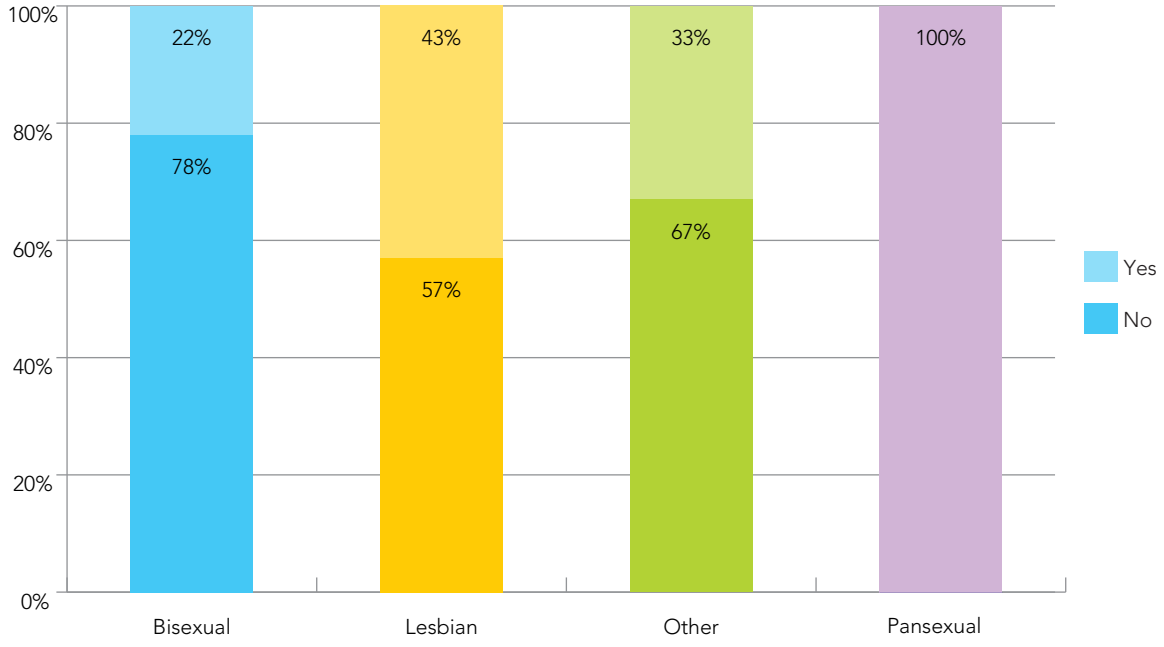


Figure 7: Health care staff worker assumptions about your sexual orientation or gender identity



There were 3% of the respondents that indicated that they have sometimes received poorer service than other people because they are LBQ-TM. Of these the majority were "others" 6% and pansexual (6%). There were 90% that indicated that they have never felt this way and 10% that indicated rarely.

Table 13: Poorer quality service due to sexual orientation or gender identity/expression

	Bisexual	Lesbian	Other	Pansexual	N = 114
Never	97%	88%	83%	100%	90%
Often	3%	0%	0%	0%	1%
Rarely	0%	9%	11%	11%	6%
Sometimes	0%	3%	6%	6%	3%
Total	100%	100%	100%	100%	100%

According to the 112 respondents very rarely have LBQ TM persons received lesser quality service because of their sexual orientation and gender identity. There were only 1% that indicated that they have been called names or insulted by health care staff for being lesbian, bisexual, queer or a transman sometimes. There were also only 1% 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 0% who said healthcare staff had never threatened to call the police or law enforcement agent because they are lesbian, bisexual, queer or trans man often or sometimes.

Table 14: 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	114	100%	0%	1%
How often do you think health care staff has denied you a service because you are lesbian, bisexual, queer or a trans man	114	100%	0%	1%
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	114	100%	0%	0%

SECTION 2C: THE IMPACT OF PREVIOUS EXPERIENCES ON HEALTH SEEKING BEHAVIOR

There were 0% 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. There were 15% who said that they have postponed getting HIV testing because they could not afford while 2% getting a STI or STI/HIV treatment. There were only 1% who postponed when they were sick or injured because of disrespect or discrimination due to their SOGIE

There were 8% 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. There was one person 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. There were 19% who were aware that a health care professional shared that their sexual orientation or gender identity without their permission.

Table 15: Previous experiences impact on health care seeking behavior

	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	0	0%
You have postponed or not tried to get HIV testing because you could not afford it	17	15%
You have postponed or tried not to get STI or STI/HIV treatment because you could not afford it	2	2%
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	1	1%
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	1	1%
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	0	0%
You have postponed or tried not to get cervical, breast or throat cancer screening because you could not afford it	1	1%
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	8	7%
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	22	19%

SECTION 2D TRANS-RELATED HEALTH CARE NEEDS

Of the total of 11 respondents who identified as a gender minority (GNC, "man", "woman"), 100% indicated that they do not want to take hormones. There were 9 persons who stated that they choose not to have surgical transition. There was 1 person who indicated that they had chest reconstructive surgery and/or nipple graft while there was 1 person who indicated that they had their surgery done in another country.

Table 16: Transgender and Non-Conforming – Surgical Transition

	N	Yes
I Choose to nave have any surgery	9	90%
I want surgery, but will never be able to get it	0	0%
I want surgery but I can't afford it	0	0%
I want surgery but don't know how to get it	0	0%
I had chest reconstructive surgery and/or nipple graft	1	10%
I had breast augmentation	0	0%
I had bottom surgery	0	0%
I had my surgery/s done in my country	0	0%
I had my surgery/s done in another country	1	10%
I plan to have top surgery	0	0%
I plan to have bottom surgery	0	0%
I have had additional corrective surgeries after those mentioned above	0	0%

The percentage of persons who identify as a gender minority (GNC, "man", "woman") was 10% of the respondents and of these the interest in medical and surgical transitioning was significantly low. It is not known is this is due to lack of knowledge about these options or that they simply do not feel that this transition is necessary.

