



Gender-based Violence, HIV, and Key Populations in Latin America and the Caribbean

Trinidad and Tobago and Barbados
Country Report

APRIL 2018

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Acronyms and Abbreviations

AIDS	Acquired immunodeficiency syndrome
FSW	Female sex worker
GBV	Gender-based violence
HIV	Human immunodeficiency virus
KP	Key population
LGBTI	Lesbian, gay, bisexual, transgender, or intersex
MSM	Men who have sex with men
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
REDLACTRANS	Latin American and Caribbean Network of Transgender People
RedTraSex	Latin American and Caribbean Network of Female Sex Workers
STI	Sexually transmitted infection
SDG	Sustainable Development Goal
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	U.S. Agency for International Development

Executive Summary

Men who have sex with men (MSM), female sex workers (FSWs) and transgender women, together called key populations (KPs), often face gender-based violence (GBV) due to the perception that they do not conform to traditional gender roles. Additionally, key populations face elevated risk of HIV, and GBV is a known risk factor for HIV transmission. However, little is known about KP members' experiences of GBV. Understanding experiences of violence is therefore important for improving HIV services for key populations. The U.S. Agency for International Development (USAID) and U.S. President's Emergency Plan for AIDS Relief (PEPFAR)-supported LINKAGES project, United Nations Development Programme (UNDP), the University of the West Indies HIV/AIDS Response Project, and local civil society organizations collaborated to generate evidence on the nature of violence experienced by MSM, FSWs, and transgender women, inform HIV and GBV programming to prevent and respond to violence experienced by key populations, and empower members of key populations to conduct and interpret research.

We conducted 50 qualitative, semi-structured interviews: 20 with MSM, 15 with FSWs, and 15 with transgender women. Peer data collectors conducted interviews in Bridgetown, Barbados, and Port of Spain, Trinidad and Tobago. A regional technical advisory group identified contexts where violence was potentially perpetrated to be covered in the interviews; these included health care, sex work, from police, from the judicial or prison systems, on the street and in other public spaces, from intimate partners (MSM and transgender women only), in other state institutions, before the age of 18 (MSM and transgender women only), and in economic, religious, educational, and other workplace settings. A thematic analysis with double coding to ensure intercoder reliability was conducted. Interpretation meetings were held to validate findings.

Violence was common among all groups in all settings. The most common settings where participants reported experiencing violence were before the age of 18, during sex work, from intimate partners, in public spaces, in health care settings, and from police. Nearly all participants reported experiencing violence in any setting. Participants reported experiencing emotional, physical, sexual, and economic violence as well as other human rights violations. Negative mental and emotional effects of GBV including feeling judged, humiliated, or depressed were common as was anxiety and a reduction in confidence. Some participants reported altering their behavior or movement to avoid violence. Following experiences of violence, participants commonly shared their experiences with friends and family, however, few participants described seeking services such as legal assistance, health care, or counseling. While most participants reported wanting health care providers to ask them about their experiences of violence in a respectful and appropriate manner, few reported providers actually asked. Most participants did not recognize a connection between violence and HIV risk.

GBV was common among study participants and disrupted access to essential rights such as health care, police support, and being able to move safely in public spaces. HIV risk was underestimated. Information on the impact of stigma, its effect on mental health and well-being, and limitations in access to state services should be addressed to reduce HIV risk. Additionally, services for GBV and HIV should be better linked, as neither clients nor providers seem fully aware that these issues are intertwined, yet GBV places individuals at risk for HIV and affects mental health and willingness to engage with health care services. Key populations want acceptable services—those that are respectful, appropriate, and private. Negative experiences within the health care system—including direct experiences of GBV and failure to address violence—are likely to negatively influence uptake of HIV prevention, care, and treatment services. Ensuring nondiscriminatory services, asking about violence, and providing or linking to violence services could help address violence experienced by KP individuals, increase their uptake of HIV services, and improve their quality of life.

Background and Rationale

FSWs, MSM, and transgender women, collectively called key populations most at risk for HIV, are among the groups most highly affected by the HIV epidemic globally.¹⁻³ While HIV prevalence among the adult population in the Caribbean is 1.1 percent, the prevalence is much higher among KPs.⁴ UNAIDS estimates the HIV prevalence rate in the general adult population is 1.3 percent in Barbados and 1.2 percent in Trinidad and Tobago.⁵ Data on key population groups, by country, are limited. However, data is available from Jamaica showing the prevalence among men who have sex with men is estimated at 31.4 percent, estimates among transgender women range between 25.2 and 52.9 percent, and among female sex workers is estimated at 4.1 percent.⁶⁻⁹

While biological and behavioral factors contribute to their vulnerability to HIV, members of KPs around the world also face violence (see Box 1 for use of term “violence” vs. “gender-based violence”), which poses serious barriers to their ability to access high-quality health care and other essential services. While it is known that these groups face high levels of violence,^{1-3,13,14} including murder, until recently, data on the relationship between violence and HIV among FSWs, MSM, and transgender women have been limited. A growing body of research is now identifying forms of violence against KPs, and the association between violence and HIV risks such as multiple sex partners, coerced sex, substance use, unprotected sex, poor access to health

Box 1. Violence vs. gender-based violence (GBV)

The term GBV refers to “any form of violence that is directed at an individual based on biological sex, gender identity (e.g., being transgender), or behaviors that are not in line with social expectations of what it means to be a man or women, boy or girl (e.g., MSM and FSWs).”¹⁰ GBV is generally assumed to be directed at cisgender women and girls; however, when the definition is expanded to include KP members of all genders, the root cause of much of the violence against KPs is revealed. For example, violence is often directed at MSM and transgender women because they are perceived as departing from norms that dictate gender expression and sexual behavior for men.^{11,12} Additionally, most violence against FSWs is a result of norms regarding both occupation and “acceptable” sexual behavior for women. Because the violence faced by FSWs, MSM, and transgender women is caused by rigid gender norms, it can be considered a form of GBV. However, the term “GBV” does not always resonate with all individuals who experience violence. This report uses the term “violence” to refer to all forms of GBV (emotional, physical, sexual, economic, and other human rights violations) experienced by key populations.

Box 2. Gender equity, human rights, and HIV prevention

Violence is a major barrier to KP members’ access to HIV-related services, and it must be addressed to improve their HIV-related outcomes and overall well-being. Violence faced by FSWs, MSM, and transgender women demands attention from those with a public commitment to gender equality and human rights as well as those concerned with health inequities such as HIV burden. Broadening our understanding of gender can also help build coalitions among groups working to increase gender equality, improve human rights, and address HIV prevention, care, and treatment as these groups often share a common concern about violence.

services, and mental health issues such as suicidal behavior, depression, and social isolation.¹⁴⁻²⁵ In addition to increased HIV risk, violence is a barrier to enrollment in and adherence to antiretroviral treatment among KPs.²⁶⁻²⁹ Evidence also demonstrates that violence from health care providers keeps FSWs, MSM, and transgender clients from accessing HIV-related services,^{15,21,30-33} and peer educators identified violence as their biggest barrier in HIV outreach.³⁰

While we know the experience of violence among FSWs, MSM, and transgender women is common, data are limited regarding where violence occurs, who perpetrates it, what its consequences are, what KP members do after they experience violence (including whether and to whom they disclose and which services they access), and KP perspectives on how HIV programs can prevent and respond to violence. Understanding these factors is central to developing HIV policies and programs that are more effective and responsive to the needs of KPs, an initiative that is necessary for controlling the HIV epidemic and realizing KPs' human rights. Thus, this study sought to generate high-quality evidence on the nature of violence experienced by FSWs, MSM, and transgender women and to inform HIV service delivery policies and programming in Latin America and the Caribbean. This study also aimed to build the capacity of KP members to conduct and translate research to support their own advocacy and programming efforts. This report presents findings and recommendations specific to Barbados and Trinidad and Tobago, and it is one in a series of country reports on violence, KPs, and HIV in Latin America and the Caribbean.

Partners

This activity has three key partners in Trinidad and Tobago and Barbados. The first partner is the Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project, a five-year cooperative agreement supported by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID) and implemented by FHI 360. The HIV, Health, and Development group in the United Nations Development Programme (UNDP), which addresses the intersections between governance, human rights, and health responses, is the second partner. The University of the West Indies HIV/AIDS Response Programme (UWI HARP) is the third partner. UWI HARP is a multidisciplinary group dedicated to using the expertise of the university—on the campuses in Barbados, Jamaica, and Trinidad and Tobago—to work with other committed partners in responding to HIV/AIDS and mitigating its impact. Additionally, LINKAGES and UNDP worked with local civil society partners that provide services to KPs—Friends for Life, CARE, Family Planning Association of Trinidad, CEED, B-GLAD, EQUALS, and Jabez House—to recruit peer data collectors, assist peer data collectors in recruiting participants, and provide private spaces for peer data collectors to conduct interviews.

Regional and national advisory groups—which included civil society organizations (CSOs), United Nations agencies, USAID, government representatives, and the study teams—were formed to facilitate collaboration with regional and national actors and ensure that they could function as key partners for translating study results into action. The Regional Technical Advisory Group, which guided the technical content of the research, and the National Working Group interpreted and prioritized results, identified strategies to disseminate results, and identified actions to translate the results into programmatic policy. Boxes 3 and 4 list participants in each group.

Box 3. Regional Technical Advisory Group members

- Caribbean Sex Worker Coalition
- Caribbean Vulnerable Communities Coalition (CVC)
- Center for Integral Orientation and Investigation (COIN)
- Central American Network of People living with HIV (REDCA +)
- Coalition Advocating for Inclusion of Sexual Orientation (CAISO)
- Groundation Grenada
- Latin American and Caribbean Network of Female Sex Workers (RedTraSex)
- Latin American and Caribbean Network of Transgender People (REDLACTRANS)
- LINKAGES
- Social Action Mission
- UNAIDS
- UNDP

Box 4. National Working Group members

- Ministry of Health
- UNAIDS
- UNDP
- Key Population CSOs
- Academia

Study Goals

This study had five goals:

1. Generate high-quality evidence on the nature of violence experienced by FSWs, MSM, and transgender women
2. Explore the connections between violence, HIV risk, and KP members' service-seeking behaviors
3. Inform GBV service delivery programming, including the design and evaluation of interventions to prevent and respond to violence experienced by KPs
4. Empower KPs to conduct and interpret research
5. Strengthen partnerships among various stakeholders to promote a comprehensive response to violence among KPs

Methods

This study built on the highly participatory methodology and lessons learned from *The Right(s) Evidence: Sex Work, Violence and HIV in Asia*,³⁴ a multicountry qualitative study that collected evidence of female, male, and transgender sex workers' experiences of violence; the factors that increased or decreased their vulnerability to violence; and the ways that violence related to risk of HIV transmission. The study was implemented by UNDP, UNFPA, The Asia Pacific Network of Sex Workers, and Sangram in four Asian countries. For this study, guiding principles were adapted from *The Right(s) Evidence* (see Figure 1), and data were collected from FSWs, MSM, and transgender women in San Salvador, El Salvador; Port of Spain and environs, Trinidad and Tobago; Bridgetown and environs, Barbados; and Ouanaminthe, Jacmel, and Port Au Prince, Haiti between May and September 2016. This report presents data from Trinidad and Tobago and Barbados. TFSWs, MSM, and transgender women were included as study populations because each group faces significant risk of violence and because HIV services for these groups are often provided together through integrated services for KPs in Latin American and the Caribbean. Two criteria were used to identify study locations in Latin America and the Caribbean: (1) the presence of local KP networks and (2) interest in addressing violence among KP groups from the government, civil society, United Nations, and USAID headquarters and country missions. The selection of study locations was independent of where LINKAGES implements programs.

