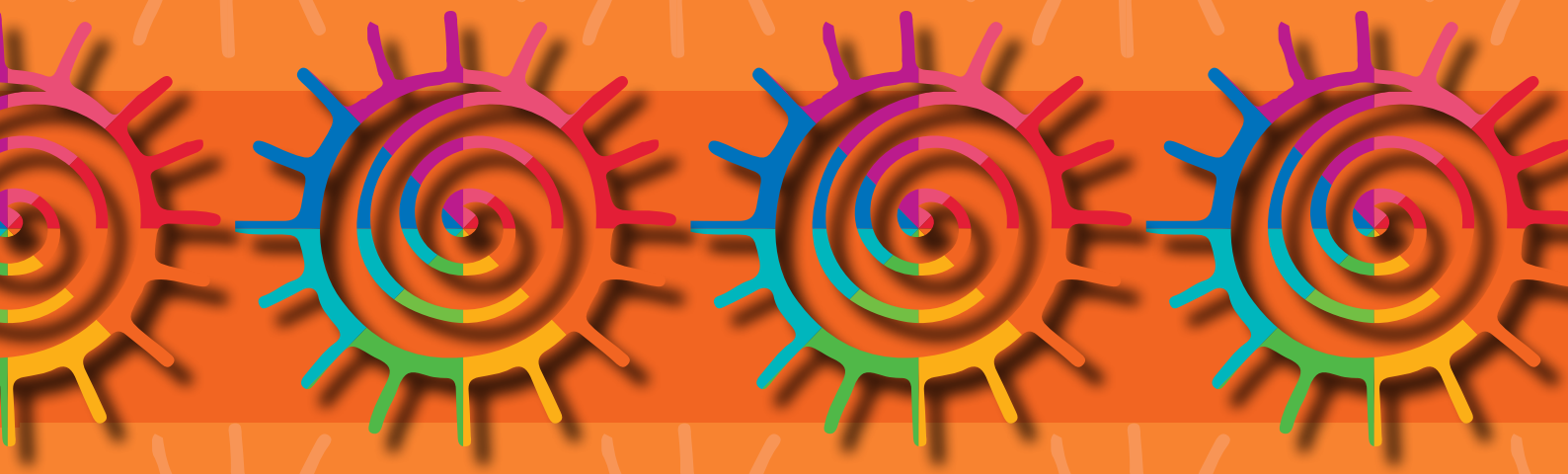
FROM FRINGES TO FOCUS

| 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



October 2020

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Contributors:

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

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This report is part of a series of nine reports

The Haitian report is translated to Creole and French

The Suriname report is translated to Dutch

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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 Lesbian 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. Lastly but definitely not least, we want to extend gratitude to Gino Ambriose with interpreting meetings, (online and offline) and to navigate through between English, Google-translate-French and Creole.

"We would like to thank specially these two consultants Liesl Theron and Kennedy Carillo for their willingness to guide us all along the process of this research despite the many challenges we face. This research made me aware of the complexity and the real struggles of this community in a whole, especially in health care and education. We are aware of the complexity of each representation of this community because what is a lesbian is confronting as an issue isn't the same for a trans man. This research highlights the facts that there is still more work to be done and many situations that need to address and finally, learning from situations of other countries and their recommendations give us insights on how to handle situations." Edmide from FACSDIS

EXECUTIVE **SUMMARY**

"I am not praising COC, but for me this research is one of the best tools that will be available for the LBQ TM community, if not, only the first to directly aim in putting emphasis on the issues that this community had been going through so far. I am hoping that the recommendations suggested will be taken seriously and lead to historical change when it comes to health, insurance and justices' issues for the female individuals in Haiti" Dominique from OTRAH.

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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Dominique from OTRAH.

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 Haiti specific. The report shows that: 1.) 56% of the target population do not have employment, this is in start contrast of the 2019 World Bank statistics which indicated 14%. 72% struggle to meet their financial obligations. Respondents make use of other strategies to afford their monthly obligations, this includes hustling, sex work (18%) while 35% receives money from abroad. 2.) Due to the rejection of homosexuality, being transgender or identify as monkopé by some churches, many LBQ TM persons choose not to be affiliated to any particular religious denomination (42%), while 35% indicated that they follow Vodou. 3.) Sexual orientation and gender identity, in Haiti are not separated, for many it means the same, while others might know the western term trans masculine but do not identify as such, as they identify as "man". There were also respondents who preferred to not identify with any particular label and selected "Other" (26%). 4.) There is thus a completely different understanding of the difference between sexual orientation and gender identity, than the other 7 countries in this research. In several instances trans masculine persons and monkopés stated their sexual orientation as being lesbian. 5.) Very few trans men access medical (hormones) transitioning options primarily unrecorded in the research as many attain it outside of any formal health provider (private or public) due to lack of availability of these services in Haiti. 6.) While 42% access health services when feeling sick, only 3% accessed health care after sexual assaults, and 6% after physical assault. Across all the types of healthcare providers, there were never more than 9% that obtained barrier methods (condoms etc.) and no higher than 2% accessed contraceptives. Only 5% went for breast exams and 6% for pap smears to check for cervical cancer. 7.) There were 32% who feel they received poorer service at a health provider due to their SOGIE, 27% were called names while 22% believe they were denied a service. 8.) Alcohol consumption: 17% drink daily 6 or more drinks, and 11% used drugs daily while 17% have been advised to stop their drug use. The type of drugs could not be determined from the data. Alcohol and drug use among the LBQ TM persons are high. 14% have been diagnosed with clinical anxiety and/or depression; 13% attempted suicide in the past 12 months. 9.) Even though many efforts have been undertaken to raise awareness about stigma and discrimination, it is important to highlight the psychological impact of stigma and discrimination and lastly, 10.) There are a number of sexual health issues that affect LBQ TM persons including intimate partner violence and access to sexual health services. 74% knew someone who threatened to reveal their SOGIE. 31% had been threatened by their intimate partner. 34% have been pressured into heterosexual marriage and 33% pressured into a heterosexual relationship. 11.) There were 19% of respondents who had been sexually assaulted by a partner of the same sex and 17% by a different sex, and 31% by someone they knew. 33% had been physically assaulted by a partner of the same sex and 24% by a partner of a different sex, and 31% by someone they know. 12.) 40% of the LBQ TM respondents have children while 73% of the total number of respondents want children. There was a high percentage of respondents that would consider adoption (51%) or insemination (33%). Of the total number of respondents, 33% have been pregnant. 10% had an abortion, of which 22% accessed it at a clinic or medical

provider while others used home based methods (12%) and traditional healers (9%).

In conclusion, this study highlights the realities of the LBQ TM community in Haiti, with data that were not presented before. Based on the findings, the following recommendations are presented:

1. Implement more projects base on empowerment and free access to knowledge oriented in ways to guarantee that more Trans identified persons can have the chance of becoming entrepreneurs with the help of micro- finances loan so that they can develop their autonomy.

2. Stigma, discrimination, homophobia and transphobia to be addressed via advocacy, awareness campaigns, meetings, workshops: Christian churches

3. Training or projects involving trades and also having partnership with some schools to support financially their studies in other to cope with situation of young people being kicked out from their households when they come out.

4. It is important that all community-led programs recognize the importance of the diversity

5. Public and community education/ awareness from LGBTQI+ organizations on the topic of sexual orientation and gender identity/expression. LBQ TM community are not comprehensively aware about their SOGIE legal rights. This proposed need for SOGIE awareness should be navigated carefully, inclusive of local, linguistic and cultural dialogues to ensure autonomy and not necessarily automatic assumption of western terminology.

6. There is an unreported trend among Trans people to make use of hormones from the black market. This represents an imminent danger: possible side effects, which hormones to use (best brand, appropriate dosage and to monitor both, side effects and compatibility with other pre-existing conditions such as cholesterol or contra-indications with other medicines). In order to ensure that this service is being provided in a very careful way, the government must be involved in considering it's a matter of health care.

7. It is essential to acknowledge the psychological strain on trans masculine, monkopé and gender non-confirming persons, as well as lesbians and bisexuals, who struggle not only with their personal issues due to their gender identity, gender expression and sexual orientation but also the way that their family members and the general public see them.

8. The issues of health insurance services is an issue that is huge and unsolved, it is non-existent for this community specifically in a country where it is already difficult to have access to insurance at all. Access to healthcare is most often linked to employment (the ability to pay for services) and therefore needs a large scale, well-planned advocacy and lobbying effort.

9. To address stigma and discrimination toward people that are victims of assault specifically when it is a female and even more so when these females are part of the LBQ TM community, where many of them are victims of homophobic and transphobic rape we need to implement continuous and strategic awareness campaigns throughout Haiti to demystify uninformed notions of victim blaming and stigma. Campaigns to also target nurses, administrative staff (at reception) at hospitals and clinics as well as law enforcement officers.

10. Health care providers need training on SOGIE and we must ensure those who were trained to reproduce the training to other health care colleagues. Information about Sexual orientation, gender identity and /or gender expression must be spread to a much larger scale, doing Training for Health care providers will never be sufficient if the LBQTM persons get rejected for the services they come for at the very entrance of the institution that provides such services. The use of other methodologies for training and informing people should change radically, less organized training sessions and more training on information that target the Medias.

11. We're living in a society where most young people drink and smoke either because of unemployment or because of serious issues within their household, we should create a facility for them where they can spend good times reading, eating , playing and sharing ideas. It would be even more effective if we could integrate the method of having AA meeting for the young persons from the LBQ TM community with more structured activities and the possibility to monitor the youth and see their progress it will be a great opportunity to start including mental health assistance in certain organization and associations.

12. It is important to look at a specific and efficient way to have the rate of psychological assistance and support to be higher, this is especially in light of the fairly high suicidal report in the research data. We propose a solution of having more campaigns regarding stigma and discrimination but more at a mass media level, in order to reach society in general.

13. It is very important to broadcast awareness on SOGIE on levels that can allow us to reach social influencers such: pastors, priests, parents, principals, teachers etc., make more alliances with organizations involving in human rights area and other vulnerable groups in other to join efforts to reach common goals.

14. Haiti does not have any legislation against LGBTQ people. However, we recommend continuous efforts and advocacy to prevent the "new move" towards introducing conservative laws and policies.

15. Along with awareness on self-esteem and human rights, we need to address thoroughly gender inequality, stereotypes, and consequences from patriarchal system. Furthermore, implement programs on micro finance that can help people develop autonomy to prevent dependency on a partner that is abusive (sexually or physically).

16. The importance of having medical assistance that is specific to the LBQ TM community. We can have partnership with institutions that want to provide health care service specifically regarding sexual health and reproduction. As we know stigma and discrimination around abortion are high which, many times lead to unwanted pregnancy and serious health complications and even death when it is done inadequately. We need to consider help of allies such as organizations that are fighting for women rights to address this issue on a global scale; we also need to include advocacy because there is a bill on prohibiting adoption for same sex couple.

17. It is important to have medical assistance that is specific to the LBQ TM community. We can have partnership with institution that wants to have the specificity of the intervention regarding the LBQ TM community. This could work if the

government get involve as well as the private sector.

18. We would like to put the emphasis on the fact that many people with disabilities might be part of the LBQ TM community but due to stigma and discrimination it is very uncommon to find many who self-identify as members of this community. This is mostly the major reason why we did not get as many people with disabilities as expected. It is as important as any other recommendation to think about having LBQ TM institutions to not only allow access but having structures that can accommodate them and include awareness campaign on people living with disability as well as on SOGIE within the LBQ TM community.

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.

HAITI CONTEXT - THE SITUATION OF LBQ AND TM PERSONS IN THE COUNTRY

"*When I'm outside of Haiti, I see that Haiti is not really a homophobic country*" - Steve Laguerre in an interview with Angelique V. Nixon (International Resource Network, 2011). Haiti is layered with complexities and contradictions between the traditional and more accepting past and a modern society that grew increasingly intolerant, influenced by local politicians, global politics, and western religious influences. The concern of rising intolerance and aggression towards the Haitian LGBT community is both on a personal level as well as structurally by the State. The recent few years saw a number of bills being introduced to the Senate, for example, to ban LGBTI community members to advocate for their rights by means of public demonstrations, which did not reach the Legislature's lower house due to activists successful advocacy. In 2017 however, the Senate voted 14-1 approving a bill to prevent same-sex marriages (*Lavers, 2017*).

Haiti is indeed a complex and contradictory space, as the country's Constitution never criminalized same-sex activities and SEROvie, the first organization in Haiti to serve the broader LGBT community, however with a strong focus on MSM and to provide psychosocial support, and HIV/AIDS prevention through peer educators and behavior change training was founded in 1999. FACSDIS was founded in 2010 to defend LBQ women and sex workers, and they work for the empowerment of women and transgender persons. KOURAJ was founded in 2011 and as its organizational documents (Kouraj.org) describe to raise awareness for, within, and about the Masisi - a reclaimed word Haitian gays call themselves by (*Barsotti, 2012*). OTRAH focusing their work on trans persons throughout the country was founded in 2017. To date, many other LGBTIQ organizations came into existence in Haiti, and progress is made by means of visibility, annual IDAHOT events, and public meetings. Haiti had a successful experience with IDAHOT in 2019, with participation in 7 different cities. In the capital, Port au Prince, the former Citizen Defender / Ombudsperson for Citizenship, was awarded a distinction by the Haitian LGBTI community for her ongoing support in the fight against homophobia and transphobia (may17.org). By definition that should provide for a relatively tolerant and safe society, however, in 2017 as part of an awareness campaign, KOURAJ painted at various places in the city Pride flags which were graffitied over with slurs and resulted in a backlash which created a lot of violence against the LGBT community (Lafontant, 2018). There is a strong presence of stigma and discrimination throughout Haitian society most often in the form of financial, verbal, and emotional abuse. If there is aggression or LBQT people are a victim of physical assault it is difficult for the police to acknowledge it, or take a case because they are female or effeminate, and being female means they either infantilize and abuse you or they ignore you.

