

EQUALITY FOR ALL JAMAICA

2024 LGBTQ+ COMMUNITY EXPERIENCE AND NEEDS ASSESSMENT SURVEY

FINAL Version – March 8 2024

Submitted by Carla Moore MA, BA (Hons)

Researcher

Carla Moore MA, BA Hons. Primary Investigator

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ACRONYMS AND ABBREVIATIONS

BPO	Business Process Outsourcing
Cis	Cisgender
CSO	Civil Society Organization
EFAF	Equality for All Foundation Jamaica
HIV	Human Immune-Deficiency Virus
JASL	Jamaica AIDS Support for Life
J-FLAG	Jamaica Forum for Lesbians All-Sexuals and Gays (otherwise known as Equality for All Foundation Jamaica)
LGBTQ+	Lesbian, Gay, Bisexual, Transgender Queer and Others
NGO	Non-Governmental Organization
PTSD	Post Traumatic Stress Disorder
Trans	Transgender

EXECUTIVE SUMMARY

J-FLAG's 2024 LGBTQ+ Community Experience and Needs Assessment Survey is the second such engagement with the local community. The survey aimed to gather information about LGBTQ+ Jamaicans: their quality of life, experiences, goals, relationships, political aspirations and relationships with the environment. The information gathered in this survey is intended to provide evidence around the lived experiences of LGBTQ+ Jamaicans and guide Equality for All Foundation (EFAF), its affiliates, partners and other stakeholders.

This research utilized an intersectional qualitative and quantitative methodology that centred the inclusion of LGBTQ+ persons from diverse income, education, geographic, and class backgrounds, as well as disability status. Special emphasis was placed on the inclusion of LGBT persons residing in rural Jamaica.

The original survey tool was created in 2019 in conjunction with J-FLAG, Equality Youth JA, TransWave Jamaica and WE-Change Jamaica. Their leaders shared the priorities of their organizations which was used to develop the first draft of the instrument. Draft one was tested with LGBTQ+ persons in rural and urban Jamaica before settling on the final design. The survey was available in paper format but completed almost exclusively online.

The 2024 survey tool was developed based on the 2019 tool, and lessons learned while undertaking the first survey. Some sections were combined, and some questions collated to decrease the number of sections and increase coherency. In line with emerging issues affecting the community, the section on political priorities was expanded and a section on the environment and climate change was added. The tool was reviewed by J-FLAG and tested with focus groups in rural and urban Jamaica before settling on the final design.

The survey tool utilized a combination of closed and open-ended questions, along with scales to capture the information about respondents' lived experiences. Respondents were also given ample space to expand their responses. The survey was administered anonymously. However, a small cash incentive was available and those who wished to qualify were asked to submit a phone number or e-mail address. All information was only accessible to the primary investigator.

Very few questions were mandatory, and participants were allowed to withdraw from the survey at any time. A total of 320 persons participated in the survey with 320 completing it. The survey was administered between October 2023 and February 2024.

In order to increase uptake, the survey was advertised within J-FLAG's networks and mobilising partners were brought on-board. Mobilising partners were organisations with close ties to the LGBTQ+ community who could share the document within their networks. They included Queertego, Ashe, Safety Advocac Family Equity Jamaica, Cari-Trans Support Group Jamaica, Solidarity Yaad International, WE-Change and The Community Centre, Children First, Jamaica AIDS Support for Life, Jamaica Network of Seropositives, and Teen Hub. An independent mobiliser also worked with the research team and provided support with sharing the survey in diverse groups, and helping folks who might face literacy or other barriers.

In keeping with national demographics, the majority of respondents were from Kingston and St. Andrew (48%), followed by St. Catherine (27%). Most participants (47%) were from urban areas and secondary school was the highest level of education for the majority (50.3%). About 44% of participants were employed full-time, with another 22% being unemployed at the time of the survey. This is significantly higher than the national unemployment rate which was 4.2 percent at the end of 2023.

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The gender identities of respondents showed a decrease in representation of cisgender women (down to 28%) and an increase in representation of cisgender men (up to 40%) when compared to the 2019 survey. Non-binary representation remained roughly constant at 6%, and gender-fluid representation fell slightly to 6%. Representation of trans women or transfeminine persons increased to 24% while representation of trans men and transmasculine persons fell to 2%. Another 3% preferred to self-describe and 6% preferred not to say. Self-descriptions included 'agender', 'gender non-conforming', and 'not trans, but masculine presenting female'.

The sexual orientation of the respondents were as follows: 39% identified as homosexual, 22% identified as bisexual and 11% identified as pansexual and 13% identified as queer. Another 4% preferred to self-describe, 1% were asexual, and 3% were uncertain. Self-descriptions included 'demisexual panromantic', 'Queer, bi/pan romantic, Gray-Ace', 'I date women but have never been in a relationship with any', and several people who avoided labels. Overall the trends in sexual identity representation align with the 2019 demographics.

A question on intersex status was added with 6% of respondents indicating that they are intersex. There was also representation of persons with disabilities (5%) and neurodivergent people (17%).

There was representation of all gender identities and sexual orientations in the survey's respondents, as well as ability status, income and education level.

Most persons felt neutral about their life satisfaction in Jamaica (32%) while the number of people who were strongly dissatisfied with their lives increased to 27%. Most people strongly believed they could not meet their life goals (36%) or demonstrate their full potential (36%) while living in Jamaica. The most cited reasons for these sentiments include safety concerns, financial instability, stigma and discrimination and other barriers.

65% of respondents were interested in leaving Jamaica, a lower number than the 2019 survey. Of those persons interested in leaving, the majority wished to do so because of their sexual orientation or gender identity.

There was a slight increase in general feelings of safety between the 2019 and 2024 surveys with 37% of persons feeling somewhat safe and 15% feeling very unsafe (down from 21%). However the feeling of safety in specific areas showed some change. For instance, respondents were slightly less likely to feel safe in their private homes, public spaces and non-LGBTQ+ entertainment spaces. Family homes and LGBTQ+ entertainment spaces showed slight increases in perceptions of safety. Faith-based spaces remained unsafe for participants.

Violence remains a major concern for the community with 52% of respondents experiencing violence in the last 12 months and 83% experiencing violence in their lifetime. Verbal assault remained the most prevalent form of violence (62%). In keeping with the 2019 survey, family members and strangers were the most likely perpetrators.

In schools, 38% of respondents recorded experienced of bullying (down from 43% in 2019). An interesting trend evolved here: those who had been out of school for between 1 and 10 years were less likely to report bullying than those who were still in school or had left school within the last year. High school remains the most popular site for bullying and students the most likely perpetrators (98%). Parents and guidance counsellors were the least likely to know about bullying and friends were most likely to know about bullying and help.

As with instances of violence, students overwhelmingly did not report bullying because they did not believe they would get any justice.