SECTION 3A: ALCOHOL

Of the 114 respondents, 4% indicated that they have a drink containing alcohol daily or almost daily, 13% weekly, 31% less than monthly, 25% monthly and 27% indicated that they never have a drink containing alcohol. Of those that drink daily or almost daily the majority were lesbians pansexual (5%). Of those that never drink alcohol, the majority were "bisexuals" as well (16%). When asked how often they have six or more drinks in one occasion, there were 0% who said daily and 10% that said less than monthly. 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 86% who said never and 10% that said less than monthly.

Table 17: Daily Alcohol use by Sexual Orientation

	Daily or almost daily	Less than monthly	Monthly	Weekly	Never
How often do you have a drink containing alcohol?	4%	31%	25%	13%	27%
How often do you have six or more drinks on one occasion?	0%	37%	23%	17%	22%
How often during the past year have you found that you were not able to stop drinking once you started?	1%	10%	1%	2%	86%
How often during the past year have you found that you failed to do what was normally expected from you because of drinking?	0%	4%	4%	0%	92%
How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	2%	6%	0%	91%	1%
How often during the last year have you had a feeling of guilt or remorse after a heavy drinking session?	1%	13%	1%	0%	85%
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	0%	16%	3%	79%	1%
Have you or someone else been injured because of your drinking?	0%	9%	0%	0%	91%
Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	1%	14%	3%	1%	81%

There were 92% who said they have never found that they failed to do what was normally expected from them because of drinking. There were 4% who said monthly and 4% who said less than monthly. 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, 91% said never while 9% said "yes". When asked how often during the last year had they had a feeling of guilt or remorse after a heavy drinking session, 21% said less than monthly and 72% said never. When asked how often during the last year had they been unable to remember what happened the night before because of drinking, 79% said never, while 16% said less than monthly. When asked if someone else have been injured because of their drinking, 91% said "never" while 9% said less than monthly. When asked if a relative, friend, doctor or other health care worker has been concerned about their drinking or suggested cutting down, 91% never while 9% said "yes" at some point.

SECTION 3B: DRUGS

Regarding drugs, the respondents were asked how often they used drugs other than alcohol. There were 45% who said that they never use drugs and 55% who indicated that they did. There were 21% who said less than monthly, 14% who said daily or almost daily, 11% who said monthly and 9% who said weekly. Of those that never use, 62% were bisexual, 11% were other and 13% were lesbian. Of those that use drugs daily or almost daily, the majority were lesbians (18%).

Table 18: Frequency of drug use by Sexual Orientation

	Bisexual		Lesbian		Other		Pansexual		Total	
	N	%	N	%	N	%	N		%	N=114
Daily or almost daily	5	14%	10	18%	1	6%	0		0%	14%
Less than monthly	6	14%	7	16%	9	50%	1		33%	21%
Monthly	3	8%	9	16%	0	0%	1		33%	11%
Never	23	62%	7	13%	2	11%	0		0%	45%
Weekly	1	3%	7	13%	2	11%	1		33%	9%

Of those that do drugs, 16% said that they have been influenced heavily by drugs less than monthly. Of these, there were 3% who indicated less than monthly in the past year they have had feelings of guilt or bad conscience because they used drugs. When they were asked if they or someone else had been hurt (mentally or physically) because of their use of drugs there were 10% who said less than monthly this has happened. When asked if a relative, friend, doctor or other health care worker been concerned about their drug use, 2% of the persons that use drugs less than monthly who said "yes" this has happened less than monthly.

Table 19: Less than monthly Drug use by Sexual Orientation

	N	Yes	Lesbian	Bisexual	Pansexual	Other
How often are you influenced heavily by drugs?	10	16%	14%	7%	1%	25%
How often during the last year have you had a feeling of guilt or a bad conscience because you used drugs?	2	3%	3%	0%	0%	8%
Have you or someone else been hurt (mentally or physically) because you use drugs?	6	10%	6%	7%	50%	17%
Has a relative, friend, doctor, or other health care worker been concerned about your drug use?	1	2%	0%	0%	0%	8%

Section 3c: Depression and Anxiety

When asked about feeling nervous, anxious or on edge all the respondents indicated that they felt these at some point and level. However, 7% indicated that they do feel nervous, anxious or edge at some point all of the time. There were 18% who said that they worry too much about different things all of the time and the majority of these were "other" (56%) while 67% of the pansexual said they feel this way all of the time. There were 9% who said they become easily annoyed and irritable all the time. The majority of these were "others" (22%). When asked if they are hopeful about the future 79% said they don't feel hopeful all of the time and 21% said "yes." There were only 16% bisexual that are hopeful for the future all of the time and 17% bisexuals feel this way all of the time.

Table 20: Depression and Anxiety by Sexual Orientation – All the time

	N	Yes	Bisexual	Lesbian	Other	Pansexual
Feeling nervous, anxious or on the edge	8	7%	5%	7%	11%	0%
Worrying too much about different things	21	18%	11%	9%	56%	67%
Becoming easily annoyed and irritable	10	9%	8%	5%	22%	0%
Feeling hopeful about the future	24	21%	16%	25%	17%	33%
Feeling happy	21	19%	22%	18%	17%	0%
Feeling lonely	10	9%	11%	4%	11%	67%
Been bothered over things that usually don't bother you	7	6%	8%	5%	0%	33%
Feeling depressed	5	4%	5%	4%	0%	33%
How difficult have these made it for you to do your work, take care of things at home, or get along with other people?	3	3%	0%	2%	6%	33%
Has a health care provider ever told you that you have clinical anxiety?	17	15%	11%	11%	33%	33%
Has a health care provider ever told you that you have clinical depression?	23	20%	24%	9%	39%	67%
Are you being treated for clinical anxiety or clinical depression (e.g. medication, therapy)?	16	53%	44%	88%	27%	100%

When asked if they feel happy all of the time, there were 81% who said they don't feel happy all of the time. Of these there were 17% of the "others" who said "yes" while 82% of the lesbians said that they feel this way all of the time.

