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
To cite this report:


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 – FACDIS, 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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This document is published jointly by COC Netherlands and the Caribbean LBQT partners of COC, who receive funding from the Ministry of Foreign Affairs of The Netherlands.
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Barbados, Belize, Guyana, Haiti, Jamaica, Saint Lucia, Suriname, Trinidad and Tobago

COC NETHERLANDS
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FOREWORD

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

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

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

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

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

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

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

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

“The importance of this project for me, is the realisation of programs and activities that will be developed from the findings and recommendations of this research that can meet the need of the community.” - Terianna Bisnauth

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

Using a community-based approach this research was participatory in nature. From the onset, the COC Netherlands partners took the lead in visualizing, planning and implementing this project. This included capacity-building and a hands-on approach in the tool development, data collection, analysis and report writing. The 8 country coalition partners were guided in this process by two consultants who facilitated 3 knowledge sharing sessions during the process of 18 months. The data collection included a quantitative survey which was applied using a Respondent Driven sampling or Time location strategies to reach the target of 1050 respondents. The survey, which was disseminated across the 8 countries, was able to reach 1018 LBQ TM persons and there were several challenges documented as those posed by the COVID pandemic which limited the capacity of the interviewers to mobilize and meet with the respondents. In addition, political and civil unrest in countries such
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 Guyana specific. The report shows that: 1.) Even though, 52% of the target population is fully employed, 54% still struggle to meet their financial obligations. This includes hustling, sex work (14%) and criminal activity. 2.) Due to the rejection of homosexuality or being transgender by some churches, many LBQ TM persons choose not to be affiliated to any particular religious denomination (29%). 3.) There is wide diversity in sexual and emotional attraction among the LBQ TM population and assumptions can’t be made on the labels they choose to identify with. 4.) There is still some lack of understanding of the difference between sexual orientation and gender identity. In several instances, trans masculine persons stated their sexual orientation as being lesbian and not queer, pansexual or heterosexual. 5.) Very few trans men access medical or surgical transitioning options primarily due to lack of availability of these services in their countries or inability to access these due to lack of finance. This often results in a heavy psychological burden for some. 6.) While 68% access health services anywhere, no persons (0%) accessed health care after sexual assaults, at neither of the types of health care providers. Across the 4 types of healthcare providers, there were never more than 6% that obtained barrier methods (condoms etc.) and no higher than 5% accessed contraceptives. 7.) Alcohol consumption: 12% drink daily 6 or more drinks, and 40% used drugs daily while 52% have been advised to stop. The type of drugs could not be determined from the data. Alcohol and drug use among the LBQ TM persons are high. 17% have been diagnosed with clinical anxiety and/or depression; 8.) Even though several of the respondents have been victims of discrimination and hate speech, very few have sought support from law enforcement.

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

1. Lobby the Government of Guyana to support LGBTQ equality by creating inclusive and diverse workplaces and enact an ‘LGBTQ-inclusive nondiscrimination policy or Employment Prevention of Discrimination Act’, which will prohibit employment discrimination on the basis of, sexual orientation, gender identity,
partnership status, among other grounds.

Lobby policy makers to (in collaboration with related organizations) increase educational/livelihood opportunities for LBQT women.

Advocate across funders for grants to implement programs that create livelihood opportunities for LBQT women.

Increase activism towards the creation of skill building & socio-economic opportunities for LBQT women.

2. There need to be continued engagements with our religious leaders in consideration that they properly balance religious freedom with the rights of LGBT individuals.

There need to be an increase of (collaborative) country-wide advocacy initiatives with Religious leaders and groups.

Local LGBTQ CSOs/NGOs are encouraged to deepen their relationship with leaders of Educational Institutions to create safer & inclusive spaces that can lead to greater opportunities for LGBTQ persons access to Educational & Skill building programs.

3. Discrimination on the basis of sexual orientation and gender identity & expression also affects individuals whom others merely assume or perceive to belong to a sexual minority.

SOGIE education and awareness must be a continuous process across all regions of Guyana, to support increased respect & understanding by LGBTQ persons.

At organizational level (internally for GuyBow) and other NGOs/CBOs to ensure work is implemented throughout programming and all aspects with a broad open mind and not based on preconceived notions of what/ how LGBTQ people behave. This research clearly indicates that the LBQT members are fluid in their own identities and expressions.

4. LGBTQ NGOs/CSOs must lead the process of Education and Knowledge sharing about Transitioning, Masculinity & Gender Expression.

It’s a fact that many ‘human & social services’ professionals in Guyana have had minimal preparation for serving LGBTQ persons, hence this must become an urgent initiative in all 10 regions of Guyana. This could be achieved through a collaborative approach with Guyana’s five LGBTQ CSOs alongside the Government of Guyana.

5. LGBTQ CSOs must improve Trans & GNC education for identified persons.

Emotional / Psychological support must be made available by LGBTQ CSOs to support LGBTQ persons who struggle with their identities.

GTU with support from the network of LGBTQ Coalition must increase their advocacy efforts with the Ministry of Health and other leading Healthcare providers towards making hormone therapy accessible to Trans men & women.

6. The fear of discrimination must be decreased through education and knowledge sharing by GuyBow in collaboration with public & private Healthcare providers, UNFPA, GRPA and other related stakeholders.

Rights-based education for LBQ women must become an ongoing forum across all 10 Regions of Guyana.

Human Rights & Dignity training with Law enforcement services must be a continuous process in all Administrative regions of Guyana. This must be accomplished
through a collaborative approach with LGBTQ CSOs together with agencies including the Guyana Police Force, the Women Lawyers Association, The Ministry of Home Affairs, UNDP, EU, ERC, The Ministry of Human Services.

7. Increase engagements with the Ministry of Health and their staff for more inclusive service provision.

Longer term lobbying within the Ministry of Health to work towards a system that is inclusive and institutionalized, to ensure LBQT members receive quality health treatment, beyond the healthcare workers who are supportive, but across the board.

LBQT CSOs can better advise members about access to friendly services.

8. Local CSOs, in collaboration with other stakeholders must provide education and awareness for Trans-identified persons to better understand the process of Transitioning, accessibility to related medical supplies and all associated legal statutes.

9. Alcohol and drug use among some LBQ women & Trans-men can be a reaction to homophobia, discrimination, or violence they experienced due to their SOGIES and can contribute to other mental health and physical problems. It can disrupt relationships, employment, and threaten financial stability.

GuyBow and all local LGBTQ CSOs must host both: (1) awareness programs ref. substance use/abuse and their effects and (2) provide either direct or access to professional support systems.

10. GuyBow and all other LBTQ CSOs must maintain: (1) continuous awareness programs ref. managing mental health challenges, (2) provide either direct or access to psychological support systems and (3) encourage & support members/Allies to pursue educational opportunities in this regard.

All persons supported by a LBTQ CSOs must be contracted to serve the organization and community of persons for a specified period of time.

11. Lobby the Government of Guyana and all Policy makers to review & change policies and laws that allow for discrimination (without recourse) against LBQT women.

Conduct additional country-wide research to determine the gravity of discrimination meted out on the basis of ones SOGIES.

Share outcomes of research with the Government of Guyana and all Policy makers for engagement with LGBTQ CSOs and to advocate for reform.

In collaboration with UNICEF and other stakeholders, increase lobby initiatives to the Ministry of Education to demand the review and change of policies that supports discrimination of youth who identify as LBQT.

Request the support of the UNDP, EU and other stakeholders to examine their existing policies and attitudes towards LBQT persons who face discrimination in their access to housing.

Collaborate on initiatives to host SOGIES & Rights-based education to employees & employers of all service providers identified above.

12. GuyBow in collaboration with identified local LGBTQ CSOs must increase our members awareness and education through availing information and the hosting of programs ref. redress, laws &
policies criminalizing LGBT persons in all 10 regions of Guyana.

13. Host programs (in co with Conflict management & psychology professionals) towards the empowerment of LBQT persons, to better support improved management of discriminatory practices by offenders.

GuyBow, in collaboration with a wide spectrum of stakeholders, needs to promote public campaigns (through-out Guyana) that educate society & challenge violations against human rights & dignity.

14. Present finding to all stakeholders (Mins. of Human Services, Home Affairs, Health; UNICEF, Guyana Police Force, Women & Gender Studies Unit and Social Work Dpt. at the University of Guyana, ERC, UN rapporteur to Guyana, the ABCE missions.

Lobby the Guyana Police Force for access to safer environments towards the LGBTQ community.

Increase: (1) awareness about the effects of discrimination, across Guyana and (2) access to mental health support systems for survivors of sexual abuse & assault.

Seek collaboration with the Mental Health Unit (Min. of Health) & UNDP to facilitate training of LGBTQ persons to serve as Peer Educators.

15. GuyBow must continue its program that targets LBQT headed families and possibly expand their activities, especially in regard to managing individual health & wellbeing.

Increase initiatives and collaboration with related professional service providers including but not limited to the Guyana Responsible Parenthood Association, Child Care & Protection Agency, to give guidance and educate LBQT regarding their interests.

16. GuyBow needs to strengthen its program that provides women’s health awareness and also increase linkages and referrals to Health care service providers including, but not limited to the Guyana Responsible Parenthood Association, the Guyana Cancer Institute.

17. GuyBow, with a history of supporting its members with disability can lead a movement to re-energize advocacy in the interest of our LBQT persons who are so challenged. A collaborative approach could be made also through the Min. of Human Services and also with strong support from the Guyana Disability Commission.

OVERALL SUMMARY OF RECOMMENDATIONS:

State and other institutions: Present the findings of this research to the Government of Guyana, Institutions & Policy makers; use the opportunity to lobby for change as required for the mental health & well-being of LBQT persons in Guyana.

Community-based LGBTQ and allied organizations: Share findings and seek collaborations for a unified approach that advocates for change, respect, justice and equal opportunities for all.

Donors and Technical Partners: Promote an inclusive approach to requests for funding with consideration to fulfilling non-traditional grants that can support the mission & vision that are unique to the (in-country) needs of LBQT women CSOs.
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.

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

The Co-operative Republic of Guyana is located on the continent of South America. Its official language is English, and it is the only English-speaking country in South America. Guyana is also part of the Caribbean and Latin America because of its geographical location. Currently, Guyana is recognized as a critical link for access to South America by countries in the Caribbean and vice versa. Guyana is bordered by Suriname, Venezuela, and Brazil.

Guyana is the only Latin American country where same-sex or sexual activities between consenting adults are criminalized and one of the last ex-British colonies where it is still in effect (RIDH, 2020). The implication and existence of this type of law, even if not implemented encourages harassment and discrimination by civilians and various state actors such as police officers, the public health sector, and others.

Guyana is ranked 123 out of 189 on the United Nations’ Human Development Index and that reflects shortfalls in the country’s education systems, health systems and the general standard of living and economic activity. Which is further exacerbated by institutionalized sexual and gender inequalities. (RIDH, 2020). Experiences of LGBT learners throughout their education is that of being bullied, discriminated, stigmatized, rejected, silenced, or punished in various ways. Oftentimes teachers use religion to justify their behavior (Schoenholtz et al., 2018). In fact, some teachers advocate personal religious beliefs in school, including their views on non-normative sexual orientation, gender identity or expression (HRI, 2018).

Trans people are regular under surveillance as cross-dressing was forbidden in Guyana until a recent court case overturned that due to the lengthy case, made by four trans persons. The court ruled that this section in the Constitution is vague and fulfills no legitimate purpose. (Moneymaker, 2018). The State has not demonstrated any political will to reform this legislation. Indeed, no legislation aimed at decriminalizing homosexuality has been presented to the legislative branch since. The only time legislation in Guyana bent in relation to homosexuality was on June 2nd 2018, when there was a permission to organize the first gay pride. Despite calls from the Georgetown Ministers’ Fellowship for the government to intervene and stop the festival and parade, the event went ahead peacefully.

LGBT persons in Guyana are most vulnerable to mental health problems, especially, depression, anxiety, and substance abuse disorders. According to the Pan-American Health Organization, an estimated 19-24% of the population of the Americas experience mental health illness each year.

In Guyana LGBTI persons are marginalized in some instances while trying to access health services at public and private health institutions, whether it’s for regular checkups, emergency care, testing for HIV or STIs, or in pursuit of contraception. One of the biggest concerns for some are, lack of confidentiality from those service providers or not being taken seriously because the health care providers usually make fun of their stories and make them a public spectacle.
There are still laws and regulations geared towards discrimination and undermining the basic human rights of, lesbians, gays, bisexual and trans community as the Government fails to implement language and protections, recommended in line with international health standards of anti-discrimination of LGBT persons in the health care systems (HRI, 2018).

Mental health in Guyana is still a conversation that is not happening, since there is so much stigma attached to the illness. For the LGBTIQ community our challenges are significantly higher since homophobia is one of the leading contributing factors that affects almost every aspect of our human lives from childhood to adulthood. Many people didn’t get an opportunity to complete their educational pursuit because of bullying and other forms of hate crimes and physical and sexual violence.

As a result, it causes a ripple effect putting them at a higher risk of becoming unemployed because they do not have the skill set to compete in the different employment sectors and simply because of their gender expression and gender identity.

The pervasiveness of homophobia threatens the lives and well-being of the LGBTQ community everyday of their lives in many different forms. Hate crimes, sexual and physical violence are some of the many different forms of homophobic treatment persons in the LGBTQ community experience. The perpetration of these acts from society poses a constant source of stress for many young persons and adults who are perceived to be LGBTBQ persons living in Guyana.

The actual conversation on the topic of ‘mental health’ hardly existed while I was growing up, I could remember; however, hearing the older folks around me referring to a mentally challenged person as a junkie or a mad man/woman.

And persons joking around about the mental institution “The Berbice mad house” if ever you acted out of the norm they would say “the Berbice mad house waiting on you”.

Some intimate reflections from community members details the daily challenges of being LGBTQ in Guyana.

“As queer black LGBTQ activist who’s been living most of my life with bi-polar disorder I’ve had my own personal challenges dealing with my own mental health struggles”.

The attitude by society towards mental illness makes it twice as difficult to seek professional psychological help; “no one wants to be seen at the Georgetown hospital visiting Dr. Harry, the most popular mad man doctor in Guyana”, I was told by a close friend during my university days.

Dr. Harry was my doctor; she didn’t know that detail about me yet. I used to visit Dr. Harry at his private practice, where he worked, after he signed out of his government job.

I felt more comfortable with the private arrangements my parents set up for me, although it was costly my parents thought anything to spare me the mental fatigue of being seen at the public hospital they would protect me.

Michelle began sharing the details of the toxic relationship she had just gotten out of, as she explained how complicated it is for her to move on since she’s been with this woman for four (4) years and no one knew about their romantic involvement.

The Guyanese society is still viewing gender identity, gender expression and sexual orientation in a very binaried manner by which women are expected to wear feminine, sexualized attire in public and to work. Transgender women and men have found it difficult to seek employment, other than sex work or underpaid as they are now always able to fall
neatly into these categories. Lesbian and bisexual women report experiencing street harassment on a regular basis because they deviate from established gender norms in terms of dress, mannerisms and having mostly female companions. The gender presentation and the type of clothing that lesbian and bisexual women choose to wear impacts the level and intensity of verbal harassment they face on the streets. In a society with a single understanding of gender having only two options, life is particularly difficult for any LBQT member moving outside those binary boxes. Trans persons face rejection, stigma and discrimination in all public aspects of life, including education, employment, and accessing services such as medical or legal help (Rambarran and Hereman, 2020).

**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 LBQT 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.
INTRODUCTION

GUYBOW

Guyana Rainbow Foundation (GuyBow) is the premiere LBQ women’s organization in Guyana, representing the interest of lesbian, bisexual and queer women, through services, capacity building and an exclusive safe space. Guybow started in the latter part of 1999, with an informal gathering of persons who shared similar interests of advancing the cause of all LGBTQ persons in Guyana and was formalized in December 2000. In June, 2012, through a network of LBQ women, the organization shifted its focus towards empowering women by providing activities, programs and services designed for enhancing and sustaining their health and wellbeing.

GuyBow is currently a network of local LBQ women across the ten administrative regions of Guyana dedicated to achieving equal rights for lesbian, bisexual and queer women and their liberation from all forms of discrimination. GuyBow is committed to working with all local, national and international agencies to strengthen the human rights advocacy and to secure equal opportunities for all LBQ Guyanese while advocating on behalf of people who experience discrimination or abuse on the basis of their actual or perceived sexual orientation, gender identity or expression.