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73% of respondents felt being only LGBTQ+ would affect someone's ability to get a job, in 2019 51% felt being openly LGBTQ+ had affected their ability to find work. In the workplace, co-workers were the most likely perpetrators of violence.

39% of respondents found it hard to form healthy romantic relationships and 34% found it hard to form healthy friendships. Trauma, lack of trust, societal pressures, and community dynamics featured heavily as barriers to healthy connections.

The majority of participants were uncomfortable undertaking activities such as going on dates and showing their partner affection in public. The least comfortable undertaking was raising children with a partner (42% uncomfortable) while living with a partner was the most comfortable (25% uncomfortable).

Sense of belonging within the community decreased between the 2019 and 2024 surveys with internalised phobias, pressure to conform, feeling misunderstood and classism and colorism among the negative factors. Acceptance, affirmation, supportive groups, common ground and shared aspirations were seen to support a sense of belonging.

Private health facilities remained the most popular site for accessing healthcare (77%), and about 19% of persons had accessed mental health services in the last month. It is important to note that 19% needed mental health support but did not access it for cost factors.

As it pertains to independence, there was an overall increase in the number of people who were regularly able to meet their basic needs without support – up to 62% from 43% in 2019. However, there was an overall increase in the number of people who experienced hunger but were unable to feed themselves without support between the 2019 and 2024 surveys. 34% of respondents had been displaced at some point in their lives.

Between the 2019 and 2024 surveys, an LGBTQ+ safe house was established in Jamaica (priority in 2019), however 70% of respondents remain unaware of its existence.

The political priorities remained constant across surveys with the repeal of laws that justify homophobic attacks remaining the top priority. About 67% of respondents were enumerated but only 32% had voted in the last (general) election.

With regards to the environment, 73% of participants had heard the phrases global warming or climate change but most (33%) did not know much about the topic. Access to resources such as food and shelter, healthcare and reliable transportation were perceived to be barriers for 40-45% of respondents, should they need to respond to a climate emergency. For another 27-34% sexual identity, gender identity, and the fear of being outed were significant barriers to responding.

METHODOLOGY

This research utilized an intersectional qualitative and quantitative methodology that centred the inclusion of LGBTQ+ persons from diverse income, education, geographic, and class backgrounds, as well as disability status. Special emphasis was placed on the inclusion of LGBT persons residing in rural Jamaica.

The original survey tool was created in 2019 in conjunction with J-FLAG, Equality Youth JA, TransWave Jamaica and WE-Change Jamaica. Their leaders shared the priorities of their organizations which was used to develop the first draft of the instrument. Draft one was tested with LGBTQ+ persons in rural and urban Jamaica before settling on the final design. The survey was available in paper format but completed almost exclusively online.

The 2024 survey tool was developed based on the 2019 tool, and lessons learned while undertaking the first survey. Some sections were combined, and some questions collated to decrease the number of sections and increase coherency. In line with emerging issues affecting the community, the section on political priorities was expanded and a section on the environment and climate change was added. The tool was reviewed by J-FLAG and tested with focus groups in rural and urban Jamaica before settling on the final design.

The survey tool utilized a combination of closed and open-ended questions, along with scales to capture the information about respondents' lived experiences. Respondents were also given ample space to expand their responses. The survey was administered anonymously. However, a small cash incentive was available and those who wished to qualify were asked to submit a phone number or e-mail address. All information was only accessible to the primary investigator.

Very few questions were mandatory, and participants were allowed to withdraw from the survey at any time. A total of 320 persons participated in the survey with 320 completing it. The survey was administered between October 2023 and February 2024

DEMOGRAPHICS

Data was collected from 320 LGBTQ+ persons living in Jamaica and at least 18 years of age. Prior to being released in its final version, two focus groups were held to review the survey and J-FLAG conducted a final review.

There was a significant increase in the number of gender-fluid, non-binary and trans women or transfeminine persons, in comparison to the 2019 survey, however the number of trans men or transmasculine respondents remained low

2024 SURVEY FINDINGS

DEMOGRAPHICS

1) AGE:

The most responsive age-group was 25-34 (45%) followed by 16-24 (40%) and 35-44 (13%). The oldest respondent was 65 and the youngest was 16 - despite instructions asking only persons aged 18 and over to complete the survey.

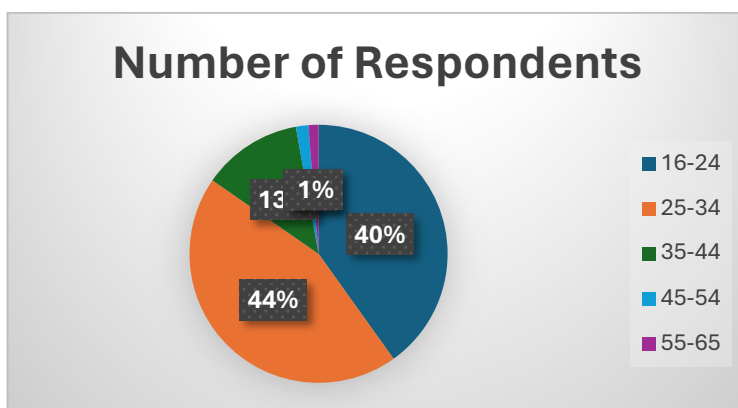


Figure 1. Ages of Respondents

2) PARISH OF RESIDENCE

Based on the survey data, the majority of respondents, comprising 48% of the total, hailed from Kingston and St. Andrew, a result that aligns with the population distribution of Jamaica. Following closely behind was St. Catherine, with 27% of respondents, indicating significant participation from that parish. St. James ranked third in popularity, with 10% of respondents.

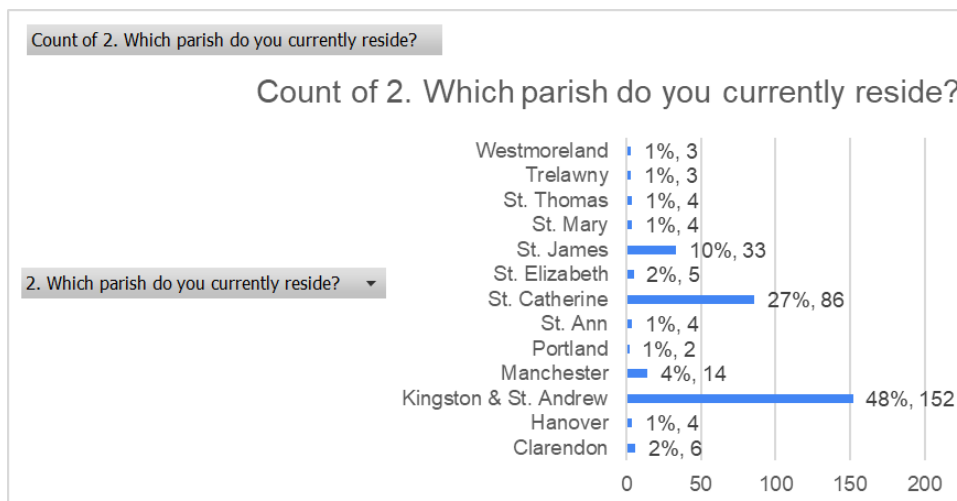


Figure 2. Respondent Parish of Residence

3) HIGHEST LEVEL OF EDUCATION

While responses were obtained from all parishes, it's notable that participation from notably low, from Westmoreland and Trelawny with three respondents and Portland with two respondents completing the survey. This suggests a need for greater engagement in those areas.