Figure 1. Guiding principles of the study – adapted from *The Right(s) Evidence*



In line with the guiding principles, KP members were actively engaged throughout the research process through the Regional Technical Advisory Group and the National Working Group, including designing the study and data collection tools, selecting study sites, recruiting participants, conducting interviews, and interpreting and prioritizing study results. For example, FSW representatives in the Regional Technical Advisory Group said they did not want to ask about experiences of violence perpetrated by a partner or occurring before the age of 18 because their focus was reporting and addressing violence in occupational and institutional spaces. On the other hand, transgender women and MSM representatives felt that these contexts were important to explore in interviews. The direct involvement of KPs was crucial for achieving the study goal of empowering KPs to conduct research but also essential for increasing the quality and reliability of the data, ensuring that the study was responsive to KP interests and needs, and ensuring that KP groups are involved in the development of evidence-based violence and HIV prevention-and-response programs and policies.

In Trinidad and Tobago and Barbados, qualitative, in-depth interviews were conducted with 15 FSWs, 20 MSM, and 15 transgender women; these sample sizes were based on previous research on the number of interviews necessary to reach qualitative data saturation (i.e., the point at which no new information or themes are observed in the data collected).³⁵ Given the

small numbers of MSM and transgender women in both countries and similar legal environments related to the criminalization of same-sex sexual activities, the ability of transgender persons to change their legal name, and the criminalization of sex work, the study team decided to consider these two countries collectively as one study site. More MSM than FSW or transgender women were included to capture the variation among this diverse group, including those who did and did not engage in sex work. Due to the high representation of transgender women in sex work³⁶ and difficulties in recruiting transgender women who had not engaged in sex work, the Regional Technical Advisory Group did not indicate a need to capture the variation between transgender women who did and did not engage in sex work. Transgender participants included both those who engaged in sex work and those who did not.

All in-depth interviews were conducted by peer data collectors recruited from local civil society partners and supervised by the local researcher. All data collectors were self-identified members of one of the study populations and demonstrated organizational skills, the ability to follow study procedures, strong interpersonal communication skills, and the willingness to obtain a research ethics training certificate. Those with previous training and experience with qualitative research were preferred. Data collectors were trained in qualitative research, interviewing skills, study procedures, and research ethics, and were supervised by local researchers. Study participants were recruited by peer data collectors directly from civil society organizations' offices, where FSWs, MSM, and transgender women in Port of Spain and Bridgetown areas obtain services. All participants were 18 years of age or older and were either (1) cisgender women who reported selling sex, (2) cisgender men who reported having sex with other men, or (3) transgender women who either self-identified as transgender or, in responding to a two-question participant eligibility questionnaire,³⁷ noted that they were assigned male sex at birth and now identified as women. Individuals currently being detained by the police or awaiting trial were not eligible for participation. Members of KPs who worked on HIV-related interventions or conducted peer outreach activities with KPs were also excluded from the study as they were likely to be more informed and empowered than other members of their group.

Semi-structured interview guides were used to conduct interviews; the guides were the same in both countries. Based on discussion with the Regional Technical Advisory Group, the following contexts where violence was potentially perpetrated would be covered in the interviews: (1) health care, (2) sex work, (3) from police, (4) from the judicial or prison systems, (5) on the street and in other public spaces, (6) from intimate partners (MSM and transgender women only), (7) in other state institutions, (8) before the age of 18 (MSM and transgender women only), and in (9) economic, (10) religious, (11) educational, and (12) other workplace settings. The interview guide included closed-ended questions to identify the types and frequency of violence experienced by participants in each of the 12 contexts. Participants who reported experiencing violence were then asked in-depth qualitative questions about that experience. Additional qualitative questions explored participants' experiences with health services and organizations promoting human rights and prevention of violence. The study guides were informed by existing research on violence experienced by FSWs, MSM, and transgender women and developed in conjunction with the study's Regional Technical Advisory Group and member organizations of the LINKAGES Advisory Board. The guides were reviewed by and piloted with

individuals from the Global Forum on MSM and HIV, the Global Network of Sex Work Projects, the International Reference Group on Trans Women and HIV, and KP members in each country. After the pilot, the guides were further revised to improve clarity and relevance of the questions and flow of the questions.

Experiences of violence were categorized as one of five types: emotional, physical, sexual, economic, and other human rights violations. These are collectively referred to as *violence* in this report. The types of violence, including examples, can be found in Box 5. These types and examples of violence draw from global guidance on addressing violence faced by KPs.^{38, 39}

Interview data were organized, coded, and analyzed with the QSR NVivo qualitative data analysis software program.⁴⁰ A codebook, including deductive codes generated from the data collection instruments and inductive codes emerging from the data, was developed, and transcripts were coded jointly by the research team until intercoder reliability was achieved. After that, intercoder reliability was assessed periodically. Memos summarizing themes, including supporting quotes, were created and analyzed to address the research questions. We conducted a quantitative analysis of the most common contexts and types of violence that participants experienced. Responses to closed-ended questions were entered using EpiData data entry software⁴¹ with double data entry for accuracy, exported to STATA,⁴² and analyzed descriptively by country and KP group to produce means and frequencies of responses to demographic questions and questions on participants' experiences of violence. Additional descriptive analyses aggregated participants' responses on experiences in each context and by type of violence to produce overall counts by context and by type. Interpretation meetings—including peer data collectors, study participants, and representatives from the National Working

Box 5. Types of violence

Emotional: Psychological and verbal abuse; humiliation; threats of physical or sexual violence or any other harm to an individual or those they care about, including threatening to take custody of an individual's children; coercion; controlling behaviors; calling names; verbal insults; confining someone or isolating him/her from friends/family; repeated shouting; intimidating words/gestures; destroying possessions; blaming; isolating; bullying

Physical: Hitting; pushing; kicking; choking; spitting; pinching; punching; poking, slapping; biting; shaking; pulling hair; throwing objects; dragging someone; beating someone up; deliberately burning someone; using a weapon; kidnapping; holding against will; physically restraining; depriving of sleep by force; forcing someone to consume drugs or alcohol; police subjecting someone to invasive body searches/forcing someone to strip; poisoning; killing

Sexual: Rape; gang rape; physically forcing, coercing, psychologically intimidating, or socially or economically pressuring someone to engage in any sexual activity against their will (undesired touching, oral, anal, or vaginal penetration with penis or with an object); refusal to wear a condom; genital cutting/mutilation

Economic: Use of money or resources to control an individual; blackmailing; refusing someone's right to work; taking earnings; refusing to pay money that is earned/due, including clients refusing to pay; withholding resources as punishment

Other human rights violations: Denying or refusing food or other basic necessities; police arbitrarily stopping, detaining, or incarcerating people in police stations, detention centers, and rehabilitation centers without due process; arresting or threatening to arrest people for carrying condoms; taking condoms away; refusing or denying health care or other services; subjecting someone to coercive health procedures such as forced STI and HIV testing, sterilization, abortions; early or forced marriage

Group—were held to review the data, ensure accuracy in the interpretation, prioritize results, and discuss dissemination plans including the optimal format for presentation.

The study received ethical approval from the FHI 360 Protection of Human Subjects Committee, the University of the West Indies-Cave Hill/Barbados Ministry of Health Research Ethics Committee/Institutional Review Board, and the University of the West Indies-St. Augustine, Trinidad and Tobago Faculty of Medical Sciences Ethics Committee. All participants provided oral informed consent prior to the interview, and all interviews were audio recorded and transcribed in English for analysis. The audio recordings and interview transcripts were identified by archival numbers and were not linked to participant names or identifying information.

To protect the privacy and confidentiality of participants, all interviews were conducted in a private space where participants would have visual and aural privacy during the interview. Identifying information was collected by study staff only to schedule interviews and invite participants to data interpretation and dissemination events. Identifying information was not written on documents that contained any information about the study, and it was kept separate from interview transcripts, notes, and audio recordings; held in strictest confidence; and destroyed after data interpretation and dissemination. All study staff were trained in research ethics and study procedures to ensure the confidentiality of study participants.

Results

A total of 50 individuals (15 FSWs, 20 MSM, 15 transgender women) across both countries participated (see Table 1 on the next page). The mean age was 30.7 years with MSM being slightly younger (27.8) and transgender women older (32.6). Most participants reported having completed secondary school (58.3 percent) with 26.7 percent of transgender women and 38.5 percent of FSWs reporting having completed university. Overall, 64.6 percent of participants reported having paid employment; this proportion was highest among transgender women with 80 percent reporting having paid employment including consultant, entertainer, financial advisor, accounting, cosmetology, legal clerk, store manager, teacher, event producer, and security officer.

Qualitative study results provide insight into individual experiences, including why individuals think, feel, and believe what they do; the results presented here cannot be used to generalize

to each population within Barbados, Trinidad and Tobago, or the region. All numbers presented refer specifically to those individuals in the study. Across all study populations, the most common types of violence reported were those perpetrated before the age of 18, in sex work settings, by partners, and on the street or other public spaces with over 80 percent of participants in all groups reporting violence in these settings. Most types of violence were experienced by over half of the participants with less than half of participants reporting violence in only two settings: state institutions and in judicial settings (see Table 2 on the next page). Notably, a lower proportion of FSWs reported experiencing violence or discrimination than MSM and transgender women in all settings except economic. The number and percentage of participants who reported experiencing violence in response to closed-ended questions can be found in Table 2, while a synthesis of their responses to qualitative questions can be found after Table 2. Both closed-ended and qualitative responses are presented by context.