Specifically, GuyBow provides avenues for its constituencies to increase their means of sustainability and improve their prospects of employability. This is achieved through engaging in skills building programs and diversity education initiatives with the private sector and their employees with the aim of creating a more LGBTI inclusive work environment.
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 strengthen 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.

GUYANA SPECIFIC

The fieldworker training in Guyana took place in December to ensure an early start with data collection due to our planning with regards to the upcoming elections. Both the Country Research Coordinator and Field Supervisor, who attended the two in person knowledge sharing and the training the trainer meetings in Trinidad and Jamaica presented the in-country workshops to the fieldworkers, responsible for data collecting.

The criteria process for Fieldworker were as follow:

1. Identified as Lesbian, Bisexual, queer and
trans masculine community.
2. Knowledge of the LBQT community.
3. Active member in the community (via organization activism or volunteerism)
4. Fluent English (spoken and written)
5. Attentive Listener
6. Observant/ pay attention to details
7. Personable/approachable
8. Experience in data collection would be an asset
9. Sign on to the ‘Field worker’s MOU

The selection process of data collectors was carried out in a very transparent way. Utilizing social media, print and electronic platforms e.g. Facebook, WhatsApp, e-mails, and flyers were used to advertise the call for field workers.

Successfully three (3) lesbians and two (2) trans masculine persons were shortlisted for interviews which were carried out by the Director of Guybow and the in-country coordinator.

The interviewees were all successful!

Additionally a Field Supervisor was contracted to assist the Research Coordinator with administrative duties such as; assisting with the planning of outreach activities, training of field workers, sensitization of the research with the community, monitoring and verification of field workers data collection, assisting with the logistics for schedule interviews field workers arranged whenever the need arises for the use of office space. The field supervisor also facilitated interviewees for data collection.

Fieldworkers and the Field- Supervisor were paid $2,000 GYD each for every questionnaire completed. Each of them was assigned 25 questionnaires. Other financial allowances were also made available for transportation, food and cell phone credit/data.

Field workers training was held November 3rd, 2019, one month before data collection started. One week before, field workers were given the questionnaires to familiarize themselves with its content.

The first few hours of the training was facilitated by ‘The project coordinator’ of (Guyana Trans United), she presented on, “Sex and Gender identities and Trans gender non-confirming identities”.

Those focus topics were broken down for participants to get a clear knowledge and understanding of sexual orientation gender identities (SOGI).

This presentation was important for the Fieldworkers to get familiar with the questionnaire content relating to sex, gender, and Identities, to make them equipped in administering the research instrument efficiently and effectively when facilitating interviews and for their own personal general understanding. For some it was a refresher exercise while for others they needed clarity on the trans gender non-confirming identities, since according to those persons not enough information is out there about trans experiences in the community. One participant self-identified as trans man for the first time after the session as he understood the terminologies of LGBTQ in the presentation.

Collaboratively the Country’s coordinator and field worker supervisor administered the remaining of the training materials to the field workers.

Training materials were used from the “training of trainers workshop”, we did simplify some of the topic areas in order for participants to get a clear and concise knowledge and understanding of the research instrument in totality as we also tried to make the sessions informative and practical which
improved participation among field workers.

At the training we also incorporated group activities in our training for the participants to create opportunities for them to start building teamwork among ourselves.

One aspect of the training we did not get to complete; was ‘Self-care and mental health’ because the facilitator was unable to make it last minute also the day was already long anyhow with all the other activities we had throughout.

The group decided, we will include this as one of the activities for 16 days of Activism which the wider LGBTQ community would benefit.

This event took place on December 09th, 2019. Under the theme “What self-care means for your mental health”?

The session lasted for three hours focusing on (self-care wheel, self-care individual assessment and personal self-care plans). This session was facilitated by the Deputy Program Manager – Human and Social Development (Caribbean Community Secretariat).

TRANSLATION

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

The first knowledge sharing and training meeting in Haiti was with consecutive translation by a community partner from a peer organization in the LGBT movement, while with the second knowledge sharing meeting, which took place in the Dominican Republic the interpretation was done by the one country partner who is bilingual.

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

LIMITATIONS AND CHALLENGES

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

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

Guyana’s election along with COVID-19 proved to deliver limitations and challenges never imagined. A no-confidence motion was passed in the National Assembly last year against A Partnership for National Unity Coalition (APNU) Government of Guyana, this resulted in snap elections being held on March 02, 2020.

Understanding the political landscape of Guyana during the election period, hostility and tension reigns over our dear land by the two major ethnic groups during this time especially, (Africans and East Indians). The major political parties are - the People’s Progressive party Civic (PPP/C) whose supporters are predominantly ‘East Indians’ and A Partnership for National Unity Coalition Government whose supporters are mostly ‘African Guyanese’. Taking this reality into consideration, it was discussed and agreed at the knowledge sharing and “Training of Trainers meeting”, held in Jamaica September 30th, 2019, that Guyana would move ahead with its plans to start it’s in-country data collection aspect of the research in December 2019, one (1) month sooner than the research start date in order to avoid any hindrance caused by election activities.

Despite our preparedness to start the data collection sooner, we did encounter some challenges along the way. Schedule interviews with participants had to be cancelled last minute because potential participants were attending political rallies in and out of their geographical locations, and they were no longer available to meet with fieldworkers.

Some potential participants were employed as party agents and election officers and were busy attending training for the General elections, in this situation it was really difficult to engage them since they were most times unavailable for the interview and rescheduling of interviews had to be done regularly.

Racism is no exception to the tension and hostility of our nation during this period. A field worker reported that “she was uncomfortable to visit a particular community that is predominantly an Indian Community to interview three potential participants, because she is Afro-Guyanese and feared racial discrimination by members of that community”, the fieldworker however invited those participants to meet up at a different location but that was not convenient for them, since they felt uncomfortable to leave their homes.

Nevertheless, field workers continued interviewing persons who were accessible around Georgetown our capital city found in region (4), where the visibility of lesbian, bisexual and trans-men community is vibrant.
Participants from all three counties in Guyana (Essequibo, Berbice and Demerara), were given the opportunity to participate in the data collection despite a few challenges and setbacks during the elections period.

With a deadline rapidly approaching, field workers were able to complete the quantitative aspect of the research (Data Collection) by the first week in March, 2020. Soon after they were preparing to begin the second phase of the survey, the collection of (Human stories).

Elections were over and every citizen was awaiting the declaration of the results, but that never happened. The integrity of the entire electoral process was compromised, and controversy erupted which resulted in a national recount.

Political and racial tensions persist, but Field workers were relentless as they continued the engagement process with the LBTQ community despite the political unrest in our country.

Amid the preparations to schedule interviews with members of the community who were kind and brave to share their stories for the research, COVID-19 pandemic arrived in Guyana.

**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.

“When it rains it pours”, adhering to the social distancing guidelines in Guyana, prevented field workers from having access to participants face to face to conduct interviews for the human stories. This was not what we had planned in the beginning; strict protocols were outlined in our training about the procedures and requirements in the collection of human stories. Nevertheless, we strategized on ways that we can still administer this aspect of the research without compromising the integrity of the research.

Jobs were lost, non-essential businesses were closed, schools were shut, and a nationwide curfew was in effect starting from 6pm-6am daily. Following the social distancing guideline practices, banks were able to conduct businesses for a few hours daily and some essential businesses like pharmacies etc. were allowed to open beyond curfew timings.

Ironically, the practicality of this research (Needs assessment survey research) coincided with the effects COVID-19 was having on the lives of people but specifically vulnerable groups like women, children, and the LGBTQ community in Guyana.

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

“The tokenism of the LGBTQ community for surveys like this one, and nothing comes out of it, now there’s a virus we the community want our needs addressed so we are hoping that we can get some help from the organization (Guyana Rainbow Foundation)” were just one of the similar sentiments expressed by one of the persons who took part in the survey.

She was assured that Guybow was in the process of ensuring that participants of the research and the wider LGBTQ community receive care
packages and food hampers since logistics were already being finalized for distribution of those products.

Before the pandemic struck, field workers had already scheduled five (5) interviewees to collect their human stories, “it wasn’t the right time for them, they lost their jobs due to COVID-19 and they were feeling very stressed out and frustrated” two individuals expressed and declined to participate. In light of this the field worker shared information with them about Guybow’s counselling services for psychosocial support if they ever needed it and they were also given COVID-19 hampers.

Taking into consideration the strict protocols that were outlined in our training of trainers meeting with regards to the procedures and requirements in the collection of human stories, we strategized on ways to administer this aspect of the research (collection of human stories) without compromising the integrity of the research.

Interviewees were given internet data allowances to facilitate the collection of their stories via emails, voice recording or live telephone interviews, whichever means they preferred. Field workers were able to schedule three (3) interviews with interviewees and they all decided it was much more convenient to sit with their thoughts and write their individual stories.

Subsequently those stories were received via emails.
SIDE NOTE – INTRICACIES OF QUEER AND PANSEXUAL TERMINOLOGIES

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

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

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

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

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

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

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

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

QUANTITATIVE COMPONENT

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

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

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<th>Country</th>
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<td>Trinidad &amp; Tobago</td>
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</tr>
</tbody>
</table>
Data Collection & Analysis

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

The database information was downloaded onto an excel format and was analyzed with the software JASP and Excel and descriptive statistics were executed.

The key elements for reporting the statistics was Sexual Orientation of the overall sample and for each country.

Data Collection – Guyana specific

Respondents were briefed by the field workers about the nature of the study and were assured about their confidentiality of the information provided. Names and identity were not recorded on any of the forms. After the questionnaires were submitted by the field workers, the coordinator and field- supervisor for the project checked to make sure that they were properly completed, and all questions answered.

Six field workers used printed questionnaires while conducting this study. The questionnaires were self-administered and interviewed-administered by the field workers and participants, respondents were guided as to how to complete the questionnaires. They also answered questions and brought clarity when needed to. The general target population was 150 LBQ women and trans masculine persons. This study also targeted human rights organizations such as GUYBOW and SASOD

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: BACKGROUND

1.1 Age:
The majority (52%) of the 150 respondents were between the ages of 25-34 years, followed by 26% in the age range 18-24 and then 19% were between the ages of 35-44. A minority were between 44-54 years of age. No one in the sample group was from the older age category 55-67 years.

**Figure 1:** Age range

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

**Figure 2: Country of Residence**

<table>
<thead>
<tr>
<th>Country</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbados</td>
<td>97</td>
<td>9.5%</td>
</tr>
<tr>
<td>Belize</td>
<td>160</td>
<td>15.7%</td>
</tr>
<tr>
<td>Guyana</td>
<td>150</td>
<td>14.7%</td>
</tr>
<tr>
<td>Haiti</td>
<td>69</td>
<td>6.8%</td>
</tr>
<tr>
<td>Jamaica</td>
<td>202</td>
<td>19.9%</td>
</tr>
<tr>
<td>Saint Lucia</td>
<td>114</td>
<td>11.2%</td>
</tr>
<tr>
<td>Suriname</td>
<td>126</td>
<td>12.4%</td>
</tr>
<tr>
<td>Trinidad and Tobago</td>
<td>100</td>
<td>9.8%</td>
</tr>
<tr>
<td>Total</td>
<td>1018</td>
<td>100%</td>
</tr>
</tbody>
</table>

**1.3 Sexual Orientation**

Of the 150 respondents 78 [n], 52% said they are lesbian, 52 [n], 34% indicated bisexual, and 9% are 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. There were 2% who respectively indicated gay and other, while 1% selected heterosexual.

**Figure 3: Sexual Orientation**
1.4 Ethnicity

Majority of the respondents identified their ethnicity as Afro-Caribbean (62%). There were 18.7% that stated that their ethnicity was not in the list of options. This could be as a result of the diversity in ethnic groups per country. The list did not include local ethnic groups that are found in a specific country. For example, in Belize persons identified as Mestizo or Garifuna. In Guyana 19% of the respondents selected “other”. Race and ethnicity should always be viewed as an important issue in Guyana (CADRES, 2013) nuanced, individualized and according to how a person autonomously identifies and politically positions themselves. In the local Guyanese context, some people refer to themselves as Black Guyanese and Afro-Guyanese, while some people define by “mixed race” and those, might as well make up the 19% of respondents who identify as “other”. There were 10.7% that indicated East Indian, while 7.3% said they are Indigenous. Only 1%, or 1 [n] of the respondents identified as Caucasian.

Figure 4: Ethnicity

1.5 What type of area do you live in?

There were 45% of the respondents that indicated that they live in a village, followed by 30% who are from a town and 25% who live in a city.
SOCIOECONOMIC CONDITIONS

1.6 Enough money to cover basic needs

When asked if they have enough money to cover their basic needs, 25% of the respondents stated “always” and 45% indicated “sometimes”. There were 21% that indicated that they “usually” have enough money to cover their basic needs while 9% indicated that they “never” have enough. The majority of the persons in the overall survey, across all 8 countries that said that they “never” have enough money to cover their basic needs were in Guyana (9%). While the majority said that they always have enough money to cover their basic needs were from Saint Lucia (44%), Jamaica (38%) and Belize (37%).
1.7 PAID EMPLOYMENT

When we asked respondents about their employment status, 52% said that they have full-time employment, 32% indicated part-time employment while 16% selected that they “do not have any work for which they get paid”. Guyana’s employment discrimination law fails to include sexual orientation, gender identity, or gender expression among the protected statuses. The absence of a specific prohibition on discrimination based on SOGIE permits employers to discriminate against persons with non-normative SOGIE in hiring decisions, treatment during employment, and termination without legal consequence (HRI, 2018, SASOD, 2015). World unemployment rates per country according to the United Nations (ILO) is as follows for these countries: Haiti 13.5% (Dec. 2019); Trinidad and Tobago 4.6% (Sept. 2018); Jamaica 7.2% (Dec. 2019); Barbados 8.9% (Dec. 2019); Belize 9.4% (Dec. 2019); Suriname 7.4 (Dec. 2019); and Guyana 13.8% (Dec. 2018). (ILO 2019) In comparison, there are wide discrepancies between the national unemployment rate and the unemployment rate among the LBQ TM respondents.

Figure 7: Paid Employment

1.8 Alternative source of income

As a follow up to the economic means of the respondents, we asked if they had any alternative sources of income, to which a total of 19% indicated they do receive overseas funds to help them cover their living costs. There were 14%, 19 [n], of the respondents who indicated they subsidize income by means of sexual favors (including escorting tourists, dancing in strip clubs or online sex), of those, there were 33% who self-identify as pansexual and 15% who are lesbian, followed by 12% who said they are bisexual. A total of 11%, or 15 [n] respondents work more than one job to make months end. A majority of 58%, or 76 [n] respondents said that they have other alternative sources of income, which are legal while a total of 5% of the respondents have to sometimes turn to unlawful or criminal activities to gain income.
Table 1: Alternative sources of income

<table>
<thead>
<tr>
<th>Do you have alternative sources of income other than a full time or part-time job?</th>
<th>Bisexual</th>
<th>Lesbian</th>
<th>Other</th>
<th>Pansexual</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have alternative sources of income such as sexual favors in return for money (This can also include escorting tourists, dancing in strip clubs or online sex for income purposes)</td>
<td>12%</td>
<td>15%</td>
<td>0%</td>
<td>33%</td>
<td>14%</td>
</tr>
<tr>
<td>I don’t have any formal income, but hustle, bargain, sell recycled goods or second-hand clothing</td>
<td>6%</td>
<td>15%</td>
<td>14%</td>
<td>0%</td>
<td>11%</td>
</tr>
<tr>
<td>I receive overseas funds to cover my living costs</td>
<td>20%</td>
<td>15%</td>
<td>14%</td>
<td>44%</td>
<td>19%</td>
</tr>
<tr>
<td>I sometimes turn to unlawful/ criminal activities to gain income</td>
<td>6%</td>
<td>6%</td>
<td>0%</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>I have other alternative sources of income, which are legal</td>
<td>59%</td>
<td>57%</td>
<td>71%</td>
<td>44%</td>
<td>58%</td>
</tr>
<tr>
<td>I have more than one job, to make months end</td>
<td>12%</td>
<td>10%</td>
<td>29%</td>
<td>0%</td>
<td>11%</td>
</tr>
</tbody>
</table>

1.9 Religion

Of the 150 respondents, 61% stated that their religion is Christianity. There were 29% that stated they are not religious. There were 3% who indicated Hinduism, as well as 3% that selected Other, while the remaining stated equally at 2% respectively Buddhism, Islam. No one selected Rastafarian.