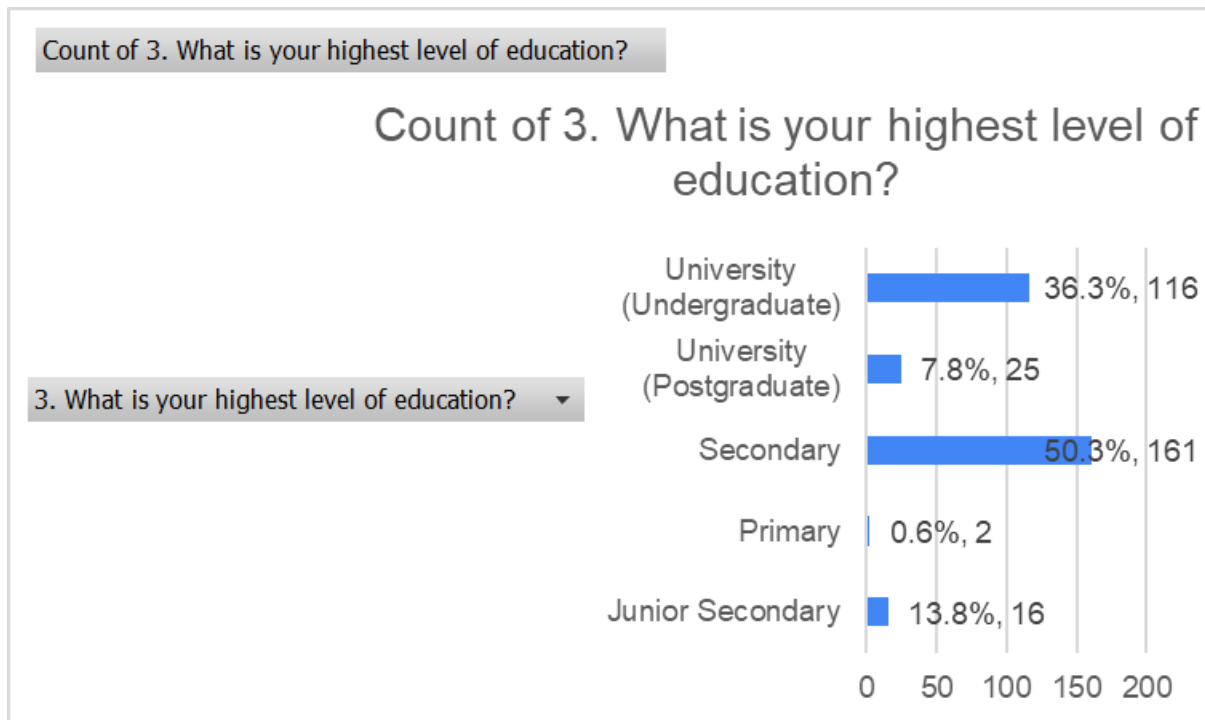


Figure 3. Highest Level of Education

The chart illustrates the distribution of respondents based on their highest level of education. The majority, constituting 50% of the respondents, attained a secondary level of education. Following this, 36% of respondents are university graduates. A smaller percentage, 8%, achieved a junior secondary level of education, while an even smaller fraction, 0.62%, completed primary education.

The chart reveals that among university graduates (undergraduates), 49% hail from Kingston, the highest percentage. Following closely, 22% of university graduates are from St. Catherine. Similarly, for secondary level education, the pattern persists, with 48% of respondents originating from Kingston and St. Andrew, and 32% from St. Catherine. These statistics highlight the concentration of respondents from urban areas, particularly Kingston and St. Catherine, in both educational levels.

It's notable that a significant portion of cisgender women, cisgender men, non-binary individuals, trans men or transmasculine individuals, and trans women or transfeminine individuals were all university (undergraduate) graduates. Among these groups, cisgender women had the highest representation, followed closely by cisgender men.

AREA OF RESIDENCE

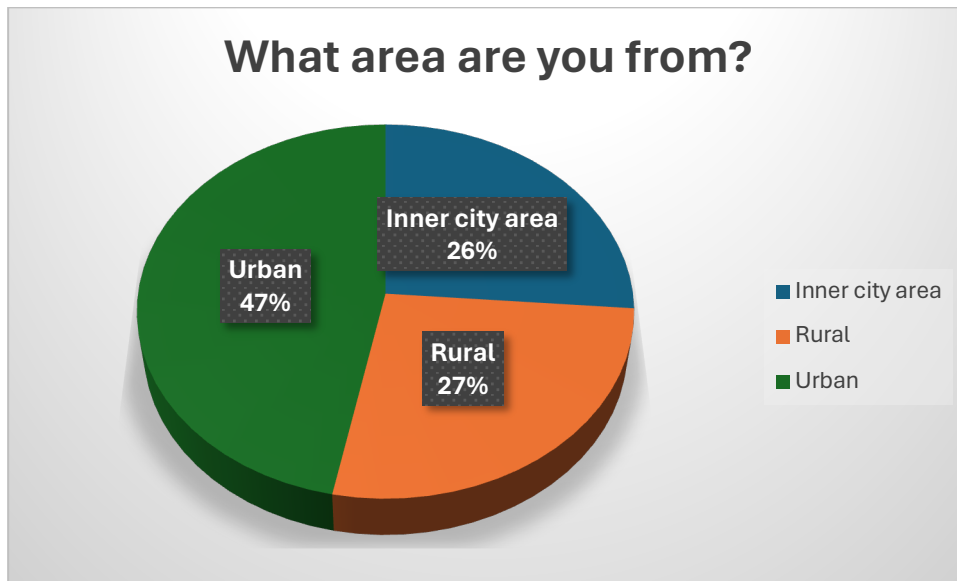


Figure 4. Area of Residence

According to the data, 47% of respondents live in urban areas, 27% in rural communities, and 26% in inner-city neighbourhoods. The majority of university graduates are from urban areas. Furthermore, the two respondents with primary school as their highest level of education come from rural and inner-city communities.