Charlot Jeudy, the executive director of KOURAJ was murdered in what is believed to be a hate crime, he was found dead in his house 25 November 2019 and according to his parents poisoned. To date, the police never released the autopsy results and no signs are known of any investigation opened. Two months later there was a wake held for him on 24 January 2020, and he was then buried in a private cemetery by friends and

relatives (AP Archive, 2020), with the reluctance of any efforts by the State to investigate his murder. Sadly this dismissive attitude and reluctance by police to investigate his case, was one of the statements Jeudy made when KOURAJ was founded: "Bringing a complaint to the police will result in them saying they do not deal with such cases, or they may simply ignore you," (*Basotti, 2012*).

A month before Jeudy's death, 4 members of FACSDIS were victims of a hateful attack, and a week before his death 3 members of KOURAJ were threatened by an angry mob *(Assuncão, 2019*).

Haiti, a country riddled with issues between different classes shows a division in how people from different classes respond to sexuality or LGBTIQ matters. According to Laguerre it is really the rising middle class that grows increasingly intolerant towards the LGBTIQ community as they start joining Christian churches in larger numbers. The poor and working-class do not concern themselves with sexuality, instead their focus is on where the next meal will come from. (*Nixon, 2011*). Catholic and Protestant religions introduce homophobia, and furthermore discrimination towards the Masisis (gay) community. According to the Vodou belief, religion and sexuality is fluid, with an absence of stigmatization and homophobia. Vodou religion understands sexuality completely differently and many LGBTIQ persons will go to Vodou temples, even if they are not necessarily believers, but because they are welcomed at the temples. "Right after the earthquake, one of their comments (from the Christian churches) was that this happened to us because of the gay and lesbians in Haiti and that we weren't praying enough and because of their sins. And the Vodou religion also shared blame for the earthquake" (*Nixon, 2011).*

FACSDIS and other LGBTI organizations works regularly with various government agencies, for example in 2017-2018 with the Protection of Citizens (Office de la Protection du Citoyen) to address this rise in violence against the LGBT community (Lafontant, 2018) and similarly, SEROvie and KOURAJ continue their awareness-raising within the community and with various State actors.

The International Labour Organisation (ILO) is one of the oldest United Nations' specialized agencies, focussing on the promotion of social justice and decent work for all and through its unique tripartite structure, the ILO brings together governments, employers and workers to define international labor standards and to develop policies and program for decent work for all. Through the way the ILO is working, it aims to monitor, supervise, and ultimately improve the working conditions for citizens of the Member States, who implement the suggested ratifications to its conventions. The Committee of Experts on the Application of Conventions and Recommendations (CEACR) made direct requests specifically on the grounds of sexual orientation and/or gender identity to Haiti in the 2017 session (Mendos 2019). The Committee requests the Government to provide its comments on the issues raised in 2015 and 2016 and to indicate any measures taken to address discriminatory recruitment practices based on social origin, religion, political opinion, union membership, sexual orientation, or disability (*ILO-Haiti, 2017*). While the government is not responding swiftly on these matters to the Committee at the ILO, a bill was tabled for consideration to include LGBTIQ people among the categories of people who could be denied a "certificate of good reputation", a document that is required in many job applications (*Mendos 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.

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

FACSDIS is a non-profit organization committed to promoting equal rights. Women that are oppressed, marginalized, infected with HIV / AIDS, sex worker are an integral part of FACSDIS. FACSDIS is an autonomous entity set up in 2010 by women leaders and sex workers, with the objectives to better meet the specific needs of this particular group of women. FACSDIS is a Haitian community organization that offers women and sex workers, as well as their families, various free health promotions, psychosocial and legal support programs.

OTRAH, Organisation Trans d'Haiti

OTRAH was founded in (MAY 2017) by (Chanata Jean François (Chachou), Anne Eunice St Vil (Dominique) and focus to work on health, advocacy, Legal accompaniment, and recognition for transgender people (women and men). OTRAH (Organisation Trans d'Haiti) was founded because Trans identifying people felt the need to advocate for their own issues which are very different from the ones of the LGBI community.

THE RESEARCH

THE RATIONALE

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

RESEARCH DESIGN

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

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

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

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

PARTICIPATORY APPROACH

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

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

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

KNOWLEDGE SHARING

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

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

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

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

FIELDWORKER TRAINING

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

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

TRANSLATION

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

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

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

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

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

LIMITATIONS AND CHALLENGES

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

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

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

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

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

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

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

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

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

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

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

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

SIDE NOTE – INTRICACIES OF QUEER AND PANSEXUAL TERMINOLOGIES

Queer

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

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

Queer is by definition whatever is at odds with the norm, the "legitimate," the "dominant" (Halperin, 1995). Its referent can be sexuality or identity, or neither. 'Queer' defines a positionality with respect to, and outside/beyond/not – the normative. Acknowledging that queer is used interchangeably across questions of sexual orientation and gender identity in this study, the researchers use "queer" to broadly describe that which goes against the norm. That being said, very few of the research participants described themselves as "queer" per se. Presented with the opportunity to self-describe, very few of the participants used the word "queer." Many did, however, use the word "pansexual."

Pansexuality

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

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

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

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

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

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

THE METHODOLOGY

QUANTITATIVE COMPONENT

Sampling Strategies

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

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

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

Data Collection & Analysis

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

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

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

Overall notes on research instruments

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

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

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

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

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

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

QUALITATIVE COMPONENT

Human Stories

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

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

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

Elements to consider for the story:

- Stories are about people
- The details make the story real
- Keep your audience engaged
- Keep emotion at the heart of the narrative
- Use language the audience will understand – no jargon/acronyms and limit program language.

Structure of the story – an example:

- CONTEXT: Who, What, Where
- PROBLEM: What obstacles or challenges has the character faced?
- {3. SOLUTION: Introduction to your org's work and what happened next?}*
- 4. IMPACT: The person who shared has overcome a problem and been transformed
- {5. FUTURE: Hope}*

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

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

Key Themes

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

KEY THEMATIC AREAS:

The key thematic areas agreed upon by all were:

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

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

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

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

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

SURVEY FINDINGS AND DISCUSSION

SECTION 1 A) BACKGROUND

1.1 Age:

The majority (58%) of the 69 respondents were between the ages of 25-34 years. No one in the sample group was from the two older age categories, 44-54 and 55-67 years. This might be attributed to a community that is very hard to reach, and still very closeted and not forthcoming about sexuality. The country partners explained: "*due to the fact that mostly here in our country even people that are part of the LBTQ community do not even know if they want to label themselves with the community because they are not used to labeling themselves*" – Dominique, Haiti.

Table 1: Age

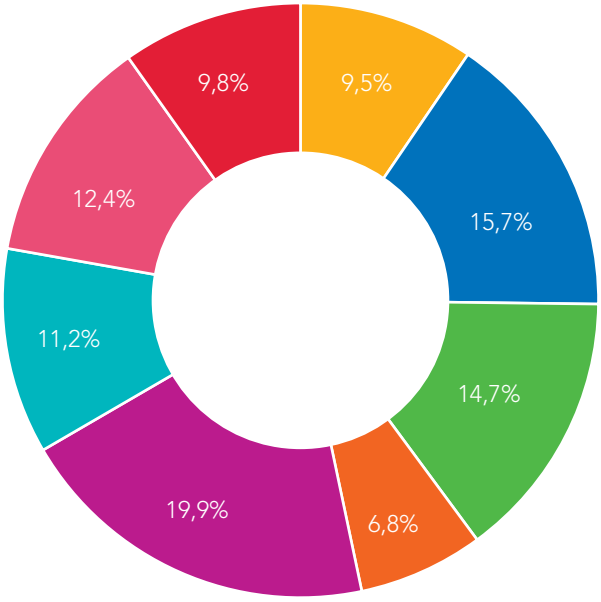
Age		
	N=69	%
18- 24	23	33.3%
25 -34	40	58.0%
35 -44	6	8.7%
44 - 54	0	0.0%
55 - 67	0	0.0%

1.2 Country of residence

The research conducted in 8 countries had a total of 1,018 respondents. Of these, the majority were from Jamaica 202 (19.9%), Belize 160 (1.7%), Guyana 150 (14.7%) followed by Suriname 126 (12.4%), Saint Lucia 114 (11.2%), Trinidad and Tobago 100 (9.8%), Barbados 97 (9.5%) and Haiti 69 (6.8%). Haiti was the country with the lowest respondents due to several challenges experienced in the country including civil unrest that has led to violence against the LGBTIQ community, communication challenges and the situation of COVID-19 which affected their ability to reach the target numbers. The situation of COVID-19 which

resulted in restrictions in movement as well as mandatory social distancing also affected other countries in the research. Of the 304 bisexual women that responded to the survey, 20% were from Jamaica; of the 506 lesbians, 22% were from Jamaica; of the 106 pansexual women, 22% were from Barbados. Of the 101 that identified as "other", the majority were from Haiti (19%). This high presentation of "other" in Haiti totally makes sense, as the country partners explained: "due to the fact that mostly here in our country even people that are part of the LBTQ community do not even know if they want to label themselves with the community because they are not used to labeling themselves" – Dominique, Haiti.

Graph 1: Country of Residence



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

1.3 Ethnicity:

100% of the respondents identified as Afro-Caribbean, while the country's national statistics indicates 95% of the population's ethnicity is black, with only 5% shared by mulatto (mixed) and white people. (*IndexMundi, 2019*)

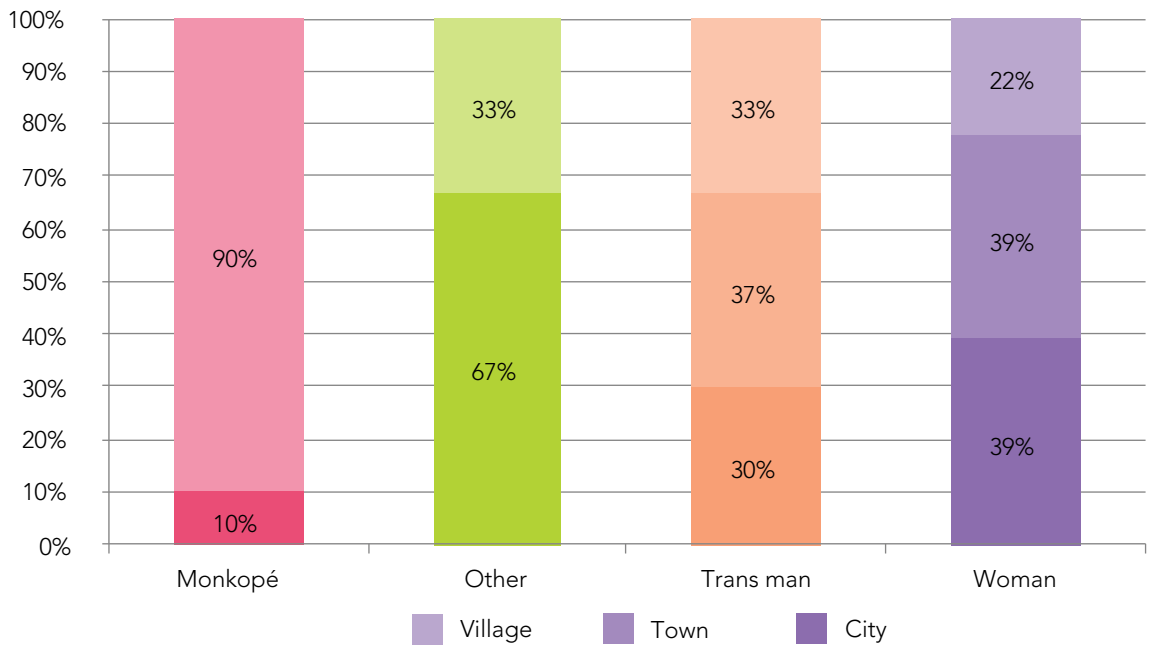
Table 2: Ethnicity

Which ethnicity do you identify most		
	N= 69	%
Afro Caribbean	69	100.0%
Caucasian	0	0.0%
East Indian	0	0.0%
Hispanic	0	0.0%
Indigenous	0	0.0%
Other, specify	0	0.0%

1.4 What type of area do you live in?

The majority of the respondents, 75% are divided between town (46%) and city (32%), while only a minority (22%) indicated that they live in a village. We present the data, grouped by "Monkopé", "Other", "Trans man" and "Woman" – with further explanations at the Gender Identity section, however we want to note that Graph 2 indicate a different distribution of identities across the different types of areas respondents live in. *"The meaning of the word Monkonpé has a different understanding depending on the area in which you are doing the research. It is also important to mention that at an educational level the terminologies used have several ways to be interpreted and that most of the time the interpretation is not as much of an issue as to the fact that the sexual education including the education about sexual orientation gender Identity and gender expression does not exist at a national level"*. – Dominique, Haiti.

Graph 2: Area they live in

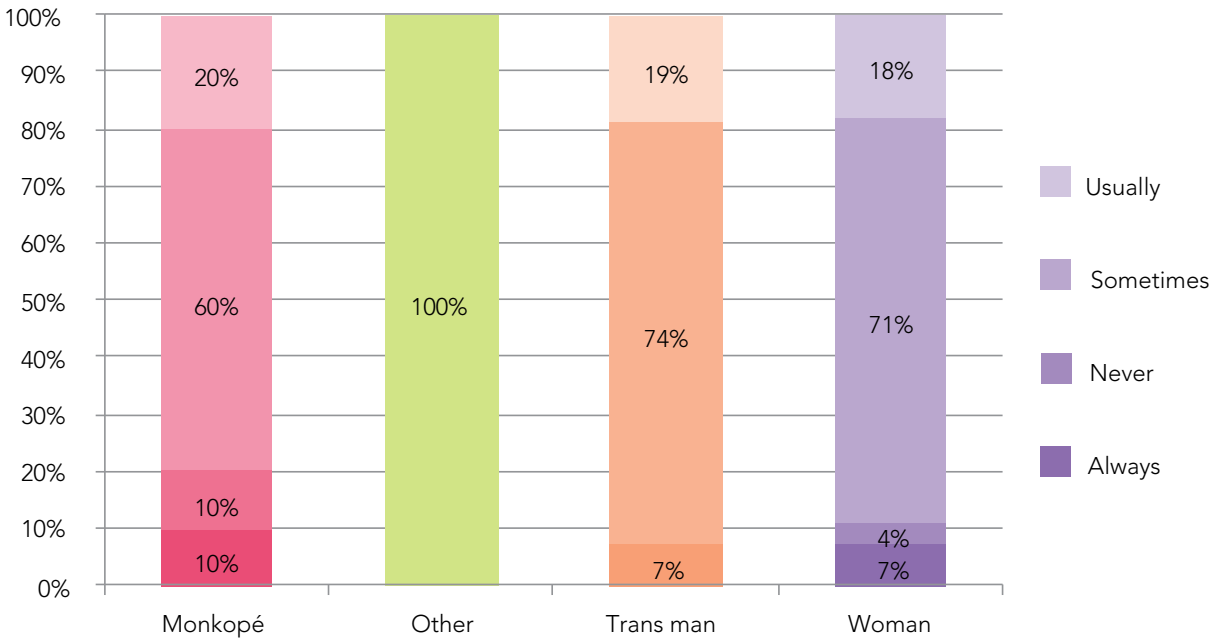


SOCIOECONOMIC CONDITIONS

1.5 Enough money to cover basic needs

When we asked if they have enough money to cover their basic needs, only 7% of the respondents stated "always" and 3% said "never". There were 18% that indicated that they "usually" have enough money to cover their basic needs while the majority of 72% indicated that they have "sometimes" enough. With such a large majority indicating "sometimes" it is a concern to highlight that our research participants live from month to month, and therefore always on the edge, to know if they will make it through each month.