Table 1. Trinidad and Tobago and Barbados demographics table

	FSW (n=15)	Transgender Women (n=15)	MSM (n=20)	All KP Groups (n=50)
Age (mean years)	31.9 <i>n=9</i>	32.6 <i>n=13</i>	27.8 <i>n=13</i>	30.7 <i>n=35</i>
Highest education level (%)				
Primary	7.7	0.0	0.0	2.1
Secondary	53.9	73.3	50.0	58.3
University	38.5 <i>n=13</i>	26.7 <i>n=15</i>	50.0 <i>n=20</i>	39.6 <i>n=48</i>
Has paid employment (%)	42.9 <i>n=14</i>	80.0 <i>n=15</i>	68.4 <i>n=19</i>	64.6 <i>n=48</i>

Table 2. Percentage of participants in Trinidad and Tobago and Barbados reporting violence across settings

		All KP Groups % <i>n</i>	FSW (N= 15) % <i>n</i>	Transgender Women (N=15) % <i>n</i>	MSM (N=20) % <i>n</i>
Before 18	%	100	-	100	100
	<i>n</i>	33	-	15	18
Sex work	%	100	100	100	100
	<i>n</i>	27	15	5	7
Partner	%	87	-	85	89
	<i>n</i>	31	-	13	18
Street	%	83	67	93	89
	<i>n</i>	48	15	15	18
Health care	%	68	67	67	71
	<i>n</i>	47	15	15	17
Police	%	67	64	73	65
	<i>n</i>	46	14	15	17
Education	%	62	25	62	85
	<i>n</i>	34	8	13	13
Religious	%	61	25	73	75
	<i>n</i>	31	8	11	12
Economic	%	60	50	91	36
	<i>n</i>	30	8	11	11
Other work	%	51	13	67	60
	<i>n</i>	35	8	12	15
State	%	48	13	80	44
	<i>n</i>	27	8	10	9
Judicial	%	38	29	43	43
	<i>n</i>	21	7	7	7
Any setting	%	98	100	100	95
	<i>Total n</i>	50	15	15	20

Key 0-19% 20-39% 40-59% 60-79% 80-100%

BEFORE THE AGE OF 18

Thirty-three respondents (15/15 transgender women, 18/20 MSM) reported violence before the age of 18; questions about experiences before the age of 18 were not included in the interview guide for FSW respondents, and no FSWs volunteered information about experiences during this time in other parts of the interview. Most commonly, respondents described experiencing forms of emotional violence (n=24: 12/20 MSM, 12/15 transgender women). Many of these respondents described being called names, insulted, or told not to act in a

feminine manner or to act more masculine by family members, neighbors, and other community members. These instances were often focused on respondents' gender presentation or perceived sexual orientation and occurred when respondents walked, dressed, or acted in ways that defied social expectations. Others described more general discrimination or exclusion; being threatened with or forced to attend conversion therapy; and threats of violence or verbal abuse encouraging others to commit violence against them.

Sexual violence was also common (n=11: 8/20 MSM, 3/15 transgender women). These respondents most commonly described sexual violence or attempted sexual violence, including molestation and rape. Most of these experiences were perpetrated by respondents' male family members, family friends, or sexual partners. Many of these informants described negative emotional consequences of these experiences, including not trusting others or being afraid to share their experiences. A few others described experiences of sexual harassment and statutory rape, but did not identify these experiences as violence. Notably, in Barbados, individuals under the age of 16 are not legally able to consent to sexual activity, while in Trinidad the age of consent is 18. Therefore, such activity may result in perpetrators being prosecuted for statutory rape. Eight respondents described economic violence (4 MSM, 4 transgender women); most often, this included being thrown out of their homes by family or receiving threats to be thrown out. A few other transgender women described being blackmailed because of their gender identity. Finally, only three informants stated that they did not experience any violence during this time (although one later answered "yes" to two checklist questions indicating that they did in fact experience emotional violence in this setting), and one respondent stated that he did not want to answer the question.

Participant: It's a bit sensitive subject to deal with because going back in my childhood does be a bit emotional...

Interviewer: But you did, but you did experience abuse?

Participant: Yeah. I did. I did experience some sort of abuse by male relatives. Sadly. Yeah.

Interviewer: What about um, encouraging others to commit violence or?

Participant: I think by not sitting down and discussing it mother to father to brother to brothers because there was instance where my dad actually found another relative on top of me. I don't know how he can't remember that. And he took the relative off of me. They discussed it in the morning because I was much younger and they did nothing to help me. In terms of discuss that situation with me or where do we go from here.

Interviewer: So they just leave it like hushed?

Participant: Like just throw it under the rug. I think you understand how serious that could be...

Transgender woman, Trinidad

Participant: Walking home from school. Walking home from school, ummm.... A group of guys..umm... standing up by the side of the road like they were liming [hanging out] or something. When you walk they would just, one in particular would say, "Walk like a man" or "Stop swaying your hip like that" or something like that. Yeah maybe about 14, 15 years old.

Interviewer: Were there any consequences for you coming out of that experience?

Participant: Ummm. I tried to change my walk. Yeah. Yeah I would be practicing in the mirror. That would be the consequence I guess.

MSM, Trinidad

SEX WORK

Of the respondents reporting they had ever engaged in sex work (15/15 FSWs, 7/20 MSM, 5/15 transgender women), all reported having experienced violence from clients during sex work (15/15 FSWs, 7/7 MSM, 5/5 transgender women). The most common type of violence was emotional (8/15 FSWs, 5/7 MSM, 2/5 transgender women). This included clients calling them names, insulting them, making derogatory comments, and arguing with them. Two participants (1 FSW, 1 transgender woman) also reported threats of physical violence. Triggers for verbal abuse and threats include disagreements over when and how much to pay for sexual services, disagreements over condom use, and sex workers' refusal to engage in certain sex acts.

Economic violence was also commonly reported by participants. Twelve participants (6/15 FSWs, 3/7 MSM, 3/5 transgender women) reported clients refusing to pay for services, refusing to pay in advance, or wanting additional time with the sex workers for no payment. Two participants (1 MSM, 1 transgender woman) reported clients stealing from them. Three participants (1 FSW, 1 MSM, 1 transgender woman) reported blackmail or attempted blackmail by clients. Eight participants (3 FSWs, 2 MSM, 3 transgender women) reported physical abuse from a client including being choked/strangled, hit, clients being rough during sex, being locked in a client's home, threatened with weapons, and being forced to use drugs. Two transgender women reported that clients left them in an isolated or dangerous area. Seven sex workers reported sexual violence from clients (5 FSWs, 2 MSM, 1 transgender woman). This included rape, being forced to engage in sexual acts they did not want to and being forced to have sex with multiple partners. The most common triggers for violence included disagreements with clients around condom use and client drug or alcohol use.

Interviewer: Have you ever been raped or sexually assaulted?

Participant: I've been in positions and spots that I just wish I could've, a hole could open and just take me away from that spot and before... Remember you have to be smart. You have to be intelligent because most of these guys is actually under some sort of drug or alcohol or ...you know a kind of thing.

Interviewer: So, that's the client you are speaking of?

Participant: Definitely, so they drinking, so...alcohol is everything so, when...you realize what it is going on, if you smart you will try not to make them get angry.

Transgender woman, Trinidad

Participant: Well, many years ago...I went to the room with a man and then the man paid for his service and the hour of the service ended and he did not finish and he wanted to continue. So, I was telling him that's enough, that it was time to leave and he did not want to go out and then I was there telling him to come out and he did not and then he grabbed my neck to choke me...

Interviewer: Yes?

Participant: And he wanted to choke me... and he threw me to bed and wanted to kill me and I was shouting but nobody listened because of the music and stuff. Then the lady who writes the tickets realized that I was taking too long and knocked and nothing and knocked and nothing. Then security arrived, broke the door and saw that I was choking, dragged him out, beat him and an ambulance had to come to save me....

Interviewer: Yes?

Participant: I was dying, he was killing me.

Female sex worker, Trinidad

Interviewer: As a female sex worker, could you comment about a situation in which you have experienced violence or discrimination on behalf of your client?

Participant: Yes, sure. Well, sometimes there are brute men and louts that abuse. When you go to the room with them, they want to rape, they want to hit and then, well ... it is your own body. One has to defend oneself. Always it happens. Most of the time.

Female sex worker, Trinidad

Clients...think that [sex workers] are no better than just someone to have sex with, it cannot be any better than that or they cannot get any better than that so they already...automatically place you at a level right, that you know there's no room of growth or improvement or you becoming somebody in a monogamous relationship nothing like that. They don't see, they don't see you with much value, they don't view you with much value, right? So, they do what, they have to do and they pay and they leave. Some may try not to pay and go you know? So, when they get their satisfaction they may even try to be bold and leave without paying right which of course will disintegrate into a feud between both parties you know.

MSM, Trinidad

Interviewer: As a sex worker can you tell me more about a violence or discrimination you have experienced from someone you worked for?

Participant: Well when I work for my pimp, I must make a certain amount of money. If I don't make this money and bring it to him, he like literally get vex or literally abuse me, and would send me out for more hours until I make this money, nor I can't go home.

Female sex worker, Barbados

Violence perpetrated by sex work coworkers was reported by 16 participants (11 FSWs, 2 MSM, 3 transgender woman) and included physical and emotional violence most commonly related to competition over clients. This included verbal aggression, criticism, insults and name calling, as well as physical attacks. Three participants reported economic violence from someone they work with including being blackmailed or having other sex workers demand money to allow them access to their working location.

Violence from someone for whom participants worked in a sex work setting was less common, reported by 7 participants (5 FSWs, 1 MSM, 1 transgender woman). The majority of participants reported not having worked for someone with a few others reporting having worked for someone but not experiencing violence from them. Of those reporting having worked for someone and experiencing violence, the types of violence varied by country. In Barbados, FSWs reported being forced to make a certain amount of money; while in Trinidad, one FSW, one MSM, and one transgender woman reported emotional violence, and one FSW reported physical violence from a supervisor.

PARTNERS

Violence perpetrated by intimate partners was reported by 15/20 MSM and 11/15 transgender women; FSWs were not asked this question, as recommended by the Regional Technical Advisory Group. The most common type of violence from partners was emotional; mentioned by 26 participants (15/20 MSM, 11/15 transgender women). This included partners who controlled their movement or communication, yelled or were verbally abusive; or participants were shunned or avoided by cisgender partners in public settings. Physical violence was reported by 10 participants (6/20 MSM, 4/15 transgender women) and most commonly included being beaten, hit, or kicked by “aggressive” partners due to jealousy. Three transgender women reported being hurt with weapons including being burned or cut with knives; one reported her partner sliced her throat. Sexual violence was reported by six participants (4/20 MSM, 2/15 transgender women). This included being raped or pressured to engage in sexual activities in which they did not want to participate. Finally, four participants (3/20 MSM, 1/15 transgender women) reported economic violence. In Trinidad, participants reported having partners who used housing and bill payment to control them while in Barbados one person reported a partner stole a phone. Violence was often triggered by jealousy and fear of being outed. Eleven participants (6/20 MSM, 5/15 transgender women) also reported positive experiences with partners, most commonly companionship and having fun. One transgender women reported being happy that her partner was willing to move in with her even though people might have suspected they were in a relationship.