EMPLOYMENT STATUS

5. What is your employment status?

320 responses

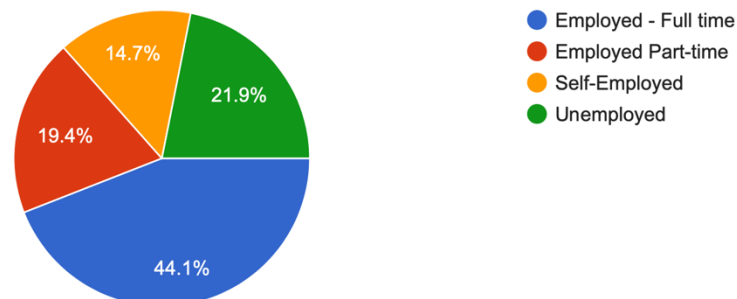


Figure 5. Employment Status

According to the data, 44% of respondents are employed full-time, 22% are unemployed, 19% are employed part-time, and 15% are self-employed. Cisgender men make up the majority of both unemployed and full-time employed respondents, followed by cisgender women. Additionally, most full-time employed individuals reside in urban areas, while a majority of unemployed individuals are from rural areas, followed closely by those from urban areas. About 33% of trans women or transfeminine persons were engaged in sex work.

A majority of employed respondents referenced “Other” industries for their place work.

6) SKILLSETS THAT COULD CREATE EMPLOYMENT OPPORTUNITIES

When unemployed persons were asked about skillsets that could create employment opportunities, the respondents provided a variety of answers. In summary the respondents' skillsets reveals a diverse range of capabilities:

- Culinary Arts/Mixology.
- Entrepreneurial Skills: Digital design, social media, food, and event planning.
- Certified NVQJ Commis Chef Level 2: Culinary skills plus soft skills.
- Customer Service: Including foreign languages and event coordination.
- Education/Qualifications: Degrees in various fields.
- Digital Communication/Marketing: Social media, graphic design.
- Technical Skills: Computer proficiency, graphic/web design, video editing.
- Other Skills: Project management, administration, sales, music production, etc.

This diversity suggests numerous opportunities for employment or entrepreneurship.

7) INDUSTRY OF EMPLOYMENT

The most commonly cited industry of employment was ‘Other’ (43.1%) Participants supplied details which are listed below. Of the named industries the most popular as Business Process Outsourcing (BPO) at 11.2% followed by Creative Industries at 10% Civil Society (8%) and Education (7%) were other notable employers of the community.

Some other industries that respondents referenced were:

1. **Business and Consulting:** Consulting, Business Administration, Real Estate, Property Management.
2. **Customer Service and Call Centers:** Call center, BPO, Customer Service.

3. **Healthcare and Medicine:** Medicine, Healthcare, Pharmacy.
4. **Hospitality and Tourism:** Fast food, Car rental, Tourism, Hospitality.
5. **Construction and Engineering:** Construction, Engineering, HVAC & Refrigeration.
6. **Retail and Sales:** Retail, Sales Representative.
7. **Entertainment and Media:** Film and Television, Entertainment, Podcast Hosting, Arts Management.
8. **Security and Law Enforcement:** Security, Security Guard, Law Enforcement.
9. **Finance and Insurance:** Banking sector, Insurance-Finance, Financial Advisory.
10. **Social Services and Non-Profit:** Social care, Civil Society/NGO.
11. **Creative and Artistic:** Image consultancy, Hairstyling, Promotional dancing, Authorship.
12. **Miscellaneous:** University student, Politics, Logistics, Warehouse management, Morgue attendant, Student leadership organization involvement.

These categories provide a concise overview of the various employment areas mentioned by the respondents, highlighting the diversity of backgrounds and interests among them.

8) MONTHLY INCOME

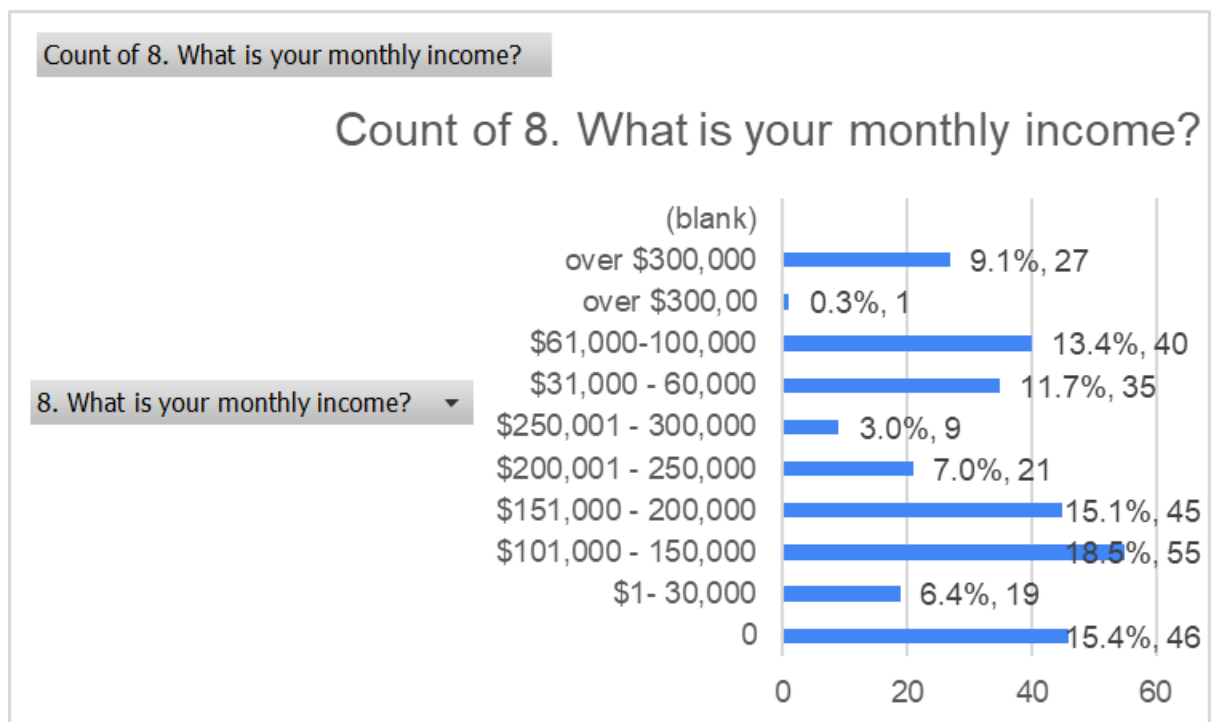


Figure 6. Monthly Income

Among respondents, 18% reported earning between 101,000 and 150,000, while 15% earned between 151,000 and 200,000. Notably, 15% reported earning nothing. The highest earners, making 300,000 and above, were predominantly cisgender men. . There was no cisgender woman, gender-fluid person, non-binary, trans man or transmasculine person earning above 250,000. The only other person earning in that category is a trans women or transfeminine person who is a sex worker. Trans women or trans feminine persons primarily earned in the 151,000-200,000 range or earned nothing. Trans men or transmasculine persons primarily earned in the 100,000-150,000 range or earned nothing.