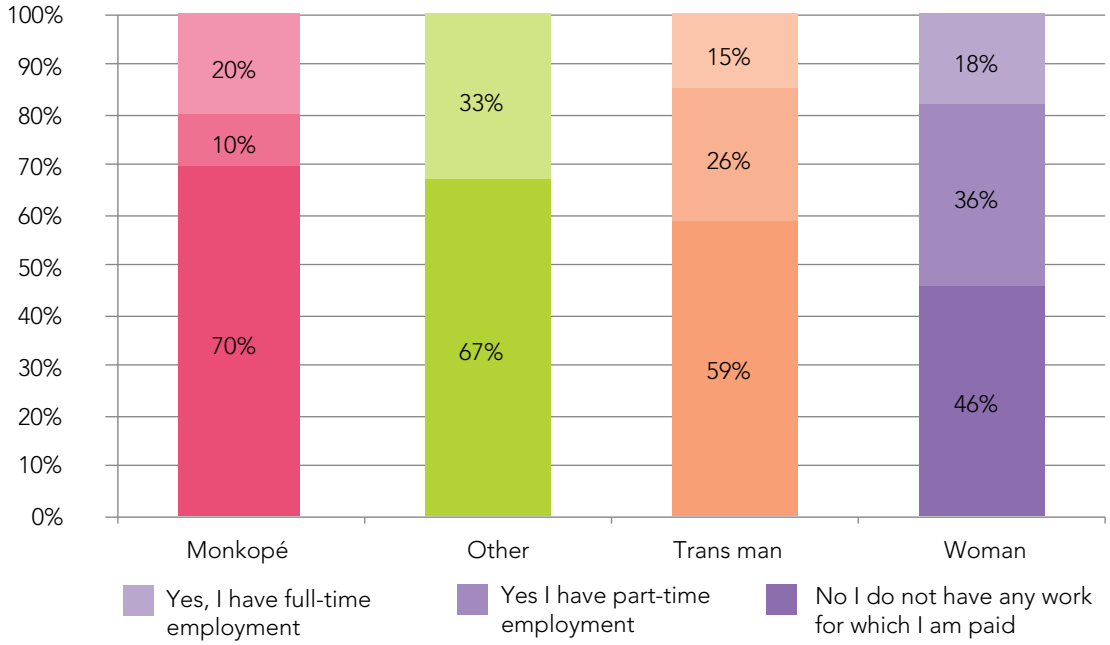
Graph 3: Enough money to cover basic needs, by Gender Identity



1.6 Paid Employment

There were 56% respondents that indicated that they do not have any work for which they get paid, while 28% indicated they have a part-time job and a minority of 16% have full-time employment. Haiti is the country within our study of 8 Caribbean countries with the highest unemployment rate, at 56% whereas Jamaica, Trinidad, and Tobago average at 30% and the remaining other 5 countries average at 15% unemployment. The unemployment rate for the general population in Haiti hovers at 14% (The World Bank, 2019), this further demonstrates the socio-economic difficulties the LBQ and Trans masculine Haitians must navigate during their daily lives. There are only 7% of the respondents in Haiti who indicated that they can always cover their basic needs, however, 30% of respondents in the rest of our study can cover their basic needs.

Graph 4: Paid job, by gender identity



1.7 Alternative sources of income

We asked research participants a set of questions (a-f) about various strategies they apply to overcome financial difficulties and substitute income. With the high level of unemployment, indicated at 1.6 and the struggle to cover basic monthly needs (1.5) this table below demonstrates the reality of the respondents in Haiti.

The two areas which respondents most frequently utilize to substitute their income is "alternative sources of income, which are legal" at 51% followed by "I receive overseas funds to cover my living costs" at 35%. The method least employed is to turn to unlawful or criminal activities to gain income (97%) followed by working more than one job (91%). Only 18% of respondents access income through sexual favors for money, escorting, or any other form of sex work.

Table 3: Sources of alternative income

Alternative sources of income		
Survey Questions	No %	Yes %
I have alternative sources of income such as sexual favors in return for money	82%	18%
I don't have any formal income, but hustle, bargain, sell recycled goods or second-hand clothing	85%	15%
I receive overseas funds to cover my living costs	65%	35%
I sometimes turn to unlawful/ criminal activities to gain income	97%	3%
I have other alternative sources of income, which are legal	49%	51%
I have more than one job, to make months end	91%	9%

1.8 Religious beliefs

Across the 8 countries in this research there were 30% that stated that they are not religious while in Haiti 42% indicated that they are not religious. That is followed by 34.8% who indicated in the "Other, Vodou" section that they follow Vodou belief, which was recognized as an official religion in 2003 (IndexMundi, 2019). Vodou is practiced by about half of the population, along another religion (IndexMundi, 2019). Although 54.7% are Catholic and a total of 83.2 Haitians belong to a Christian denomination according to the Index Mundi with only 2.1% indicating Vodou it should not come as a surprise that our study has completely different statistics, showing 34.8% of respondents to follow Vodou, as it is widely known that according to Vodou belief, religion and sexuality is fluid, with an absence of stigmatization and homophobia. Vodou religion understands sexuality completely differently and many LGBTIQ persons will go to Vodou temples, even if they are not necessarily believers, but because they are welcomed at the temples. Prior to the COVID-19 outbreak, resulting in a nationwide country lockdown, the original sampling strategy the country partners designed to recruit research participants was to follow a Time-location strategy (Magnani et al., 2005), targeting Vodou temples. Although the recruitment did not follow the exact sampling design, it clearly demonstrates that a convenient number of community members can be reached at Vodou temples and therefore might bias the data, besides the norm that many people practice aspects of Vodou alongside another or no religious beliefs.

Table 4: Religion

Religious beliefs		
	N=69	%
Buddhism	2	2.9%
Christianity	10	14.5%
Hinduism	2	2.9%
I am not religious	29	42.0%
Islam	0	0.0%
Other, Vodou	24	34.8%
Rastafarian	2	2.9%

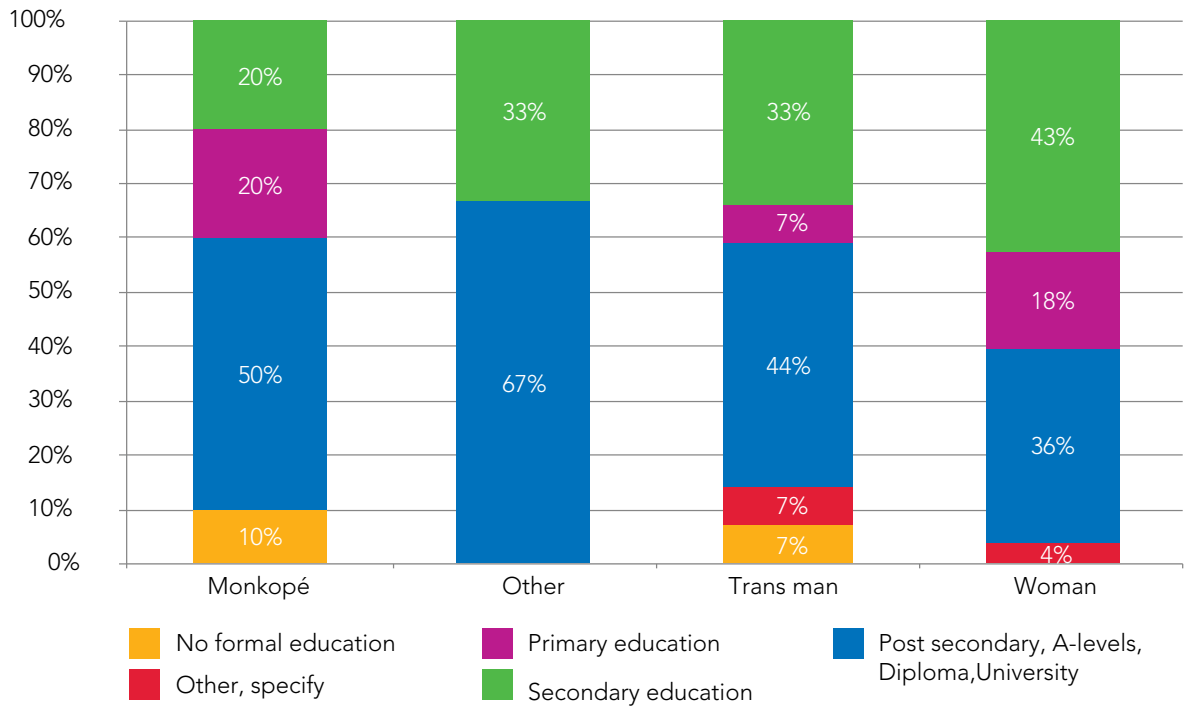
1.9 Level of Education

From the entire group of respondents in Haiti, 43% indicated that they have completed post-secondary, A-levels, Diploma or University, of which, if broken down by gender identity; 36% women, 44% of the trans masculine persons and 50% of the monkopés. 35% of respondents have secondary level education.

Note the correlation between employment and education is at disconnect, while 72% of respondents indicated they can only sometimes cover their basic needs, and only 16% has full-time employment 43% have completed post-secondary education and 35% have completed secondary education, while the national statistics of Haiti indicates that 61% of people, the age of 15 and older can read and write (IndexMundi, 2019). Proportionally the LBQ and Trans masculine respondents in Haiti have completed education at a higher rate than Haitian citizens, while they have full-time employment at far lower rates

than the LBQ and trans masculine respondents in the other 7 Caribbean countries in this research or nationally in Haiti.

Graph 5: Level of education, by gender identity



SOGIE – SEXUAL ORIENTATION AND GENDER IDENTITY

1.10 Sexual attraction

We asked research participants a set of questions (a-f) about who they feel most likely sexually attracted to.

Table 5: Sexual attraction

Sexual attraction towards:		
Survey Questions	No %	Yes %
To women (identify as sex assigned at birth)	13%	87%
To men (identify as sex assigned at birth)	90%	10%
To trans men (assigned female at birth but identify as male)	85%	15%
To trans women (assigned male at birth but identify as female)	90%	10%
To gender non-conforming people (don't conform to a specific gender)	97%	3%
Other, specify	100%	0%

1.11 Emotional attraction

We asked research participants a set of questions (a-g) about who they feel most likely emotionally attracted to.

Table 6: Emotional attraction

Emotional attraction:		
Survey Questions	No %	Yes %
To women (identify as sex assigned at birth)	6%	94%
To men (identify as sex assigned at birth)	91%	9%
To trans men (assigned female at birth but identify as male)	91%	9%
To trans women (assigned male at birth but identify as female)	93%	7%
To gender non-conforming people (don't conform to a specific gender)	99%	1%
I do not feel emotional attraction	100%	0%
Other, specify	100%	0%

1.12 Sexual experience in the past 12 months

We asked research participants a set of questions (a-e) about whom they have had sexual experience with, in the past 12 months.

Table 7: Sexual experience in the past 12 months

Sexual experience in the past 12 months:		
Survey Questions	No %	Yes %
To women (identify as sex assigned at birth)	10%	90%
To men (identify as sex assigned at birth)	88%	12%
To trans men (assigned female at birth but identify as male)	88%	12%
To trans women (assigned male at birth but identify as female)	96%	4%
To gender non-conforming people (don't conform to a specific gender)	94%	6%

1.13 Sexual experience in the past

We asked research participants a set of questions (a-e) about whom they have had sexual experience with, in the past.

Table 8: Sexual experience in the past

Sexual experience in the past:		
Survey Questions	No %	Yes %
To women (identify as sex assigned at birth)	12%	88%
To men (identify as sex assigned at birth)	88%	12%
To trans men (assigned female at birth but identify as male)	87%	13%
To trans women (assigned male at birth but identify as female)	96%	4%
To gender non-conforming people (don't conform to a specific gender)	94%	6%
I have not had sexual experiences in my entire past	100%	0%

1.14 Sexual orientation

We asked respondents about their sexual orientation, and how they mostly identify. Most of the respondents (51%) indicated that they identify as lesbian, while the next highest number of respondents (26%) said "other".

THE HUMAN STORIES

"When talking about SOGIE and specifically speaking about persons that identify as Trans man or Monkonpé, we have to face three realities which should be taken into consideration.

First is that sexual orientation and gender identity, in Haiti are not separated, for many it means the same thing and second is that when doing the research we try to reach as many persons as possible that usually come to training sessions and workshops, which means that they are most likely able to identify as Trans Masculine (TM), but a TM here [in the research, i.e. according to western understanding], means you can't identify as lesbian, you either one or the other, and thirdly, there is the question of how the community sees you once you said you have certain sexual practices. Many chose "other", not because they are not TM, because they are and identified as man, but might not understand the meanings of Trans identity. There is a possibility that we have in Haiti people who self-identify as pansexual".

– Dominique, Haiti.