Interviewer: Alright so reflecting on what you just told me, uhm, can you tell me a bit more about the moderating your social media and controlling who you interact with?

Participant: Ok, yeah. So, the person I was officially with at that time, he was like insecure and he does just figured that every guy or friend that I have, I am cheating on him with. And at times, if I'm just sitting there with him and someone messages my phone he would try to get my phone to see who it is that's messaging me, whatever it is they are saying and stuff like that. Yeah.

MSM, Barbados

Interviewer: So, what I've been hearing you're saying, shunning you, like not speaking to you, uhm, what do you see that as, do you see that as a form of, uhm, as stigma or discrimination?

Participant: I see it as a form of stigma but not the person doing the shunning stigmatizing me but rather it's the result of stigma from society because interacting and associating with someone who is basically a pariah being transgender most people in society are quick to harass you, quick to judge and so they would expect that nobody who is quote unquote "normal" should be seen interacting with the likes of me...This was a partner. It was a case where they told me beforehand, they said "Ok, I come to your house and we can hang out we can have sex whatever, but when you see me in public don't say hi to me, especially if you see me around my co-workers or my friends. Don't say hi because they don't know, and I don't want them to know."

Transgender woman, Barbados

Interviewer: Well, tell me about the both of them, Yeah.

Participant: I was with this elder person, and he didn't want me to use a phone, he didn't want me to have friends and stuff like that. It was real bad. I can't go to parties, it was like...a chaos, I went like...honestly, beating on me. Yes, and it was real bad and I...I was...I was taking it because umm...I didn't know...I didn't have anywhere else to go. I didn't have any other else plan. I didn't plan anything. I didn't know what...which move to make or whatever because at that time, he was helping me through...helping pay my bills and stuff like that and I was actually living with him.

MSM, Trinidad

STREET/PUBLIC SETTINGS

Violence perpetrated on the street and in other public settings was very common among respondents, but particularly among MSM and transgender women. In total, 37 respondents described experiencing violence in this setting (8/15 FSWs, 16/20 MSM, 13/15 transgender women). Most frequently, respondents experienced verbal harassment or discrimination including people making rude or discriminatory comments to them about their occupation or appearance, or name-calling for similar reasons. These comments were often made by passersby on the street, and frequently centered around discriminatory attitudes toward respondents' occupation as sex workers, or their gender expression or sexual orientation. A few respondents received threats of violence while in public spaces and were told not to come to certain areas. Members of all three respondent groups reported that verbal harassment was a common feature of their lives and mentioned that it happens "all the time" or "always." Physical violence perpetrated against transgender women was particularly common, but was also mentioned by a few FSWs and MSM (n=14 2/15 FSWs, 3/20 MSM, 9/15 transgender women). Respondents described being attacked with objects and weapons, sometimes sustaining injuries requiring medical attention, and were typically targeted by boys or men in

groups, often at night. Physical violence was almost always accompanied by verbal harassment. Sexual violence, including sexual assault and attempted sexual assault, was less common in this setting and was reported by only two respondents. A few respondents described other experiences including vandalism or damage to personal property as well as harassment and discrimination while using public transportation.

So, most of the times sometimes you just get an unexpected busted head or you know because somebody just don't like "bullerman" [derogatory term for men who have sex with men] or whatever the case would be, you know. And that is how these countries came about on my head you know, scars defending certain things, you know. Like I got I had to stop a stab this here. I had to stab the person but how I did it could a get a murder charge because again it is either do or die and then and there I said you know what I need to walk with a knife be prepared because you don't [know] when it's coming, and you know and that is just what I told the magistrate. The critics out there you don't know when they are coming to attack you for the person you choose to be you know so. I don't know. Yes, we faced a lot of discrimination and violence.

MSM, Trinidad

Well the, public humiliation, that. That always occurs. As I say, you hear statements coming from people. Discrimination, he-she, you in the wrong place. Certain statements that would make you uncomfortable. So that is basically that. Physical violence, that more happens at night. Um. Isolated events though. I can count about four times. Besides. And um. Some was just physical meaning with the hands and one time, I was um... attacked with a bottle. But it wasn't that serious but yet it was physical.

Transgender woman, Trinidad

My experience would have been when me and two of my co-workers we were attacked at the gas station, we went for gas and some guys who saw us at first, they thought that we were females and then they shot at us and all that stuff, it was crazy and it happened so fast because then the staff at the hotel, at the gas station, they opted not to assist us so we had, it was really, really crazy. But eventually we managed to get the police to come and then the police came and then the police would not cooperate and they give us attitude but there was one police girl who went to school with us and she took our statement and everything, because all the other police officers who came decided they had nothing, they wanted nothing to do with it but we got it worked out and we got in contact with the correct people and we were able to prosecute the guys and the guys did time and all that stuff but that was a horrific time for me, I would never forget it, it was bad for me and my friends

Transgender woman, Barbados

Interviewer: Okay. Just share an incident that you clearly remember with me.

Participant: Well, where I used to live some of my neighbors used to look down on me because of what I do, as a sex worker, and when you hear the shout now [realize the truth] they do the same thing but privately.

Interviewer: So, they would like say things to you or so?

Participant: Drop nasty comments, like amm, like for example, like if they ask me for, they would ask me for money like to buy something, I be like, I am currently broke and the lady was like, "how a whore like you could ever be broke" I be like you really trying to piss me off. But anyway, I used to keep my distance or yeah, I just know that people talk about me.

Interviewer: What was the consequences for you, like, I mean experiencing these verbal abuse and stuff? What was the consequences for you?

Participant: I felt really bad because it is not good to judge someone who you don't know and no one is perfect and if there was another way out in life I would not be doing.

FSW, Barbados

Twenty-three respondents, predominantly MSM, (5/15 FSWs, 13/20 MSM, 5/15 transgender women) reported feeling safe in their communities. Respondents reported feeling safe because their neighbors knew and accepted them, their neighbors did not know that they did sex work or that they were MSM or transgender women, or that people minded their own business in their neighborhoods. One FSW reported feeling safe because she lived with two other women from her country and they all look out for each other. Fifteen respondents described not feeling safe where they lived (4/15 FSWs, 4/20 MSM, 7/15 transgender women); many of these felt judged or threatened by their neighbors or had experienced or heard of violence happening in their communities. Eleven respondents (7 MSM, 4 transgender women) felt that violence or discrimination was perpetrated by gangs, or other groups of people that were like a gang.

HEALTH CARE

A total of 27 participants experienced violence in health care settings (8/15 FSWs, 11/20 MSM, 8/15 transgender women). The most frequent type, emotional violence, was reported by 26 participants (7/15 FSWs, 11/20 MSM, 8/15 transgender women), and was slightly more common in Trinidad. Most commonly emotional violence was perpetrated by health care workers, typically nurses, and included insulting clients, treating them disrespectfully, laughing at them, yelling at them, or discriminating against them. Some participants reported more passive discrimination in the form of being whispered about or stared at, or being made to feel “invisible” by health care workers. One FSW reported that people watched her “like you’re a big scornful mole that no one [...] wants to touch.”

Participants also reported that when health care workers, again most commonly nurses, would talk about them they feared that their private health information would not be kept confidential. One transgender woman said that she felt she “will never have a fair chance at accessing health care.” Less commonly reported types of emotional violence included having to wait longer than others to receive health services, being discriminated against by other patients, and being scolded by health care workers. A few participants reported how health care workers did not listen, and instead dismissed their health concerns or lectured them about their sexual orientation or gender identify. One MSM in Trinidad reported a health care worker threatened to kill him. Human rights violations were reported by three participants (1/20 MSM, 2/15 transgender women) who received inadequate health care services, were denied access to their health care records or, in one case, told they could not donate blood. One transgender woman in Barbados shared her experience of a “very aggressive and very negligent” doctor leaving underqualified staff to stitch her wound unsupervised, resulting in the stitches having to be done three times. The experience made her feel “like garbage, like how somebody discard something and just left it here,” and “was a bit sad because [...] my mother [...] don’t understand why them being so cold.” A few participants reported not experiencing violence or discrimination because they avoided going to health care or went to private health care.

Interviewer: Like because you are, because you are a sex worker, how would them treat you? Things like that. Do you experience any discrimination or violence while being there?

Participant: Yeah, they look at me like if I'm not worthy.

Interviewer: Can you tell me a particular time this would happen?

Participant: Like, almost all the time.

Female sex worker, Barbados

The gossiping for one, is the one that stigmatizes you and gives you a feeling of unacceptance. It makes you believe that you will never have a fair chance in accessing healthcare. At times, it can particularly embarrass you and the gossiping, also puts you in danger because this way of life is not accepted totally, but very partially, in this country and, in my opinion, gossiping can reach wrong places where you can be victimized with violence because of your sexual preference.

Transgender woman, Trinidad

No but, I have been, in going to do blood...kind of felt that, you know, you pass down a corridor and they are nurses or whatever that are kind of snickering or...gossiping. And then again in the first place I went to, I remember that, umm, nurses from somewhere else came over to do something. And you could tell that by the way they moved that they wanted to get in and out of there as quickly as possible. As if all of us that were there were dirty. They talked only to themselves. They kind of kept eye contact only with each other as if somehow if they didn't see us it meant they were invisible as well. I was very, very conscious of that.

MSM, Trinidad

Interviewer: Is there anything else that we didn't cover here, in terms of this list?

Participant: No. Not really, but I mean like, in, I guess it's one of the questions from before, uhm, in terms of giving people preference over me, like one time I was by a doctor and they made everybody else come, they have numbers, and when they call my number they realize it was me and they were like no and call the other girl next to me and make sure I was the last person in day before they deal with me.

Transgender woman, Barbados

Well, in one instance, when I picked up syphilis and I went for treatment, I was advised...by a doctor, ok, well, he was professional, he told me he said you know, he understood what I was going through and he said well you know, this lifestyle, he say, well you know, you supposed to not, you know, not, having sex with men and all this kind of thing.