When asked if they feel lonely, there were 9% who indicated that they feel lonely all of the time. The majority of these were pansexual (67%). Of the respondents, 6% indicated that they are bothered all the time with the majority being pansexual. Of the total respondents, 4% indicated that they feel depressed all the time.

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 3% indicated that these have affected them most of the time. When asked if a health provider ever told them that they have a clinical depression, 20% said "yes" and when asked if a health worker ever told them that they have clinical anxiety, 15% said "yes". Of those that are not being treated 34% are bisexual and 33% lesbian. Of those who said they are suffering from clinical anxiety or depression, 53% indicated that they are being treated for their condition.

"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"*

SECTION 3D: SUICIDE

When asked if there was ever a period of time when they thought about committing suicide in the past, 61% said "yes". Of these 49% were bisexuals and 64% were lesbian. When asked if they ever considered committing suicide over the past 12 months, 27% of the respondents said "yes". Of these 44% were "others" and 27% were 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, 33% said "yes". Of these, 67% were pansexual. 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, 12% said "yes". Of these, 16% were bisexual.

Table 21: Suicide by Sexual Orientation

	N	Yes	Bisexual	Lesbian	Other	Pansexual
Has there ever been a period of time when you thought about committing suicide? In the past	69	61%	49%	64%	72%	100%
Has there ever been a period of time when you thought about committing suicide? In the last 12 months?	31	27%	27%	24%	44%	0%
Did you ever try to end your own life, whether or not you had thought about it ahead? In your past	37	33%	32%	33%	28%	67%
Did you ever try to end your own life, whether or not you had thought about it ahead? In the last 12 months?	14	12%	16%	13%	6%	0%

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, 60% of the respondents said "no." Of these the majority were among the bisexuals (65%) and the pansexual (67%). When asked if they have a family they can go to, 62% of the respondents said "no." Of these the majority were among the pansexual 78% and the lesbians 75%.

Table 22: Social Support by Sexual Orientation

	N	NO	Bisexual	Lesbian	Other	Pansexual
Current partner (at least one)	76	60%	65%	56%	62%	67%
Family (at least one member)	88	62%	63%	75%	62%	78%
People I live with (at least one)	107	85%	86%	85%	69%	100%
Health care providers (at least one)	117	83%	100%	93%	69%	89%
People I work with (at least one)	117	83%	98%	90%	85%	100%
People living nearby me (at least one)	123	98%	100%	97%	100%	89%
LGBTQI organizations	121	96%	95%	95%	100%	100%
Religious leaders	126	100%	100%	100%	100%	100%
Traditional/cultural leader	125	99%	98%	100%	100%	100%
No one	27	79%	86%	72%	77%	89%

When asked if they have people they live with that they can talk to (at least 1), 60% of the respondents said "no." Of bisexuals, 63% said "no" and of the pansexual 78% said "no." Of the total respondents, 83% said that they do not have health care providers they can talk to about problems related to their sexual orientation or gender identity. Of these, there were 100% among the bisexual and 93% among the

lesbians. There were 98% who said that they did not have people living near them that they can talk to and of those the majority all the lesbians 100% of the bisexuals and 100% of the pansexual said they can talk to anyone living near them.

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, 96% said "no." There were 100% 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. In total 79% said that said that they had no one they can talk to.

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 (Rambarran & 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 the majority were among the pansexual and "other" 5% each. When asked if their current partner or partners know that they are lesbian, bisexual, queer or a trans man, there were 66% 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 23: Who knows of their sexual orientation

	N	Yes	Bisexual	Lesbian	Other	Pansexual	Told Personally
No one	0	0%	0%	0%	0%	0%	n/a
Current partner(s)	83	73%	73%	73%	72%	67%	64%
Family (at least one member)	96	84%	73%	96%	72%	67%	73%
Friends (at least one)	111	97%	92%	100%	100%	100%	88%
People I live with (at least one)	59	52%	38%	61%	56%	33%	37%
Health care providers (at least one)	58	51%	41%	55%	61%	33%	43%
People I work with (at least one)	68	60%	43%	64%	78%	67%	39%
People living nearby me (at least one)	46	40%	32%	50%	28%	33%	22%
LGBTQI organizations	48	42%	24%	50%	56%	33%	30%
Religious leaders	11	10%	5%	14%	0%	33%	7%
Traditional/cultural leader	7	6%	3%	9%	0%	33%	2%

There were 0% who said that no one knows of their sexual orientation. There were 73% who said that their current partners know of their sexual orientation and/or gender identity. Of these 64% said that they told them personally. When asked if their family know that they are lesbian, bisexual, queer or a trans man, there were 97% who said that their family did know and 88% said that they told them. The majority of those whose family know were lesbian (96%). There were 97% of the respondents who said that their friends knew of their sexual orientation or gender identity and 88% who said that they told them personally. Of the respondents 51% that people they live with know and 43% said that they told them personally while 29% said that health care providers know and 26% said they knew because they told them personally. There were 60% that said that people they work with know of their SOGIE but only 39 % had told them personally. When asked if people that live nearby know, there were 40% that said "yes" and 22% said that they told them personally. There were 42% who said that an LGBTIQ organization knew their sexual orientation and gender identity. Regarding leaders, 10% said that religious leaders knew while 6% said that traditional/cultural leaders knew.