Table 9: Sexual orientation, across gender identity

In terms of sexual orientation, how do you most identify?					
	Monkopé	Other	Trans man	Woman	Total
Bisexual	0	1	0	10	11
	0%	33%	0%	36%	16%
Lesbian	2	1	17	15	35
	20%	33%	63%	54%	51%
Other	6	1	8	3	18
	60%	33%	30%	11%	26%
Pansexual	2	0	2	0	4
	20%	0%	7%	0%	6%
Total	10	3	27	28	68
	100%	100%	100%	100%	100%

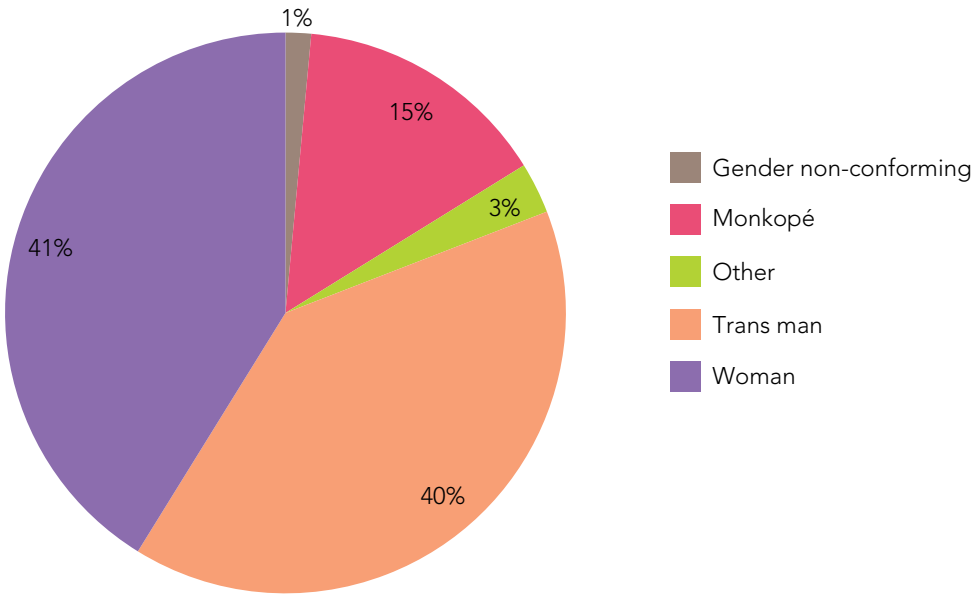
1.15 Gender Identity

There were 41% respondents that indicated that they are women, meaning they identify as the sex assigned at birth, while 40% of respondents selected trans men (assigned female at birth but identify as male) as their gender identity. A further 15% of respondents identify their gender as monkopé - a word to indicate someone that is a female but who identifies as a man. The word has a derogative history, however, lately activists and some community members started to reclaim the word. A minority (3%) of respondents indicated "other", while 1% indicated gender non-conforming.

There are a few observations to make in this regard. As noted in the translation section as well as within the Challenges section there are a number of considerations; 1) language might have an influence on how respondents indicated their sexual orientation as well as gender identity, however language stretch beyond spoken word and the different interpretations of terminology. More importantly reference is made here to the global North or Western academic language in relation to how locals understand and define autonomously. With a strong influence from a culture that is shaped by its western African roots, vodou and its fluid understanding of gender, and acceptance of sexualities. It is in modern day, that the Haitian society introduce a more rigid and homophobic stance towards fluid gender.

Haiti 2) stands out, in comparison to the other 7 countries (Barbados, Belize, Guyana, Jamaica, Saint Lucia, Suriname, and Trinidad and Tobago) in this research, in that the 3) nuanced breakdowns of the survey findings are in those countries by sexual orientation and in Haiti by gender identity – due to the vast number of persons who self-identify rather along a varied gender identity instead of sexual orientation. In that regard, if one factor the 1 % gender non-conforming, 3% other (and therefore definitely not women, as that was a clear option), 15% monkopé and those who identify as trans men together they form a total of 59% - leaving the gender category for women to 41%.

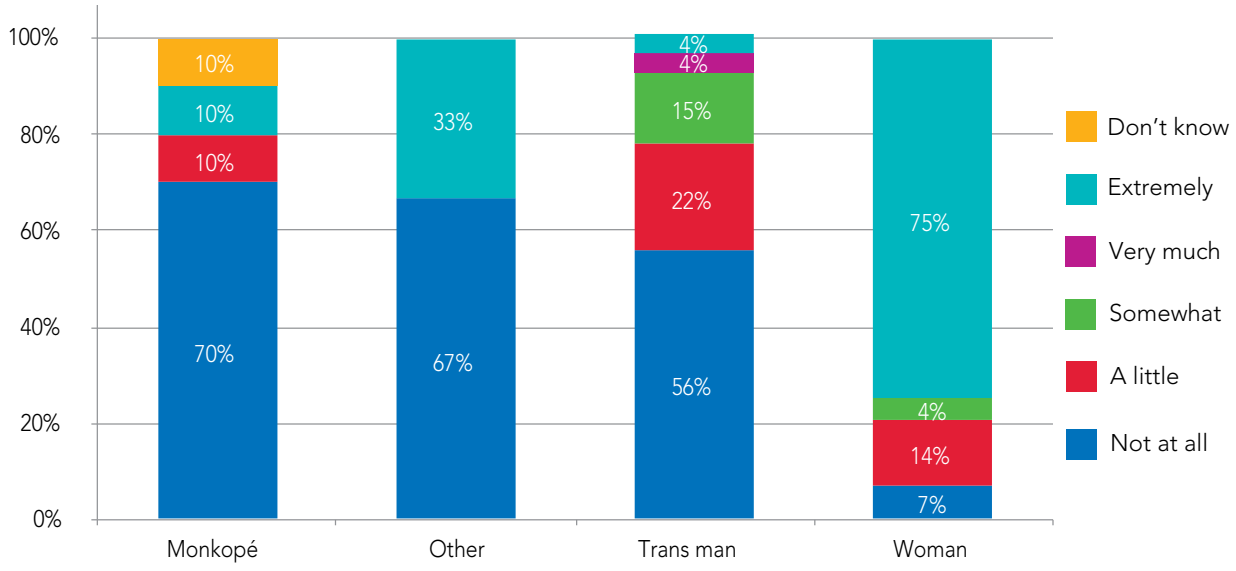
Graph 6: Gender identity



SECTION 1B. GENDER EXPRESSION

In exploring gender expressions, the respondents were asked how feminine they think they are. There were 38% that stated, "not at all", while 35% stated "extremely" and 16% said "a little". The 38% respondents who stated "not at all" composed of the respondents who self-identify as trans masculine, monkopé and other, with only 2 [n] who identify as women. The 35% of respondents who selected "extremely" were majority of the women.

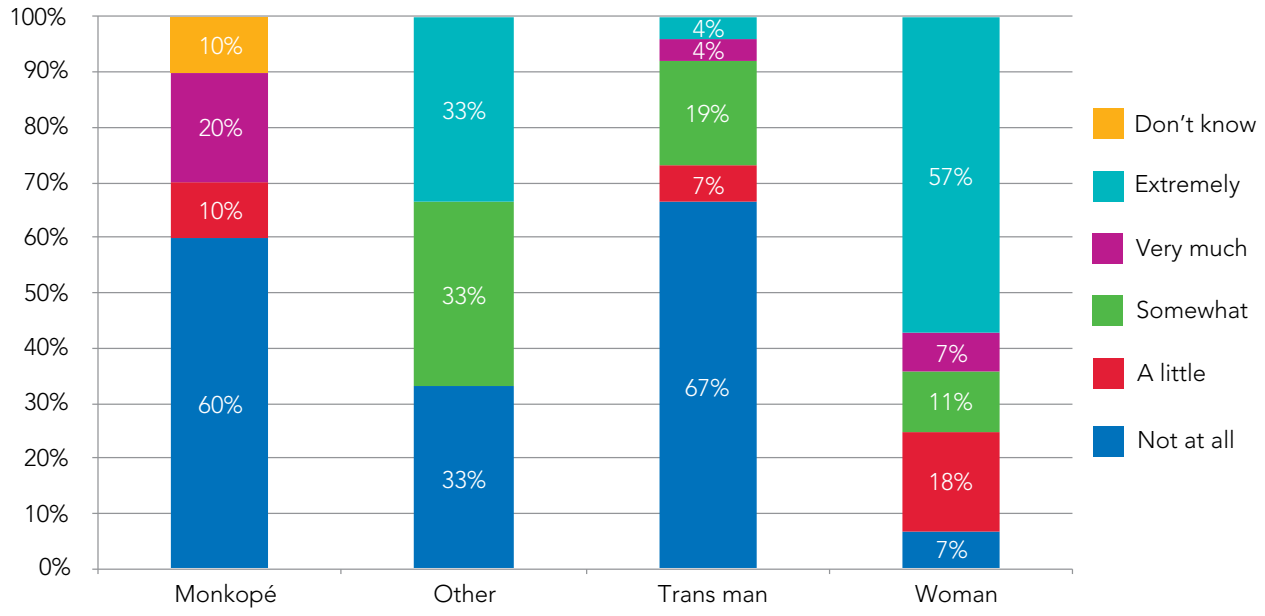
Graph 7: Gender Expression: "how feminine you think you are?"



The respondents were asked how feminine they behave in front of others. There were 40% that stated, "not at all" while 26% selected "extremely", and 13% said "somewhat". A minority 7%, or 2 [n] women selected the option of "not at all", and the remaining respondents in this category were trans masculine and monkopé. The 26% of respondents who selected "extremely" we mostly the women and 1 [n] each trans masculine and other.

When we asked respondents in general how feminine they appear, we received similar answers from the respondents, 34% stated that they do "not at all" appear feminine and 28% said that they appear extremely" feminine.

Graph 8: Gender Expression "how feminine you behave in front of others?"



We asked the same set of questions about masculinity. Firstly we asked how masculine they think they are, 46% stated "extremely" and 25% said "not at all" with the rest of the respondents, mostly divided into "very much" (15%) and "a little" (9%). A minority stated 4% and there was 1% that said they "don't know". When we asked how masculine they behave, we found a similar pattern; 25% said "not at all" and 41% started "extremely".

Table 10: Gender Expression: "how masculine you think you are?"

In general, how masculine do you think you are?					
	Monkopé	Other	Trans man	Woman	Total
1 Not at all	0	0	1	16	17
	0%	0%	4%	57%	25%
2 A little	0	0	0	6	6
	0%	0%	0%	21%	9%

In general, how masculine do you think you are?					
	Monkopé	Other	Trans man	Woman	Total
3 Somewhat	0	1	0	2	3
	0%	33%	0%	7%	4%
4 Very much	2	1	7	0	10
	20%	33%	26%	0%	15%
5 Extremely	7	1	19	4	31
	70%	33%	70%	14%	46%
Don't know	1	0	0	0	1
	10%	0%	0%	0%	1%
Total	10	3	27	28	68
	100%	100%	100%	100%	100%

When we asked respondents how masculine they appear, the responses shifted and were distributed in a less binarized manner. 37% of the respondents stated that they appear "extremely" masculine, followed by 25% who said, "not at all" and 21% stated "very much". "A little" (9%) and "somewhat" followed closely. Again 1% replied with "don't know".

Gender Affirming Practices

We asked research participants a set of questions (a-f) about any possible gender affirming practices they follow. There were 3% or 2 [n] of the respondents that stated that they use hormones, from a local private health care provider. There were 41% of the respondents that stated that they use some form of binding (binders, bandages) or some method to hide their breasts. There were 38% of the respondents who said that they use socks or dildoes/ packers in their underwear to simulate a penis. When we asked if they live by their self-identified gender, 68% stated "yes", while 51% said they only live by self-identified gender at some spaces they regard as safe. 63% of the respondents say that people know them by their chosen name.

Table 11: Gender affirming practices

Gender affirming practices:		
Survey Questions	No %	Yes %
Do you use hormones for gender affirming care (transitioning)?	97%	3%
Do you use any form of binding (binders, bandages, etc.)?	59%	41%
Do you use any objects such as socks or dildoes/packers in your underwear to simulate a penis?	62%	38%
Do you publicly live by your self-identified gender?	32%	68%
Do people publicly know you by your chosen name?	37%	63%
Do you publicly live as your self-identified gender, only at some safe spaces?	49%	51%

SECTION 1C. SEXUALITY AND SELF

We asked the respondents how they if they dislike themselves for being a person who has or wants sex with people of the same sex, 59% of the respondents disagreed strongly with the statement, while 23% agreed. There was 15% of the respondents who agreed that they wished that they were sexually attracted to people of the opposite sex, while 9% strongly agreed and 20% disagreed, the majority; 56% disagreed strongly. When we asked if they were ashamed of themselves for being sexually attracted to people of the same sex, 27% disagreed to that, while a majority of 52% disagreed strongly. 48% of the respondents agreed that they feel that being attracted to people of the same sex are a personal weakness, while a minority of 8% agreed strongly, 27% of the respondents disagreed strongly while 17% disagreed. When we asked them if someone offered them to change to be completely heterosexual, 20% would agree to accept the offer, 8% would agree strongly, 24% disagreed and 48% disagreed strongly to this offer. On our question if they have negative thoughts or feelings whenever they think about having sex with someone of the same sex, 17% agreed while 6% said they agreed strongly, 21% of the respondents disagreed and 56% disagreed strongly.

Table 12: Sexuality and self

Sexuality and Self				
Survey Questions	Agree	Agree Strongly	Disagree	Disagree Strongly
Sometimes I dislike myself for being a person who has (or wants) sex with people of the same sex.	23%	6%	12%	59%
I wish I was only sexually attracted to the opposite sex	15%	9%	20%	56%
I am ashamed of myself for being sexually attracted to people of the same sex	15%	6%	27%	52%
I feel that being attracted to people of the same sex is a personal weakness of mine	48%	8%	17%	27%
If someone offered me the chance to be completely heterosexual, I would accept the offer	20%	8%	24%	48%
Whenever I think about having sex with someone of the same sex, I have negative thoughts and/or feelings	17%	6%	21%	56%

SECTION 1D. GENDER IDENTITY AND SELF

When we asked about their gender identity and self, a total of 59 [n] respondents from the 68 [n], replied on this set of questions. Of the persons who identified as transgender, monkopé and/or gender non-conforming, there were 32% who strongly agreed or agreed that they dislike themselves for being trans or gender non-conforming. When asked if they wished they were not transgender, monkopé or gender non-conforming, 37% agreed and strong agreed. There were 67% persons who said that they agreed or strongly agreed that they think about the fact that they are trans or monkopé when interacting

with people. There were 35% persons that stated that they think that being trans, monkopé or gender non-conforming is a personal weakness while 39% stated that if they were given the opportunity to be cisgender, they would accept the offer.