Figure 8: Religion
Besides Buggery laws, inherited from Colonialism, and rooted in religion, the most prominent cause for discrimination, rejection, bullying, side-lining and hate crimes in the Caribbean remains to be religion. A number of examples throughout the eight countries in our study demonstrated how religion continues being used against members of the LGBTQ community, in their private lives and public spaces. One lesbian from Guyana shared: “I grew up hearing all of my family members disrespecting persons from the LGBTQ community because our household was a Christian household. In high school I realized I started having deep feelings for girls, but I didn’t know what it was. […], one day we were in a public place in a very compromising position and she was holding my hands and at the same time my neighbor was passing and saw. Later that afternoon when I got home, I was being interrogated by my family, my cousins started making disrespectful remarks like “Yuh dutty lesbian”, “Yuh shameful whore”, “Put her out man” etc. I was so shocked and hurt, I didn’t know what to do, I tried explaining myself but every time I opened my mouth, I received a slap. My cousin then started dragging me by my hair and down the stairs, he began kicking and cursing me and as I looked up the stairs, I heard my family saying, ‘get out’!!! At this time, I was heartbroken, hurt and began having suicidal thoughts. I started staying with a friend and we made contact with a LGBT organization who helped me up to this day, they even tried contacting my family and no respectful response was given. I was being counseled by them and housed for a short period”.

A recent report “Faith-Based Efforts in the Caribbean to Combat Discrimination Based on Sexual Orientation and Gender Identity” several respondents promoted the creation of worship spaces that include and affirm people who identify as LGBTQI, such as the example of an LGBTQI-affirming church was being planned in Guyana; the first service was held in December 2019 (Arcus 2020). Such interventions would be highly welcomed, considering that 61% of the “From the Fringes to Focus” study’s Guyana respondents indicated that they are Christian, and an overall 68% of respondents has religious beliefs, regardless of denomination.

1.10 Level of Education

When we asked them about their level of education, 39% indicated that they have completed post-secondary, A-levels, Diploma or University, whereas in comparison across the 8 countries that participated in this research, 56% completed the same. There were 49% of respondents that indicated that they have completed only secondary education, which is higher than the overall study total of 35.6%. There were 11% who completed primary education only.
1.11 Sexual attraction

There were 145 (97%) of the 150 respondents that indicated that they are attracted to cisgender women. Of these 77 (99%) were lesbian, 49 (94%), while all the respondents who identify as other said they are attracted to women. There were 60% of the respondents who identify as bisexual that indicated that they are attracted to cisgender men and 31% of the pansexuals indicated the same, while 8% of the lesbians said that they were attracted to cisgender men. A total of 9% of the respondents indicated that they were attracted to trans men while 7% were attracted to trans women and 9% of the respondents were attracted to gender non-conforming people.
1.12 Emotional attraction

When we asked about emotional attraction respondents replied similar than with sexual attraction, with a very marginal shift, for example in total respondents were sexually attracted to cisgender women by 97% and emotionally attracted 95%. Respondents being sexually attracted (9%) to trans men versus emotionally attracted (8%)
1.13 Sexual experience in the past 12 months

Of the 130 persons that indicated that they have had sex with a woman in the past 12 months, 70 were lesbian and 43 were bisexual. A total of 47 respondents have ad sex with cisgender men in the past 12 months, of whom the majority were bisexual (35) and secondly lesbians (9), followed by 3 pansexuals. In total 9% of the respondents had in the last 12 months sex with a trans man and 2% with a trans woman.
1.14 Sexual experience in the past

When we asked the respondents about their sexual experience in the past, 99% said that they have had sex with a woman in the past, of which 99% of the lesbians, 98% of the bisexuels and 100% of the pansexuals confirmed that. There were 67% or respondents that indicated that they have had sex with cisgender men, 7% with a trans man and 3% with a trans woman, while 5% have had sex with a person who is gender nonconforming.
1.15 Sexual Orientation

When asked to identify their sexual orientation, 52% indicated lesbian, 34% bisexual, 9% pansexual, 5% other, of which 2% said gay, 1% heterosexual and 2% did not specify. It is often common practice under lesbian communities to use the term gay, even though they are assigned female at birth. “Bisexuality, pansexuality, sexually fluid, queer and simply “not doing labels” – all are different ways people identify to indicate that they are not exclusively attracted to either men or women” (Villareal, 2020, Zane, 2018). Even though 9% identified as “pansexual”, the concept itself is new to the region.
1.16 Gender Identity
In terms of gender identity, 83% identified as women, 7% as trans men and 5% respectively as men and as gender nonconforming. The exchangeability in which terms are used (Haynes & DeShong, 2017) often guides sexual practices to a self-articulated marker for identity (Ghisyawan, 2015) which both allows for, but also creates a challenge for people to assign a sexual orientation along with a gender identity to themselves. It is not unique to Guyana that persons assigned female at birth, and identify as lesbian, to also identify as men or as gay (usually a term used for gay men). Similarly, it is not uncommon to see persons who identify as trans men, to also self-describe as lesbian, as that description is often associated with the sexual activity.

![Gender Identity and Sexual Orientation](image)

1.17 Sex at birth
When we asked about their sex at birth, 100% of the respondents indicated that they were assigned female at birth.

1.18 Legal Sex
There was 1 person that indicated that they do not have any identity document and 1 person selected their legal sex to be “other”, but they did not specify.
In exploring gender expressions, the respondents were asked how feminine they think they are. There were 21% that stated “somewhat”, while 52% stated “very much and extremely. There were 7% that said, “not at all” and 19% said “a little.”

Similarly, we asked respondents how masculine they think they are, there were 29% of the respondents who selected “not at all” while 28% said “a little”, while 11% indicated respectively “very much” and “extremely”.

**SECTION 1B: GENDER EXPRESSION**
GENDER AFFIRMING PRACTICES

There were 7% that stated that they do use some form of binding (binders, bandages) or some other method to hide their breasts. 9% of these persons identified as lesbian while 43% as other. There were 7 [n] persons who stated that they use socks or dildoes/packers in their underwear to simulate a penis. Of these 5% were lesbian, 14% “other” and 8% pansexual.

<table>
<thead>
<tr>
<th>Table 2: Gender affirming practices</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>Do you use any form of binding (binders, bandages etc.)? Or use any other method of hiding your breast</td>
</tr>
<tr>
<td>Do you use any objects such as socks or dildoes/packers in your underwear to simulate a penis?</td>
</tr>
<tr>
<td>Do you publicly live by your self-identified gender?</td>
</tr>
<tr>
<td>Do people publicly know you by your chosen name?</td>
</tr>
<tr>
<td>Do you publicly live as your self-identified gender, only in some safe spaces?</td>
</tr>
</tbody>
</table>

Respondents were asked to state if they live by their self-identified gender. There were 29% that stated that they do not. There were 24% of the lesbians that indicated “no”, while 37% of the bisexuals and 38% of the pansexuals stated “no”. When asked if they live as their self-identified gender only in safe spaces, 59% said “yes”. There were 24% that stated that people do not know them by their chosen name. In some Caribbean countries, such as Belize, Jamaica, Guyana, Trinidad and Tobago, it is possible to legally change a person’s name however it is still not legal to officially change documentation – and therefore leave trans persons with no legal protection if their documents are not in alignment with their self-expression (Berredo et. al., 2018).

SECTION 1C: SEXUALITY AND SELF

The respondents were asked if they dislike themselves for being a person who has or wants sex with people of the same sex. Of the 150 respondents, 5% agreed with this statement while 93% either disagreed or disagreed strongly. There were 14% that either agreed or strongly agreed that they wish they were only sexually attracted to the opposite sex. There were 6% that stated that they feel ashamed of being sexually attracted to persons of the same sex. There were 36% that agreed or strongly agreed that being attracted to a person of the same sex is a personal weakness of theirs. There were 10% of the respondents who indicated that they would accept if someone offered them the chance to be completely heterosexual. There were 3% of the respondents who indicated that when they think about having sex with someone of the same sex, they have negative thoughts or feelings.
### Table 3: Sexuality and Self

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Agree or Strongly Agree</th>
<th>Lesbian</th>
<th>Bisexual</th>
<th>Pansexual</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sometimes I dislike myself for being a person who has (or wants) sex with people of the same sex</td>
<td>11</td>
<td>7%</td>
<td>6%</td>
<td>10%</td>
<td>8%</td>
<td>0%</td>
</tr>
<tr>
<td>I wish I was only sexually attracted to the opposite sex</td>
<td>21</td>
<td>14%</td>
<td>7%</td>
<td>25%</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>I am ashamed of myself for being sexually attracted to people of the same sex</td>
<td>8</td>
<td>5%</td>
<td>2%</td>
<td>12%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>I feel that being attracted to people of the same sex is a personal weakness of mine</td>
<td>54</td>
<td>36%</td>
<td>24%</td>
<td>50%</td>
<td>69%</td>
<td>0%</td>
</tr>
<tr>
<td>If someone offered me the chance to be completely heterosexual, I would accept the offer</td>
<td>14</td>
<td>10%</td>
<td>5%</td>
<td>17%</td>
<td>8%</td>
<td>0%</td>
</tr>
<tr>
<td>Whenever I think about having sex with someone of the same sex, I have negative thoughts and/or feelings</td>
<td>4</td>
<td>3%</td>
<td>0%</td>
<td>6%</td>
<td>8%</td>
<td>0%</td>
</tr>
</tbody>
</table>

### SECTION 1D: GENDER IDENTITY AND SELF

There were 21 persons who identified as transgender and/or gender non-conforming. There were 76% who strongly disagreed and a further 19% who disagreed that they dislike themselves for being trans or gender non-conforming. There were 7 persons who said that they agreed or strongly agreed that they think about the fact that they are transgender when interacting with people. There were 10% persons that stated that they think that being transgender or gender non-conforming is a personal weakness while 10% also stated that if they were given the opportunity to be cisgender, they would accept the offer.

### Table 4: Gender Identity and Self (Transgender and Non-Conforming)

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Agree or Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sometimes I dislike myself for being transgender and/or gender non-conforming</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>I think about the fact that I am transgender and/or gender non-conforming when I interact with people</td>
<td>7</td>
<td>34%</td>
</tr>
<tr>
<td>I feel that being transgender and/or gender non-conforming is a personal weakness of mine</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>If someone offered me the chance to be completely cisgender, I would accept the offer</td>
<td>2</td>
<td>10%</td>
</tr>
</tbody>
</table>
GENDER-AFFIRMING PRACTICES

There were only 2 of the respondents that stated that they use hormones for transitioning. Both indicated that they source the testosterone from “another provider”, the remaining options were private and public health care providers.

**Figure 18: Access to hormones, another source**

<table>
<thead>
<tr>
<th></th>
<th>Bisexual</th>
<th>Lesbian</th>
<th>Other</th>
<th>Pansexual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>100</td>
<td>99</td>
<td>100</td>
<td>8</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td>92</td>
</tr>
</tbody>
</table>

SECTION 2A: HEALTH SERVICE USE

When asked about private health insurance, 23% stated that they do have private health insurance while 77% said that they do not. Of those that have private health insurance, 18% were lesbians, 29% bisexuals, 31% pansexual and 29% “others”.
We asked the respondents about the type of medical institution they access their healthcare from. Below is the summary of replies. Most respondents only access health care facilities when they are feeling sick or have a medical emergency. In general, across all the questions, Indigenous or Traditional health care providers were the least visited facility. Respondents selected Public health care (39%), and equal number of respondents, proportionally (29%) selected Non-Governmental Organization (NGO) health care and Private health care for check-ups when they are sick. For emergency care, respondents selected mostly Public health care (26%) and Private healthcare (23%). Across the 3 most preferred health care providers, respondents indicated they access Non-Governmental organization health care (36%), Private health care (32%) and Public health care (28%) for HIV testing, but only 3% would access Public health care facilities for HIV care and treatment, 1% at NGOs. Only 5% visits respectively at Private and Public health care facilities and 7% at NGOs for testing, care, or treatment for other sexually transmitted infections. No respondent accesses any type of health care after a sexual assault, while only 1% indicated they were accessing Private and Public health care respectively after a physical assault.

Table 5: Access to health care services

<table>
<thead>
<tr>
<th>Health Service Usage</th>
<th>NGO % Yes</th>
<th>Public % Yes</th>
<th>Private % Yes</th>
<th>Trad % Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular check-ups when I am feeling well</td>
<td>15%</td>
<td>22%</td>
<td>21%</td>
<td>6%</td>
</tr>
<tr>
<td>Check-ups when I am feeling sick</td>
<td>29%</td>
<td>39%</td>
<td>29%</td>
<td>7%</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>9%</td>
<td>26%</td>
<td>23%</td>
<td>1%</td>
</tr>
<tr>
<td>Care after a sexual assault</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Care after a physical assault</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Test for HIV</td>
<td>36%</td>
<td>28%</td>
<td>32%</td>
<td>4%</td>
</tr>
</tbody>
</table>
Health Service Usage

<table>
<thead>
<tr>
<th>Service</th>
<th>Response 1</th>
<th>Response 2</th>
<th>Response 3</th>
<th>Response 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Care and treatment</td>
<td>1%</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Testing, care, or treatment for other sexually transmitted infections (STIs) (Not HIV)</td>
<td>7%</td>
<td>5%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Counselling or psychosocial support</td>
<td>9%</td>
<td>5%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Care for mental health conditions</td>
<td>3%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Barrier methods (condoms, dental dams or finger condoms)</td>
<td>6%</td>
<td>2%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Contraception (injection, pill, IUD/loop, implant)</td>
<td>5%</td>
<td>5%</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Breast cancer checks (mammograms)</td>
<td>5%</td>
<td>6%</td>
<td>7%</td>
<td>1%</td>
</tr>
<tr>
<td>Throat cancer checks</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Cervical cancer checks (pap smears)</td>
<td>7%</td>
<td>7%</td>
<td>11%</td>
<td>2%</td>
</tr>
<tr>
<td>Gender affirming treatment (hormones, surgery)</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
</tr>
</tbody>
</table>

SECTION 2B: HEALTH SERVICE BARRIERS

We explored with the respondents about disclosure and the assumption of being perceived as lesbian, bisexual, queer or trans masculine. There were 46% persons who indicated that they had disclosed their sexual orientation or gender identity to a health staff member while 54% said that they had not. Of these there were 49% of the lesbians and 38% of the bisexuals. There were 38% that had disclosed at a non-governmental or community facility. When asked if a healthcare staff member had made assumptions of their sexual orientation or gender identity, 36% said “yes” while 64% said “no”.

When we asked about the barriers they experience when they access healthcare services, 97% 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 3% of the respondents that indicated “often” poorer service than other people because they are lesbian, bisexual or trans masculine while 11% indicated “sometimes”. When we asked how often they have been called names or insulted by health care staff because they are lesbian, bisexual, trans masculine, 83% responded “never”, 7% said rarely, while 9% indicated “sometimes”. 89% of respondents indicated “never”, when we asked them how often they think health care staff denied them service because of their sexual orientation or gender identity, while 5% said “rarely” and 5% selected “sometimes”.

However, the experience of persons who identify as trans or gender nonconforming oftentimes are increased by the amount of challenges, “…it is not uncommon for me to hear Caribbean Transgender people speak of negative experiences at healthcare institutions. Many persons often recount ordeals […] and even being subjected to on-the-spot preaching and judgmental reproach from nurses and doctors when it is revealed that they engage in sexual intimacy with persons of the same sex or both sexes. […] oftentimes the stigma inflicted by health care workers is rooted in the belief that one is “tampering with God’s creation” by transitioning to live as the sex or gender not assigned at birth. The resulting discomfort,
which many Trans and Intersex people face, will result in a reluctance to seek medical attention unless it is absolutely unavoidable, such as in a life-or-death situation.” (D’Marco, 2020) A recent study by the Human Rights Institute in Guyana reported they are facing consistently discrimination when they seek medical treatment, and some were refused care. Others shared examples of being treated disrespectfully and violated (HRI, 2018). In another study, also in Guyana participants felt that nurses often are rude with them, if their sexual orientation are known while others stated that often they feel that they are pathologized due to their sexual orientation and “in the need to be fixed” (Rambarran & Simpson, 2016).