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 90% said "no." There were 11% who said "yes."

Table 24: Experiences of stigma and discrimination by sexual orientation

	N	Yes	Bisexual	Lesbian	Other	Pansexual
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?	12	11%	5%	14%	6%	33%
Has/have the law enforcement agent/ agency human rights groups been reluctant to take up your case of stigma and discrimination?	4	4%	3%	4	0%	33%
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	7	6%	8%	5%	6%	0%
Have you postponed or failed to report cases of hate speech by media, family member or general public to law enforcement agent/agency for fear of judgment by law enforcement agent/ agency?	8	7%	8%	7%	6%	0%
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?	1	1%	0%	2%	0%	0%

4% of the respondents indicated that the law enforcement agent/agency or human rights group were reluctant to take up their case of stigma and discrimination. This included police, army, mainstream human rights institutions, government para legal or human rights officers.

"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. 6% 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 93% who said they were not reluctant. 7% 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.

1% 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/agency or human rights groups.

Table 25: Experiences of stigma and discrimination by sexual orientation at work/school/housing

	N	Yes	Bisexual	Lesbian	Other	Pansexual
Have you ever been harassed at work as a result of your real or perceived sexual orientation or gender identity?	21	19%	8%	24%	18%	67%
Have you postponed or failed to challenge case of a job denial/termination as a result of/ on assumption about your sexual orientation or gender identity?	3	3%	5%	2%	0%	0%
Have you ever been terminated from an employment as a result of your real or perceived sexual orientation or gender identity?	2	2%	3%	0%	6%	0%
Have you faced eviction from a rented apartment on account of your sexual orientation and gender identity?	1	1%	0%	0%	0%	33%
Have you been denied housing on account of your dress preference or real or perceived sexual orientation and gender identity?	2	2%	3%	0%	6%	0%
Have you ever been dismissed from or punished at school as a result of your real or perceived sexual orientation or gender identity?	5	4%	3%	5%	6%	0%
Have you ever faced sexual harassment at school as a result of your real or perceived sexual orientation or gender identity	11	10%	8%	7%	12%	67%

19% of the respondents indicated that they have been harassed at work as a result of real or perceived sexual orientation or gender identity. Of those that were harassed there were 8% of the bisexual persons, 24% of lesbians, 18% of "others" and 67% of pansexual. 3% of the respondents indicated that they postponed or failed to challenge case of a job denial/termination because of/ assumption about their sexual orientation or gender identity. 2% of the respondents indicated that they have been terminated from an employment because of their real or perceived sexual orientation or gender identity. 1% of the respondents indicated that they have been evicted from a rented apartment on account of their sexual orientation and gender identity.

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, 4% 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, 10% said "yes".

Section 3e: Experience of right violation

There were 36% who indicated that they are aware of laws and policies that criminalize LBQT persons. The majority were "others" (56%) and lesbians (28%). There were 10% of the respondents who indicated that they have postponed or failed to challenge abuse or violence because of their knowledge of existence of discriminatory law/policies. There were 2% of the respondents who indicated that they have postponed or failed to challenge stigma and discriminatory practices as a result of their knowledge of existence of discriminatory law/policies. There were 9% who said that they have experienced violations/mob action and failed to challenge it because of their knowledge of existence of discriminatory laws/policies.

Table 26: Experience of Rights violations by sexual orientation

	N	Yes	Bisexual	Lesbian	Other	Pansexual
Are you aware of any laws/policies that criminalize LBQT persons?	53	36%	38%	50%	56%	33%
Have you postponed or failed to challenge abuse or violence as a result of your knowledge of existence of discriminatory law/ policies?	11	10%	5%	11%	17%	0%
Have you postponed or failed to challenge stigma and discriminatory practices as a result of your knowledge of existence of discriminatory laws/policies?	2	2%	3%	0%	6%	0%
Have you experienced violations/ mob action and failed to challenge it as a result of your knowledge of existence of discriminatory laws/policies?	10	9%	5%	11%	11%	0%

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, 65% said "yes". Of these there were 100% of pansexual, 73% of the lesbians and 43% of bisexuals. There were 22% who stated that they have been threatened to reveal their sexual orientation or gender identity. Of these the greatest percentage was among "others" (44%). 58% of the respondents indicated that they have been insulted or verbally harassed because of their sexual orientation or gender identity. When asked if an intimate partner (past or current) every threatened to reveal their sexual orientation or gender identity, there were 18% who said "yes".

Table 27: Experience of Violence and Infringement of Rights by sexual orientation

	N	Yes	Bisexual	Lesbian	Other	Pansexual
Are you aware of anyone ever revealing that you are lesbian, bisexual, queer or a trans man to others without your permission?	74	65%	43%	73%	78%	100%
Has anyone ever threatened to reveal that you are lesbian, bisexual, queer or a trans man to others without your permission?	25	22%	19%	16%	44%	33%
Has anyone ever insulted or verbally harassed you because of being lesbian, bisexual, queer or a trans man? In your past?	66	58%	43%	65%	67%	67%
Has anyone ever insulted or verbally harassed you because of being lesbian, bisexual, queer or a trans man? In the last 12 months?	31	27%	16%	36%	17%	67%
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?	20	18%	22%	9%	33%	33%
Has an intimate partner (past or current) ever made you feel worthless because of your sexual orientation and gender identity?	22	19%	24%	13%	28%	33%
Has an intimate partner (past or current) ever made you feel ashamed because of your sexual orientation and gender identity?	19	17%	24%	7%	28%	33%
Have you ever been coerced, pressured or forced into marriage?	9	8%	5%	9%	11%	0%
Have you ever been coerced, pressured or forced into a heterosexual relationship?	21	18%	11%	20%	33%	0%

There were 17% 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. 8% of the respondents indicated that they have been coerced, pressured, or forced into marriage. 18% of the respondents indicated that they have been coerced, pressured or forced into a heterosexual relationship. Of these, the majority were among the "others" (33%).