MSM, Trinidad

POLICE AND JUDICIAL SYSTEMS

Violence from the police was reported by 32 participants (10/15 FSWs, 11/15 transgender women, 12/20 MSM); this experience was almost equally common across both countries. Almost half (15) of those reported human rights violations in the form of being denied services, being chased out of police stations or not being taken seriously due to their sexual orientation, gender identity, or profession (2/15 FSWs, 8/15 transgender women, 7/20 MSM). The other types of violence reported by participants were largely different in the two study settings. In Trinidad, the most common other types of violence or discrimination perpetrated by police included emotional violence in the form of verbal harassment or negative comments (n=16; 4/5 FSWs, 6/7 transgender women, 6/8 MSM). Four participants in Trinidad reported police stole

money from them (2/5 FSWs, 2/8 MSM); four reported physical violence (3/8 MSM, 1/7 transgender women), and three reported police attempted rape (2/5 FSWs, 1/8 MSM). In Barbados, four informants (3/7 FSWs, 1/5 transgender women) reported police soliciting sex or attempted rape.

A total of 20 participants reported having had experience with the judicial or prison systems (5/15 FSWs, 7/15 transgender women, 8/20 MSM). Eight of these (1 FSW, 4 transgender

Interviewer: Have they [police] not assisted you when you requested help? Let's say you were somewhere and ask for help and the police had refuse to assist.

Participant: Of course. The thing is that if something happens here with one client, the police.. one would never call the police because they are afraid of the police.

Interviewer: Have you been told that crime perpetrated against you is your fault?

Participant: Because of the job.

FSW, Trinidad

Participant: It made me feel really annoyed and it made me feel like the police were very negligent, they didn't care about my, uhm, well-being as a victim or it didn't make me feel comfortable or reassured in their, what's the word I'm looking for, in their ability to do what their motto say to serve, reassure and protect.

Transgender woman, Barbados

Interviewer: They, did they refuse to serve you when you want help?

Participant: Yes, police officers, umm...there's one time when a officer was harassing me at the station...and there was a particular officer that was there used to harass me every time because he was one of the arresting officers from the incident that happen prior to the bail and he used to be shouting "look the bandit, look the ole thief" and "look he coming in here" and I turned to the other officers and say "I would like to make a report of harassing against this officer" and he laughed and he said "no, I am not taking no report from you right, I'm not taking no bandit, from no report from no gay bandit or ole thief right against my colleague."

Interviewer: Right, did they ever tell you the crime against you were your fault?

Participant: Umm, they told me that whether you gay or not right, umm, if you innocent because you gay you guilty, one officer said that to me when we were arrested the first time.

MSM, Trinidad

Interviewer: As a sex worker, can you tell me about any violence or discrimination you have experienced from the police?

Participant: Yes. There was a time I went out with a client. We were involved in a conflict and I went to the police station to make my complaint, and the officer told me, if I wasn't out so late this wouldn't have happened, and he told me to come into the back to relay my statement, and he forced his self onto me also.

FSW, Barbados

Interviewer: As a transgender woman can you tell me about any violence or discrimination you have from the police?

Participant: Yes. When I was attacked recently I went to the police station and my face was cut open and I went in there and the police said stop bloodying up the place, don't let your blood get on the desk, don't touch the desk, and he signed the report form, chuck [dialect for push forcefully] it at me and then continue to do what he was doing, he didn't attend to me any other way. Because normally they are supposed to take you to the hospital when you come in there bloody or injured, and they did not.

Transgender woman, Barbados

women, 3 MSM) reported experiencing violence, seven of these were in Trinidad. Among those who reported violence from the judicial or prison systems, five participants reported sexual violence (2/3 MSM, 3/4 transgender women) in the form of rape or attempted rape by prison officers or other inmates. One transgender woman reported a judge tried to have sex with her partner. Five participants reported emotional violence including being threatened, harassed, stigmatized, gossiped about, or having difficulties when their gender expression and legal name did not match. Three participants (1 FSW and 2 MSM) reported human rights violations including being denied food or having their sentence extended or bail increased. Finally, one MSM reported physical violence when he was attacked by other inmates.

EDUCATIONAL SETTINGS

Forty-one out of the 50 respondents in Trinidad and Barbados were asked about their experiences of violence and discrimination in an educational setting; 23 of these (1/10 FSWs, 13/19 MSM, 9/12 transgender women) described an experience. Notably, one out of three transgender women in Barbados described experiencing violence or discrimination in this setting while eight of nine transgender women in Trinidad described the same. Similar proportions of MSM reported experiencing violence or discrimination in both countries (7/11 MSM in Trinidad, 6/8 MSM in Barbados). Seventeen out of the remaining 18 respondents stated that they did not experience any violence or discrimination in this setting; one additional respondent did not respond to the question.

Most of the violence and discrimination experienced by respondents was perpetrated by other students. Fewer respondents described teachers and other school staff perpetrating violence or discrimination. Additionally, a few respondents described a failure of school staff to adequately respond to the violence that they experienced, provide sufficient support, or validate their feelings. Nearly all violence and discrimination experienced by respondents was linked to their gender identity. Both MSM and transgender respondents described being targeted because they acted in traditionally “feminine” ways, were expressive or artistic, played with girls, or preferred toys targeted toward girls.

Emotional violence was most common and was mentioned by nearly every respondent who described an experience of violence or discrimination in this setting (n=21: 13/19 MSM, 8/12 transgender women). Notably, this represents all MSM and all but one transgender women respondent. Physical, sexual, and economic violence were much less common in this setting and were each mentioned by five or fewer respondents. Emotional violence most often took the form of harassment and bullying by other students; however, other experiences included facing harassment, discrimination, and attempted assault while using bathrooms; and teachers treating them poorly or treating other students preferentially. Physical violence was mentioned by five respondents, and most often included students picking fights with them, beating them up, or ganging up on them. This was often accompanied by verbal harassment such as being teased or called names. One MSM respondent also described being beaten by a teacher because he played with girls. Three respondents described other students bribing them or demanding money, while one respondent described sexual harassment by a teacher.

Well going to school in primary school, you know, and stuff like you will have the little name calling from children...you can't come out when in primary school because you are not sure of what you are, you know? But as you get older you will be sure of what you are. But you know like children now, whew... The worst problem is the children you know they will call you 'girl', 'Sheila', you know? Other things like that, but you learn to adjust because all of us is children. But as you get older and, you know what you want and you sure who you are. Hearing it from adults that is ignorant towards gay people it somewhat hurts at sometimes.

MSM, Trinidad

Interviewer: Ok, as a transgender woman can you tell me of any violence or discrimination you experienced before the age of 18?

Participant: Yes, a good few instances. Uhm, going back as far as primary school, there was a lot of teasing, a lot of name calling, a lot of bullying, even some instances of physical violence and this was at the time just based on the fact that I behaved in what people considered an effeminate manner and this was also when I was first identifying myself as female, so my teachers would have observed behaviors where whenever they segregated the class in boys and girls, I was always trying to get involved in the girls section of the class and I was also displaying a number of behaviors that was associated also with girls. It was a lot of name calling, a lot of bullying, there were even cases where we would be standing in line for something and one of the older students would literally pull me out of the line or push me out of the line and say oh you can't get in this like because you're a girl, even though there are other girls in the line, but when they said, "you're a girl" they meant it in an insulting context...

Interviewer: Ok. And what were the consequences for you?

Participant: The consequences, were there were teachers in most cases who didn't want to get involved unless it escalated to a matter of violence,, Let's say when I was being shoved by other students or even when other students tried to pick a fight with me, that was when the teachers would get involved, but almost always it ended with a call to my mother explaining these behaviors that I'm showing, and then my mother of course would get upset saying 'why are you behaving like this you are a boy you shouldn't be behaving like that.'

Interviewer: How did this make you feel?

Participant: Well, I found it to be an annoying situation because I was not being understood, people was not taking the time to understand how I felt and even for those who understood how I felt it was still this imposition of I should behave like a boy even though I don't feel like one so it was as if I was being forced to play a part that was not me

Transgender woman, Barbados

Interviewer: Can you tell me about your violence and discrimination you experienced in an educational setting?

Participant: Yeah. male teacher who would tell the students in school who I am and most of them like they would have to teach us but they didn't want to like 100% do it, like they were being supportive to a next student in our class.

Interviewer: In the same class? The support wasn't there for you?

Participant: Yeah. We would always have to be at the back and things like that. You understand. Even we bring our book to be marked. He didn't even want to touch it, he would push it back towards us. And he wasn't like that to next students.

Interviewer: Okay. Were you, did you ever been denied education? You feel that you were being denied education.

Participant: I feel like those things, like why my education is not so high now, is because of the way I was treated.

Transgender woman, Trinidad

RELIGIOUS SETTINGS

Slightly less than half (21/50) of participants in Trinidad and Barbados reported experiencing violence in religious settings (2/15 FSWs, 9/15 transgender women, 10/20 MSM) with transgender women reporting violence more often in Trinidad than Barbados. All participants who experienced violence in religious settings described experiencing emotional violence; this often occurred in the form of harassment, judgment, or condemning statements about the respondents' sexual orientation, gender identity, or profession; others described experiencing a range of intolerant behaviors such as negative comments or looks, gossiping, name calling, and being told to change their sexual orientation. In at least four instances in Barbados, participants reported that church members used religious beliefs or scripture to support discrimination against them. Additionally, seven participants described being excluded from church communities or activities due to their profession, sexual orientation, or gender expression (1/15 FSWs, 2/20 MSM, 4/15 transgender women).

Six participants (3 MSM, 3 transgender women) were threatened or forced to attend conversion therapy because of their sexual orientation or gender expression, which sometimes also included physical violence in the form of unwanted touching. Individuals who threatened or forced participants to attend conversion therapy included participants' mothers (n=2), a church member (n=1), a pastor (n=1), and an unspecified person (n=1). One MSM participant was forced to engage in conversion therapy at the pastor's home; one transgender woman described that her church tried to force her to do conversion therapy during a religious service, but she refused. Finally, four participants from Trinidad also reported experiences of violence or discrimination that took place outside of religious settings but in the name of religious beliefs, including conflicts with religious individuals or groups due to sexual orientation or gender expression. In all cases, violence and discrimination were perpetrated by pastors and other church members. Eight participants (1 FSW, 2 MSM, 5 transgender women) reported that their experiences caused them to stop attending religious activities due to feelings of exclusion and lack of support from the church; others described more generally feeling unwelcome or uncomfortable expressing themselves in their church.

So, I have experienced a lot, a lot of discrimination, not necessarily violence, but a lot of discrimination based on religion, because people see their religion as not accepting me...I think religious groups take real offence that I can pass as straight but choose to be with a man. I think they take real offence that 'cause I often hear, that thing "you can get in any woman you want boy". Well, I am like, but I don't want a woman, and they get really, really upset about that, and so in all of the other areas where there is not a problem I constantly bounce my head against it with religious types all the time.

MSM, Trinidad

Interviewer: Is there anything else that happened in church that we did not cover here that you felt was discriminatory, abusive, violent?