Table 13: Gender identity and self

	N	Agree or Strongly Agree
Sometimes I dislike myself for being transgender and/or gender non-conforming	19	32%
Sometimes I wish I wasn't transgender and/or gender non-conforming	22	37%
I think about the fact that I am transgender and/or gender non-conforming when I interact with people	40	67%
I feel that being transgender and/or gender non-conforming is a personal weakness of mine	21	35%
If someone offered me the chance to be completely cisgender, I would accept the offer	23	39%

The respondents were asked if a person can get hormones for transitioning from a local health provider, if they need them. Of the 64 persons who responded to this question, 56% said they "don't know", 36% stated "no" and 8% or 5 [n] said "yes".

There was 66 persons who responded on the question, when we asked if a person can get gender affirming surgery from a local healthcare provider if they need it and 53% said they "don't know", while 44% replied "no", while 3% or 2 [n] said "yes".

Table 14: Gender identity and gender affirming practices

Can a person get gender affirming surgery from a local healthcare provider if you need it?					
	Monkopé	Other	Trans man	Woman	Total
I don't know	3	1	11	20	35
	30%	50%	41%	74%	53%
No	6	0	16	7	29
	60%	0%	59%	26%	44%
Yes	1	1	0	0	2
	10%	50%	0%	0%	3%
Total	10	2	27	27	66
	100%	100%	100%	100%	100%

SECTION 2A: HEALTH SERVICE USE

When we asked about private health insurance, 12% stated that they do have private health insurance while 88% said that they do not. Of those that have private health insurance, 3 [n] persons identify as women and 5 [n] identify as trans masculine or monkopé.

Table 15: Health Insurance

Do you have private health insurance?			
	Trans, monkopé, GNC	Woman	Total
No	35	25	60
	88%	89%	88%
Yes	5	3	8
	13%	11%	12%
Total	40	28	68
	100%	100%	100%

We asked the respondents about the type of medical institution they access their healthcare from. Below is the summary of replies. The majority of respondents do not access private clinics, hospitals or health care, nor indigenous/ traditional healthcare. Mostly, if people access health care facilities, they indicated that they use public healthcare. However, their utilization of any healthcare, public included are marginally low. Only 5 reasons to access healthcare listed in our survey; generated more than 10% access (of any kind of facility). Those five reasons to access health care are a "check-up when feeling sick", "emergency care", to "test for HIV", "testing care or treatment for other sexually transmitted infections" (with a 14% and 15% access rate) and lastly for "other" reasons 66% of respondents go to an indigenous or traditional healer.

It is concerning to look at the detrimental link between the employment rate (Full Time = 16%) and the 72% of respondents who indicated they can only "sometimes" cover their basic needs and review that in light of the data of respondents who are able to access health care. Across the types of healthcare available in Haiti only 42% of respondents can afford their way to seek medical care at public healthcare options, when they are feeling sick. Respondents indicated their access to emergency health care at 17% at public facilities and 14% at private clinics or hospitals. Testing for HIV is at 42% at public institutions and 29% at private facilities. The highest level of access to HIV Care and treatment is 5% and testing, care or treatment for other sexually transmitted infections are at 15%. The highest access for healthcare after a sexual assault is 3%. However, 66% of respondents reported that they access healthcare at a traditional or indigenous healer for "other" health related reasons.

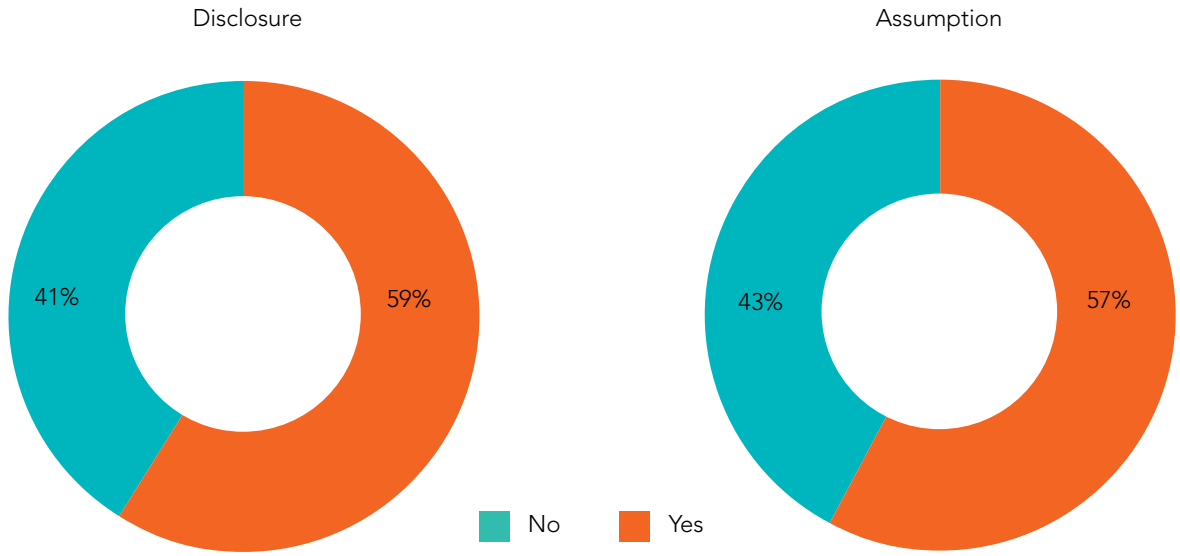
Table 16: Access to health care services

Health Service Usage			
Survey Questions	Private % Yes	Public % Yes	Trad % Yes
Regular check-ups when I am feeling well	2%	5%	0%
Check-ups when I am feeling sick	39%	42%	29%
Emergency Care	14%	17%	3%
Care after a sexual assault	0%	3%	2%
Care after a physical assault	3%	6%	2%
Test for HIV	29%	42%	9%
HIV Care and treatment	0%	5%	2%
Testing, care, or treatment for other sexually transmitted infections (STIs) (Not HIV)	14%	15%	5%
Counselling or psychosocial support	8%	6%	0%
Care for mental health conditions	3%	2%	2%
Barrier methods (condoms, dental dams or finger condoms)	9%	9%	8%
Contraception (injection, pill, IUD/loop, implant)	8%	2%	2%
Breast cancer checks (mammograms)	6%	5%	0%
Throat cancer checks	2%	2%	0%
Cervical cancer checks (pap smears)	9%	6%	2%
Gender affirming treatment (hormones, surgery)	0%	0%	0%
Other	2%	2%	66%

SECTION 2B: HEALTH SERVICE BARRIERS

There were 59% of the respondents who indicated that they had disclosed their sexual orientation or gender identity to a health care staff member while 41% said that they had not. When we asked if a healthcare staff member had made assumptions of their sexual orientation or gender identity 57% said "yes" while 43% said "no".

Graph 9: Respondents by comparison of disclosure and assumption: SOGI



When we asked about the barriers they experience when they access healthcare services, 99% responded that they never had a health care staff member threatening them to call the police or a law enforcement agent because of they are lesbian, bisexual, queer or a trans man. There were 32% of the respondents that indicated poorer service than other people because they are lesbian, trans masculine or monkopé. When we asked how often they have been called names or insulted by health care staff because they are lesbian, bisexual, trans masculine or monkopé, 51% responded "never", 22% said rarely, while 24% indicated "sometimes". 57% of respondents indicated "never", when we asked them how often they think health care staff denied them service because their sexual orientation or gender identity, while 21% said "rarely" and 19% selected "sometimes".

Table 17: Health service barriers

Health service barriers				
Survey Questions	Never	Often	Rarely	Sometimes
When seeking healthcare, how often do you think you have received poorer service than other people because you are lesbian, bisexual, queer or a trans man?	44%	9%	15%	32%
How often have you been called names or insulted by health care staff because you are lesbian, bisexual, queer or a trans man	51%	3%	22%	24%
How often do you think health care staff has denied you a service because you are lesbian, bisexual, queer or a trans man	57%	3%	21%	19%
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	99%	0%	0%	1%

2C: IMPACT OF PREVIOUS EXPERIENCES ON HEALTH SEEKING BEHAVIOUR

We asked respondents for reasons if they postponed or not tried to get health care with two sets of possible answers; one being if they could not afford it, to which 34% agree that be the reason, while 16% agreed that they don't access health care when they feel sick or are injured due to disrespect or discrimination because they identify as lesbian, bisexual, trans masculine or monkopé.

Table 18: Impact of previous experiences on health seeking behavior

Impact of previous experiences on health seeking behavior		
Survey Questions	No	Yes
You have postponed or not tried to get needed health care when you were sick or injured because you could not afford it	66%	34%
You have postponed or not tried to get HIV testing because you could not afford it	90%	10%
You have postponed or tried not to get STI or STI/HIV treatment because you could not afford it	100%	0%
You have postponed or tried not to get cervical, breast or throat cancer screening because you could not afford it	93%	7%
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	84%	16%
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	82%	18%
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	94%	6%
You have hidden or tried to hide being lesbian, bisexual, queer or a trans man from a health care provider for fear of discrimination	93%	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	84%	16%

SECTION 2D: TRANS-RELATED HEALTH CARE NEEDS

Medical Transition

There was 10 [n] persons who indicated that they would like to use hormones, Testosterone for masculinization purposes, but that it is not available in Haiti. On the question if they discontinued using hormones, 11 [n] indicated "yes". When we asked if they want to use hormones, but can't afford it, 7 [n] agreed with the statement. 2 Persons want to use hormones but don't know where to find it.

Surgical Transition

We asked respondents if they want surgery and presented various answers to select from, for which 3 [n] persons indicated that they "want surgery, but will never be able to get it", while 26 [n] or 56% respondents indicated that they "want surgery but I can't afford it" and another 8 [n] respondents stated that they "want surgery but don't know how to get it". Only 1 [n] respondent indicated "yes" when we asked if they can indicate if they had bottom surgery.

SECTION 3A: ALCOHOL

Of the 68 respondents who responded to the question how they have a drink containing alcohol, 16 [n] indicated never and were encouraged to go to the next section. The 16 [n] who indicated they never have a drink containing alcohol, 2 [n] were from the women and 14 [n] were from the group identifying as trans masculine and monkopé. The remaining set of questions were answered by 52 [n] respondents. Of those who drink daily or almost daily 25% or 10 [n], were in the group of trans masculine and monkopés and 25% 7 [n] were identifying as women.

Table 19: Alcohol consumption

Survey Questions	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often do you have a drink containing alcohol?	24%	25%	13%	13%	25%
How often do you have six or more drinks on one occasion?	10%	37%	13%	23%	17%
How often during the past year have you found that you were not able to stop drinking once you started?	67%	10%	4%	6%	14%
How often during the past year have you found that you failed to do what was normally expected from you because of drinking?	75%	12%	6%	4%	4%
How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	81%	10%	4%	2%	4%
How often during the last year have you had a feeling of guilt or remorse after a heavy drinking session?	79%	12%	4%	2%	4%
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	75%	19%	0%	0%	6%
Have you or someone else been injured because of your drinking?	96%	4%	0%	0%	0%
Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	73%	10%	10%	0%	7%

SECTION 3B: DRUGS

There were 74% of the respondents who said that they never used drugs other than alcohol, and they were able to skip the remaining questions out. The respondents who indicated that they used previously drugs other than alcohol represented 18 [n] persons, who answered the next questions. When we asked them how often they were heavily influenced by drugs 28% said less than monthly while 6% indicated daily or almost daily and 67% indicated that they were never influenced heavily. A majority of respondents, 83% or 15 [n] never had a feeling in the past year of guilt or a bad conscience because of drugs. When we asked if someone else had been hurt (mentally or physically) because of their use of drugs 88% of respondents indicated "never", while 12% or 2 [n] respondents selected less than monthly.

Table 20: Drug use

Survey Questions	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often do you use drugs other than alcohol	74%	21%	4%	1%	1%
If you do drugs, how often do you do drugs?	17%	61%	6%	6%	11%
How often are you influenced heavily by drugs?	67%	28%	0%	0%	6%
How often during the last year have you had a feeling of guilt or a bad conscience because you used drugs?	83%	11%	0%	0%	6%
Have you or someone else been hurt (mentally or physically) because you use drugs?	88%	12%	0%	0%	0%

When we asked if a relative, friend, doctor or other health care worker been concerned about their drug use, 83%, or 15 [n] respondents stated "no" while 17% or 3 [n] said yes.

SECTION 3C: DEPRESSION AND ANXIETY

When we asked about feeling nervous, anxious or on the edge, 37% indicated that they do a little of the time. There were 15% who said that they rarely feel nervous, anxious or on the edge, while 25% said occasionally or a moderate amount of time. Only 1% or 1 [n] respondent indicated "none" while 10% indicated "never" and 12% said "all the time".

Table 21: Feeling nervous, anxious or on the edge

Feeling nervous, anxious or on edge?			
	Trans, monkopé, GNC	Woman	Total
All of the time (5-7 days)	5	3	8
	13%	11%	12%
Never	4	3	7
	10%	11%	10%
None	1	0	1
	3%	0%	1%
Occasionally or a moderate amount of time (3-4 days)	11	6	17
	28%	21%	25%
Rarely	7	3	10
	18%	11%	15%
Some or a little of the time (1-2 days)	12	13	25
	30%	46%	37%
Total	40	28	68
	100%	100%	100%

When we asked respondents if they feel they worry too much about different things at different times, to which 35% replied "some or a little of the time (1 – 2 days), while 21% responded "rarely" and 16% said "occasionally or a moderate amount of time (3 – 4 days). 10% indicated "none" or "never" while 18% said "all of the time" (5 – 7 days).

Table 22: Worrying too much about different things

Worrying too much about different things?			
	Trans, monkopé, GNC	Woman	Total
All of the time (5-7 days)	8	4	12
	20%	14%	18%
Never	3	3	6
	8%	11%	9%
None	1	0	1
	3%	0%	1%
Occasionally or a moderate amount of time (3-4 days)	5	6	11
	13%	21%	16%
Rarely	8	6	14
	20%	21%	21%
Some or a little of the time (1-2 days)	15	9	24
	38%	32%	35%
Total	40	28	68
	100%	100%	100%

There were 32% who said that they became easily annoyed and irritable "some or a little of the time" while 22% said occasionally or a moderate amount of time and 28% stated "rarely". Almost the same number of respondents indicated "all of the time" (9%) and "never" or "none" (8%).