Sexual Assault

Table 28: Experience of Sexual Assault by sexual orientation

	N	Yes	Bisexual	Lesbian	Other	Pansexual
By an intimate partner of the same sex as you? In your past?	13	11%	8%	9%	22%	33%
By an intimate partner of the same sex as you? In the last 12 months?	2	2%	3%	2%	0%	0%
Have you ever been sexually assaulted By an intimate partner of a different sex than you? In your past?	19	17%	24%	7%	28%	33%
Have you ever been sexually assaulted By an intimate partner of a different sex than you? In the last 12 months?	5	4%	8%	0%	6%	33%
By someone you know (not an intimate partner but a neighbor, friend, family member, etc.) In your past?	39	34%	24%	32%	56%	67%
By someone you know (not an intimate partner but a neighbor, friend, family member, etc.) In the last 12 months?	3	3%	0%	4%	6%	0%
Have you ever been sexually assaulted by a stranger in your past?	16	14%	14%	9%	28%	33%
Have you ever been sexually assaulted by a stranger In the last 12 months?	1	1%	0%	2%	0%	0%
Have you ever been sexually assaulted by someone you live with? In your past?	13	11%	8%	13%	11%	33%
Have you ever been sexually assaulted by someone you live with? In the last 12 months?	1	1%	0%	0%	0%	33%

When asked if they have ever been sexually assaulted by an intimate partner of the same sex in the past, there were 11% of the respondents who said "yes". Of these, there were 33% of pansexual and 22% of "others". There were 2% of the respondents who indicated that they have been sexually assaulted by an intimate same sex partner in the past 12 months.

There were 11% of the respondents who indicated that they have been sexually assaulted by an intimate partner of a different sex in the past. This included 15% of "others". There were 4% 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 32% 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 38% of pansexual and 38% of "other." 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.

There were 17% of the respondents who indicated that they have been sexually assaulted by a stranger in the past. This included 33% of pansexual and there were 6% who indicated that they have been sexually assaulted by a stranger in the past 12 months. There were 12% of the respondents who indicated that they have been sexually assaulted by someone they live with, in the past and 3% of the respondents who indicated that they have been sexually assaulted by someone they live within the past 12 months.

Physical Assault

There were 28% of the respondents who indicated that they have been physically assaulted by an intimate partner of the same sex, in the past. This included 39% of "others" and 32% of lesbians.

On the other hand, there were 6% 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, 21% said "yes". Of these, there were 32% of bisexual persons. There were 2% of the respondents who indicated that they have been physically assaulted by an intimate partner of different sex, in the past 12 months.

Table 29: Experience of Physical Assault by sexual orientation

	N	Yes	Bisexual	lesbian	other	Pansexual
Have you ever been physically assaulted By an intimate partner of the same sex as you? In your past?	32	28%	16%	32%	39%	33%
Have you ever been physically assaulted By an intimate partner of the same sex as you? In the last 12 months?	7	6 %	5%	7%	6%	0%
Have you ever been physically assaulted By an intimate partner of a different sex than you? In your past?	24	21%	32%	13%	17%	67%
Have you ever been physically assaulted By an intimate partner of a different sex than you? In the last 12 months?	2	2%	3%	0%	0%	33%
Have you ever been physically assaulted By someone you know (not an intimate partner but a neighbor, friend, family member, etc.) In your past?	21	18%	16%	16%	28%	33%
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?	0	0%	0%	0%	0%	0%
Have you ever been physically assaulted by a stranger? In your past?	15	13%	8%	11%	28%	33%
Have you ever been physically assaulted by a stranger? In the last 12 months?	0	0%	0%	0%	0%	0%
Have you ever been physically assaulted by someone you live with? In your past?	17	15%	16%	13%	17%	33%
Have you ever been physically assaulted by someone you live with? In the last 12 months?	3	3%	5%	0%	0%	33%

There were 18% 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 33% of pansexual and 28% of "others". On the other hand, there were 0% 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 13% of the respondents who indicated that they have been physically assaulted by a stranger in the past. This included 28% of others, 33% of pansexual, 13% of bisexuals and 8% of lesbians. On the other hand, there were 0% 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 someone they live with, in the past. And there were 3% of the respondents who indicated that they have been physically assaulted by someone they live within the past 12 months.

Motivation

There were 30% of the respondents who indicated that they thought the sexual and physical assaults were motivated by their sexual orientation. There were 33% who felt that the incidents happened because of their identity (majority of them among the "other" 40% and lesbians 37%) and 29% who believe it happened because of their gender expression (how they present themselves as masculine, feminine or both.) Of these the majority were among the bisexual (33%) and pansexual (33%) .

Table 30: Motivation for assault by sexual orientation

	N	Yes	Bisexual	Lesbian	Other	Pansexual
Do you think any of these incidents (sexual or physical assault) were motivated by your sexual orientation?	19	30%	33%	33%	20%	33%
Do you think any of these incidents (sexual or physical assault) were motivated by your gender identity?	21	33%	28%	37%	40%	0%
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)	18	29%	33%	26%	33%	0%
Did any of these incidents result in flashbacks, nightmares, or reliving the event?	49	78%	72%	78%	80%	100%
Have you avoided situations or people who remind you of the incident(s)?	56	89%	94%	85%	87%	100%
Following the incident(s), have you felt jumpy, irritable, or restless?	47	75%	78%	67%	80%	100%
If you have experienced physical or sexual assault in the last 12 months, have you sought medical care for it?	5	33%	50%	0%	50%	100%
If you have experienced physical or sexual assault in the last 12 months, have you reported it to the police?	0	0%	0%	0%	0%	0%

When asked if any of the physical or sexual assault incidents resulted in flashback, nightmares or reliving the even, 78% said "yes". There were 89% who indicated that they have avoided situations or people who remind them of the incident. 75% of the respondents that had experience physical or sexual abuse indicated that they have felt jumpy, irritable or restless following the incident. Of the 15 persons that have experienced some form of sexual or physical assault in the past 12 months, 33% indicated that they did not seek any medical care for it. There were 0% 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, 94% said "never". There were6% that said that they had been treated with less courtesy.