Participant: When you ask the question about what sexual, um, sexual violence I think, I was thinking about something...Wasn't necessarily violent. It was not violent. But there was a time I had to do some kind a, it was like a exorcist kind of something, well it wasn't exorcism, it was...like an anointing with oil and I had to put oil all over my body parts and be prayed upon but I had to be totally naked. And I had to put, well the pastor put oil all over me. And then the only part he didn't touch was my private. My private and my butt. That I had to do all myself. So.

Interviewer: You had to be naked?

Participant: Yeah.

Interviewer: This was done where?

Participant: At the pastor's home.

Interviewer: Who was there besides the pastor?

Participant: Just the pastor and I-

Interviewer: So, he made you take off all your clothes-

Participant: I was in a room, yeah.

Interviewer: And this anointing, was this in relation to your sexuality?

Participant: Yeah. It was to um, change me from, from being gay. Or liking men.

Interviewer: I find that's such an invasive procedure.

Participant: Yeah.

MSM, Trinidad

Interviewer: I am going now to ask you about violence and discrimination in the religious settings.

Participant: Ohhhhhh, great topic.

Interviewer: And yes. I know that you might have something to share on this...

Participant: Well, growing up in a Christian home one of the things that hurt me and haunt me a lot from the age that your mom carrying you to church and you hear the pastor saying all kind of negative...it not easy, you feel like you in a kind of hot seat and you feel like everything is pointed to you. So, I did stop going to church for a while. Not that I wasn't praying but it ain't easy being judged when they say you not being judged and they pulling everything from the bible so it comes to a point where you feel like, you are not welcomed. You know?...

Interviewer: What about being ostracized or excluded?

Participant: I, I, I excluded myself from the congregation because their doctrines connected to my religion to what I believe to what they are telling me, I couldn't sit down and take that.

Interviewer: You were harassed?

Participant: Is like, you ever hear a pastor preaching and every day, from, he just stick some Sodom and Gomorrah and homosexuality and all these things for at least five hours? Come on! You are not a fool. You understand? Meaning me. I am not a fool to sit down there and take all this shit.

Transgender woman, Trinidad

Participant: Just being a part of the pew, ummm, there's been a lot of violence being spoken to your ear. Or make you, or make you feel uncomfortable about expressing who you are or expressing what you feel, what other people who are around you, 'cause they have a negative, umm, not just feeling but concept or belief towards you so it makes you feel, I'm now thinking about it, it makes me feel uncomfortable. Even though it's a place I want to be. Even though it's a place I think would change me from, from um, one thing to the other, or may cause me to tame myself or taper my emotions. Now thinking about it, I realize I feel um, violated.

MSM, Trinidad

ECONOMIC SETTINGS

Relatively few respondents (13) described experiences of being treated unfairly in an economic transaction other than sex work, although a notably higher number of transgender women described having these experiences compared to FSWs and MSM (3/15 FSWs, 3/20 MSM, 7/15 transgender women). All experiences within this context constituted economic violence; a few also described additional emotional violence when interviewing for jobs. Ten respondents described being charged more than other people for the same goods and services, often mentioning that they “frequently” or “always” pay more than other people. Six reported that they were not offered employment, were paid less than their co-workers, or experienced other discrimination when looking for a job; some of these also described receiving discriminatory questions, comments, or uncomfortable looks while interviewing for jobs. Three described discrimination at banks, including being denied service or having issues accessing accounts using ID cards that had transgender women respondents’ previous male names. Violence was perpetrated by store owners, bank employees or potential employers. One transgender woman participant said, “People tend to, you know, not deal with you in the manner in which it supposed to be dealt with. You were always asked to accept things that you didn’t want to accept and to deal with situations because you didn’t want to deal with it.”

Interviewer: So...you were not given a job you were qualified for because people thought you were gay, do you tend to tell anyone about that or share that with anyone?

Participant: Not really. Umm, well I don't have anyone I'm really close to. I don't know. When ah had the job in the clothes store umm, I sort of talk to someone and he asked me if I was from Jamaica, I said yes and whatever. He said, oohhhh what can you do for us, I said I can wipe up the store and put up clothes because it is a clothes store and whatever and he said what it is you left Jamaica for. I say, why you asking all them question. He say to me, you left because you is a bullerman or whatever. And I just remain silent.

MSM, Trinidad

Interviewer: Were you ever asked to, like, where did you get the money or they didn't want to take the money to open an account or 'cause you couldn't claim...um...

Participant: For one example in terms of checking, check payments. Because you do get check payments also...your ID card two different names. So that's why you have to go into the bank and then they ask you why it is this check by so and so, your name compared to your name on your ID. So that alone is a transaction agreement by itself that you have to understand that they don't play with that.

Interviewer: So you had to go and tell them you were, you are a sex worker and you are a trans woman?

Participant: Yeah. Mmhmm, and when they see the individual steps in, you seeing female but you seeing a boy name.

Interviewer: And then they see your national ID.

Participant: So, think, think about it.

Transgender woman, Trinidad

Interviewer: *[Is there] anything you'd like to tell me more about and which you were applying for a job or you were working in an institution and because you were a trans person...they knew or they didn't know?*

Participant: *I didn't- I don't have the tangible evidence to prove that-*

Interviewer: *You don't but you always knew-*

Participant: *I always knew. I just didn't have the substantial evidence to prove it. But I knew based upon their actions and expressions. Facial expressions and gestures. I could vouch that with them that I was trans and you would see the "oohs" and the "ahhs" and the facial expressions. And you knew that you wouldn't get the job and they just didn't call.*

Transgender woman, Trinidad

Interviewer: *Have you experienced any of the situations detailed in the following: have you been charged a rent fee different than other tenants because you are a female sex worker?*

Participant: *Well, yes. In the place where I used to live, yes...it always happens like that. Because I am a female sex worker and because I am not from this country it is always like that.*

Interviewer: *For being Latin, then?*

Participant: *Mhmm...that...if you look for an apartment that is \$2500 you are told \$4500.*

Interviewer: *Yes.*

Participant: *It will always be like that.*

Female sex worker, Trinidad

OTHER STATE INSTITUTIONS

A total of 37 participants were asked about their experiences of violence from other state institutions including agencies issuing immigration, national identification cards, or passports; agencies that deal with child welfare, agencies that provide social services, or other groups (9/15 FSWs, 16/20 MSM, 12/15 transgender women), of these, 14 had experienced violence (2/9 FSWs, 2/16 MSM, 10/12 transgender women). Violence was more common among transgender women than other groups and more common in Trinidad. Violence most often occurred when participants were applying for national ID cards, at the Ministry of Foreign Affairs when applying for passports, at airports, or when applying for welfare. Emotional violence was the most common; experienced by 13 participants (2/9 FSWs, 2/16 MSM, 9/12 transgender women). It included name calling, invasive questions when seeking services or using official documents, being laughed at and threatened, or being forced to repeat security measures when traveling. For transgender women, discrepancies between their gender expression and the gender or name on their official documentation triggered the violence. One FSW was discriminated against and forced to wait outside for long periods of time when trying to get food vouchers for herself and her son due to her profession. Human rights violations were reported by one transgender woman who was denied welfare assistance while unemployed.

I was asking her the procedure and stuff and how to go about to get an ID card and she looked at me and her facial expression was like facial expression say “What de fuck?”, you know she did not say it, but her facial expression. And I looked at her instantly I just, my smile everything just changed and I just looked at her with a serious face waiting. Because I mean to say is something that eventually I got accustomed to waiting to hear ok “macomere” [derogatory name for a gay man], “bullerman”, faggot whatever the case may be. And she did give me the information, but she didn’t wanted to. So, she just give me a kind a quickly. And then eventually she left her desk and she went and she called the whole office. Well you know how the ID office is different areas for different sections, you know. And everybody came out and I was the like laughing stock and I was like the talk of that particular time in the ID card office. They call me “bullerman.” I just couldn’t care less, I came for my ID card. I dealt with that and I got out. Nobody didn’t portray violence or anything it was just more or less name calling and insultitive words. They did not want to deal with me. One said “Oh God. All you just and go and deal with that macomere?” I don’t want to deal with he, you know that kind of way?

MSM, Trinidad

Interviewer: ...you shared an experience about violence or discrimination from a state agency, if you are comfortable, please tell me, can you please tell me? ...about your passport and...

Participant: Yea, like...

Interviewer: ...government agency

Participant: like, like like when you go to, say you’re traveling...

Interviewer: Uh hm.

Participant: ...and you show your passport and they look at your sex and then they look at you and they go like “huh, well that’s a typo”...

Interviewer: Uh hm

Participant: ...you know. I think that needs to be dealt with because, because it’s, you, you are living as you, living comfortably within your skin and yes, you were (pause) born a certain way but this is you now...

Transgender woman, Barbados

SHARING EXPERIENCES AND SEEKING SERVICES

For each setting in which violence occurred, respondents were asked whether they shared an experience of violence and whether they sought any services, such as health care, counseling, legal support, police services, after the experience. Many participants reported sharing their experiences, often with a trusted friend, family member, or member of the LGBT community. Sharing with officials or counselors was extremely rare. Few participants, however, sought services after their experiences. Among those who did seek services, counseling (e.g., seeing a counselor, social worker, or support group), legal assistance, filing a police report, and health care (e.g., treatment of injuries) were the most commonly reported.

Interviewer: Did you share any experience of violence with a health care worker?

Participant: No.

Interviewer: Why not?

Participant: Because them does be the one who does most discriminate you.

FSW, Trinidad

Interviewer: Have you ever shared any those instances of violence that happen to you in prison or police with anybody else?

Participant: What happen in the prison? Yeah, I shared it with my personal person, my partner. I shared with friends... I spoke about it because I needed to speak about it. So that I think that was the question you was coming with because that is something I could not bottle, keep it inside because then I would want to hate the world or hate to speak to people because of what I experience in there...I needed to speak about it rather than to bottle it up inside and let people know what transpired in there and motivate young people, like my partner here, and other young people and my peers. Try and encourage them not to end up there. Cause not everybody is strong to face what I face...

MSM, Trinidad

Interviewer: Are there experiences of violence or discrimination from someone on the streets or in another public place you did, that you did not share?

Participant: Uh uh, no

Interviewer: You always share them?

Participant: Yes, I always... 'cause for me, to talk about certain situations, there're people out there in, under the LGBT or trans, who are LGBT that, that would need to know that somebody has been through it or need to know that somebody is there to help them or need to know that there is somebody there who cares and who would understand...

Transgender woman, Barbados

Participant: There was no support really because having to deal with the police, you never get what you want, you could always get what they want but, you won't get what you want them to do.

Interviewer: Did you seek any services like health care, counseling, or legal support; or even reporting the situation to another police?