Table 23: Easily annoyed and irritable

Becoming easily annoyed and irritable?			
	Trans, monkopé, GNC	Woman	Total
All of the time (5-7 days)	3	3	6
	8%	11%	9%
Never	2	3	5
	5%	11%	7%
None	1	0	1
	3%	0%	1%
Occasionally or a moderate amount of time (3-4 days)	9	6	15
	23%	21%	22%
Rarely	15	4	19
	38%	14%	28%

Becoming easily annoyed and irritable?			
	Trans, monkopé, GNC	Woman	Total
Some or a little of the time (1-2 days)	10	12	22
	25%	43%	32%
Total	40	28	68
	100%	100%	100%

We asked the respondents if they feel hopeful about the future, 3% said that they "never" feel hopeful, 1% indicated "none", 6% said rarely and 31% selected "some or a little of the time" (1 – 2 days). A majority at 49% indicated that they feel "all of the time" (5 – 7 days) hopeful about the future.

Table 24: Feeling hopeful about the future

Feeling hopeful about the future?			
	Trans, monkopé, GNC	Woman	Total
All of the time (5-7 days)	19	14	33
	48%	50%	49%
Never	1	1	2
	3%	4%	3%
None	1	0	1
	3%	0%	1%
Occasionally or a moderate amount of time (3-4 days)	3	4	7
	8%	14%	10%
Rarely	2	2	4
	5%	7%	6%
Some or a little of the time (1-2 days)	14	7	21
	35%	25%	31%
Total	40	28	68
	100%	100%	100%

When asked if they feel happy, there were 16% of the respondents who indicated that they feel "all of the time" happy, 34% said that they feel "some or a little of the time" happy and 40% selected that they feel "occasionally or a moderate amount of time" happy. There were 4% who selected "never", another 4% chose "rarely" and 1% said "none".

Table 25: Feeling happy

Feeling happy?			
	Trans, monkopé, GNC	Woman	Total
All of the time (5-7 days)	5	6	11
	13%	21%	16%
Never	2	1	3
	5%	4%	4%
None	1	0	1
	3%	0%	1%
Occasionally or a moderate amount of time (3-4 days)	15	12	27
	38%	43%	40%
Rarely	2	1	3
	5%	4%	4%
Some or a little of the time (1-2 days)	15	8	23
	38%	29%	34%
Total	40	28	68
	100%	100%	100%

When asked if they feel lonely, there was equal amounts (25%) of respondents that indicated that they feel "all the time", "some or a little of the time" and "rarely" lonely, while close to that (21%) of the respondents indicated that they feel "occasionally or a moderate amount of the time" lonely. Only 3% indicated "never" and 1% said "none".

Table 26: Feeling lonely

Feeling lonely?			
	Trans, monkopé, GNC	Woman	Total
All of the time (5-7 days)	14	3	17
	35%	11%	25%
Never	1	1	2
	3%	4%	3%
None	1	0	1
	3%	0%	1%
Occasionally or a moderate amount of time (3-4 days)	4	10	14
	10%	36%	21%
Rarely	10	7	17
	25%	25%	25%

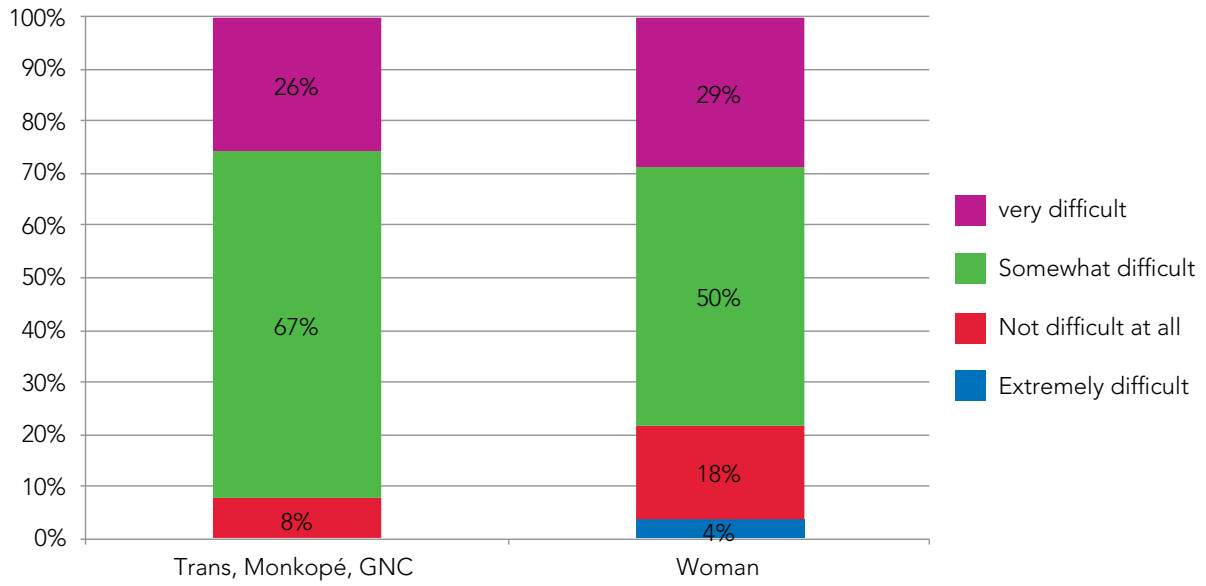
Feeling lonely?			
	Trans, monkopé, GNC	Woman	Total
Some or a little of the time (1-2 days)	10	7	17
	25%	25%	25%
Total	40	28	68
	100%	100%	100%

We asked respondents about depression. There were 26% who indicated that they "some or a little of the time" feel depressed, with 31% indicted rarely and 29% said occasionally or moderate amount of time. There were 5% who selected "none" and "never". In Haiti 7% of respondents indicated that they were all of the time depressed, while in the regional study, the number were 16%. Depression is known to interfere with one's ability to focus on matters and get tasks or projects done, including home projects or tasks, not only work related. When we asked respondents how difficult have these feelings of anxiety, depression and loneliness made it for them to do their work, take care of things at home, or get along with other people, 60% indicated that it is "somewhat difficult", while a further 27% said it is "very difficult". Of those who indicated "somewhat difficult", majority were trans masculine, gender non-conforming and monkopé identifying, as 67% of that group indicated this option. 50% of the women indicated "somewhat difficult".

Table 27: Difficulty to focus and cope with daily tasks

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?			
	Trans, monkopé, GNC	Woman	Total
Extremely difficult	0	1	1
	0%	4%	1%
Not difficult at all	3	5	8
	8%	18%	12%
Somewhat difficult	26	14	40
	67%	50%	60%
very difficult	10	8	18
	26%	29%	27%
Total	39	28	67
	100%	100%	100%

Graph 10: Difficulty to focus and cope with daily tasks



When we asked if anyone were told by a health care provider that they have clinical anxiety 3% responded "yes", while 11% responded "yes" on the same question about clinical depression. These replies hold similar int eh regional survey outcome, whereas across the 8 countries 3% responded "yes" to clinical anxiety and 16% said yes when we asked them if they had clinical depression. In a follow up question, we asked that those who replied "yes" above, could share if they received treatment for clinical anxiety or clinical depression. Of the 6 [n] respondents who replied, 3 [n] did receive treatment and the other 3 [n] did not.

SECTION 3D: SUICIDE

When we asked if there was ever a period of time when they thought about committing suicide in the past, 52% said "yes". Of these 70% identify as monkopé, while 56% identify as trans masculine while 37% selected women as their gender category. In the region, across the 8 countries in this study 62% of respondents indicated "yes". We asked in a follow up question if they ever tried ending their life in the past year, whether or not they thought about it ahead, and 18% said "yes" while 82% indicated "no".

Table 28: Suicide

Survey Questions	Time Frame	Yes	No
Has there ever been a period of time when you thought about committing suicide?	In your past	52%	48%
	In the last 12 months?	31%	69%
Did you ever try to end your own life, whether or not you had thought about it ahead?	In your past	18%	82%
	In the last 12 months?	13%	87%

Table 29: Respondents by thoughts of suicide in the past

Has there ever been a period of time when you thought about committing suicide In your past?					
	Monkopé	Other	Trans man	Woman	Total
No	3	0	12	17	32
	30%	0%	44%	63%	48%
Yes	7	3	15	10	35
	70%	100%	56%	37%	52%
Total	10	3	27	27	67
	100%	100%	100%	100%	100%

SECTION 3E: SOCIAL SUPPORT

We wanted to know to whom they turn, if they need to talk about some problems that relate to being lesbian, bisexual, monkopé or trans masculine, 57% indicated that they discuss such matters with a current partner. No one talk about this with their religious, traditional or cultural leaders. Only 3% of respondents will discuss such matters with a health care worker and 7% will talk with a family member. There were 34% of respondents that said they will talk with someone at a LGBTQI organization.

Table 30: Social support – someone to talk to

Social Support		
Survey Questions Who do you go to **when you need someone to talk** to about problems that relate to being lesbian, bisexual, monkopé or a trans man?	No	Yes
Current partner(s) (at least one)	43%	57%
Family (at least one member)	93%	7%
Friends (at least one)	49%	51%
People I live with (at least one)	93%	7%
Health care providers (at least one)	97%	3%
People I work with (at least one)	96%	4%
People living nearby me (at least one)	91%	9%
LGBTQI organizations	66%	34%
Religious leaders	100%	0%
Traditional / cultural leader	100%	0%
None	79%	21%

There were 91% of the respondents who said that no one knows that they are lesbian, bisexual, monkopé or trans masculine, while 32% said that they have at least one or more family members who know. Of those 32% who said that they have a family member who knows, only 13% told their family (at least one member) personally. There were 19% of respondents who said that (at least one person) at their work knows, however, only 4% told someone at their work.

Table 31: Social support – someone know

Social Support		
Survey Questions **Who in your life know** that you are lesbian, bisexual, monkopé or a trans man?	No	Yes
Current partner(s) (at least one)	25%	75%
Family (at least one member)	68%	32%
Friends (at least one)	35%	65%
People I live with (at least one)	72%	28%
Health care providers (at least one)	91%	9%
People I work with (at least one)	81%	19%
People living nearby me (at least one)	69%	31%
LGBTQI organizations	56%	44%
Religious leaders	97%	3%
Traditional / cultural leader	94%	6%
None	91%	9%

Table 32: Social support – someone you told, personally

Social Support		
Survey Questions Of those mentioned so far, who have **you told** about being lesbian, bisexual, monkopé or a trans man?	No	Yes
Current partner(s) (at least one)	48%	52%
Family (at least one member)	87%	13%
Friends (at least one)	58%	42%
People I live with (at least one)	94%	6%
Health care providers (at least one)	97%	3%
People I work with (at least one)	96%	4%
People living nearby me (at least one)	91%	9%
LGBTQI organizations	69%	31%
Religious leaders	100%	0%
Traditional / cultural leader	97%	3%
None	72%	28%

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

Respondents were asked if they had disclosed being lesbian, bisexual, monkopé or trans masculine to law enforcement agencies/ agents or human rights groups when they experienced stigma and discrimination, there were 55% of respondents who said "no" and 45% indicated "yes", while 53% indicated that the law enforcement agent/agency human rights groups been reluctant to take up your case of stigma and discrimination. When we asked respondents if they postponed or failed to report cases of hate speech by media, family member or general public to law enforcement agent/agency for fear of judgement by law enforcement agent/agency, 26% of respondents said "yes". When we asked respondents if anyone faced eviction from a rented apartment on account of your sexual orientation and gender identity, 47% claimed "yes" to this question. Of the respondents who identify as monkopé, gender nonconforming and trans masculine, 56% indicated that they faced eviction based on their gender identity. This is a marginally higher number of respondents then considering the results of the same questions across the 8 countries in this study where the average per sexual orientation varies between 10-18%.