SECTION 5: EXPERIENCES OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

There were 31% of respondents that they have a child or children biological or other. Of these, there were 32% of bisexuals and 24% of the lesbians, 44% of "others" and 67% of pansexual. When asked if they want a child or children there were 61% who said "yes". Of these, there were 59% of the bisexuals and 63% of the lesbians. When asked if their partner wants a child, there were 50% who said "yes" among which there were 50% of lesbians and 49% of bisexuals.

Table 31: Experiences of Sexual and Reproductive Health and Rights

	N	Yes	Bisexual	Lesbian	Other	Pansexual
Do you have a child or children, biological or other?	35	31%	32%	24%	44%	67%
Do you want a child or children?	69	61%	59%	63%	56%	67%
Does your partner want a child or children (if you have a partner)?	57	50%	49%	50%	50%	67%
Would you consider adoption?	72	63%	46%	68%	83%	67%
Would you consider insemination (using sperm from a sperm bank) to get pregnant?	51	45%	32%	50%	61%	0%
Would you consider home-based or self- administered insemination (DIY/"turkey baster" method)	33	29%	24%	30%	33%	33%
Were you ever pregnant?	38	33%	38%	27%	39%	67%
Did you ever give birth?	30	26%	30%	18%	39%	67%
Did you ever want/ need an abortion?	13	11%	16%	7%	11%	33%
Did you ever have an abortion?	13	11%	16%	7%	11%	33%

	N	Yes	Bisexual	Lesbian	Other	Pansexual
Could you access an abortion at a clinic, hospital or any medical service provider?	83	73%	68%	75%	72%	100%
Did you ever approach an indigenous or herbal healer, or natural method to get an abortion?	3	3%	5%	0%	6%	0%
Did you ever make use of some alternative/ home-based method to get an abortion?	2	2%	3%	0%	6%	0%

When asked if they would consider adoption there were 63% who said "yes". There were 68% of the lesbians and 46% of the bisexuals who said "yes." When asked if they would consider insemination (using sperm from a sperm bank) to get pregnant there were 29% who said "yes", and the majority were "others" (61%) and lesbians (50%). When asked if they would consider home-based or self-administered insemination (DIY/turkey baster method).

When asked if they ever needed an abortion, 11% of the respondents said "yes." Of the bisexuals, 16% said yes and 11% of the lesbians. When asked if they could access an abortion at a clinic, hospital, or any medical service, 72% of the total respondents said "yes". When asked if they ever approached an indigenous or herbal healer, or natural method to get an abortion 3 persons (3%) said "yes." There were 2% that indicated that have made use of some alternative/home/based method to get an abortion.

The 8 countries in this study hold various positions, protection and abortion laws, therefore legal access to termination of pregnancies. To preserve the health of the mother, abortions are accessible in Saint Lucia and Trinidad and Tobago. 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. 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). 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)

Sexual and Reproductive Health Services:

There were 48% of the respondents who indicated that they have had a mammogram (test for breast cancer) done. Of the pansexual 0% have had a mammogram, of the bisexuals 68%, of the lesbians 50% and of the "others" 11%. 7% of those that have had a mammogram indicated that there were anomalies found and 5% were treated. 64% of the respondents indicated that they have had a pap smear to test for cervical cancer done. There were 17% of the respondents who indicated that they have gone for a PCO or endometriosis test. There were 18% of the respondents that indicated that they anomalies were found when they went for a PCO or endometriosis.

Table 32: Accessing Sexual and Reproductive Health and Rights Services

	N	Yes	Bisexual	Lesbian	Other	Pansexual
Did you ever go for a mammogram (test for breast cancer)?	55	48%	68%	50%	11%	0%
Were there ever anomalies reported? (for example, cysts,)	8	7%	5%	11%	0%	0%
Did you get it treated?	6	5%	5%	7%	0%	0%
Did you ever go for a pap smear to test for cervical cancer?	73	64%	73%	64%	50%	33%
Did you ever go for a PCO or endometriosis test?	25	23%	16%	22%	38%	33%
Were there ever anomalies reported? (for example, cysts)	20	18%	11%	18%	28%	33%
Did you ever go for a test ?	18	90%	100%	80%	100%	100%
Did you or are you having such severe period /menstrual pains that you need to see a doctor?	29	26%	19%	30%	17%	67%
Are you using / or did you use birth control pills to manage your period/ menstrual pains or cycle?	32	28%	27%	21%	39%	100%
Do you use any other methods to manage your pain or cycle?	36	32%	24%	38%	28%	33%

There were 26% 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. 32% said that they use other methods to control their severe period/menstrual pains.

SECTION 6: EXPERIENCES OF LIVING WITH DISABILITIES

There were 5 persons who indicated that they have some disability. 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.

Capacity and Health Conditions

When asked how much difficulty they have seeing things from a distance (without glasses), 0 persons said no problem and 4 persons said "3". When asked how much difficulty they have hearing (without hearing aid), 3 persons said no problem and one person said "2". Of the 5 respondents 3 said that they don't have any problem/difficulty walking or climbing steps while said 1 said "2" and 1 said "3". There were 2 who said that they have no problem/difficulty remembering or concentrating while 1 said "2" and 1 said "3."