Table 6: Health service barriers

<table>
<thead>
<tr>
<th>Health service barriers</th>
<th>Never</th>
<th>Often</th>
<th>Rarely</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>73%</td>
<td>3%</td>
<td>13%</td>
<td>11%</td>
</tr>
<tr>
<td>How often have you been called names or insulted by health care staff because you are lesbian, bisexual, queer or a trans man?</td>
<td>83%</td>
<td>1%</td>
<td>7%</td>
<td>9%</td>
</tr>
<tr>
<td>How often do you think health care staff has denied you a service because you are lesbian, bisexual, queer or a trans man?</td>
<td>89%</td>
<td>1%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>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?</td>
<td>97%</td>
<td>0%</td>
<td>2%</td>
<td>1%</td>
</tr>
</tbody>
</table>

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

There were 8% of the respondents who stated that they had postponed or not tried to get needed health care when they were sick or injured because they could not afford it. There were 2% who said that they have postponed or not tried to get HIV testing because they could not afford it, nor to get STI testing because they could not afford it. There were 4% who indicated that they had postponed or not tried to access healthcare when they were sick or insured because of disrespect or discrimination because they identified as lesbian, bisexual, queer or trans man from doctors or other health care providers. When asked if they had every hidden or tried to hide that they are lesbian, bisexual, queer or a trans man from a health care provider, 5% said “yes”.

Table 7: Previous experiences impact on health care seeking behavior

<table>
<thead>
<tr>
<th>Survey Questions</th>
<th>N</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>You have postponed or not tried to get needed health care when you were sick or injured because you could not afford it</td>
<td>12</td>
<td>8%</td>
</tr>
<tr>
<td>You have postponed or not tried to get HIV testing because you could not afford it</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>Yes</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---</td>
<td>------</td>
</tr>
<tr>
<td>You have postponed or tried not to get STI or STI/HIV treatment because you could not afford it</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>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</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>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 healthcare providers</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>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</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>You have postponed or tried not to get cervical, breast or throat cancer screening because you could not afford it</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>You have postponed or not tried to get cervical, breast or throat cancer screening because of disrespect or discrimination because you identify as lesbian, bisexual, queer or a trans man from doctors or other healthcare providers</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>You have hidden or tried to hide being lesbian, bisexual, queer or a trans man from a health care provider for fear of discrimination</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>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</td>
<td>2</td>
<td>1%</td>
</tr>
</tbody>
</table>

SECTION 2D: TRANS-RELATED HEALTH CARE NEEDS

Medical Transition

When we asked them if they identify as trans masculine or gender nonconforming, 12 [n] responded “yes” and continued with the section of the survey that is about medical and surgical transition. There were 6 [n] persons who indicated that they would like to use testosterone for masculinization purposes. When we asked if they want to use hormones, but can’t afford it, 4 [n] agreed with the statement, while 3 [n] persons want to use hormones but don’t know where to find it. There was 1 [n] respondent who said that they “take hormones, without doing some lab tests, such as: liver function tests, cholesterol and blood pressure”, while all 12 respondents were not aware to take blood tests for monitoring purposes. 100% of the persons that identified as transgender indicated that they did not know about taking some lab tests, such as liver function tests, cholesterol and blood pressure when in medical transition or taking hormones. While it happens in various parts of the world that trans people access hormones in locations where there are not a medical support system in place, this translates to often place the person at potential health risk - not the hormones per se, but to introduce cross-sex hormones without a baseline knowledge of blood pressure, cholesterol and potential family health history factors (Snow, 2014). Initial hormone administration with the care and guidance of a health practitioner not only considers these baseline health conditions, which can be determined with lab tests, but health care providers should also discuss fertility options with the trans person, before any hormones are introduced (Snow, 2014).
Surgical Transition

There were 13 [n] respondents that replied about the questions of medical transitioning. We asked respondents if they want surgery and presented various answers to select from, for which 6 [n] respondents indicated that they “want surgery but I can’t afford it”. Only 1 [n] respondent indicated “yes” when we asked if they want chest surgery, while none wanted bottom surgery. There was 1 [n] person that said they had their surgery in Guyana and one selected “another country”. There were 4 [n] respondents who plan to have top surgery, while 2 [n] respondents plan to have bottom surgery.

SECTION 3A: ALCOHOL

Of the 150 respondents who responded to the question how they have a drink containing alcohol, 14% or 21 [n] indicated “never” and were encouraged to go to the next section. The 21 [n] who indicated they never have a drink containing alcohol, 23% were pansexual. The remaining set of questions were answered by 129 [n] respondents. There were 15% or 23 [n] who drink daily or almost daily.

We asked participants about alcohol use, and there were 12% that indicated that they have 6 drinks or more on one occasion on a daily basis, while 26% responded weekly, of which there were 33% of the bisexuals and 19% of the lesbians. There were also 12% of the respondents that indicated that a relative, friend, doctor or other health care worker have been concerned about their drinking or suggested to them to cut down.
Table 8: Summarizing Alcohol

<table>
<thead>
<tr>
<th>Survey Questions</th>
<th>Never</th>
<th>Less than monthly</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or almost daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you have six or more drinks on one occasion?</td>
<td>10%</td>
<td>19%</td>
<td>33%</td>
<td>26%</td>
<td>12%</td>
</tr>
<tr>
<td>How often during the past year have you found that you were not able to stop drinking once you started?</td>
<td>70%</td>
<td>10%</td>
<td>9%</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>How often during the past year have you found that you failed to do what was normally expected from you because of drinking?</td>
<td>80%</td>
<td>11%</td>
<td>5%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</td>
<td>86%</td>
<td>4%</td>
<td>5%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>How often during the last year have you had a feeling of guilt or remorse after a heavy drinking session?</td>
<td>82%</td>
<td>9%</td>
<td>5%</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>How often during the last year have you been unable to remember what happened the night before because you had been drinking?</td>
<td>78%</td>
<td>15%</td>
<td>5%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Have you or someone else been injured because of your drinking?</td>
<td>94%</td>
<td>5%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?</td>
<td>74%</td>
<td>8%</td>
<td>3%</td>
<td>2%</td>
<td>12%</td>
</tr>
</tbody>
</table>

SECTION 3B: DRUGS

Regarding drugs, the respondents were asked how often they used drugs other than alcohol. There were 43% or 65 \( n \) who said that they never use drugs and 57% who indicated that they did. There were 11% who said less than monthly, 24% who said daily or almost daily, 12% who said monthly and 9% who said weekly. Of those that never use, 23 \( n \) were bisexual, 4 \( n \) were other and 36 \( n \) lesbian. Of those that use drugs daily or almost daily, the majority were pansexual (54%) and lesbian (26%). Of the 85 persons who indicated that they do use drugs, 21% said monthly while 40% said daily or almost daily. The majority of those that do drugs daily or almost daily are lesbian 48% and pansexual 64%. With our next question, of how often they are influenced heavily by drugs, there were 31% of the lesbians and 45% of the pansexuals that replied that they are daily or almost daily under heavy influence. Nearly half of the respondents (45%) indicated that they were “never” under heavy influence. There were 81% who said that they never have had a feeling of guilt or a bad conscience because of their drug use. When we asked if they or someone else have been hurt (mentally or physically) because of their use of drugs, 93% indicated “never”.
When asked if a relative, friend, doctor or other health care worker had ever been concerned about their drug use, 52% of the persons that use drugs said “yes” while 48% said “no”. The majority of the pansexuals (91%) said “yes”, while 55% of the bisexuals said “yes” and 38% of the lesbians.

**Figure 21: Frequency of drug use**

**Figure 22: Relative, friend, doctor or health worker – concerned about drug use**
“Mental illness in Guyana is perceived to be a demonic possession cast upon someone’s life if they are LGBTQ by the devil and it can go away by spiritual intervention by “the holy of holy Jesus Christ”, an act of witchcraft placed on someone due to personal reasons why someone may not like you, so they wuk pon you “! Or “he/she is smoking dope” – (cocaine, weed, meth etc) the older folks may put it”. – Terianna, Guyana

SECTION 3C: DEPRESSION AND ANXIETY

When asked about feeling nervous, anxious or on edge, 27% indicated that they do feel nervous, anxious or edge at some point. (Combined responses from “All of the time” and “Occasionally”. The same question across the 8 countries in this study resulted in 61%. There were 38% who said that they rarely or none of the time feel nervous, anxious or on edge. When asked about if they worry too much about different things at different times, 24% stated that they worry rarely or none of the time (less than 1 day) while 42% indicated that they were at some point. Of the 150 respondents 36% indicated that they became easily annoyed and irritable at some time, there were 40% of the 78 [n] lesbians that responded on this question that became easily annoyed. We also asked the respondents if they were feeling hopeful about the future and in general across the participants 74% said that they feel “all the time” or “occasionally” hopeful about the future, while 73% replied the same, on the next question about feeling happy. There were 41% respondents who said that they were feeling “all of the time” or “occasionally” lonely.

Table 9: Depression and Anxiety by Sexual Orientation – All the time

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Yes</th>
<th>Lesbian</th>
<th>Bisexual</th>
<th>Pansexual</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling nervous, anxious or on the edge</td>
<td>40</td>
<td>27%</td>
<td>20%</td>
<td>27%</td>
<td>38%</td>
<td>58%</td>
</tr>
<tr>
<td>Worrying too much about different things</td>
<td>51</td>
<td>34%</td>
<td>30%</td>
<td>42%</td>
<td>30%</td>
<td>29%</td>
</tr>
<tr>
<td>Becoming easily annoyed and irritable</td>
<td>49</td>
<td>23%</td>
<td>26%</td>
<td>41%</td>
<td>46%</td>
<td>28%</td>
</tr>
<tr>
<td>Feeling hopeful about the future</td>
<td>112</td>
<td>74%</td>
<td>76%</td>
<td>72%</td>
<td>77%</td>
<td>72%</td>
</tr>
<tr>
<td>Feeling happy</td>
<td>109</td>
<td>73%</td>
<td>74%</td>
<td>67%</td>
<td>77%</td>
<td>86%</td>
</tr>
<tr>
<td>Feeling lonely</td>
<td>62</td>
<td>41%</td>
<td>41%</td>
<td>39%</td>
<td>46%</td>
<td>58%</td>
</tr>
<tr>
<td>Been bothered over things that usually don’t bother you</td>
<td>29</td>
<td>19%</td>
<td>21%</td>
<td>16%</td>
<td>38%</td>
<td>0%</td>
</tr>
<tr>
<td>Feeling depressed</td>
<td>48</td>
<td>32%</td>
<td>31%</td>
<td>33%</td>
<td>39%</td>
<td>28%</td>
</tr>
<tr>
<td>How difficult have these made it for you to do your work, take care of things at home, or get along with other people?</td>
<td>22</td>
<td>15%</td>
<td>15%</td>
<td>12%</td>
<td>23%</td>
<td>14%</td>
</tr>
<tr>
<td>Has a health care provider ever told you that you have clinical anxiety?</td>
<td>15</td>
<td>10%</td>
<td>6%</td>
<td>8%</td>
<td>38%</td>
<td>14%</td>
</tr>
<tr>
<td>Has a health care provider ever told you that you have clinical depression?</td>
<td>10</td>
<td>7%</td>
<td>5%</td>
<td>6%</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>are you being treated for clinical anxiety or clinical depression (e.g. medication, therapy)?</td>
<td>10</td>
<td>56%</td>
<td>67%</td>
<td>33%</td>
<td>60%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Of the 150 respondents, 43% indicated that they some or a little of the time were bothered over things that usually don’t bother them. There were 37% that indicated that they rarely or none of the time feel bothered. There were 3% that indicated that they are bothered all of the time. Of the total respondents, 68% indicated that they rarely or none of the time feel depressed. There were 32% that indicated that they do. Of the respondents that feel depressed there were 9% that indicated that they feel depressed all of the time. The respondents were asked to indicate how difficult the above-mentioned emotional states had made it difficult to do their work, take care of things at home or get along with other people and 85% indicated that these have affected them rarely or none of the time feel depressed.

“In its wake of homophobia, mental illness is more prevalent within the LGBTQ community among young teens and adults, depression, anxiety, substance abuse and self-harm are some of the many mental health challenges persons face in Guyana” – Terianna, Guyana.

When asked if a health provider ever told them that they have clinical anxiety, 15 persons (10%) said “yes”. That is slightly higher than the overall research across the 8 countries, to which a total of 3% replied “yes”. When asked if a health provider ever told them that they have a clinical depression, 7% said “yes”. Of those that indicated that a health care provider has told them that they have clinical anxiety or depression, 18 persons responded, 44% indicated that they are not being treated with medication or therapy while 56% indicated that they are being treated. Of those that are not being treated 67% are bisexual and 40% pansexual.

“Access to Mental Health services is mostly nonexistent unless you have the financial means to access this service privately. In the Caribbean, Trans people are the lower priority and receive substandard care. Healthcare workers often blame Trans people for their health problems and deny them services. Service providers have not only failed to meet the specific needs of Trans people in the Caribbean but also discriminate against them when they seek services”. (D’Marco, 2020.

SECTION 3D: SUICIDE

When asked if there was ever a period of time when they thought about committing suicide in the past, 73% or 110 [n] said “yes”. The majority that said “yes” were pansexuals, as 100% selected that answer, while 72% of the lesbians and 67% of the bisexuals thought in their past about committing suicide, while 86% of those who identify as other also said “yes”. When asked if they ever considered committing suicide over the past 12 months, 23% of the respondents said “yes”. When asked if they had ever tried to end their own life, whether or not they thought about it ahead or not in the past, 47% said “yes”. There were 16% of the respondents who said that they tried to end their own life in the past 12 months.
### Table 10: Suicide by Sexual Orientation

<table>
<thead>
<tr>
<th>Has there ever been a period of time when you thought about committing suicide? In the past</th>
<th>N</th>
<th>Yes</th>
<th>Lesbian</th>
<th>Bisexual</th>
<th>Pansexual</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has there ever been a period of time when you thought about committing suicide? In the last 12 months?</td>
<td>35</td>
<td>23%</td>
<td>19%</td>
<td>27%</td>
<td>31%</td>
<td>29%</td>
</tr>
<tr>
<td>Did you ever try to end your own life, whether or not you had thought about it ahead? In your past</td>
<td>70</td>
<td>47%</td>
<td>38%</td>
<td>48%</td>
<td>85%</td>
<td>57%</td>
</tr>
<tr>
<td>Did you ever try to end your own life, whether or not you had thought about it ahead? In the last 12 months?</td>
<td>23</td>
<td>16%</td>
<td>9%</td>
<td>23%</td>
<td>23%</td>
<td>14%</td>
</tr>
</tbody>
</table>

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

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

– Lesbian, Guyana
SECTION 3E: SOCIAL SUPPORT

When asked if they have a current partner that they can go to when they need to talk about some problems related to being lesbian, bisexual, queer or a trans man, 55% of the respondents said “no” while 45% said “yes.” Of the bisexuals, 62% said “no” and 38% said “yes”. Of the lesbians 45% said “yes.” Of the pansexual 54% said “yes”. When asked if they have a family they can go to, 68% of the respondents said “no” while 32% said “yes.” Of the bisexuals, 46% said “yes”, while 24% of the lesbians said “yes.” When asked if they have friends (at least 1) they can talk to, 39% of the respondents said “no” while 61% said “yes.” Of the bisexuals, 67% said “yes”. Of the lesbians, 58% said “yes.” Of the pansexuals only 31% said “yes”, while of the “others” 100% “yes”. When asked if they have people, they live with that they can talk to (at least 1), 88% of the respondents said “no” while 12% said “yes.”