Table 33: Stigma, discrimination, hate speech

Experience of stigma and discrimination and hate speech			
Survey Questions	No	Not Applicable	Yes
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?	55%		45%
Has the law enforcement agent/agency human rights groups been reluctant to take up your case of stigma and discrimination?	53%	14%	33%
Have you postponed or failed to report a case of stigma and discrimination for fear of judgment by law enforcement agent/ agency human rights groups	59%	11%	30%
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 judgement by law enforcement agent/ agency?	65%	9%	26%
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?	67%	8%	26%
Have you ever been harassed at work as a result of your real or perceived sexual orientation or gender identity?	58%		42%
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?	79%		21%
Have you ever been terminated from any employment as a result of your real or perceived sexual orientation or gender identity?	74%		26%
Have you faced eviction from a rented apartment on account of your sexual orientation and gender identity?	53%		47%

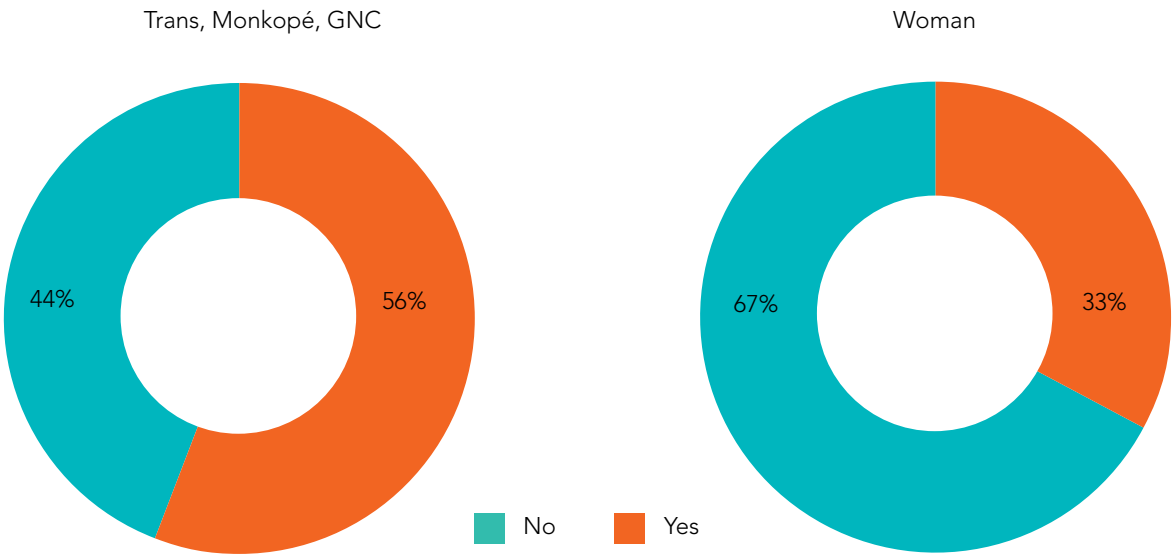
Experience of stigma and discrimination and hate speech			
Survey Questions	No	Not Applicable	Yes
Have you been denied housing on account of your dress preference or real or perceived sexual orientation and gender identity?	53%		47%
Have you ever been dismissed from or punished at school as a result of your real or perceived sexual orientation or gender identity?	80%		20%
Have you ever faced sexual harassment at school as a result of your real or perceived sexual orientation or gender identity	65%		35%

Table 34: Postponed or failed to report

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 judgement by law enforcement agent/agency?			
	Trans, monkopé, GNC	Woman	Total
No	22	21	43
	56%	78%	65%
Not Applicable	4	2	6
	10%	7%	9%
Yes	13	4	17
	33%	15%	26%
Total	39	27	66
	100%	100%	100%

Figure 1: Awareness campaign, vandalized, 2017 Caption: in 2017 as part of an awareness campaign, KOURAJ painted at various places in the city Pride flags which were graffitied over with slurs and resulted in a backlash which created a lot of violence against the LGBT community (Lafontant)

Graph 11: Evicted from an apartment, by gender identity



SECTION 3G: EXPERIENCE OF RIGHTS VIOLATION

We next asked if respondents are aware about the laws and policies in their country, specific those ones that are discriminatory. There were 35% who indicated they are aware, while across the region in the 8 countries totally 45% indicated that they are aware. There was 18% of the respondents that indicated that they postponed or failed to challenge abuse or violence as a result of their knowledge of existence of discriminatory law/policies, while 35% said that they Have you experienced violations/mob action and failed to challenge it as a result of their knowledge of the existence of discriminatory laws/policies.

Table 35: Experience of rights violation

Experience of rights violation		
Survey Questions	Yes	No
Are you aware of any laws/policies that criminalize LBQT persons?	35%	65%
Have you postponed or failed to challenge abuse or violence as a result of your knowledge of existence of discriminatory law/policies?	18%	82%
Have you postponed or failed to challenge stigma and discriminatory practices as a result of your knowledge of the existence of discriminatory laws/policies?	22%	78%
Have you experienced violations/mob action and failed to challenge it as a result of your knowledge of the existence of discriminatory laws/policies?	35%	65%

SECTION 4: EXPERIENCE OF VIOLENCE AND INFRINGEMENT ON RIGHTS

When we asked if they were aware of anyone ever revealing that they are lesbian, bisexual, monkopé or trans masculine, to others without their permission, 76% said "yes", while similarly to that 74% indicated that they have been threatened by someone who would reveal that they are lesbian, bisexual, monkopé or trans masculine. Of the 68 [n] participants, 85% indicated that they were insulted or verbally harassed because of their sexual orientation or gender identity, however, across the 8 countries an average of 61% of respondents indicated "yes" to the same question. Threats to reveal sexual orientation or gender identity by an intimate partner (past or current) were indicated by 31% of the respondents. When we asked if an intimate partner (past or current) ever made them feel worthless because of their sexual orientation and gender identity, 37% of the respondents indicated "yes", while 46% were made to feel ashamed by an intimate partner (past or current). 34% of the respondents were coerced, pressured or forced into marriage while 33% reported the same, for heterosexual relationship.

Table 36: Experience of violence and infringement on rights

Experiences with violence.		
Survey Questions	No	Yes
Are you aware of anyone ever revealing that you are lesbian, bisexual, queer or a trans man to others without your permission?	24%	76%
Has anyone ever threatened to reveal that you are lesbian, bisexual, queer or a trans man to others without your permission?	26%	74%
Has anyone ever insulted or verbally harassed you because of being lesbian, bisexual, queer or a trans man, In your past?	15%	85%
Has anyone ever insulted or verbally harassed you because of being lesbian, bisexual, queer or a trans man, in the last 12 months?	35%	65%
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?	69%	31%
Has an intimate partner (past or current) ever made you feel worthless because of your sexual orientation and gender identity?	63%	37%
Has an intimate partner (past or current) ever made you feel ashamed because of your sexual orientation and gender identity?	54%	46%
Have you ever been coerced, pressured or forced into marriage?	66%	34%
Have you ever been coerced, pressured or forced into a heterosexual relationship?	67%	33%

Sexual assault

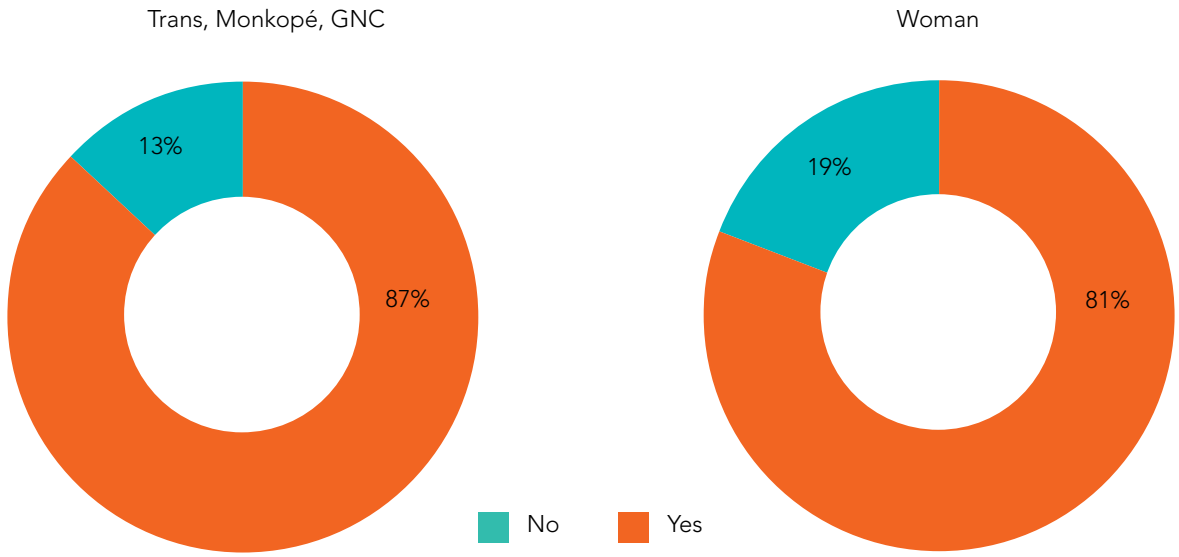
When asked if they have ever been sexually assaulted by an intimate partner of the same sex in the past, there were 19% of the respondents who said "yes", that is 1 in 5 persons. On the same question for the past 12 months, 11% responded "yes". We also asked if they were sexually assaulted by an intimate partner of a different sex than theirs and 17% responded "yes" for their past, while a minority of 6% said "yes" in the last 12 months. 31% of the respondents were previously sexually assaulted by someone they

know (who was not an intimate partner, but a neighbor, friend, family member etc.), and 13% said "yes" for the period of the last 12 months. There were 22% of the respondents who indicated that they were sexually assaulted by a stranger in the past and 16% in the last 12 months, while 24% indicated "yes" for a person they lived with in the past and 13% in the last 12 months. **On an average, 12% respondents experienced sexual assault in the last 12 months**, regardless if it were by an intimate partner of the same sex, different sex, or someone they know, a stranger or a person they live with, however, only **3% of the respondents indicated that they accessed health care after a sexual assault**.

Table 37: Experiences with sexual assault

Experiences with sexual assault.		
Survey Questions Have you ever been sexually assaulted?	No	Yes
By an intimate partner of the same sex as you in your past?	81%	19%
By an intimate partner of the same sex as you in the last 12 months?	89%	11%
By an intimate partner of a different sex than you in your past?	83%	17%
By an intimate partner of a different sex than you, in the last 12 months?	94%	6%
By someone you know in your past?	69%	31%
By someone you know in the last 12 months?	87%	13%
By a stranger in your past?	78%	22%
By a stranger in the last 12 months?	84%	16%
By someone you live with in your past?	76%	24%
By someone you live within the last 12 months?	87%	13%

Graph 12: Insulted or verbally harassed because of SOGI



Physical assault

There were 33% of the respondents who indicated that they have been physically assaulted by an intimate partner of the same sex in the past, while 24% by an intimate partner of a different sex than theirs. When we asked if they were physically assaulted in the past by someone they know, 31% indicated "yes", while 22% said "yes" by a stranger and 34% by someone they live with. There was only 6% of respondents who accessed healthcare after a physical assault.

Table 38: Physical assault

Experiences with physical assault.		
Survey Questions Have you ever been physically assaulted?	No	Yes
By an intimate partner of the same sex as you in your past?	67%	33%
By an intimate partner of the same sex as you in the last 12 months?	79%	21%
By an intimate partner of a different sex than you in your past?	76%	24%
By an intimate partner of a different sex than you, in the last 12 months?	82%	18%
By someone you know in your past?	69%	31%
By someone you know in the last 12 months?	84%	16%
By a stranger in your past?	78%	22%
By a stranger in the last 12 months?	84%	16%
By someone you live with in your past?	66%	34%
By someone you live within the last 12 months?	76%	24%

We asked respondents if they think any of these incidents happened as a result of their perceived or real sexual orientation, gender identity or gender expression – knowingly that it is not always easy to separate those from each other, especially in Haiti where, in combination of a culture in general and the influence of vodou, a more fluid acceptance of gender. Western terminology is not the norm in Haiti, while the in-country research partners included "Monkopé" and LGBTQ members are usually not labelling themselves. Reported by the in-country partner "*due to the fact that mostly here in our country even people that are part of the LBTQ community do not even know if they want to label themselves with the community because they are not used to labeling themselves*" – Dominique, Haiti.

When we asked the 48 [n] respondents, who continued with he set of follow-up questions, if they think these incidents were motivated by their sexual orientation, 67% indicated "yes", and 63% said "yes" to gender identity, while 71% selected "yes", the incident was motivated by their gender expression. A large number (67%) of respondents indicated that they try to avoid situations or people who reminded them of those incidents, while they indicated 79% respectively for both having flashbacks, nightmares or reliving the event and for as a result, feeling jumpy irritable or restless.

Table 39: Impact of sexual or physical assault

Experiences with violence.		
Survey Questions	No	Yes
Do you think any of these incidents (sexual or physical assault) were motivated by your sexual orientation?	33%	67%
Do you think any of these incidents (sexual or physical assault) were motivated by your gender identity?	37%	63%
Do you think any of these incidents happened because of your gender expression (how you present yourself as masculine, feminine or both)	29%	71%
Did any of these incidents result in flashbacks, nightmares, or reliving the event?	21%	79%
Have you avoided situations or people who remind you of the incident(s)?	33%	67%
Following the incident(s), have you felt jumpy, irritable, or restless?	21%	79%

We asked follow-up questions to those who experienced sexual or physical assault in the last 12 months, to which 33 [n] responded, 36% said that they sought medical care after the incident. A minority of 12% or 4 [n] reported it to the police. One respondent left a note on their survey form: "*I have been subjected to sexual assault. I tell my parents, but they said I lie, since I hate men*" – Anonymous.

SECTION 5: EXPERIENCES OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Then we asked questions about a variety of Sexual Reproductive and Health Rights (SRHR). There are different reasons why people need or want to access some of these, regardless of their sexual orientation, gender expression, gender identity or body, however this section helps us better understand the needs of respondents. There were 40% of respondents that said they have a child or children, while 73% would like to have a child or children. When we asked if they would consider adoption, 51% said "yes" and 33% would consider insemination. We asked if they were ever pregnant, 33% said yes, while there were 28% that said that they have given birth. When we asked if they ever needed an abortion, 13% said "yes", while 10% or 7 [n] said "yes".

Table 40: Sexual Reproductive Health and Rights

Reproductive Health (SRHR)	
Do you have a child/ or children (Biological or other)	40%
Do you want a child or children?	73%
Does your partner want a child or children (if you have a partner)?	61%
Would you consider adoption?	51%
Would you consider insemination (using sperm from a sperm bank) to get pregnant?	33%
Would you consider home-based or self-administered insemination (DIY/ "turkey baster" method)?	34%
Were you ever pregnant?	33%
Did you ever give birth?	28%
Did you ever want/ need an abortion?	13%
Did you ever have an abortion?	10%
Could you access an abortion at a clinic, hospital or any medical service provider?	22%
Did you ever approach an indigenous or herbal healer, or natural method to get an abortion?	9%
Did you ever make use of some alternative/ home-based method to get an abortion?	12%
Other sexual health questions	
Did you ever go for a mammogram (test for breast cancer)?	12%
Were there ever anomalies reported? (for example, cysts,)	30%
Did you get it treated?	19%
Did you ever go for a pap smear (test for cervical cancer - pcos, endometriosis*)	25%
Did you ever go for a PCO or endometriosis test?	30%
Were there ever anomalies reported? (for example, cysts)	32%
Did you ever go for a test	76%
Did you get it treated?	29%
Did you or are you having such severe period /menstrual pains that you need to see a doctor?	53%
Are you using / or did you use birth control pills to manage your period/menstrual pains or cycle?	53%
Do you use any other methods to manage your pain or cycle?	53%
*(endometriosis is an inflammatory condition of the lining of the uterus, usually due to an infection.)	