Table 33: Living with Disabilities – Capacity and Health Conditions

	No Problem 1	Yes 2	Yes 3	Yes 4	Extreme Problem 5
How much difficulty do you have seeing things at a distance [without glasses]?	0	0	4	0	0
How much difficulty do you have hearing [without hearing aids]?	3	1	0	0	0
How much difficulty do you have walking or climbing steps	3	1	1	0	0
How much difficulty do you have remembering or concentrating?	2	1	1	0	0
How much difficulty do you have washing all over or dressing?	4	0	0	0	0
How much difficulty do you have sleeping because of your health?	3	1	0	1	0
How much difficulty do you have doing household tasks because of your health?	4	0	0	1	0
Because of your health how much difficulty do you have with joining community activities, such as festivities, religious events	3	1	0	0	0
How much difficulty do you have with feeling sad, low, worried or anxious because of your health?	2	0	2	1	0
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?	2	0	3	0	0
How much bodily aches and pains do you have?	1	1	1	2	0

When asked how much difficulty washing all over or dressing themselves, 4 persons said no problem while 1 person did not respond to this question. There were 3 who said that they have no problem falling asleep while 2 persons said yes at levels "2" and "4". There were also 4 who said that they have no problem doing their household tasks because of their health while 1 person said yes at level "4". There were 3 persons who said that they don't have any problems joining community activities, such as

festivities and religious events because of their health while 1 person said yes at level "2" and 1 person did not respond. 2 persons said that they have no problem due to feeling sad, low, worried, or anxious about their health while two said "3" and 1 said "4". There were 2 who said that they have no difficulty getting along with other people who are close to them, including family and friends because of their health while 3 said yes at "3". When asked how much bodily aches and pains they have, 1 person said no problem while 1 said yes at level "2," 1 at level "3" and 2 at level "4".

Environmental Factors

When asked if the places where they go to socialize and engage in community activities make it easy or hard for them, 4 persons said no problem while 1 said yes at "3". When asked if shops, banks and post offices in their neighborhood make it easy or hard for them to use them, 5 persons said no problem. When asked if the transportation they need and want to use make it easy or hard for them to use them, 2 said no problem, while 3 persons said "yes" at level 2. When asked if the building (house/apartment/ room) including the toilet and bath/shower make it easy or hard for them to use them, 4 said no problem, 1 said yes at level 1.

Table 34: Living with Disabilities – Environmental Factors

	No Problem 1	2	3	4	Extreme Problem 5
Do places where you socialize and engage in community activities make it easy or hard for you to do this?	4	0	1	0	0
Do the shops, banks and post office in your neighborhood make it easy or hard for you to use them?	5	0	0	0	0
Does the transportation you need or want to use make it easy or hard for you to use it?	2	3	0	0	0
Does the building (house/ apartment/ room) including the toilet and bath/ shower make it easy or hard for you to live there?	4	1	0	0	0
Should you need help, how easy is it for you to get help from a close family member (including your partner)?	4	0	0	0	1
Should you need help, how easy is it for you to get help from friends and co-workers?	2	2	0	0	1
Should you need help, how easy is it for you to get help from neighbors?	0	0	1	2	2
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?	3	0	0	1	1

When asked how easy it is for them to get help from a close family member (including their partner, 4 said while 1 said extremely difficult. There were 2 persons who said they have no problem if they need help from friends or co-workers, while 2 said yes at level 2 and 1 at 5 extremely difficult. There was no one that stated that they feel that it is no problem getting help from a neighbor or neighbors, while 3 said yes – 1 at level 3, 1 at 4 and 1 at level 5. Three persons said they had no problem getting people to respect them and feel valued as a person while 1 said that it is a problem at level 4 and 1 at level 5.

Personal Assistance and assistive products

When asked if they need any assistive products, there was 1 person who needs pressure relief cushions; 2 who needs therapeutic footwear and 1 who needs spectacles.

Table 35: Living with Disabilities – Personal Assistance and Assistive Products

	Yes
Do you currently use a cane stick?	0
Do you currently use crutches, axillary or elbow	0
Do you currently use crutches, lower limb, upper limb or spinal	0
Pressure relieve cushions	1
Prostheses, lower limb	0
Rollators	0
Standing frames, adjustable	0
Therapeutic footwear, orthopedic	2
Tricycles	0
Walking frames	0
Wheelchair	0
Spectacles, low vision, short distance, long distance, filters and protection	1
White cane	0
Hearing Aid	0
Others	0

CONCLUSIONS AND RECOMMENDATIONS

The following are the findings of this study in Saint Lucia according to the 6 thematic areas:

SOCIO-ECONOMIC POSITION:

a. In Saint Lucia the majority of respondents did not have major economic challenges. There were 96% who indicated that they could cover their basic needs while only 4% said that they can never cover their basic needs. There were 76% of the respondents who indicated that they have full-time employment and part-time employment (13%). There were 11% who indicated that they do not have work for which they are paid. In Saint Lucia, the International Labour Organization reports an unemployment rate of 14% which is 3% higher than that among the LBQ TM respondents of this survey. Compared to national statistics, the percentage of unemployment among the LBQ TM was lower. The unemployment rate among the 5 Trans Masculine and GNC respondents was 0%.

a. Recommendation:

Projects and programs organized by LGBQTI+ organizations must give attention to the economic challenges experienced by some women & trans masculine people participating in these either as beneficiaries or LGBTQI+ community leaders. It can't be assumed that all members of the organization or community come from the same economic background. The LGBTQI+ organizations in Saint Lucia should give more attention to economic empowerment through income generating projects, building employability and encouraging entrepreneurship on local and national levels for those that need it.

b. In Saint Lucia the majority of respondents (57%) have completed tertiary level education while 39% indicated that they had completed secondary

level of education. This means that there were only 4% that had only completed primary level education or "other" form of education.

b. Recommendation:

Even though the level of education of the respondents was relatively high, it is important to further explore whether this is the general situation among the LBQTM community or based on the specific sampling which may have included persons who are in a better socio-economic bracket. The recommendation would be to conduct an assessment specifically focused on the socio-economic situation of the community and explore why the situation is very favorable compared to other countries in the region.