9.1) GENDER IDENTITY

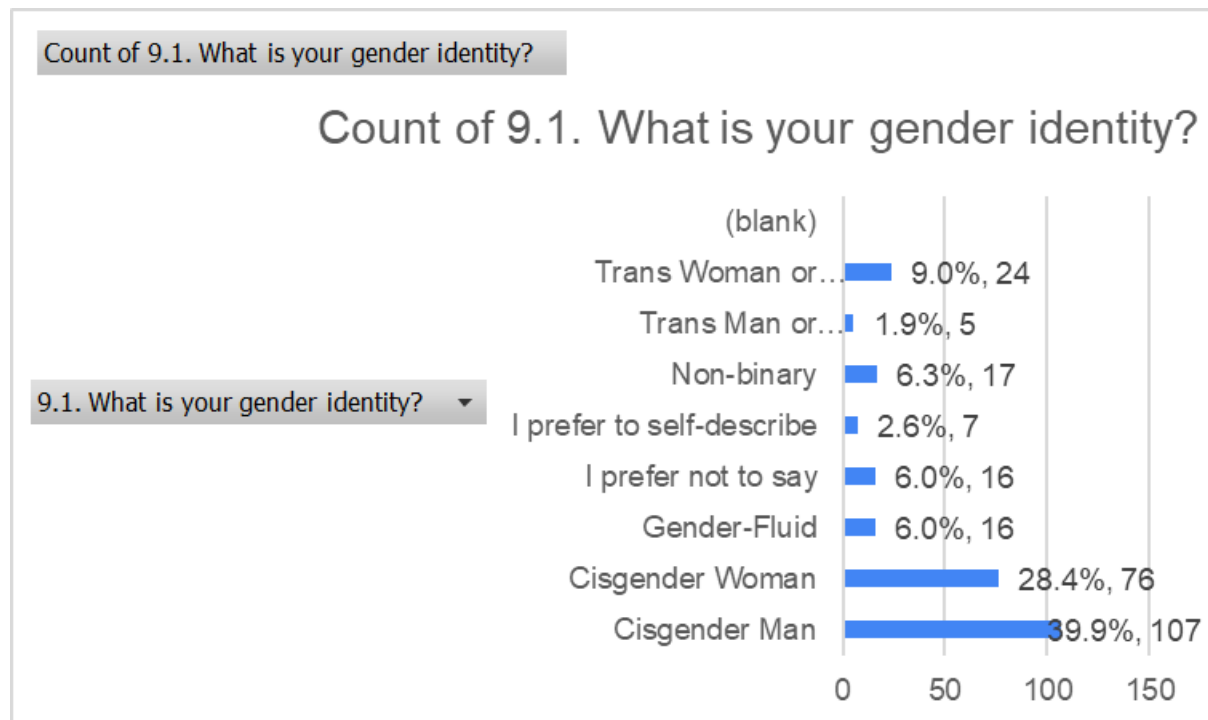


Figure 7. Gender Identity

44% of respondents stated that they were cisgender men, while 31% identified themselves as cisgender women. Additionally, 10% identified as trans women or transfeminine individuals, and 7% identified as non-binary. Respondents who preferred to self-describe explained that they identified as:

- **Non-Binary/Genderqueer/Androgynous:** Gender Non-Conforming/Androgynous, Not trans but masculine presenting female, Agender, Trans Feminine Agender.
- **Lesbian/Gay/Same-Gender Attraction:** I am a lesbian full woman, Masc Centered Lesbian, A Gay Man.
- **Transgender/Transmasculine:** Queer masculine heterosexual transman, Not trans but masculine presenting female.

There was no notable relationship between gender identity, and geographic location or age.

9.2) SEXUAL ORIENTATION:

9.1. What is your gender identity?

268 responses

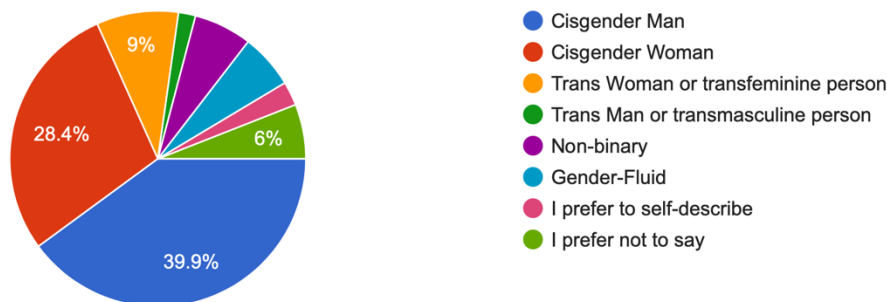


Figure 8. Sexual Orientation

39% of respondents identified as homosexual, 22% identify as bisexual, 13% identified as Queer and 11% as Pansexual. Non-binary respondents primarily identified as queer or homosexual. Trans women or trans feminine persons primarily identified as heterosexual, with a moderate number identifying as queer, pansexual, or homosexual. Cisgender men were most likely out of all respondents to identify as bisexual, however the majority of cis men identified as homosexual. Cis women most often identified as homosexual, with a moderate number identifying as bisexual, pansexual or queer. Four respondents identified as asexual.

- **Non-Labeling/Fluid Orientation:** I don't like labelling my sexuality, I do not put a label on my sexual orientation, I don't like to be placed in a box, No labels attached, I prefer not to have a set label assigned to me.
- **Pansexual/Panromantic/Demisexual:** Demisexual + Panromantic, I date womxn and afab non-binary/gender fluid persons, Panromantic.
- **Queer/Non-Specified:** Queer, I also identify as queer, Queer, bi/pan romantic, Gray-Ace.
- **Heterosexual/Cisgender:** I am a Transgender Woman that identifies as Heterosexual, Heterosexual (Gay man), Transman who gives and only takes sex from my female partner.
- **Lesbian/Gay:** Lesbian, Gay.

10) INTERSEX STATUS:

10. Are you intersex? (Having both male and female sex organs and/or biological characteristics).
320 responses

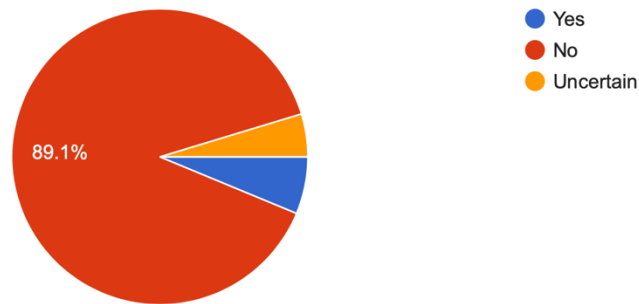


Figure 9. Intersex Status

89% of respondents expressed that they were not intersex, while 6% expressed that they are intersex and 5% expressed that they were uncertain. The majority of respondents who are intersex were cisgender men. Additionally, a majority of trans women or trans feminine women were uncertain.