Table 11: Social Support by Sexual Orientation

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Yes</th>
<th>Lesbian</th>
<th>Bisexual</th>
<th>Pansexual</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current partner (at least one)</td>
<td>67</td>
<td>45%</td>
<td>45%</td>
<td>38%</td>
<td>54%</td>
<td>71%</td>
</tr>
<tr>
<td>Family (at least one member)</td>
<td>48</td>
<td>32%</td>
<td>24%</td>
<td>46%</td>
<td>23%</td>
<td>29%</td>
</tr>
<tr>
<td>Friends (at least one)</td>
<td>91</td>
<td>61%</td>
<td>58%</td>
<td>67%</td>
<td>31%</td>
<td>100%</td>
</tr>
<tr>
<td>People I live with (at least one)</td>
<td>18</td>
<td>12%</td>
<td>9%</td>
<td>15%</td>
<td>8%</td>
<td>29%</td>
</tr>
<tr>
<td>Health care providers (at least one)</td>
<td>1</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>14%</td>
</tr>
<tr>
<td>People I work with (at least one)</td>
<td>14</td>
<td>9%</td>
<td>9%</td>
<td>10%</td>
<td>0%</td>
<td>29%</td>
</tr>
<tr>
<td>People living nearby me (at least one)</td>
<td>0</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>LGBTQI organizations</td>
<td>19</td>
<td>13%</td>
<td>17%</td>
<td>6%</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>Religious leaders</td>
<td>2</td>
<td>1%</td>
<td>0%</td>
<td>4%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Traditional/cultural leader</td>
<td>1</td>
<td>1%</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>No one</td>
<td>28</td>
<td>19%</td>
<td>22%</td>
<td>15%</td>
<td>23%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Of the total respondents, across the 8 countries in this study, 94% said that they do not have health care providers they can talk to about problems related to their sexual orientation or gender identity while 99% of the respondents in Guyana said the same. Of those that said yes in Guyana, 14% were “others”, while all other respondents indicated that they do not talk with health care providers (at 0%). There were no respondents (0%) in Guyana, who said that they did not have people living near them that they can talk to. When asked if they belong to a LGBTQIQ organization where they can talk about their problems that related to their sexual orientation or gender identity, 87% said “no” while 13% said “yes”. Of those that said “no” there were 94% of the bisexuals, 83% of the lesbians, 86% of the “others” and 85% of the pansexual. There were 99% who said that they do not have a religious leader/s they can talk to when they have problems related to their sexual orientation and identity. There were also 99% who said that they did not have a traditional or cultural leader they could talk to about their problems that related to their sexual orientation or gender identity. There were also 81% who said that they had no one to talk to about their problems. Of these 85% of the bisexuals said that they had no one.
In a recent study that was released in Guyana—Desires for care and access to services among transgender persons, research participants felt that factors that contribute to their adaptation and sense of belonging in community and day to day lives included “having education or work environments that have non-discriminatory policies, supportive families, teachers and organizations (Rambarran & Hereman, 2020).

When asked who in their life knows that they are lesbian, bisexual, queer or a trans man? There were 6% who said that no one knew. When asked if their current partner or partners know that they are lesbian, bisexual, queer or a trans man, there were 32% who said that their partners/partner did not know. Of these persons, there were 38% of the bisexuals, 28% of the lesbians, and 29% “others” and 31% pansexual.

Table 12: Who knows of their sexual orientation

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Yes</th>
<th>Lesbian</th>
<th>Bisexual</th>
<th>Pansexual</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>No one</td>
<td>9</td>
<td>6%</td>
<td>5%</td>
<td>4%</td>
<td>23%</td>
<td>0%</td>
</tr>
<tr>
<td>Current partner(s)</td>
<td>102</td>
<td>68%</td>
<td>72%</td>
<td>62%</td>
<td>69%</td>
<td>71%</td>
</tr>
<tr>
<td>Family (at least one member)</td>
<td>107</td>
<td>71%</td>
<td>82%</td>
<td>63%</td>
<td>38%</td>
<td>71%</td>
</tr>
<tr>
<td>Friends (at least one)</td>
<td>119</td>
<td>79%</td>
<td>86%</td>
<td>79%</td>
<td>38%</td>
<td>86%</td>
</tr>
<tr>
<td>People I live with (at least one)</td>
<td>66</td>
<td>44%</td>
<td>55%</td>
<td>31%</td>
<td>31%</td>
<td>43%</td>
</tr>
<tr>
<td>Health care providers (at least one)</td>
<td>34</td>
<td>23%</td>
<td>24%</td>
<td>17%</td>
<td>23%</td>
<td>43%</td>
</tr>
<tr>
<td>People I work with (at least one)</td>
<td>59</td>
<td>39%</td>
<td>47%</td>
<td>29%</td>
<td>31%</td>
<td>43%</td>
</tr>
<tr>
<td>People living nearby me (at least one)</td>
<td>37</td>
<td>25%</td>
<td>36%</td>
<td>12%</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>LGBTQI organizations</td>
<td>67</td>
<td>45%</td>
<td>55%</td>
<td>29%</td>
<td>31%</td>
<td>71%</td>
</tr>
<tr>
<td>Religious leaders</td>
<td>15</td>
<td>10%</td>
<td>12%</td>
<td>6%</td>
<td>8%</td>
<td>29%</td>
</tr>
<tr>
<td>Traditional/cultural leader</td>
<td>4</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
<td>0%</td>
<td>14%</td>
</tr>
</tbody>
</table>

There were 21% who said that their friends did not know of their sexual orientation or gender identity. Of these persons, there were 21% of the bisexuals, 14% of the lesbians, and 14% of the “others” and 62% of the pansexual. For many LBQ and Trans masculine persons, family as a unit and as a holding space, are not a place of comfort or support. When asked if their family know that they are lesbian, bisexual, queer or a trans man, there were 29% who said that their family did not know. One respondent shared:
When I was fourteen years old, I experienced sexual molestation by my aunt living with her as a little girl. At that time, I didn’t know what it meant. It felt normal for me. As I got older I started to understand what was going on even though it still continued. Many nights I would cry, fall into depression and even had thoughts of suicide because I had nobody to talk to and felt scared and embarrassed to tell anyone.

As I reached the age of 18 years old, my family decided to get me married to a guy in the same village since they have never seen me interact with a guy. Being with him I felt no attraction, my attraction was only for women. A few months later my aunt still pursued to have sexual encounters with me and it became overbearing so I decided to confide in one of my cousins. Eventually my husband found out and was so angry he blamed me, started abusing me, physically beating me almost every night; my family members would throw disrespectful remarks to me in the streets.

My cousin who I had confided in made contact with a well-known LGBT organization; by then the police were involved and my aunt and husband were jailed. From then I started working along with persons that haven been through similar situations but are scared to raise their voices.

It is not always easy to be out, with the people where lesbian, bisexual women and trans masculine people stay. That obviously removes another safety net if a person cannot be their authentic self at home, the place where you usually need to find comfort. There were 56% who said that the people they live with did not know of their sexual orientation or gender identity. On the other hand, 77% of their health care providers did not know of their sexual orientation or gender identity. Of these persons, there were 83% of the bisexuals, 76% of the lesbians, 57% of the “others” and 77% of the pansexual. There were 61% who said that the people they work with did not know of their sexual orientation or gender identity. When asked if people living near them knew of their sexual orientation or identity. There were 55% who said that persons at an LGBTIQ organization did not know of their sexual orientation or identity. When asked if religious leaders knew about their sexual orientation or gender identity 90% of the respondents said “no”. Similarly, 97% of the respondents said that no traditional or cultural leader knew of their sexual orientation or gender identity.
SECTION 3F: EXPERIENCE OF STIGMA AND DISCRIMINATION AND HATE SPEECH

Respondents were asked if they had disclosed being lesbian, bisexual, queer or a transman to law enforcement agencies/agents/human rights groups when they experienced stigma and discrimination and the majority 80% said “no” while there were 20% who said “yes”. 87% of the bisexuals said “No” while 82% lesbians, 29% others and 69% pansexual also said “no”.

Table 13: Experiences of stigma and discrimination by sexual orientation

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Yes</th>
<th>Lesbian</th>
<th>Bisexual</th>
<th>Pansexual</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>30</td>
<td>20%</td>
<td>18%</td>
<td>13%</td>
<td>31%</td>
<td>71%</td>
</tr>
<tr>
<td>Has/have the law enforcement agent/agency human rights groups been reluctant to take up your case of stigma and discrimination?</td>
<td>10</td>
<td>7%</td>
<td>5%</td>
<td>4%</td>
<td>8%</td>
<td>43%</td>
</tr>
<tr>
<td>Have you postponed or failed to report a case of stigma and discrimination for fear of judgement by law enforcement agent/agency human rights groups</td>
<td>26</td>
<td>17%</td>
<td>15%</td>
<td>16%</td>
<td>31%</td>
<td>29%</td>
</tr>
<tr>
<td>Have you postponed or failed to report cases of hate speech by the media, family members or general public to law enforcement agent/agency for fear of judgment by law enforcement agent/agency?</td>
<td>27</td>
<td>18%</td>
<td>19%</td>
<td>12%</td>
<td>31%</td>
<td>29%</td>
</tr>
<tr>
<td>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?</td>
<td>14</td>
<td>9%</td>
<td>6%</td>
<td>8%</td>
<td>15%</td>
<td>43%</td>
</tr>
</tbody>
</table>

80% of the respondents indicated that the law enforcement agent/agency or human rights group were not reluctant to take up their case of stigma and discrimination. This included police, army, mainstream human rights institutions, government paralegal or human rights officers. There were 20% who said they were reluctant while 5% said that the question was not applicable.

While reluctance to report cases might find its basis from internalized homophobia, lesbophobia or transphobia, the consequences of not reporting cases leaves a person with unresolved issues, anxiety or eventual depression. All of those emotions are demonstrated in the following story from a person in Guyana: “At the age of seventeen, sometime in August around 11 pm in the night, at a popular bar at West Bank Demerara I was, for the first time, involved in gender-based violence. At that time, I was not aware of this term and quite frankly was just becoming more knowledgeable about my sexuality and difference from my cousins and sister.”
My girlfriend and I were hanging with some friends who were celebrating a birthday. We were all having great fun, especially me, I was dancing with all the girls there. I was not paying any attention to anyone around us or so. The night was amazing, and everyone was enjoying themselves. My girlfriend at that time was telling me that a guy was looking at her and that she was uncomfortable, but I told her to ignore him and let’s just enjoy ourselves. As the night came to an end, we all had to head back to Georgetown where we were living. All my friends took a taxi and my girlfriend, and I decided to wait for a bus, so we walked down to the bus shed not too far from the bar to wait.

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

At this time of my life as I reflect on that particular experience, I wished I had done things differently, I wished I had fought. I wished I had taken that wood from him and hit him with all my strength. I wished I had gone to the station and demanded justice and made a report. I wished I had gone to the hospital and gotten proper treatment. I wished I had known my rights as a human being.

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

17% of the respondents indicated that they had postponed or failed to report a case of stigma and discrimination for fear of judgement by law enforcement agency/agent or human rights group. 18% of the respondents indicated that they had postponed or failed to report hate speech by media, family member of general public to law enforcement agent/agency for fear of judgement. 9% of the respondents indicated that they had postponed or failed to report a case of blackmail and extortion on account of their sexual orientation or gender identity to law enforcement agent/agency or human rights groups.
22% of the respondents indicated that they have been harassed at work as a result of real or perceived sexual orientation or gender identity. There were 78% who said they have not been harassed. 14% of the respondents indicated that they postponed or failed to challenge a case of a job denial/termination as a result of assumption about their sexual orientation or gender identity. There were 86% who said they have not. Of those that postponed or failed to challenge there were 6% of bisexual persons, 18% of lesbians, 14% of others and 23% of pansexual. 11% of the respondents indicated that they have been terminated from an employment as a result of their real or perceived sexual orientation or gender identity. There were 89% who said they have not. 14% of the respondents indicated that they have been evicted from a rented apartment on account of their sexual orientation and gender identity. Of those that had been terminated there were 6% of bisexual persons, 19% of lesbians, 14% of others and 15% of pansexual. On the other hand, there were 16% of the respondents who indicated that they have been denied house on account of their sexual orientation and gender identity. Of those that had been denied there were 8% of bisexual persons, 17% of lesbians, 29% of others and 38% of pansexual.

When asked if they have ever been dismissed from or punished at school as a result of their real or perceived sexual orientation or gender identity, 6% said “yes”. When asked if they have ever experienced sexual harassment at school as a result of their real or perceived sexual orientation or gender identity, 11% said “yes”. There were 6% bisexuals, 13% lesbians, 14% “others” and 23% pansexual who said “yes”. While bullying and discrimination of LGBTQ students by other students are a longstanding problem in Guyana, nearly a third of respondents to a recent research conducted in Guyana reported that they were bullied or otherwise discriminated against, by teachers (HRI, 2018). There was a case of a lesbian who was nearly expelled because of her sexual orientation, while teachers and school administrators often use religions as a justification to discriminate (HRI, 2018).
SECTION 3E: EXPERIENCE OF RIGHT VIOLATION

There were 44% who indicated that they are aware of laws and policies that criminalize LBQT persons. There were 56% of people who said that they were not aware. Of those that are aware, 100% of the pansexuals and 71% “others” said that they know. There were 14% of the respondents who indicated that they have postponed or failed to challenge abuse or violence as a result of their knowledge of the existence of discriminatory law/policies. There were 19% of the respondents who indicated that they have postponed or failed to challenge stigma and discriminatory practices as a result of their knowledge of the existence of discriminatory law/policies. There were 11% who said that they have experienced violations/mob action and failed to challenge it as a result of their knowledge of the existence of discriminatory laws/policies.

Table 14: Experience of Rights violations by sexual orientation

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Yes</th>
<th>Lesbian</th>
<th>Bisexual</th>
<th>Pansexual</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you aware of any laws/policies that criminalize LBQT persons?</td>
<td>66</td>
<td>44%</td>
<td>38%</td>
<td>35%</td>
<td>100%</td>
<td>71%</td>
</tr>
<tr>
<td>Have you postponed or failed to challenge abuse or violence as a result of your knowledge of the existence of discriminatory law/policies?</td>
<td>21</td>
<td>14%</td>
<td>12%</td>
<td>10%</td>
<td>38%</td>
<td>29%</td>
</tr>
<tr>
<td>Have you postponed or failed to challenge stigma and discriminatory practices as a result of your knowledge of the existence of discriminatory laws/policies?</td>
<td>28</td>
<td>19%</td>
<td>17%</td>
<td>13%</td>
<td>46%</td>
<td>29%</td>
</tr>
<tr>
<td>Have you experienced violations/mob action and failed to challenge it as a result of your knowledge of the existence of discriminatory laws/policies?</td>
<td>16</td>
<td>11%</td>
<td>9%</td>
<td>8%</td>
<td>23%</td>
<td>29%</td>
</tr>
</tbody>
</table>

SECTION 4: EXPERIENCE OF VIOLENCE AND INFRINGEMENT ON RIGHTS

When asked if they were aware of anyone ever revealing that they are lesbian, bisexual, queer or a trans man without their permission, 76% said “yes”. Of these there were 77% of lesbians, 86% “others”, 100% of pansexuals and 67% bisexual. There were 48% who stated that they have been threatened to reveal their sexual orientation or gender identity. 62% of the respondents indicated that they have been insulted or verbally harassed because of their sexual orientation or gender identity. Of these there 92% of the pansexuals, 86% “other”, 64% of the lesbians and 48% of the bisexuals. 18% of the respondents indicated that they have been insulted or verbally harassed because of their sexual orientation or gender identity in the past 12 months. When asked if an intimate partner (past or current) ever threatened to reveal their sexual orientation or gender identity, there were 39% who said “yes”. Of these the majority were bisexual persons (52%).
Table 15: Experience Infringement of Rights by sexual orientation