Participant: Not really. No, I didn't. I just know that there wasn't going to be very much help so I just never did.

Transgender woman, Trinidad

Around 20 percent (11/50) participants reported they had ever been asked about their experiences of violence from a health care provider, and only three reported they shared an experience with one of these being a provider at a transgender-friendly health care clinic. Those who did not share reported it was because of a lack of trust with health care providers. In Trinidad, participants reported that health care workers were common perpetrators of violence so they could not share with them.

Although only 11 participants reported they had been asked about violence from a health care provider, 30 reported they wanted to be asked about their experiences of violence. The most common reasons were to get help or referrals and to show that health care workers cared. Those who did not want to be asked reported a lack of trust with health care providers. Participants emphasized that they wanted to be asked about violence if the question was confidential and appropriate.

Desire for services to address violence was common; 29 participants reported wanting services to address violence. The most common was counseling/psychological services/support groups. A few people mentioned strengthening links between the police and health care workers. In Trinidad, participants reported wanting health care services, support from health care workers, and safety and privacy when accessing all support services.

Interviewer: Are there services you wish you had access to in order to help you deal with the violence and discrimination that you have experienced?

Participant: Of course, like they were support groups and so on where you could not feel so separated from everybody else and feel like you are the only gay person on earth, I suppose you would be better able to cope or handle it.

MSM, Barbados

Interviewer: Ok. What more could health care workers do to help you cope, uhm, with violence or discrimination you have experienced?

Participant: I think health care workers would have to be more tolerant themselves; they would have to be very, very sensitive to your situation, to you as a person, to not judge you but in turn to understand what you're going through and to identify with you and in turn you can communicate with them better and they can help you and then you can pass that information on to anybody else who if they've been in the same situation, so that would be a good thing for them to do that.

Transgender woman, Barbados

Interviewer: What more can a health care worker do to help you cope with violence that you have experienced and why this would be helpful?

Participant: Show understanding and to show sex workers that someone out there interested in their well-being and that they are not alone and that they willing to help.

FSW, Barbados

Interviewer: If you were going to a health care provider, would you wish for them to ask questions about violence when they see you as a client?

Participant: I would say yes.

Interviewer: Uhm, why?

Participant: Because as I said before then they would be able to provide help to the people who don't know where to go for psychiatric help or anything like that, if they need legal services or if they need uhm, some sort of like, psychologist, they would direct them to somebody who is, who will help them, because if you just ask the random person on the street, they wouldn't know.

MSM, Barbados

Interviewer: What more could health care workers do to help you cope with violence, with the violence that you would, you have experienced? What, what am, you think they could do?

Participant: Just support.

Interviewer: Uh hm.

Participant: Support and give love. Cause sometimes people just need an ear, they may need a hug,

Interviewer: Uh hm.

Participant: They may need secure...feeling secure

Interviewer: Sorry about that. You were saying love, support?

Participant: Like I said, love, support, am, providing a space, providing a, like, like make...yes you are a health care provider but also coming to you I should feel secure.

Interviewer: Okay.

Participant: Security, you know, 'cause I, I mean, I shouldn't be coming to you and looking around. I should be coming and saying you know what? I'm going to a place I can just breathe and scream and you know, just, just feel loved.

Transgender woman, Barbados

IMPACT OF VIOLENCE

Participants were asked to share how their experiences of violence had affected them. Seventeen informants (3 FSWs, 5 MSM, and 9 transgender women) reported negative emotional consequences of the violence they experienced, such as low self-esteem, self-consciousness, and feelings of inferiority, sadness, anger, and aggression. Eight participants (2 FSWs, 3 MSM, 3 transgender women) reported severe mental health issues including depression, suicidal thoughts, or suicide attempts as a result of violence. Some MSM and transgender women (3 MSM, 3 transgender women) reported feeling unsafe or worried about going out in public or changing their appearance or mannerisms to avoid violence. Three participants (2 FSWs, 1 transgender women) from Barbados reported that past experiences of violence had left a physical impact on them.

A few participants reported they have learned to cope with violence and some (6 MSM, 3 transgender women) reported violence made them feel stronger or taught them important lessons. Very few reported that violence did not have an impact on them, or they did not want to share the impact of violence on their lives.

Interviewer: If you feel comfortable sharing, can you tell me about the ways you have been affected by violence or discrimination you have experienced?

Participant: I have been affected emotionally and physically...emotionally it has make me a little more guarded, and a little more reluctant and hesitant to leave home during the day and night. And physically I have had to spend a lot of money at the doctor to alter scars and other treatments to get physical attack reminders off my body moved.

Interviewer: How do you think experiencing violence or discrimination has affected your mental or emotional health?

Participant: It has affected my emotional and mental health drastically because where I was filled with confidence I have become a pinch of insecurity.

Interviewer: Ok. And when you say insecurity, what...

Participant: Insecurity in terms of being, feeling less safe in public, places that I would constantly frequent, I don't feel safe or comfortable, I'm always looking over my shoulder, or would not go out without a partner, a friend, a group of people so I don't feel so vulnerable.

Interviewer: Ok, and relating to your confidence level now?

Participant: Confidence level varies from really high to relatively low at times.

Interviewer: Ok, and the highs are?

Participant: The highs are when I dress up to go out to dinner, or hang out with friends, movies, or even when I'm home and I dress up and I look in the mirror. But from the time I have to go out for extended periods my confidence slowly dwindles to negative zero.

Transgender woman, Barbados

Interviewer: How do you think experiencing violence and discrimination has affected your mental or emotional health?

Participant: It affects me up to this day in a way that I don't show it but it does because it put me into a shell and it lowered my self-esteem and sometimes I don't even feel like a, I feel less than a woman because I don't, me personally, sometimes I don't have no hope, there is no escape, it's like a bond, I mean like a prison you can't get out of.

FSW, Barbados

Interviewer: I would like to hear about your experiences in your own words, if you feel comfortable sharing, can you tell me about ways you have been affected by violence or discrimination that you have experienced?

Participant: It used to got me feel bad, it use to make me go in a shell, used to make me want to be by myself and make me isolate a lot, you know what I mean? One time it used to got me feel left out, lost, like nobody don't care for me, that's how it used to got me feel.

MSM, Barbados

...The discrimination it has made me wiser, made me stronger and in the sense of I have become more aware of who I am, my worth, what I am here to do, I believe me as a person I am here not just to educate but to inform and to allow people to understand that I too am a human being, I too have rights, and I am here with a positive intention and to do positive things.

Transgender woman, Barbados

HIV RISK

The perception that the risk for HIV is increased due to violence was not very common; 10 respondents felt their experiences of violence had put them at risk for HIV (3 FSWs, 2 MSM, 5 transgender women), while 27 felt there was not a connection (9 FSWs, 11 MSM, 7 transgender women). Transgender women were slightly more likely to see a connection between violence and HIV risk. Common reasons cited for perceived risk of HIV included whether or not participants used condoms and their selection of partners. Very few participants made a direct link between violence and HIV risk. Discrimination, mental health issues resulting from violence, difficulty in moving in public spaces, and challenges accessing police or health care services, including HIV prevention opportunities offered through peer outreach workers, were not mentioned in relation to HIV risk.

COUNTERING VIOLENCE: POSITIVE EXPERIENCES AND FEELING SAFE

Of the 26 people who were asked whether they had positive experiences to share, 21 reported they did (6 FSWs, 9 MSM, 6 transgender women). The most common themes were accepting themselves and building self-resolve—mentioned by eight participants (1 FSW, 4 MSM, 3 transgender women) and having close relationships with their families, friends, partners, and

Participant: The only thing that I could think of that help me to think positive via being discriminated is my children gives me hope sometimes and I tell myself I deserve better and if God has brought me this far he can continue to help me.

FSW, Barbados

Participant: Uhm, positive experiences mainly amongst friends. Like I said having a support system of friends where if there is something that is bothering you, you can talk to them and you can get advice one way or another, even if it is that you're talking just to vent and they're there to listen.

MSM, Trinidad

Interviewer: Are there any positive experiences that you would like to share?

Participant: Yeah. I am comfortable with who I am. I love who I am. I love the life that I live, and I hope that things would get better for us as trans women.

Transgender woman, Trinidad

children. Four participants (2 FSWs, 2 MSM) mentioned coming out to family members as a positive experience.

Forty-six participants were asked whether there was a place they felt safe; 39 named one or more places that they felt safe, while seven said they didn't feel safe anywhere. The most common place that participants said they felt safe was at home. For many, this was the *only* place they mentioned feeling safe. Some felt safe at home because someone else was there (children, roommate, sibling, family, neighbors). However, two transgender women said they felt safe at home because they were alone. Two FSWs said that they feel safe at home because no one knows where they live.

Participants described home as their “sanctuary,” “my domain,” and “a man is comfortable in his own castle.” A few transgender women said they felt comfortable at home because they could relax and be themselves. Others mentioned relaxing activities they like to do at home such as watching nature, listening to music, and drinking alcohol.

Participant: *I am an entertainer but the minute the show is over I go back into my space. I like my own company so that's where I am at my happiest and comfortable because it's me. I get to exhale and to relax and to just breathe and not have to be pretty or not have to be all that. I can just be me.*

Transgender woman, Barbados

The second most common response was that participants felt safe when they were with other people, whether at home or elsewhere. The people they mentioned included family, partners, children, friends, roommates, and peers. Sometimes they spoke about safety in terms of being able to protect each other from violence when they were together; one MSM from Trinidad said: *“When I go out with my friends, they make sure that we're there together so...nothing really happens.”* But more often they spoke about others making them feel safe in terms of feeling loved and supported; a MSM from Barbados said: *“My friends make me feel safe because they are amazing people and they just support me whatever I do.”*

Interestingly, several (7) MSM said they felt safe anywhere/everywhere (3 from Trinidad, 4 from Barbados) including at their job and on the street; no FSWs or transgender women said this. Four MSM attributed this to not being able to be identified as being gay.

People who said they don't feel safe anywhere or don't feel safe in public were mostly from Trinidad (9/12), and mostly transgender women (7) or FSWs (4). They were afraid of crowds, having to look over their shoulder to see who is coming, feel like they are being watched, and talked about being “always in anxiety mode” and “paranoid.” They said there's always some form of disrespect or discrimination in public, and one even feared being killed. They also noted that public institutions made this worse, either because they were afraid of immigration officials coming after them or because when they tried to access help, they didn't receive any. A few people from Trinidad made comments about how “the country is in a mess” and is generally unsafe.

Interviewer: I have asked a lot about experience on violence and discrimination. Is there anywhere that you feel particularly safe?

Participant: When I'm home.

Interviewer: Why?

Participant: 'Cause I know when I'm home, I safe, nobody ain't coming where I is; they don't know where I live.