11. RELATIONSHIP STATUS:

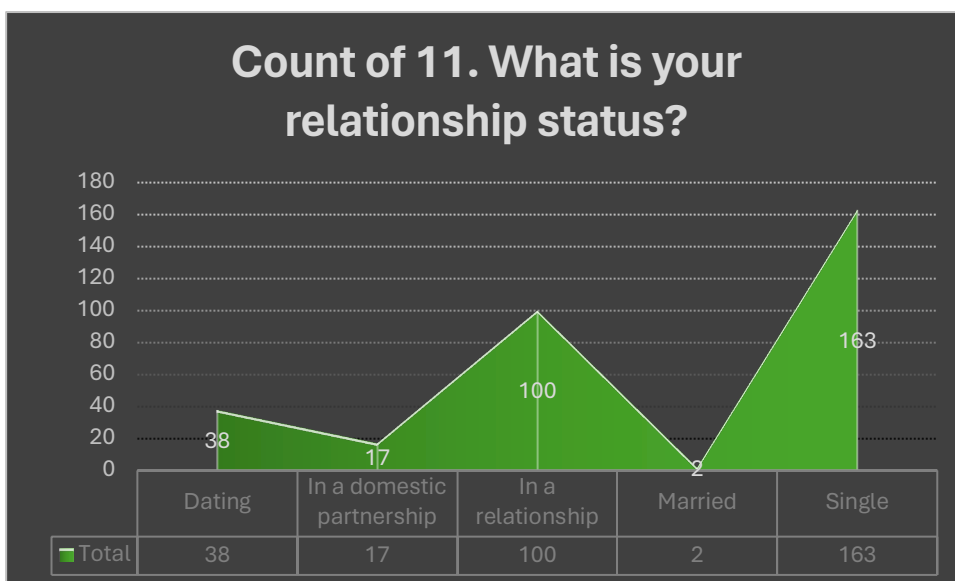


Figure 10. Relationship Status

51% of respondents expressed that they were single, while 31% expressed that they were in a relationship. The majority of respondents in a relationship were cisgender men, with cisgender women falling closely behind. The majority of non-binary persons were single and almost all trans men were in a relationship.

12) LIVING SITUATION:



Figure 11. Living Situation

33% of persons lived alone, while 28% lived with immediate family and 16% lived with a partner. The majority of respondents who lived alone and with immediate family came from Kingston and St. Andrew. Additionally, 58% of persons who lived alone were employed full time. 59% of those persons who expressed that they were homeless/ displaced were unemployed. About 33% of homeless or displaced persons were cis men and another 33% were trans women.

13) NEURODIVERGENCE:

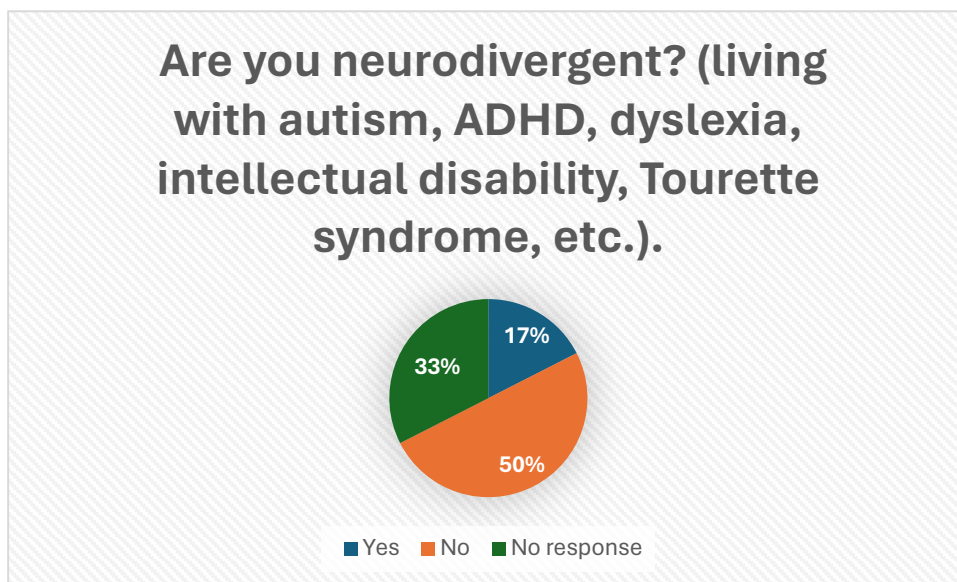


Figure 12. Neurodivergence

50% of respondents reported that they were not neurodivergent, while 33% provided no response and 17% shared that they were neurodivergent. Those persons who expressed that they were neurodivergent went on to explain their conditions.

The responses regarding autism and related conditions encompass a diverse range of experiences. Many respondents identified themselves as being on the autism spectrum, with some also

mentioning comorbidities such as ADHD, dyslexia, PTSD, and BPD. Some individuals noted a lack of formal diagnosis but identified with traits associated with autism and ADHD. Others mentioned being professionally diagnosed with ADHD or autism, while some reported living with various neurodivergent conditions without specifying a diagnosis. Overall, the responses highlight the complexity and variability of neurodiversity among the respondents, reflecting the importance of recognizing and understanding diverse neurocognitive experiences.

14) DISABILITY STATUS

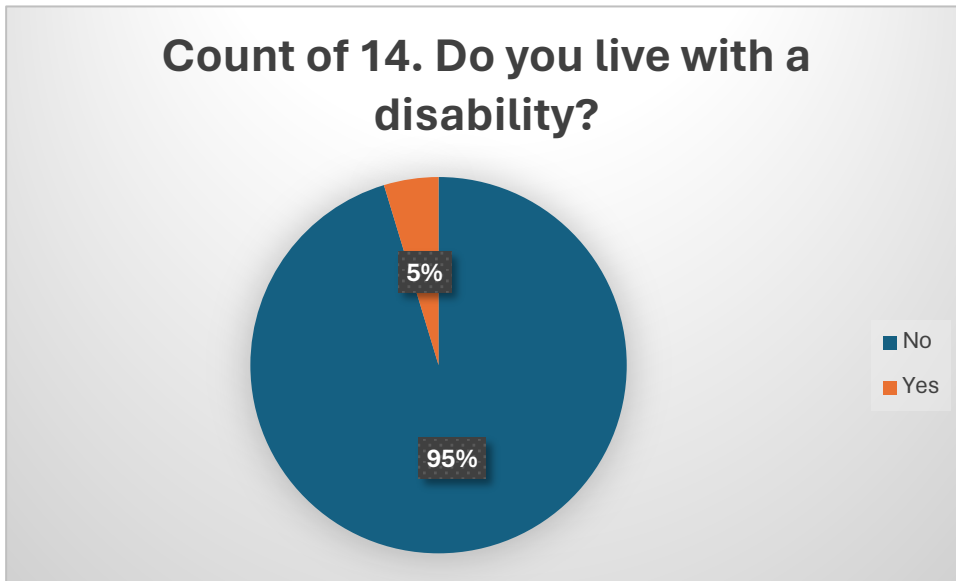


Figure 13. Disability Status

95% of the respondents expressed that they did not have a disability, while 5% indicated that they did.