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Yes</th>
<th>Lesbian</th>
<th>Bisexual</th>
<th>Pansexual</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you aware of anyone ever revealing that you are lesbian, bisexual, queer or a trans man to others without your permission?</td>
<td>114</td>
<td>76%</td>
<td>77%</td>
<td>67%</td>
<td>100%</td>
<td>86%</td>
</tr>
<tr>
<td>Has anyone ever threatened to reveal that you are lesbian, bisexual, queer or a trans man to others without your permission?</td>
<td>72</td>
<td>48%</td>
<td>44%</td>
<td>44%</td>
<td>77%</td>
<td>71%</td>
</tr>
<tr>
<td>Has anyone ever insulted or verbally harassed you because of being lesbian, bisexual, queer or a trans man? In your past?</td>
<td>93</td>
<td>62%</td>
<td>64%</td>
<td>48%</td>
<td>92%</td>
<td>86%</td>
</tr>
<tr>
<td>Has anyone ever insulted or verbally harassed you because of being lesbian, bisexual, queer or a trans man? In the last 12 months?</td>
<td>26</td>
<td>18%</td>
<td>21%</td>
<td>8%</td>
<td>31%</td>
<td>29%</td>
</tr>
<tr>
<td>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?</td>
<td>58</td>
<td>39%</td>
<td>26%</td>
<td>52%</td>
<td>69%</td>
<td>29%</td>
</tr>
<tr>
<td>Has an intimate partner (past or current) ever made you feel worthless because of your sexual orientation and gender identity?</td>
<td>48</td>
<td>32%</td>
<td>22%</td>
<td>35%</td>
<td>69%</td>
<td>57%</td>
</tr>
<tr>
<td>Has an intimate partner (past or current) ever made you feel ashamed because of your sexual orientation and gender identity?</td>
<td>56</td>
<td>37%</td>
<td>27%</td>
<td>40%</td>
<td>77%</td>
<td>57%</td>
</tr>
<tr>
<td>Have you ever been coerced, pressured or forced into marriage?</td>
<td>29</td>
<td>19%</td>
<td>13%</td>
<td>19%</td>
<td>69%</td>
<td>0%</td>
</tr>
<tr>
<td>Have you ever been coerced, pressured or forced into a heterosexual relationship?</td>
<td>60</td>
<td>40%</td>
<td>35%</td>
<td>33%</td>
<td>92%</td>
<td>57%</td>
</tr>
</tbody>
</table>

32% of the respondents indicated that an intimate partner (past or current) ever made you feel worthless because of your sexual orientation and gender identity. There were 37% of the respondents who indicated that in the past or current, an intimate partner has made them feel ashamed of their sexual orientation or their gender identity. Of these, there were 77% of the pansexuals. 19% of the respondents indicated that they have been coerced, pressured or forced into marriage. Of these, there were 69% of the pansexuals, 19% of bisexual and 13% of the lesbians. 40% of the respondents indicated that they have been coerced, pressured or forced into a heterosexual relationship. Of these, there were 92% of pansexual, 57% of “others”, 33% of bisexual and 35% of lesbian.
SEXUAL ASSAULT

Table 16: Experience of Sexual Assault by sexual orientation

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Yes</th>
<th>Lesbian</th>
<th>Bisexual</th>
<th>Pansexual</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>By an intimate partner of the same sex as you? In your past?</td>
<td>32</td>
<td>21%</td>
<td>17%</td>
<td>25%</td>
<td>38%</td>
<td>14%</td>
</tr>
<tr>
<td>By an intimate partner of the same sex as you? In the last 12 months?</td>
<td>4</td>
<td>3%</td>
<td>3%</td>
<td>4%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>By an intimate partner of a different sex than you? In your past?</td>
<td>36</td>
<td>24%</td>
<td>15%</td>
<td>33%</td>
<td>38%</td>
<td>29%</td>
</tr>
<tr>
<td>By an intimate partner of a different sex than you? In the last 12 months?</td>
<td>0</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>By someone you know (not an intimate partner but a neighbor, friend, family member, etc.) In your past?</td>
<td>49</td>
<td>33%</td>
<td>26%</td>
<td>52%</td>
<td>31%</td>
<td>51%</td>
</tr>
<tr>
<td>By someone you know (not an intimate partner but a neighbor, friend, family member, etc.) In the last 12 months?</td>
<td>2</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
<td>8%</td>
<td>0%</td>
</tr>
<tr>
<td>Have you ever been sexually assaulted by a stranger in your past?</td>
<td>19</td>
<td>13%</td>
<td>9%</td>
<td>12%</td>
<td>23%</td>
<td>43%</td>
</tr>
<tr>
<td>Have you ever been sexually assaulted by a stranger in the last 12 months?</td>
<td>1</td>
<td>1%</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Have you ever been sexually assaulted by someone you live with? In your past?</td>
<td>32</td>
<td>21%</td>
<td>17%</td>
<td>21%</td>
<td>46%</td>
<td>29%</td>
</tr>
<tr>
<td>Have you ever been sexually assaulted By someone you live with In the last 12 months</td>
<td>2</td>
<td>1%</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

When asked if they have ever been sexually assaulted by an intimate partner of the same sex in the past, there were 21% of the respondents who said “yes”. Of these, there were 25% of bisexuals, 17% of lesbians, 14% “other” and 38% of the pansexuals. There were 3% of the respondents who indicated that they have been sexually assaulted by an intimate same sex partner in the past 12 months.

There were 36% of the respondents who indicated that they have been sexually assaulted by an intimate partner of a different sex in the past. This included 38% of pansexual, 33% bisexual, 29% of “other” and 15% of lesbians. There were none of the respondents who indicated that they have been sexually assaulted by an intimate partner of a different sex in the past 12 months. There were 33% of the respondents who indicated that they have been sexually assaulted by someone they know (who was not an intimate partner but a neighbor, friend, family member etc.) in the past, while there were only 1% of the respondents who indicated that they have been sexually assaulted by someone they know (who was not an intimate partner but a neighbor, friend, family member etc.) in the past 12 months. There was a respondent from Guyana who shared:
When I was fourteen years old, I experienced sexual molestation by my aunt living with her as a little girl. At that time, I didn’t know what it meant. It felt normal for me. As I got older I started to understand what was going on even though it still continued, many nights I would cry, fall into depression and even thoughts of suicide because I had nobody to talk to and felt scared and embarrassed to tell anyone.

As I reached the age of 18 years old, my family decided to get me married to a guy in the same village since they have never seen me interact with a guy. Being with him I felt no attraction, my attraction was only for women. A few months later my aunt still pursued to have sexual encounters with me and it became overbearing so I decided to confide in one of my cousins, eventually my husband found out and was so angry he blamed me, started abusing me physically beating me almost every night, my family members would throw disrespectful remarks to me in the streets.

My cousin who I had confided in made contact with a well-known LGBT organization, by then the police were involved and my aunt and husband were jailed. From then I started working along with persons that haven been through similar situations but are scared to raise their voices.

There were 13% of the respondents who indicated that they have been sexually assaulted by a stranger in the past, while there were 1% who indicated that they have been sexually assaulted by a stranger in the past 12 months. There were 21% of the respondents who indicated that they have been sexually assaulted by someone they live with, in the past. This included 46% of pansexual, 21% bisexual, 29% of “other” and 17% of lesbians.

“In Guyana rape as a form of sexual violence is a cultural norm that promotes the ugly acts of systematic violence that pressures women to sacrifice their freedom and opportunities to stay safe because it puts the burden of safety on women’s shoulders.

Sexual violence in a relationship is rarely an isolated incident, from this survey report, 62% of women have experienced sexual violence in their lifetime, this kind of abuse starts with controlling behavior that can escalate to further emotional and physical violence by abusive partners.

As a result, victims of sexual violence, by an intimate partner of the same sex go unreported because the victims were concerned about their financial situation, what family members might think because they are not out as a LBQT person,
still having strong feeling for their partners, or just not understanding the crime for what it is, fear of being harassed by law enforcement officers, and in instances when the crime is reported, the unwillingness and inability by law enforcement to punish the perpetrators because stereotypically in Guyana rape is not “real” rape, because once you’re in a relationship rape can’t happen, unless the crime consist of a forcible attack by a stranger”

– Terianna, Guyana

**PHYSICAL ASSAULT**

There were 31% of the respondents who indicated that they have been physically assaulted by an intimate partner of the same sex, in the past. This included 38% of pansexual, 23% bisexual, 43% of “other” and 33% of lesbians. On the other hand, there were 10% of the respondents who indicated that they have been physically assaulted by an intimate partner in the past 12 months. When asked if they have been physically assaulted by an intimate partner of different sex in the past, 19% said “yes”. Of these, there were 27% of bissexuals, 14% lesbians, and 23% pansexual. There were 3% of the respondents who indicated that they have been physically assaulted by an intimate partner of different sex, in the past 12 months.

**Table 17: Experience of Physical Assault by sexual orientation**

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Yes</th>
<th>Lesbian</th>
<th>Bisexual</th>
<th>Pansexual</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been physically assaulted by an intimate partner of the same sex as you? In your past?</td>
<td>46</td>
<td>31%</td>
<td>33%</td>
<td>23%</td>
<td>38%</td>
<td>43%</td>
</tr>
<tr>
<td>Have you ever been physically assaulted by an intimate partner of the same sex as you? In the last 12 months?</td>
<td>14</td>
<td>10%</td>
<td>12%</td>
<td>6%</td>
<td>8%</td>
<td>17%</td>
</tr>
<tr>
<td>Have you ever been physically assaulted by an intimate partner of a different sex than you? In your past?</td>
<td>28</td>
<td>19%</td>
<td>14%</td>
<td>27%</td>
<td>23%</td>
<td>0%</td>
</tr>
<tr>
<td>Have you ever been physically assaulted by an intimate partner of a different sex than you? In the last 12 months?</td>
<td>5</td>
<td>3%</td>
<td>0%</td>
<td>8%</td>
<td>8%</td>
<td>0%</td>
</tr>
<tr>
<td>Have you ever been physically assaulted by someone you know (not an intimate partner but a neighbor, friend, family member, etc.)? In your past?</td>
<td>34</td>
<td>23%</td>
<td>21%</td>
<td>21%</td>
<td>38%</td>
<td>29%</td>
</tr>
<tr>
<td>Have you ever been physically assaulted by someone you know (not an intimate partner but a neighbor, friend, family member, etc.)? In the last 12 months?</td>
<td>4</td>
<td>3%</td>
<td>1%</td>
<td>2%</td>
<td>8%</td>
<td>14%</td>
</tr>
</tbody>
</table>
There were 23% of the respondents who indicated that they have been physically assaulted by someone they know (not an intimate partner but a neighbor, friend, family member) in the past. On the other hand, here were 3% of the respondents who indicated that they have been physically assaulted by someone they know other than their intimate partner, in the past 12 months. There were 13% of the respondents who indicated that they have been physically assaulted by a stranger in the past, while there were 1% of the respondents who indicated that they have been physically assaulted by someone they know other than their intimate partner, in the past 12 months. There were 19% of the respondents who indicated that they have been physically assaulted by someone they live with, in the past and 4% of the respondents who indicated that they have been physically assaulted by someone they live, in the past 12 months.

**Motivation**

There were 28% of the respondents who indicated that they thought the sexual and physical assaults were motivated by their sexual orientation and similarly 28% by their gender identity. There were 26% who indicated that the incidents happened because of their gender expression (how they present themselves as masculine, feminine or both).

**Table 18: Motivation for assault by sexual orientation**

<table>
<thead>
<tr>
<th>MOTIVATION</th>
<th>N</th>
<th>Yes</th>
<th>Lesbian</th>
<th>Bisexual</th>
<th>Pansexual</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you think any of these incidents (sexual or physical assault) were</td>
<td>27</td>
<td>28%</td>
<td>24%</td>
<td>25%</td>
<td>33%</td>
<td>80%</td>
</tr>
<tr>
<td>motivated by your sexual orientation?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you think any of these incidents (sexual or physical assault) were</td>
<td>27</td>
<td>28%</td>
<td>24%</td>
<td>28%</td>
<td>25%</td>
<td>80%</td>
</tr>
<tr>
<td>motivated by your gender identity?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you think any of these incidents (sexual or physical assault) happened</td>
<td>25</td>
<td>26%</td>
<td>26%</td>
<td>19%</td>
<td>33%</td>
<td>60%</td>
</tr>
<tr>
<td>because of your gender expression (how you present yourself as</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>masculine, feminine or both)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did any of these incidents result in flashbacks, nightmares, or reliving</td>
<td>71</td>
<td>75%</td>
<td>59%</td>
<td>88%</td>
<td>92%</td>
<td>100%</td>
</tr>
<tr>
<td>the event?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SURVEY FINDINGS AND DISCUSSION

<table>
<thead>
<tr>
<th>Instance</th>
<th>N</th>
<th>Yes</th>
<th>Lesbian</th>
<th>Bisexual</th>
<th>Pansexual</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you avoided situations or people who remind you of the incident(s)?</td>
<td>83</td>
<td>87%</td>
<td>80%</td>
<td>91%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Following the incident(s), have you felt jumpy, irritable, or restless?</td>
<td>74</td>
<td>78%</td>
<td>67%</td>
<td>84%</td>
<td>92%</td>
<td>100%</td>
</tr>
<tr>
<td>If you have experienced physical or sexual assault in the last 12 months, have you sought medical care for it?</td>
<td>4 [23]</td>
<td>17%</td>
<td>17%</td>
<td>25%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>If you have experienced physical or sexual assault in the last 12 months, have you reported it to the police?</td>
<td>3 [23]</td>
<td>13%</td>
<td>8%</td>
<td>25%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

When asked if any of the physical or sexual assault incidents resulted in flashback, nightmares or reliving the even, 75% said “yes”. There were 87% who indicated that they have avoided situations or people who remind them of the incident. Of these, there were 100% of both the pansexuals, and other, 80% of the lesbians and 91% of the bisexuals. 78% of the respondents that had experience physical or sexual abuse indicated that they have felt jumpy, irritable or restless following the incident. Of these, there were 92% were of the pansexual, all of the others (100%), 84% bisexual and 67% lesbian. Of the 23 persons that have experienced some form of sexual or physical assault in the past 12 months, 17% indicated that they did not seek any medical care for it. There were 13% who stated that they did not report the incident to the police.

When asked if they felt they had been treated with less courtesy than other people by police or health care staff for being LBTQ, 91% said “never”. There were 5% that said that they had been treated with less courtesy.

Table 19: Treated less courteous by police or healthcare due to LBTQ

<table>
<thead>
<tr>
<th>Do you think you have been treated with less courtesy than other people by police or healthcare staff for being LBTQ?</th>
<th>Bisexual</th>
<th>Lesbian</th>
<th>Other</th>
<th>Pansexual</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have not sought help for physical or sexual assault</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>2%</td>
<td>4%</td>
<td>0%</td>
<td>8%</td>
<td>3%</td>
</tr>
<tr>
<td>Never</td>
<td>47</td>
<td>72</td>
<td>6</td>
<td>11</td>
<td>136</td>
</tr>
<tr>
<td></td>
<td>90%</td>
<td>92%</td>
<td>86%</td>
<td>85%</td>
<td>91%</td>
</tr>
<tr>
<td>Often</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Rarely</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>6%</td>
<td>3%</td>
<td>14%</td>
<td>8%</td>
<td>5%</td>
</tr>
</tbody>
</table>
Do you think you have been treated with less courtesy than other people by police or healthcare staff for being LBTQ?

<table>
<thead>
<tr>
<th></th>
<th>Bisexual</th>
<th>Lesbian</th>
<th>Other</th>
<th>Pansexual</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>52</td>
<td>78</td>
<td>7</td>
<td>13</td>
<td>150</td>
</tr>
<tr>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

SECTION 5: EXPERIENCES OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

There were 32% of respondents that have a child or children biological or other. When asked if they want children or children there were 64% who said “yes”, while 59% said that their partner wants a child or children. When asked if they would consider adoption there were 63% who said “yes”, while when asked if they would consider insemination (using sperm from a sperm bank) to get pregnant there were 43% who said “yes”. We asked them if they would consider home-based or self-administered insemination (DIY/turkey baster method), 33% said “yes”, including 54% of the pansexuals and 33% of the lesbians.