FSW, Trinidad

Interviewer: To you. Umm...I have to ask a lot ...Umm...a lot about your experience on violence and discrimination...Is there any place you feel safe? Anywhere that you feel particularly safe? Where do you feel safe?

Participant: To be honest, the onliest [sic] place I feel safe is in my home because there is always some form of level of disrespect, discrimination, something, anywhere you go in the public.

Interviewer: Public right? So you think that the public is your biggest enemy?

Participant: Generally speaking, the public, any part of the public you go, there must be somebody to trouble you, to heckle you, to call you names, might be to bully you...according to where you go, what time, if it's at night ...whatever...night time, lime or club you know.

Interviewer: Is there anywhere that you would feel safe?

Participant: Hmm, safe, out, I feel safe when I'm having fun, I feel safe in my friends, my friends make me feel safe.

Interviewer: Ok. Why do your friends make you feel safe?

Participant: Because they are amazing people and they just support me whatever I do.

MSM, Barbados

Interviewer: Umm...have I asked...I have asked a lot about the experience of violence and...violence and discrimination. Is there anything that you think that...is there any way you feel particularly safe?

Participant: Safe? I am very paranoid. I don't feel safe umm 100% anytime...I'm always looking out to see like if someone is coming to kill me because I received a lot of threats from people...so you don't know when...one of them going to actually fulfil their...

Interviewer: So so...there is a where...no place you feel particularly safe?

Participant: No. everywhere I go, there will always be somebody that will be hating on me and will...in this kind of threatening way.

Transgender woman, Trinidad

PARTICIPANT PERSPECTIVES ON ENDING VIOLENCE

Participants were asked what should be done to stop violence against their KP communities. Responses included changes at the societal, legal/policy, organizational, interpersonal, and individual levels. At the societal level, participants recommended raising the general population's awareness of KP issues to end or reduce violence. Of these, education, sensitization activities, and mass media campaigns were highlighted.

Most participants also identified the need for public policy changes including legally recognizing transgender people's gender identities, including on their ID cards; changing laws and work codes to recognize sex work as work; decriminalizing homosexuality, enacting civil rights and antidiscrimination laws; and repealing discriminatory laws to ensure that KP members can exercise their rights. Further, participants reported that laws should be enacted or enforced to criminalize and penalize physical, sexual, and verbal violence against KP members.

At the organizational level, participants reported that health care services need to improve through sensitization and training of health care providers and enacting rules to ensure that KP patients receive quality care. Similarly, police and others involved in the judicial system need sensitization on KP issues and attention to ensure they and other institutions (government, education, and religious organizations) treat KP members in a respectful and nondiscriminatory way and provide them with quality services.

At the interpersonal level, participants reported that their communities should address intracommunity violence and promote unity, respect, and support among their respective communities to end or reduce violence. Finally, at the individual level, participants expressed the belief that an individual's actions can end violence by working within the legal system, including following the law and filing reports against perpetrators of violence, and being respectful.

Interviewer: If you have one final message to share about violence or discrimination...against gay men or men who have sex with men...what is it?

Participant: Well I would say that hate in any form is just awful and that as I said because you don't understand a thing that does not give you the right to say that that thing is wrong, neither right nor wrong, if somebody wants to live their life they can live their life however they want as long as it is not infringing on your own way of life, so discrimination is wrong, hate is wrong, just let it go.

MSM, Barbados

Interviewer: In your opinion what should be done to stop violence and discrimination against homosexuals?

Participant: First of all, there should be a law for gays for equal rights giving the LGBT community the same, you know affording them the same right as the average straight person, and there should also have a law in place where anybody torments anybody physically abuse, or verbally ridicule the individual because of their sexual orientation will be a charge. It will be a serious criminal offense to do.

MSM, Trinidad

Interviewer Okay, if you had one final message to share about violence and discrimination that transgender women experience, what is it? (pause) So this is your message to the world.

Participant: Am, I would just say that am, transgender people are human beings also and we need to be treated with respect...

Interviewer: Okay.

Participant: ...and dignity.

Transgender woman, Barbados

Summary and Discussion

FSWs, MSM, and transgender women face violence throughout their lives from diverse actors and in all settings. Violence is committed both by those who they are closest to, such as family and intimate partners, and those who are obligated to provide them with protection and equal treatment, such as uniformed officers, health care providers, educators, and state institutions tasked with foundational services such as providing identification. While the type of violence and severity of that violence varies by context, KP members describe serious overall impacts on mental and physical health as well as their relationships, their economic stability, and ability to move freely. Some respondents talked about contemplating suicide and others referenced KP community members who had already been lost to violence.

This study shows that those who experience violence do often share that experience with others, most often family members and friends, but rarely seek services when violence occurs. The need to prevent violence and increase support to victims is clear, but this can only occur if they disclose that violence and feel safe seeking help.

From an HIV programming perspective, it is relevant to note that some individuals may not seek services because they do not see a connection between violence and HIV risk. Significant investment has been made in programs to talk with KP members about how to protect themselves from HIV or seek out care and treatment. Far less has been done, however, to educate them on the connection between violence and HIV risk, their legal rights, and available resources for preventing or addressing violence. Global and national statistics demonstrate that members of KP groups in Trinidad and Barbados face an elevated risk of HIV infection, and we know that violence, including but not limited to sexual violence, is linked to HIV risk, yet participants generally viewed their risk of HIV as low and saw only direct sexual forms of violence—such as being forced to have sex without a condom—as contributing to their risk.

Box 6. Study limitations

This study did not specifically explore how violence affects HIV prevention efforts, testing uptake, access to care, and adherence to treatment—important considerations for improving the health of KP members. FSW representatives in the Regional Technical Advisory Group stated they wanted to focus on violence in occupational and institutional spaces and did not want to ask about intimate partner violence or violence before the age of 18. Although this limits the data on FSWs, it is also a strength as it demonstrates the study's commitment to be responsive to the stated needs of KP communities. Further, FSW participants were provided a space to talk about intimate partner violence and violence before the age of 18 when asked about “other types” of violence. Study participants were selected through existing KP-focused community organizations. This convenience sample could have resulted in participants who were more likely to have access to services and other resources compared to those KP members who were not connected to community organizations. Finally, consistent with the intention of this qualitative research, the results reflect the experiences of study participants and are not necessarily generalizable to broader population groups in Trinidad and Barbados.

Other, more indirect, risks of HIV and impediments to accessing HIV prevention and care were described by almost all interviewees, but were rarely linked in participants' minds to HIV-related outcomes. These included relationships with health care providers, police, government officials, and religious communities marked by discrimination, stigma, and concerns over confidentiality; limited ability to report violence and receive services from police; potential harms to self-efficacy resulting from repeated experiences of violence; and risks of violence from merely occupying public spaces, which also physically obstructs KPs from reaching services. The collective impact of violence across the lives of KP members results in an environment that impedes their ability to seek help, hampers the development of relationships, and limits the honest sharing of information with those such as health care providers and others who should help prevent and address HIV infection.

While levels of violence reported by study participants are extremely high and few people report seeking help, many study participants did describe strategies for resilience and individual service providers, KP networks, or institutions who were providing much-needed support. KP members also offered ideas for preventing violence and responding to violence appropriately, including working with health care providers so that they can ask about violence and respond in a way that supports instead of shames victims, training police to limit the violence they perpetrate and allow them to serve KP victims, legal and policy changes for more protection and recognition of MSM, FSWs, and transgender women, and changing attitudes of the general public toward KP members. Finally, there was a clear cry for more psychological support for victims of violence.

Based on national working group insights, experiences from programs in other settings, and global guidance on violence and KPs (see Box 7), key recommendations for preventing and responding to violence against KPs in Trinidad and Barbados are to:

Box 7. Relevant global guidance on violence and KPs

2030 Agenda for Sustainable Development⁴³

In 2015, the United Nations General Assembly adopted a new Global Agenda for Sustainable Development consisting of 17 sustainable development goals (SDGs), two of which refer to the elimination of discrimination and violence: SDG 5 “achieve gender equality and empower all women and girls” and SDG 16 “promote just, peaceful, and inclusive societies.” Both address challenges for 2030 from a human rights and gender equality perspective.

World Health Organization Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations⁴⁴

“Violence against people from key populations should be prevented and addressed in partnership with key population-led organizations. All violence against people from key populations should be monitored and reported, and redress mechanisms should be established to provide justice.”

PEPFAR 3.0 Human Rights Action Agenda⁴⁵

“Success in our Human Rights Action Agenda is defined as: 1) expanded access to nondiscriminatory

HIV prevention, treatment and care for all people, including LGBT persons; 2) increased civil society capacity to advocate for and create enabling environments; and 3) increased gender equality in HIV services and decreased GBV.”

- Educate KP members on their rights, on what violence is, on the link between violence and HIV, and on violence response services that are available
- Explicitly discuss gender norms (including those related to sexual orientation and gender identity) and rights of KPs in community, health care, educational, and religious settings
- Integrate and co-locate HIV and violence screening and response services
- Train individuals and institutions that already work with victims of intimate partner violence, which usually target ciswomen in the general population, so that they can also support KP victims
- Train health care providers and psychosocial support providers to ensure they understand who KPs are, their specific vulnerabilities to violence and HIV, how to detect and respond appropriately to violence, including providing or referring to post-exposure prophylaxis in cases of sexual violence
- Create a mechanism to report and monitor the quality of health services
- Sensitize the police on violence, HIV, and human rights protections in national-level policies so they understand that violence against KPs increases HIV risk and they are violating the human rights of KP members when they mistreat or refuse to help them
- Set up crisis response systems to allow for immediate on-the-ground assistance, for example, a team of peer educators and paralegals that can mobilize trained service providers who offer health, psychosocial, and legal services

In Trinidad and Tobago and Barbados, it is essential to remember that those who are most marginalized—such as FSWs, MSM, and transgender women—require specific intervention and support. However, it will be impossible to effectively respond to HIV in Trinidad and Tobago and Barbados without addressing the violence they experience. Furthermore, any effort to strengthen the ability of police, health care providers, or other service providers to detect and respond to violence will not only benefit KP members but also other victims of violence whom they serve.

All nations have an obligation to protect the human rights of all its citizens. Through coordinated interventions that address both HIV and violence against KPs, Trinidad and Tobago and Barbados have the opportunity to improve both KPs' overall well-being and the national burden of HIV while respecting each individual's humanity and helping each reach his or her fullest potential.

Interviewer If you had a final message to share concerning violence and discrimination that female sex workers experience, what would it be?

Participant: Well, that, we should not be looked at as the worse and the well, we should be treated equal because we are all human being whether we are whores or female sex workers or whatever... We're all equal, all human beings.

FSW, Trinidad

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