SECTION 6: EXPERIENCES OF LIVING WITH DISABILITY

We asked a set of questions about their capacity and health conditions, in relation to living with a 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 or difficulty grading to 5 meaning the task is extremely difficult. Only 6 respondents participated in this section of the survey. Only 1 [n] person said it is difficult to see longer distance without glasses, while 1 [n] person said it was "hard" (level 4) to hear without hearing aids. When we asked how much difficulty they have walking or climbing steps, 2 [n] people indicated "hard" (level 4). There were 2 [n] respondents that indicated "hard" (level 4) when we asked how much bodily aches and pains they have, while 1 [n] person selected difficult (level 5). We also asked about environmental factors to establish how easy or difficult it is for them to move around and interact. There was 1 [n] respondent that said to socialize and engage in community activities was "difficult" (level 5), as well as access to shops, banks and post office in the neighborhood. There were 5 [n] respondents that said that they need someone to assist them, however 1 [n] respondent indicated respectively that of the various options of people to ask, that they have not someone; family member including a partner, friends neighbor or co-worker.

CONCLUSIONS AND RECOMMENDATIONS

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

1. The majority of respondents did have major economic challenges. There was 72% that indicated that they only have sometimes enough money to cover their basic needs. There were 56% that said they do not have paid employment. (70% of those who identify as monkopé, and 59% of the transmasculine persons are unemployed). Compared to national statistics (14%), the percentage of unemployment among the LBQ TM was significantly higher.

   Recommendation:

   Implement more projects base on empowerment and free access to knowledge oriented in ways to guarantee that more Trans identified persons can have the chance of becoming entrepreneurs with the help of micro- finances loan so that they can develop their autonomy.

2. The majority (42%) of respondents indicated that they were not religious while 35% follow Vodou. There was only 14% who indicated Christian. Due to rejection of homosexuality or being transgender by Christian churches, many LBQ TM persons choose not to be affiliated to any particular religious denomination.

   Recommendation:

   Stigma, discrimination, homophobia and transphobia to be addressed via advocacy, awareness campaigns, meetings, workshops: Christian churches

3. 35% of the respondents completed secondary school and 43% completed post-secondary education. In total more than half of the respondents have not completed post-secondary education.

   Recommendation:

   More training or projects involving trades and also having partnership with some schools to support financially their studies in other to cope with situation of young people being kicked out from their households when they come out.

4. As was expected, the majority of the respondents were sexually and emotionally attracted to cisgender women. However, 15% of participants were attracted to trans masculine identifying persons and 10% are

attracted to trans women. Furthermore, the survey questions were generic across the 8 countries and therefore the statistics would be slightly different if monkopé as an option were included. Even though not as high as ciswomen and men, there were those that were sexually or emotionally attracted to trans and gender non-conforming persons. 13% had had sex with a trans masculine person and 4% with a trans woman.

Recommendation:

It is important that all community led programs recognize the importance of the diversity

5. There was a different understanding of the difference between sexual orientation and gender identity. In several instances' lesbian, trans masculine and monkopé as terms are conflated, overlapping or differently used, then in western understanding. 51% of the respondents identify as lesbian, while 26% indicated other. 16% identified bisexual. There were 41% who indicated that their gender identity is cisgender woman, and 40% indicated trans masculine. 15% indicated monkopé – a reclaimed term that was previously allocated as a derogative to masculine presenting persons who were assigned female at birth.

Recommendation:

Public and community education/ awareness from LGBTQI+ organizations on the topic of sexual orientation and gender identity/expression. LBQ TM community are not comprehensively aware about their SOGIE legal rights. This proposed need for SOGIE awareness should be navigated carefully, inclusive of local, linguistic and cultural dialogues to ensure autonomy and not necessarily automatic assumption of western terminology.

6. In their gender expression, 61% stated that they felt extremely masculine while 36% said that they felt extremely feminine. In regard to transitioning, 3% or 2 [n] of the Trans persons used hormones for transitioning which they accessed at local private health care providers and 41% used binding and 38% used objects in their underwear to simulate a penis.

Recommendation:

There is an unreported trend among Trans people to make use of hormones from the black market. This represents an imminent danger: possible side effects, which hormones to use (best brand, appropriate dosage and to monitor both, side effects and compatibility with other pre-existing conditions such as cholesterol or contra-indications with other medicines). In order to ensure that this service is being provided in a very careful way, the government must be involved in considering it's a matter of health care.

7. Sexuality and self; and gender identity and self: 29% dislike themselves for having sex with the same sex, while 32% dislike themselves for being trans, monkopé or gender nonconforming. 28% would be heterosexual if offered to opportunity, while 39% would take the offer if they can be cisgender.

Recommendations:

It is essential to acknowledge the psychological strain on trans masculine, monkopé and gender non-confirming persons, as well as lesbians and bisexuals, who struggle not only with their personal issues due to their gender identity, gender expression and sexual orientation but also the way that their family members and the general public see them.

8. 39% of the respondents accessed private health care when they were sick, while 42% accessed public health care and 29% accessed indigenous or traditional health care. 42% accessed HIV tests at public health care and 29% at private health care facilities. Even though some persons access indigenous or traditional health care, the percentage was very low (9%). Very few of the respondents have private insurance.

Recommendation:

The issues of health insurance services is an issue that is huge and unsolved, it is non-existent for this community specifically in a country where it is already difficult to have access to insurance at all. Access to healthcare is most often linked to employment (the ability to pay for services) and therefore needs a large scale, well-planned advocacy and lobbying effort.

9. There was 3% who accessed public health care after a sexual assault, 0% at private health care and 2% at indigenous/ traditional health care. Approximately 9% utilize respectively each of the private, public or traditional health care facilities for barrier methods, while 8% accessed private health care for contraceptives and 2% respectively the public and traditional health care options for contraceptives.

Recommendation:

This issue is directly related to two main problems; the first thing to take into consideration is that the financial difficulties that severely impact the LBQ TM community is the same factor that is affecting them when it comes to the situation of follow-up methods after a sexual assault. Most health services that are reliable are paid services; the government does not provide insurance or psychological assistance for people that are victims of such. The other issue comes from the fact that our society is one that cultivates stigma and discrimination toward people that are victims of assault specifically when it is a female and even more so when these females are part of the LBQ TM community, where many of them are victims of homophobic and transphobic rape. Continuous and strategic awareness campaigns throughout Haiti to demystify uninformed notions of victim blaming and stigma. Campaigns to also target nurses, administrative staff (at reception) at hospitals and clinics as well as law enforcement officers.

10. Even though the majority respondents did not indicate that there were barriers to accessing health services due to their sexual orientation and gender identity, (59% disclosed their SOGIE) there were 32% who felt that they sometimes received poorer services and 27% who were called insulting names or denied service because of their sexual orientation, gender identity or gender expression (SOGIE). 22% of participants believe they have been denied service because of their SOGIE. 34% postponed or not get the needed health care when sick because they can't afford it.

Recommendation:

The health care providers need training on SOGIE and we must ensure those who were trained to reproduce the training to other health care colleagues. Information about Sexual orientation, gender identity and /or gender expression must be spread to a much larger scale, doing Training for Health care providers will never be sufficient if the LBQTM persons get rejected for the services they come

for at the very entrance of the institution that provides such services. The use of other methodologies for training and informing people should change radically, less organized training sessions and more training on information that target the Medias.

11. Alcohol consumption on a daily base, consisting of 6 drinks or more, (17%) and 23% of the same amount of drinks on a weekly base. 14% have found that they are unable to stop drinking once they started. 11% use drugs daily and 21% less than monthly. 17% said that a relative, friend, doctor etc. was concerned about their drug use.

Recommendation:

We're living in a society where most young people drink and smoke either because of unemployment or because of serious issues within their household, we should create a facility for them where they can spend good times reading, eating , playing and sharing ideas. It would be even more effective if we could integrate the method of having AA meeting for the young persons from the LBQ TM community with more structured activities and the possibility to monitor the youth and see their progress it will be a great opportunity to start including mental health assistance in certain organization and associations.

12. Suicidal thoughts among participants was significantly high at 56% and 31% have attempted suicide in the past 12 months. 70% of the monkopés and 56% of the trans masculine persons had thoughts of suicide. The majority had support from current partners, friends and family but this was not the experience of everyone. 44% identified LGBTIQ organizations as a place of support and 0% at religious or cultural leaders and only 3% indicated health care providers as sources of support. It's important to note that very few of the persons who were experiencing mental health issues actually accessed services.

Recommendation:

It is important to look at a specific and efficient way to have the rate of psychological assistance and support to be higher. We propose a solution of having more campaigns regarding stigma and discrimination but more at a mass media level, in order to reach society in general.

13. 26% of the respondents have been victims of discrimination and hate speech, but not reported it. 33% said that law enforcement agencies or human rights groups were reluctant to take their cases on the basis of their SOGIE. There were 42% who indicated that they have been harassed at work while 35% experienced sexual harassment at school. 47% were denied housing based on their SOGIE.

Recommendation:

It is very important to broadcast awareness on SOGIE on levels that can allow us to reach social influencers such: pastors, priests, parents, principals, teachers etc.…, make more alliances with organizations involving in human rights area and other vulnerable groups in other to join efforts to reach common goals.

14. As much as 65% of respondents were not aware of laws and policies criminalizing LGBT persons and in most instances the respondents who had been victims of discrimination or hate speech failed to reach out for support from law

enforcement and human rights entities because of existing laws criminalizing LGBT persons. Knowledge of laws and policies criminalizing LGBT persons was low.

Recommendation:

Although respondents have various ways in which they navigated their answers, as the survey had this question set to all respondents across the 8 countries - Haiti does not have any legislation against LGBTQ people. However, we recommend continuous efforts and advocacy to prevent the "new move" towards introducing conservative laws and policies.

15. Sixty-seven percent of respondents reported awareness that someone revealed their SOGIE and 74% knew someone who threatened to reveal their SOGIE. 31% had been threatened by their intimate partner to reveal their SOGIE status and 46% were made to feel ashamed of their SOGIE by an intimate partner. As much as 34% have been pressured into heterosexual marriage. Stigma and discrimination are high.

Recommendation:

It is very important to broadcast awareness on SOGIE on levels that can allow us to reach social influencers such: pastors, priests, parents, principals, teachers etc.…, make more alliances with organizations involving in human rights area and other vulnerable groups in other to join efforts to reach common goals. Bring out the reality of the vulnerability of such gesture by exposing such attitude in awareness video, and also, we have to focus on training for the LBQ TM community on subject such as self-esteem.

16. There were 19% of respondents who had been sexually assaulted by a partner of the same sex and 17% by a partner of a different sex, and 31% by someone they knew. Thirty-three percent had been physically assaulted by a partner of the same sex and 24% by an intimate partner of a different sex while 31% by someone they know and 34% by someone they lived with. In 67% of the instances, this was as a result of their SOGIE. Only 10% of victims sought support from the police. This is indicative of a high level of sexual and physical assault towards LBQ TM persons within spaces that are supposed to be safe.

Recommendations:

Along with awareness on self-esteem and human rights, we need to address thoroughly gender inequality, stereotypes, and consequences from patriarchal system. Furthermore, implement programs on micro finance that can help people develop autonomy.

17. Over 40% of the LBQ TM respondents have children while 73% of the total number of respondents wants children. There was a high percentage of respondents that would consider adoption (51%) or insemination (33%). Of the total number of respondents, 33% have been pregnant and 13% of these have needed and had an abortion. Of those who needed an abortion, 10% had an abortion, 9% approached a traditional or indigenous healer and 12% used a home-based method.

Recommendations:

The importance of having medical assistance that is specific to the LBQ TM community. We can have partnership with institutions that want to provide health care service specifically regarding sexual health and reproduction. As we know stigma and discrimination around

abortion are high which, many times lead to unwanted pregnancy and serious health complications and even death when it is done inadequately. We need to consider help of allies such as organizations that are fighting for women rights to address this issue on a global scale; we also need to include advocacy because there is a bill on prohibiting adoption for same sex couple.

18. Of those that accessed services for mammograms (12%) and pap smears (25%), 30% reported anomalies that got treated. There were at least 53% who indicated that they have severe menstrual cramps.

Recommendations:

It is important to have medical assistance that is specific to the LBQ TM community. We can have partnership with institution that wants to have the specificity of the intervention regarding the LBQ TM community. This could work if the government get involve as well as the private sector.

19. Overall, there were 16 [n] of the respondents who indicated that they have some form of disability. Of these, 1 [n] can't see long distances without glasses, 1 [n] find it hard to hear without hearing aids, 2 [n] find it hard to walk or climb steps and 1 [n] have extreme bodily pains. 5 [n] need someone to assist them and 1 [n] do not have someone who can assist them.

Recommendations:

We would like to put the emphasis on the fact that many people with disabilities might be part of the LBQ TM community but due to stigma and discrimination it is very uncommon to find many who self-identify as members of this community. This is mostly the major reason why we did not get as many people with disabilities as expected. It is as important as any other recommendation to think about having LBQ TM institutions to not only allow access but having structures that can accommodate them and include awareness campaign on people living with disability as well as on SOGIE within the LBQ TM community.

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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

APPENDIX 1 – LIST OF TABLES AND GRAPHS

LIST OF TABLES

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APPENDIX 2 - LIST OF PARTICIPATING ORGANIZATIONS

Barbados – SHE, Sexuality Health Empowerment

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

Guyana – GUYBOW, Guyana Rainbow Foundation

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

Haiti - OTRAH, Organisation Trans d'Haiti

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

Saint Lucia - United and Strong

Suriname – WSW, Women's Way Foundation

Trinidad and Tobago - I am One

BIOGRAPHIES

St. Vil, Dominique

Anne Eunice St Vil born August 31st, 1985 in Port-au-Prince, is a Trans man, who, prefers to be called Dominique St Vil due to his gender identity. Dominique did his elementary and primary School studies at Collège Marie-Anne, at 13 years old, he pursued his secondary studies at La Sève Institute, after he finished his secondary studies he continued his professional studies; first at CKSS (Christ the king Secretarial School) ,than at CFIS where he graduated as a Cargo Agent. On March 13, 2014, he joined the association Kouraj pou Pwoteje Dwa Moun and since then, he has become an advocate for Human Right, more specifically an advocate for the LGBTQI+. Since then Dominique has become an important member of the association of Kouraj, an essential activist who by his charisma, his commitment and his sense of responsibility in the fight for Human Rights went from a founding member of the organization OTRAH (Organization Trans d'Haïti) to General Coordinator, a position he has held since January 11th, 2020.

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

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

Theron, Liesl

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

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

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

Joseph, Edmide

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

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.