Figure 24: SRHR Highlight: Family Planning
### Table 20: Experiences of Sexual and Reproductive Health and Rights, summary

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Yes</th>
<th>Lesbian</th>
<th>Bisexual</th>
<th>Pansexual</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a child or children, biological or other?</td>
<td>48</td>
<td>32%</td>
<td>28%</td>
<td>38%</td>
<td>38%</td>
<td>14%</td>
</tr>
<tr>
<td>Do you want a child or children?</td>
<td>96</td>
<td>64%</td>
<td>63%</td>
<td>67%</td>
<td>77%</td>
<td>29%</td>
</tr>
<tr>
<td>Does your partner want a child or children (if you have a partner)?</td>
<td>89</td>
<td>59%</td>
<td>58%</td>
<td>63%</td>
<td>54%</td>
<td>57%</td>
</tr>
<tr>
<td>Would you consider adoption?</td>
<td>95</td>
<td>63%</td>
<td>68%</td>
<td>56%</td>
<td>69%</td>
<td>57%</td>
</tr>
<tr>
<td>Would you consider insemination (using sperm from a sperm bank) to get pregnant?</td>
<td>65</td>
<td>43%</td>
<td>42%</td>
<td>42%</td>
<td>62%</td>
<td>29%</td>
</tr>
<tr>
<td>Would you consider home-based or self-administered insemination (DIY/“turkey baster” method)</td>
<td>49</td>
<td>33%</td>
<td>33%</td>
<td>25%</td>
<td>54%</td>
<td>43%</td>
</tr>
<tr>
<td>Were you ever pregnant?</td>
<td>66</td>
<td>44%</td>
<td>32%</td>
<td>58%</td>
<td>69%</td>
<td>29%</td>
</tr>
<tr>
<td>Did you ever give birth?</td>
<td>44</td>
<td>29%</td>
<td>21%</td>
<td>40%</td>
<td>46%</td>
<td>14%</td>
</tr>
<tr>
<td>Did you ever want/ need an abortion?</td>
<td>39</td>
<td>26%</td>
<td>15%</td>
<td>38%</td>
<td>38%</td>
<td>29%</td>
</tr>
<tr>
<td>Did you ever have an abortion?</td>
<td>50</td>
<td>33%</td>
<td>21%</td>
<td>44%</td>
<td>62%</td>
<td>43%</td>
</tr>
<tr>
<td>Could you access an abortion at a clinic, hospital or any medical service provider?</td>
<td>108</td>
<td>72%</td>
<td>69%</td>
<td>71%</td>
<td>92%</td>
<td>71%</td>
</tr>
<tr>
<td>Did you ever approach an indigenous or herbal healer, or natural method to get an abortion?</td>
<td>7</td>
<td>5%</td>
<td>5%</td>
<td>2%</td>
<td>15%</td>
<td>0%</td>
</tr>
<tr>
<td>Did you ever make use of some alternative/ home-based method to get an abortion?</td>
<td>19</td>
<td>13%</td>
<td>9%</td>
<td>17%</td>
<td>23%</td>
<td>0%</td>
</tr>
</tbody>
</table>

When asked if they were ever pregnant, 44% said “yes”. There were 58% of the bisexual that said “yes”, 32% of the lesbians, and 69% of the pansexuals. There were 29% of the respondents who indicated that they have given birth. When asked if they ever needed an abortion, 26% (39 persons) of the respondents said “yes”, while 33% said that they had an abortion. With the similar question, across the 8 countries in this study, 17% indicated in total that they have had an abortion. When asked if they could access an abortion at a clinic, hospital or any medical service, 28% said “no”. There were 71% of the bisexual that said “yes”, 69% of the lesbians, 71% of “others” and 92% of panosexual. When asked if they ever approached an indigenous or herbal healer, or natural method to get an abortion 5% said “yes.” There were 13% (19 persons) that indicated that have made use of some alternative/home/based method to get an abortion.

The 8 countries in this study hold various positions, protection and abortion laws, therefore legal access to termination of pregnancies. Abortion is legal in Guyana since 1995 and allow for termination of pregnancy without legal penalties. Oftentimes abortion is used as a form of contraception (Kaieteur News, 2018). It is notable that our research found that only 6% of our participants accessed NGO health services to access barrier methods, while there were 2% who indicated that they accessed public health services.
care providers for the same. Similarly, we found that an average of 4% of our respondents make use of any contraceptives, such as injection, pill and IUD. Belize and Barbados permit termination of pregnancies on broader social and economic grounds and in Guyana abortions are available on request. (Center for Reproductive Rights; Maitland, 2020). However, some of the restrictions allowing abortions oftentimes only provide a next layer of hurdles to make it nearly impossible, as termination of pregnancy can be obtained only if certain criteria is met (Maitland, 2020). Considering that termination of pregnancy is legal in Guyana since 1995, it was as recent as 2015 that medical abortion was made legal after the Guyana Responsible Parenthood Association submitted a demand to the Higher Court, after that, the Guyana Responsible Parenthood Association made it available as part of their programs (Kaieteur News, 2018). Guyana is therefore equipped with the potential to act in leadership and teach other Caribbean states how to reform their legislations and views in order to give women more freedom to access abortion services (Kaieteur News, 2018).

**Figure 25: SRHR Highlight: Abortion, need and access**

**SEXUAL AND REPRODUCTIVE HEALTH SERVICES**

35% of the respondents indicated that they have had a mammogram (test for breast cancer) done. Of the pansexual 69% have had a mammogram, of the bisexuals 35%, of the lesbians 28% and of the “others” 57%. 7% of those that have had a mammogram indicated that there were anomalies found while 5% got it treated.

35% of the respondents indicated that they have had a pap smear to test for cervical cancer done. Of the pansexual 54% have had a pap smear, of the bisexuals 38%, of the lesbians 29% and of the “others” 43%. There were 11% of the respondents who indicated that they have gone for a PCO or endometriosis
test. There were 4% of the respondents that indicated that these anomalies were found when they went for a PCO or endometriosis.

Table 21: Accessing Sexual and Reproductive Health and Rights Services

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Yes</th>
<th>Lesbian</th>
<th>Bisexual</th>
<th>Pansexual</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you ever go for a mammogram (test for breast cancer)?</td>
<td>53</td>
<td>35%</td>
<td>28%</td>
<td>35%</td>
<td>69%</td>
<td>57%</td>
</tr>
<tr>
<td>Were there ever anomalies reported? (for example, cysts,)</td>
<td>11</td>
<td>7%</td>
<td>3%</td>
<td>8%</td>
<td>31%</td>
<td>14%</td>
</tr>
<tr>
<td>Did you get it treated?</td>
<td>8</td>
<td>5%</td>
<td>3%</td>
<td>4%</td>
<td>31%</td>
<td>0%</td>
</tr>
<tr>
<td>Did you ever go for a pap smear to test for cervical cancer?</td>
<td>35</td>
<td>35%</td>
<td>29%</td>
<td>38%</td>
<td>54%</td>
<td>43%</td>
</tr>
<tr>
<td>Did you ever go for a PCO or endometriosis test?</td>
<td>16</td>
<td>11%</td>
<td>8%</td>
<td>14%</td>
<td>8%</td>
<td>29%</td>
</tr>
<tr>
<td>Were there ever anomalies reported? (for example, cysts)</td>
<td>6</td>
<td>4%</td>
<td>1%</td>
<td>4%</td>
<td>8%</td>
<td>29%</td>
</tr>
<tr>
<td>Did you ever go for a test?</td>
<td>5 [6]</td>
<td>83%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
</tr>
<tr>
<td>Did you get treated?</td>
<td>5 [6]</td>
<td>3%</td>
<td>1%</td>
<td>4%</td>
<td>8%</td>
<td>14%</td>
</tr>
<tr>
<td>Did you or are you having such severe period /menstrual pains that you need to see a doctor?</td>
<td>43</td>
<td>29%</td>
<td>22%</td>
<td>29%</td>
<td>69%</td>
<td>29%</td>
</tr>
<tr>
<td>Are you using / or did you use birth control pills to manage your period/ menstrual pains or cycle?</td>
<td>33</td>
<td>22%</td>
<td>14%</td>
<td>23%</td>
<td>62%</td>
<td>29%</td>
</tr>
<tr>
<td>Do you use any other methods to manage your pain or cycle?</td>
<td>47</td>
<td>31%</td>
<td>28%</td>
<td>27%</td>
<td>69%</td>
<td>29%</td>
</tr>
</tbody>
</table>

There were 29% of the respondents that indicated that they have such severe period/menstrual pains that they need to see a doctor. There were 22% of the respondents who indicated that they are using or did use birth control pills to manage their period/menstrual pains or cycle. 31% said that they use other methods to control their severe period/menstrual pains.

SECTION 6: EXPERIENCES OF LIVING WITH DISABILITIES

There were 9 persons who indicated that they are living with a disability.

Capacity and Health Conditions

For each question, the respondents were asked to share how much problem they have doing specific tasks on a scale from 1-5 with 1 being no problem/difficulty to 5 meaning problem or extremely difficult. When asked how much difficulty they have seeing things from a distance (without glasses), 4 [n] respondents said no problem and 1 [n] said extreme problem/difficulty. When asked how much difficulty they have hearing (without hearing aid), 8 [n] respondents said no problem, while 1 [n] indicated a very low problem factor at “level 2”. Of the respondents there were 6 [n] respondents who said that they don’t have any
problem/difficulty walking or climbing steps and there was 1 [n] who said extreme problems. There were 6 [n] who said that they have no problem/difficulty remembering or concentrating while the remaining 3 [n] were distributed between “level 2” and “level 3”. No one said that they have extreme problems.

When asked how much difficulty washing all over or dressing themselves, 6 [n] said no problem while 3 varied between “level 3” and “level 4”. There were only 1 [n] who said that they have extreme problems falling asleep because of their health, while there were 7 [n]. There were 7 [n] who said that they have no problem doing their household tasks because of their health, on the other hand, there was 1 [n] who said they have extreme problems. There were 7 [n] who said that they have no problems joining community activities, such as festivities and religious events because of their health, while the other 2 [n] indicated “level 3”. When asked how much difficulty they have because they feel sad, low, worried or anxious about their health, 5 [n] indicated no problem while 2 [n] said extreme problems. There was 1 [n] respondent who said that they have difficulty getting along with other people who are close to them, including family and friends because of their health. There were 6 [n] who said no problem. When asked how much bodily aches and pains they have, 4 [n] said no problem while 1 [n] said extreme problems.

**Environmental Factors**

When asked if the places where they go to socialize and engage in community activities make it easy or hard for them, 6 [n] said “no problem”, while the other 3 respondents indicated “level 2” and “level 3” respectively. When asked if shops, banks and post offices in their neighborhood make it easy or hard for them to use them, 6 [n] similarly when asked if the transportation they need and want to use make it easy or hard for them to use them, 6 [n] said no problem, while 1 [n] said extreme problems. When asked if the building (house/apartment/room) including the toilet and bath/shower make it easy or hard for them to use them, 6 [n] said no problem, and 1 [n] indicated “level 4”.

When asked how easy it is for them to get help from a close family member (including their partner, 4 [n] said no problem while 1 [n] indicated “level 4”. When asked if they need help how easy it is to get it from friends or co-workers, 4 [n] said no problem while 1 [n] reported “level 4”. There were 2 [n] respondents that said it was extremely difficult to get help from neighbors, while 3 [n] had no difficulty. 1 [n] respondent stated that they feel that it is extremely difficult for other people to respect them, by valuing them or listening to what they have to say.

**Table 22: Respect**

<table>
<thead>
<tr>
<th>Scale</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>33</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>22</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>22</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>11</td>
</tr>
</tbody>
</table>
Personal Assistance and assistive products

There were 4 [n] who said that they have someone to assist them with their daily activities at home or outside, while 2 [n] said that they need additional assistance with their daily activities at home or outside and there was 1 [n] respondent who said that they feel they need someone to assist them.

Table 23: Living with Disabilities – Personal Assistance and Assistive Products

<table>
<thead>
<tr>
<th>Personal assistance and assistive products</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Do you have someone to assist you with your daily activities at home or outside?</td>
<td>5 56</td>
<td>4 44</td>
</tr>
<tr>
<td>Do you think you need additional assistance with your daily activities at home or outside?</td>
<td>7 78</td>
<td>2 22</td>
</tr>
<tr>
<td>Do you think you need someone to assist you?</td>
<td>8 89</td>
<td>1 11</td>
</tr>
</tbody>
</table>

Table 24: Living with Disabilities – Do you use assistive products?

<table>
<thead>
<tr>
<th>Do you currently use any of these assistive products?</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>6</td>
<td>67</td>
</tr>
<tr>
<td>Canes or Sticks</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Crutches, axillary or elbows</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Orthoses, lower limb, upper limb or spinal</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pressure relief cushions</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Prostheses, lower limb</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rollators</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Standing frames, adjustable</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Therapeutic footwear, orthopaedic</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Tricycles</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Walking frames or walkers</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Wheelchair</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Spectacles, low vision, short distance, long distance, filters and protection</td>
<td>3</td>
<td>33</td>
</tr>
<tr>
<td>White cane</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hearing aid</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Others</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
When asked if they need any assistive products, 6 [n] said yes. There was 1 [n] respondent that needed pressure relief cushions; 1 [n] therapeutic or orthopedic footwear, and 1 [n] need a walker; while 3 [n] need spectacles, low vision, short distance, long distance, filters, and protection.
CONCLUSIONS AND RECOMMENDATIONS

The findings of this study in Guyana shows that:

1. Nearly half of the respondents (45%) indicated that they sometimes have enough money to cover their basic needs, while 25% always have enough money and 9% never have enough money. There were 52% who have paid employment and 16% have no employment. 46% hustle or have more than one job and 14% perform sexual favors to substantiate income. 33% of the pansexuals and 15% of the lesbians engage is some form of sex performance for additional income.

Recommendation:
Lobby the Government of Guyana to support LGBTQ equality by creating inclusive and diverse workplaces and enact an ‘LGBTQ-inclusive nondiscrimination policy or Employment Prevention of Discrimination Act’, which will prohibit employment discrimination on the basis of, sexual orientation, gender identity, partnership status, among other grounds.

Lobby policy makers to (in collaboration with related organizations) increase educational/livelihood opportunities for LBQT women.

Advocate across funders for grants to implement programs that create livelihood opportunities for LBQT women.

Increase activism towards the creation of skill building & socio-economic opportunities for LBQT women.

2. The majority of respondents (62%) indicated that they were Christians as much as 29% said that they were not religious. Due to rejection of homosexuality or being transgender by some churches, many LBQT TM persons choose not to be affiliated to any particular religious denomination.

Education: 39% have completed post-secondary education, while 49% completed secondary education.

Recommendation:
There need to be continued engagements with our religious leaders in consideration that they properly balance religious freedom with the rights of LGBT individuals.

There need to be an increase of (collaborative) country-wide advocacy initiatives with Religious leaders and groups.

Local LGBTQ CSOs/NGOs are encouraged to deepen their relationship with leaders
of Educational Institutions to create safer & inclusive spaces that can lead to greater opportunities for LGBTQ persons access to Educational & Skill building programs.

3. As was expected, the majority of the respondents (97%) were sexually and emotionally attracted to cisgender women. However, 29% of participants were attracted to men and this figure included bisexuals (60%) as well as lesbians (8%). Even though not as high as cis women and men, there were those that were sexually or emotionally attracted to trans masculine (9%), trans women (7%) and gender non-conforming (9%) persons.

**Recommendation:**
Discrimination on the basis of sexual orientation and gender identity & expression also affects individuals whom others merely assume or perceive to belong to a sexual minority.

SOGIE education and awareness must be a continuous process across all regions of Guyana, to support increased respect & understanding by LGBTQ persons.

At organizational level (internally for GuyBow) and other NGOs/CBOs to ensure work is implemented throughout programming and all aspects with a broad open mind and not based on preconceived notions of what/ how LGBTQ people behave. This research clearly indicates that the LBQT members are fluid in their own identities and expressions.

4. In their gender expression, 22% stated that they felt extremely masculine while 52% said that they felt extremely feminine. In regard to transitioning, 1% or 2 [n] persons used hormones for transitioning which they accessed from “another source” i.e. not private or public health care. 7% are binding and 5% used objects in their underwear to simulate a penis.

**Recommendation:**
LGBTQ NGOs/CSOs must lead the process of Education and Knowledge sharing about Transitioning, Masculinity & Gender Expression.

It’s a fact that many ‘human & social services’ professionals in Guyana have had minimal preparation for serving LGBTQ persons, hence this must become an urgent initiative in all 10 regions of Guyana. This could be achieved through a collaborative approach with Guyana’s five LGBTQ CSOs alongside Government of Guyana & International Agencies.

5. There were 21 [n] persons who identify as trans and gender non-conforming. 5% of the respondents expressed that they disliked themselves for being trans and GNC, while 10% preferred to be cisgender if given the choice. 71% of the trans and GNC persons who didn’t know if hormones for transitioning or gender affirming surgery were available at local health care providers while 21% it is available at local health providers.

**Recommendations:**
LGBTQ CSOs must improve Trans & GNC education for identified persons.

Emotional / Psychological support must be made available by LGBTQ CSOs to support LGBTQ persons who struggle with their identities.

GTU with support from the network of LGBTQ Coalition must increase their advocacy efforts with the Ministry of
Health and other leading Healthcare providers towards making hormone therapy accessible to Trans men & women.