14 A) TYPE OF DISABILITY:

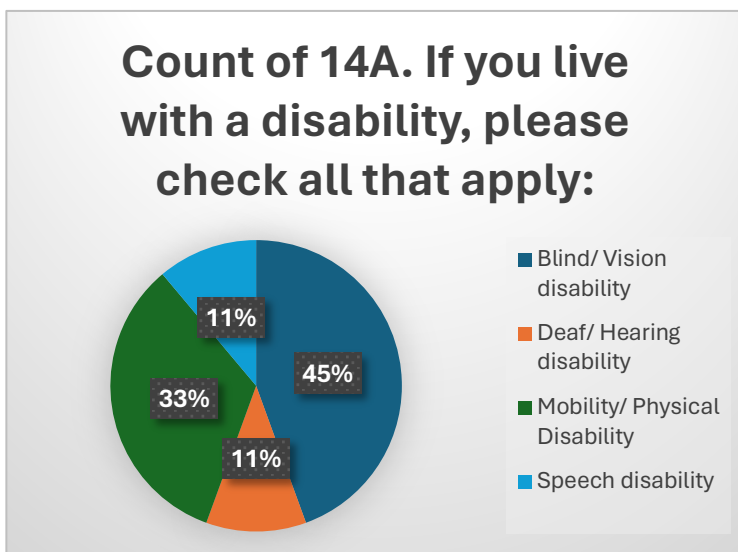


Figure 14. Type of Disability

Based on responses it is seen where 45% of the respondents with a disability had a vision disability, 33% of respondents has a physical disability while 11% of respondents each had speech disabilities and hearing disabilities.

15) LGBT-FOCUSED ORGANIZATION AFFILIATION:

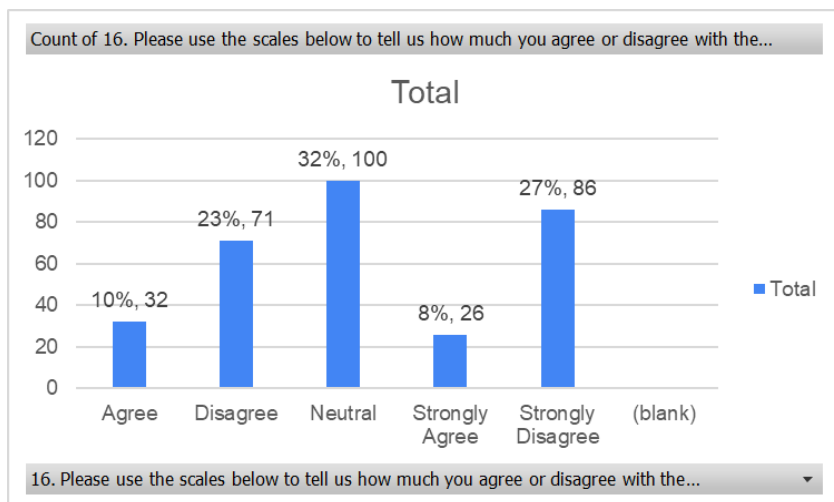
The overwhelming majority of respondents were affiliated with an LGBT focused organization, with about 17% indicating they were not affiliated. The most common organisational affiliation is with S.A.F.E Ja (37%) followed by Equality for All (22%), Jamaica AIDS Support for Life (17%) and TransWave (10%). About 8% of respondents were affiliated with the newly formed Queertego.

15A) IF OTHER, PLEASE DESCRIBE:

Some individuals mentioned specific organizations they are affiliated with, such as Qlounge, Conneck JA, and The Ashe Company. Others stated that they refer individuals for testing or attend events organized by these organizations. Some respondents expressed interest in getting involved but are not currently affiliated with any organization. Additionally, a few respondents noted that they are supporters of the mentioned organizations or familiar with them, although they are not directly involved. Overall, the responses indicate a range of levels of engagement with LGBTQIA+ organizations and networks in Jamaica.

LIFE SATISFACTION:

16) LIFE SATISFACTION, ABILITY TO MEET GOALS AND DEMONSTRATE FULL POTENTIAL IN JAMAICA



The majority of respondents, 32% remained neutral when answering whether or not they were satisfied with life in Jamaica. 27% of respondents strongly disagreed with the statement. 23% of respondents disagreed with the

Figure 15. Satisfaction with Life in Jamaica

statement. The majority of responses remained on the neutral and negative side with only 9% of respondents strongly agreeing with the statement and 4% agreeing. Notably, cisgender males were the majority of respondents who strongly agreed and strongly disagreed with the statement, followed by cisgender women.

Persons with junior secondary education overwhelmingly disagreed with the statement. Similarly persons with secondary education mostly disagreed, strongly disagreed, or were neutral about the statement. Persons with postgraduate degrees were the group most likely to agree with the statement, though the majority of them disagreed or strongly disagreed. Undergraduate students mostly disagreed or strongly disagreed. Undergraduate students mostly disagreed or strongly agreed with a few agreeing or remaining neutral.

The distribution of sentiment across education lines remains the same for questions pertaining to ease of meeting life goals and ability to demonstrate full potential while living in Jamaica.

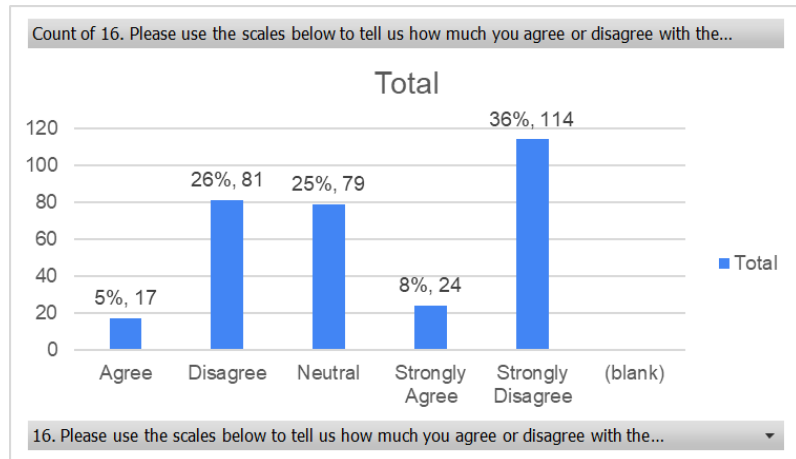


Figure 16. Ability to Meet Life Goals While Living in Jamaica

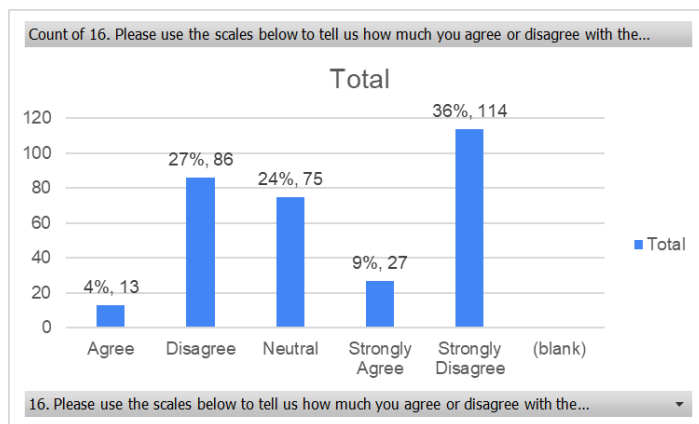


Figure 17. Ability to Demonstrate Full Potential While Living in Jamaica

36% of respondents strongly disagreed with the statement that it is easy meet their life goals while living in Jamaica. 26% disagreed with the statement and 24% wre neutral.