SEXUAL ORIENTATION, GENDER IDENTITY AND EXPRESSION

a. In regard to emotional and sexual attraction, the majority of the respondents are attracted to cis-gender women (98% emotional and 99% sexual). However, the respondents did indicate that they have been sexually active with cis-gender men at some point of their life. In particular, bisexual (76%) and pansexual (67%). There were 59% of lesbians who have had sex with a cis-gender man in their life. Even though attraction to trans men and trans women was very low (0%) in most cases, sexual experiences with gender non-conforming persons was relatively high among the lesbians (13%). Interestingly, 0% of the respondents identified as a trans man but there were 7% who did not identify as a woman but rather "man" (2%), gender non-conforming (4%) and "other".

a. 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 especially those focusing 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 and gender non-conforming persons. There is also the need for further dialogue and education on the topic of gender identity and expression.

HEALTH

a. The majority of the respondents who accessed services in the last 12 months accessed services at private health centers (35% for) regular checkups and 50% when they are feeling sick. In most instances they accessed services most at private health facilities except in the case of emergencies (26%). Thus, if they have a choice, the majority of respondents prefer to access services at a private clinic. Access of community-based services was significantly low which is interesting as generally it is assumed that members of the LGBTIQ community prefer to access community-based services.

a. Recommendation:

It is important that health care providers at private 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 and may not be disclosing when accessing health services. There were 36% who indicated that they have not disclosed their SOGIE to a health care provider.

b. Even though the majority (90%) respondents did not indicate that there were barriers to accessing health services due to their sexual orientation and gender identity, there were 10% who felt that they sometimes received poorer services. There were also 36% who said that health care workers had made assumptions about their SOGIE.

b. 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 LGBTIQ 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 LGBTIQ organizations and healthcare policy makers are needed to ensure these accountability measures are adhered to and includes LGBTQI+ input.

c. Of those that accessed services for mammograms (48%) and pap smears (64%), 7% reported anomalies when they accessed a mammogram while 18% reported anomalies when they accessed pap smears. There were at least 26% who indicated that they have severe menstrual cramps, and of these, 28% use birth control pills to manage these period cramps and 32% who use other methods.

c. 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.

MENTAL HEALTH

a. In regards to alcohol and drug consumption among the LBQTM community in Saint Lucia, this study found that 63% consume alcohol and 55% consume drugs. The consumption of both alcohol and drugs varies as the 31% consume alcohol less than monthly while 21% consume drugs less than monthly. The type of drugs could not be determined from the data. Alcohol and drug use among the LBQ TM persons are high.

a. 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.

b. There were 15% of the respondents who indicated that a healthcare provider had told them they have clinical anxiety while 20% had been told by a healthcare provider that they have clinical depression. There were 53% of these that have been treated for their psychological condition. There were 61% who indicated that they have thought about committing suicide while 33% attempted. The social support available was significantly low as over 60% do not have access to support from their partner, 85% from people they live with, 98% from people living nearby and 100% have no support from religious leaders.

b. 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. In particular, attention should be given to the topic of suicide conducting assessments among members of the community to identify risk factors and prevalence. There is also a need to explore ways in which social and emotional support can be provided to those persons that need it.

STIGMA AND DISCRIMINATION

a. Even though some of the respondents have been victims of discrimination and hate speech, very few have sought support from law enforcement or human rights organizations (7%). There were 19% who indicated that they have been harassed at work while 10% experienced sexual harassment at school. Even though 36% of the respondents are aware of the laws/policies criminalizing LBQTM persons, there were only 2% who postponed or failed to challenge stigma and discriminatory laws/policies.

a. 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. 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 and the police for service provision.

VIOLENCE

a. There were 28% of respondents who had been physically assaulted by a partner and 8% by someone they knew. In 30% of the instances, this was as a result of their SOGIE. 0% of victims sought support from the police. This is indicative of a significant level of sexual and physical assault towards LBQ TM persons but most importantly the lack of access of services from the police.

a. 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". In addition, there is the need for greater sensitization of the police force in providing services to victims of LBQ TM in a manner that is non-discriminatory and where victims feel that they are safe accessing services.

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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.

APPENDICES

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APPENDIX 2 - ORGANIZATIONAL PARTNERS

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 - HUMAN STORIES BY THEMATIC TOPIC

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.	
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	
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**
Stigma & discrimination • Level • Support systems (access of LBQ spaces) • Citizenship (social integration) • Community participation • Lack of antidiscrimination legislation • Religion (uniting sexual identity and faith)	
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**
Socio-economic position • Poverty level • Discrimination at the workplace • Education • Remittances from overseas • Cost of poverty (criminal activities etc.)	
No stories collected in this thematic topic	**Saint Lucia**

Mental Health Substance abuse • Coping mechanisms • Self-medication • Trauma's impact on mental health • Access to services • Experiences accessing services • Depression, suicidal thoughts	
No stories collected in this thematic topic	**Saint Lucia**
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. 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.	**Saint Lucia**
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 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.	**Saint Lucia**
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	

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. 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.	**Saint Lucia**

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**

BIOGRAPHIES

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.

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.

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.