6. 77% do not have private health insurance. 39% of the respondents accessed public health care when they were sick while 29% respectively accessed private health care and community based/ NGO health care when they are sick. 36% accessed HIV tests at community based or NGO health care, while 28% equally accessed at private and public health care providers HIV tests. Even though some persons access indigenous or traditional health care, the percentage was very low to be significant. Very few of the respondents have private insurance. No persons (0%) accessed health care after sexual assaults, at neither of the types of health care providers. Across the 4 types of healthcare providers, there were never more than 6% that obtained barrier methods (condoms etc.) and no higher than 5% accessed contraceptives. An average of 7% of respondents went for cervical cancer checks.

**Recommendation:**
The fear of discrimination must be decreased through education and knowledge sharing by GuyBow in collaboration with public & private Healthcare providers, UNFPA, GRPA and other related stakeholders.

Rights-based education for LBQ women must become an ongoing forum across all 10 Regions of Guyana.

Human Rights & Dignity training with Law enforcement services must be a continuous process in all Administrative regions of Guyana. This must be accomplished through a collaborative approach with LGBTQ CSOs together with agencies including the Guyana Police Force, the Women Lawyers Association, The Ministry of Home Affairs, UNDP, EU, ERC, The Ministry of Human Services.

7. Even though respondents did not indicate that there were barriers to accessing health services due to their sexual orientation and gender identity, there were 3% who felt that they sometimes received poorer services and 10% who were called insulting names or denied service because of their sexual orientation, gender identity or gender expression (SOGIE). 6% of participants indicated that they believe they have been denied service because of SOGIE.

**Recommendation:**
Increase engagements with the Ministry of Health and their staff for more inclusive service provision.

Longer term lobbying within the Ministry of Health to work towards a system that is inclusive and institutionalized, to ensure LBQT members receive quality health treatment, beyond the healthcare workers who are supportive, but across the board.

LBQT CSOs can better advise members about access to friendly services.

8. Only 12 [n] persons responded to the trans-related health care needs. 2 [n] (1 identified as lesbian and 1 as pansexual) were using testosterone when interviewed. 3 [n] wants to use hormones, but don’t know where to access it, while 4 said they can’t afford it. 9 [n] chose not to have surgery, while 6 [n] said that they wanted surgery but could not afford it. 4 [n] would like to have top surgery, while 2 [n] plan to have bottom surgery.
Recommendation:
Local CSOs, in collaboration with other stakeholders must provide education and awareness for Trans-identified persons to better understand the process of Transitioning, accessibility to related medical supplies and all associated legal statutes.

9. Alcohol consumption: 12% drink daily 6 or more drinks, and 4% have found that they are unable to stop drinking once they start. 6% have been or injured someone due to drinking and 12% have been advised to stop drinking daily. On the other hand, 40% used drugs daily and 18% felt guilty because of their drug use. 52% have been advised to stop. The type of drugs could not be determined from the data. Alcohol and drug use among the LBQ TM persons are high.

Recommendation:
Alcohol and drug use among some LBQ women & Trans-men can be a reaction to homophobia, discrimination, or violence they experienced due to their SOGIES and can contribute to other mental health and physical problems. It can disrupt relationships, employment, and threaten financial stability.

GuyBow and all local LGBTQ CSOs must host both: (1) awareness programs ref. substance use/abuse and their effects and (2) provide either direct or access to professional support systems.

10. Ten percent of respondents were diagnosed with clinical anxiety and 7% with clinical depression; of which 56% were receiving treatment. Suicidal thoughts (73%) among participants was significantly high and 47% have attempted suicide in the past. The majority had support from current partners, friends and family but this was not the experience of everyone. 45% identified LGBTIQ organizations as a place of support, while 1% seek support with religious or cultural leaders and health care providers as sources of support. It's important to note that very few of the persons who were experiencing mental health issues actually accessed services.

Recommendation:
GuyBow and all other LBTQ CSOs must maintain: (1) continuous awareness programs ref. managing mental health challenges, (2) provide either direct or access to psychological support systems and (3) encourage & support members/Allies to pursue educational opportunities in this regard.

All persons supported by a LBTQ CSOs must be contracted to serve the organization and community of persons for a specified period of time.

11. Even though several of the respondents have been victims of discrimination and hate speech, very few have sought support from law enforcement our human rights organizations (7%). There were 22% who indicated that they have been harassed at work while 11% experienced sexual harassment at school. 16% were denied housing due to SOGIE.

Recommendation:
Lobby the Government of Guyana and all Policy makers to review & change policies and laws that allow for discrimination (without recourse) against LBQ women.

Conduct additional country-wide research to determine the gravity of discrimination
meted out on the basis of ones SOGIES.

Share outcomes of research with the Government of Guyana and all Policy makers for engagement with LGBTQ CSOs and to advocate for reform.

In collaboration with UNICEF and other stakeholders, increase lobby initiatives to the Ministry of Education to demand the review and change of policies that supports discrimination of youth who identify as LBQT.

Request the support of the UNDP, EU and other stakeholders to examine their existing policies and attitudes towards LBQT persons who face discrimination in their access to housing.

Collaborate on initiatives to host SOGIES & Rights-based education to employees & employers of all service providers identified above.

12. As much as 66% 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:**
GuyBow in collaboration with identified local LGBTQ CSOs must increase our members awareness and education through availing information and the hosting of programs ref. redress, laws & policies criminalizing LGBT persons in all 10 regions of Guyana.

13. 76% of respondents reported an awareness that someone revealed their SOGIE and 48% knew someone who threatened to reveal their SOGIE. 39% had been threatened by their intimate partner, or their partner made them feel ashamed (37%) of their SOGIE. 19% have been pressured into heterosexual marriage and 40% pressured into a heterosexual relationship. Stigma and discrimination are high.

**Recommendation:**
Host programs (in co with Conflict management & psychology professionals) towards the empowerment of LBQT persons, to better support improved management of discriminatory practices by offenders.

GuyBow, in collaboration with a wide spectrum of stakeholders, needs to promote public campaigns (through-out Guyana) that educate society & challenge violations against human rights & dignity.

14. There were 24% of respondents who had been sexually assaulted by a partner and 33% by someone they knew. 31% had been physically assaulted by a partner of the same sex and 19% by a partner of a different sex, and 23% by someone they know. In 28% of the instances, this was a result of their SOGIE. Only 13% of victims sought support from the police. This is indicative of a high level of sexual and physical assault towards LBQT persons within spaces that are supposed to be safe.

**Recommendations:**
Present finding to all stakeholders (Mins. of Human Services, Home Affairs, Health; UNICEF, Guyana Police Force, Women & Gender Studies Unit and Social Work Dpt. at the University of Guyana, ERC, UN
rapporteur to Guyana, the ABCE missions.

Lobby the Guyana Police Force for access to safer environments towards the LGBTQ community.

Increase: (1) awareness about the effects of discrimination, across Guyana and (2) access to mental health support systems for survivors of sexual abuse & assault.

Seek collaboration with the Mental Health Unit (Min. of Health) & UNDP to facilitate training of LGBTQ persons to serve as Peer Educators.

15. Over 32% of the LBQ TM respondents have children while 64% of the total number of respondents want children. There was a high percentage of respondents that would consider adoption (63%) or insemination (43%). Of the total number of respondents, 44% have been pregnant and 26% of these have needed and had an abortion. 33% had an abortion, of which 72% accessed it at a clinic or medical provider while others used home based methods (13%) and traditional healers (5%).

Recommendations:
GuyBow must continue its program that targets LBQT headed families and possibly expand their activities, especially in regard to managing individual health & wellbeing.

Increase initiatives and collaboration with related professional service providers including but not limited to the Guyana Responsible Parenthood Association, Child Care & Protection Agency, to give guidance and educate LBQT regarding their interests.

16. Of those that accessed services for mammograms (35%) and pap smears (35%), 11% reported anomalies that got treated. There were at least 29% who indicated that they have severe menstrual cramps, and of these, 22% use birth control pills to manage these period cramps.

Recommendations:
GuyBow needs to strengthen its program that provides women’s health awareness and also increase linkages and referrals to Health care service providers including, but not limited to the Guyana Responsible Parenthood Association, the Guyana Cancer Institute.

17. Overall, there were 9 [n] of the respondents who indicated that they have one of multiple forms of disability. Of these 1 [n] has extreme problems seeing, 1 [n] hard to walk or climb stairs. Five [n] don’t have someone to assist them with daily activities, 1 [n] needs walking frames or walkers. Persons with disabilities should be included in LBQ TM programming and their needs taken into account and provided for.

Recommendations:
GuyBow, with a history of supporting its members with disability can lead a movement to re-energise advocacy in the interest of our LBQT persons who are so challenged. A collaborative approach could be made also through the Min. of Human Services and also with strong support from the Guyana Disability Commission.
OVERALL SUMMARY OF RECOMMENDATIONS:

**State and other institutions:** Present the findings of this research to the Government of Guyana, Institutions & Policy makers; use the opportunity to lobby for change as required for the mental health & well-being of LBQT persons in Guyana.

**Community-based LGBTIQ and allied organizations:** Share findings and seek collaborations for a unified approach that advocates for change, respect, justice and equal opportunities for all.

**Donors and Technical Partners:** Promote an inclusive approach to requests for funding with consideration to fulfilling non-traditional grants that can support the mission & vision that are unique to the (in-country) needs of LBQT women CSOs.
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REFERENCES


REFERENCES


Transstudent. http://transstudent.org/about/definitions/


## ACRONYMS AND TERMINOLOGY

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFAB / AMAB</td>
<td>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.</td>
</tr>
<tr>
<td>Asexual</td>
<td>A person who has no sexual feelings or desires</td>
</tr>
<tr>
<td>Bisexual</td>
<td>People who are emotionally, romantically and/or sexually attracted not exclusively to people of one particular gender, attracted to both men and women.</td>
</tr>
<tr>
<td>Cisgender</td>
<td>A person whose sense of personal identity and gender corresponds with the sex assigned to them at birth.</td>
</tr>
<tr>
<td>Corrective rape</td>
<td>See Homophobic rape</td>
</tr>
<tr>
<td>Gay</td>
<td>A person who is emotionally, romantically and/or sexually attracted to persons of the same gender.</td>
</tr>
<tr>
<td>Gender expression</td>
<td>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.</td>
</tr>
<tr>
<td>Gender identity</td>
<td>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.</td>
</tr>
<tr>
<td>Gender minority</td>
<td>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.</td>
</tr>
<tr>
<td>Gender non-conforming</td>
<td>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.</td>
</tr>
<tr>
<td>Hate crime</td>
<td>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.</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>A person who is emotionally, romantically and/or sexually attracted to persons of the opposite gender.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Homophobic rape</td>
<td>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.</td>
</tr>
<tr>
<td>Intersex</td>
<td>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.</td>
</tr>
<tr>
<td>Lesbian</td>
<td>Term used to describe female-identified people attracted romantically, sexually, and/or emotionally to other female-identified people.</td>
</tr>
<tr>
<td>LGBT, LGBTI, LGBTIQ</td>
<td>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).</td>
</tr>
<tr>
<td>Pansexual</td>
<td>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 &quot;male&quot; or &quot;female&quot;). (Villarreal, 2020)</td>
</tr>
<tr>
<td>Queer</td>
<td>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)</td>
</tr>
<tr>
<td>Sex assigned at birth</td>
<td>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.</td>
</tr>
<tr>
<td>Sexual activity</td>
<td>Sexual activity which includes sexual acts and sexual contacts, is the manner in which humans experience and express their sexuality.</td>
</tr>
<tr>
<td>Sexual attraction</td>
<td>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.</td>
</tr>
<tr>
<td>Sexual identity</td>
<td>Sexual identity is how someone thinks of him/herself in terms of to whom he/she is romantically or sexually attracted.</td>
</tr>
<tr>
<td>Sexual minority</td>
<td>A group whose sexual identity, orientation or practices differ from the majority of the surrounding society.</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>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.</td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Transgender</td>
<td>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.</td>
</tr>
<tr>
<td>Transgender man</td>
<td>A person who identifies as a man but was assigned a female sex at birth.</td>
</tr>
<tr>
<td>Transgender woman</td>
<td>A person who identifies as a woman but was assigned a male sex at birth.</td>
</tr>
<tr>
<td>Transmasculine</td>
<td>Transmasculine individuals were assigned female at birth but identify more on the male side of the gender spectrum than on the female side.</td>
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APPENDIX 2 – ORGANIZATIONAL PARTNERS

Barbados – SHE, Sexuality Health Empowerment

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

Guyana – GuyBow, Guyana Rainbow Foundation

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

Haiti - OTRAH, Organisation Trans d’Haiti

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

Saint Lucia - United and Strong

Suriname – WSW, Women’s Way Foundation

Trinidad and Tobago - I am One
### APPENDIX 3 - HUMAN STORIES BY THEMATIC TOPIC

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

As we stood there talking and thieving a few kisses as no one else was there to see us, a man approached us from nowhere. He said goodnight, as my girlfriend whispered quietly to me that it was the same man in the bar. I became a little concerned and cautious. I answered goodnight to him, and he immediately shouted at me “wait is a fuckin woman dea here playing fuckin man???” I became afraid and as I looked at my girlfriend, I could see the fear in her eyes, I immediately pushed her behind me as he continued to curse me. “We don’t deal with fucking sadomites over fucking here, getttt!!!” Was what he said as he picked up a piece of wood from the road and began hitting me about six times on my arms and legs. I just didn’t want him to hit me on my head or to hit my girl. So as he was hitting me I was crying and saying “sorry, sorry, sorry” and my girl ran out to get help. Two other men came shouting to leave me and he dropped the wood and ran. The men advised me to go to the station, which was also not too far, but I was scared. I didn’t go. I just wanted to go home, I was in pain, I was ashamed and mostly I was very very very scared. I was scared of this unexpected attack, I was ashamed of why I was being attacked, and of what I Kno the police will tell me when I go to make a report. I know they would’ve laughed at me and not taken this matter seriously. I went home and got undressed and my girlfriend was inspecting the bruises on my arm and leg. She begged me to go to the hospital to make sure nowhere was broken but I was too afraid to go. I knew the nurses would want an explanation, and when I told them, I knew they would laugh. I decided to stay home and treat myself. Thankfully nowhere was broken.

I did nothing about the situation, I said nothing to no one. I felt as if I deserved what had happened to me and became, depressed and lost.

At this time of my life as I reflect on that particular experience, I wished I had done things differently, I wished I had fought. I wished I had taken that wood from him and hit him with all my strength. I wished I had gone to the station and demanded justice and made a report. I wished I had gone to the hospital and gotten proper treatment. I wished I had known my rights as a human being.

I don’t want this to happen to anyone, but in case any LGBTQ Guyanese person should ever meet a homophobic person, I would advise them to fight back!!! Go to police, demand justice, go to the media, demand justice, go to any associated LGBTQ organization, ask for advice. Never tell yourself you deserve violence, disrespect or any sort of mistreatment. Fight back!! Get knowledgeable, be strong and be yourself!
I grew up hearing all of my family members disrespecting persons from the LBGT community because our household was a Christian household. In high school I realized I started having deep feelings for girls, but I didn’t know what it was. I was becoming depressed keeping my life a secret because of my family, so I decided to tell one of my close friends who introduced me to this woman that was 10 years older than me.

At this time I was in a deep relationship with her, one day we were in a public place in a very compromising position and she was holding my hands and at the same time my neighbor was passing and saw. Later that afternoon when I got home, I was being interrogated by my family, my cousins started making disrespectful remarks like “Yuh dutty lesbian”, “Yuh shameful whore”, “Put her out man” etc. I was so shocked and hurt, I didn’t know what to do, I tried explaining myself but every time I opened my mouth, I received a slap. My cousin then started dragging me by my hair and down the stairs, he began kicking and cursing me and as I looked up the stairs, I heard my family saying ‘get out’!!!

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

Bisnauth, Terianna

Terianna Bisnauth, Queer Black Guyanese woman, I’m an independent human rights defender who volunteers with LGBTIQ organizations and movements towards the promotion of human rights for vulnerable groups in Guyana.

I consider myself a student of life, who embraces diversity in all of humanity, volunteering with organizations’ such as Guyana Rainbow Foundation (GUYBOW) and Society Against Sexual Orientation and Discrimination (SASOD), has given me the opportunity to be a part of something bigger than myself in developing and utilizing my own skills set and knowledge to make sustainable changes.

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 SAFaAIDS.

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.

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 Masters 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, CaribFLAGS, 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.

Small, Ouandie

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