17) WHAT MAKES IT EASY OR HARD TO DEMONSTRATE YOUR POTENTIAL?

The responses from individuals in Jamaica highlight several key challenges that hinder them from demonstrating their full potential:

1. **Safety Concerns:** Fear for personal safety due to societal stigma and discrimination against LGBTQ+ individuals.
2. **Financial Instability:** Economic constraints and limited job opportunities contribute to financial insecurity.
3. **Societal Stigma and Discrimination:** Homophobia and societal prejudice create barriers to living authentically and accessing opportunities.
4. **Limited Access to Resources and Support Networks:** Lack of access to resources and support networks, particularly for LGBTQ+ individuals, hinders personal and professional growth.
5. **Struggle for Authenticity:** Difficulty expressing one's true identity in a hostile environment, leading to feelings of isolation and the need to conceal aspects of oneself.
6. **Legal and Institutional Barriers:** Absence of legal protections for LGBTQ+ individuals and limited opportunities for advancement due to systemic discrimination.
7. **Resilience and Determination:** Despite the challenges, some individuals express resilience and determination to overcome societal barriers and pursue their goals.

Overall, these challenges reflect the complex interplay of societal, economic, and legal factors that impact the ability of individuals in Jamaica to fulfil their potential, particularly within the LGBTQ+ community.

18. INTEREST IN LEAVING JAMAICA:

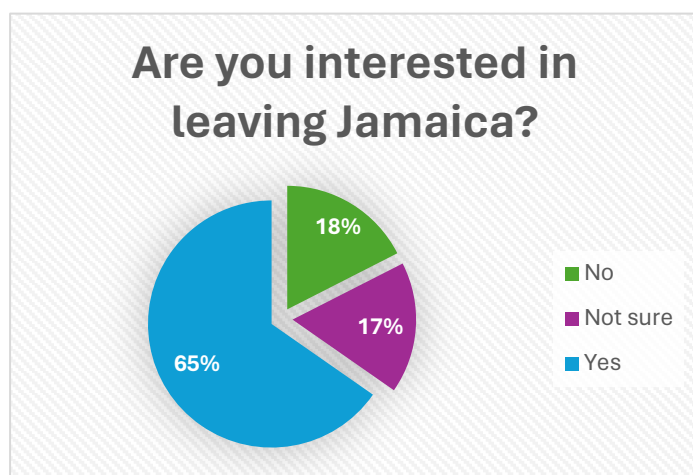


Figure 18. Interest in Leaving Jamaica

65% of the respondents expressed that they were interested in leaving Jamaica, a majority being cisgender men. 18% expressed that they were not interested, a majority being cisgender men. 17% of respondents were not sure of whether or not they were interested in leaving Jamaica. About 71% of non-binary persons and 67% of trans women were interested in leaving Jamaica. About 50%

of trans men were not sure.

18 A) REASON FOR WANTING TO LEAVE JAMAICA

Based on the responses provided, the reasons individuals in Jamaica want to leave the country:

1. **Seeking Asylum:** Some individuals express a desire to leave Jamaica to seek asylum, likely due to safety concerns and discrimination based on their sexual orientation or gender identity.

2. **Education Opportunities:** Many respondents mention leaving Jamaica for educational purposes, seeking better educational opportunities abroad.
3. **Better Work Opportunities:** A significant number of individuals cite better work opportunities as a reason for wanting to leave Jamaica, indicating economic factors driving their decision.
4. **Marriage Equality:** Another common reason is the desire to marry their partner, suggesting dissatisfaction with Jamaica's current legal framework regarding marriage.
5. **Safety and Freedom:** Some individuals want to leave to live openly and freely without fear of violence or discrimination based on their sexual orientation or gender identity.
6. **Exploration and Travel:** Several respondents mention a desire to explore other countries and cultures or simply to travel.
7. **Quality of Life:** Others express a desire for a better quality of life, including access to healthcare, retirement structures, and tolerance.
8. **Family Reunification:** Some want to leave to be with family members who may already be abroad.
9. **Personal Development:** Individuals mention leaving Jamaica for personal growth, self-discovery, and to pursue entrepreneurial goals.
10. **Escape Criticism and Scrutiny:** Some mention leaving to escape criticism and scrutiny they face in Jamaica.
11. **Comfort and Safety:** Others want to leave to live comfortably and safely, free from threats and fear.
12. **Medical Reasons:** A few individuals mention leaving for medical reasons or to access better medical facilities.

Overall, the responses indicate a combination of factors driving individuals to consider leaving Jamaica, including economic, social, legal, and personal considerations.

19) FACTORS AFFECTING LIFE SATISFACTION

The factors affecting life satisfaction seem to be varied and complex, reflecting the diversity of respondent identity and circumstances. Some of the recurring themes include:

- **Family Dynamics:** Many individuals express dissatisfaction or discomfort due to strained relationships with their families, often related to their sexuality or gender identity.
- **Financial Stability:** Economic concerns, including low income, lack of job opportunities, and high living costs, are significant stressors affecting life satisfaction.
- **Safety and Discrimination:** Fear of discrimination, harassment, or violence based on sexual orientation or gender identity contributes to feelings of insecurity and unhappiness.

- **Healthcare Access:** Difficulty accessing affordable healthcare, particularly for gender-affirming treatments or mental health support, negatively impacts well-being.
- **Social Acceptance:** Limited acceptance and support from society, communities, and even religious institutions creates barriers to living authentically and can lead to feelings of isolation.
- **Mental Health:** Mental health challenges such as depression, anxiety, and trauma are frequently mentioned, often exacerbated by societal stigma and lack of access to adequate support.
- **Legal and Structural Barriers:** Legal frameworks that do not protect LGBTQ+ rights, coupled with systemic discrimination and lack of representation, contribute to feelings of marginalization and dissatisfaction.
- **Opportunities for Expression and Fulfilment:** Many express a desire for greater freedom of expression, both personally and professionally, as well as opportunities to pursue fulfilling careers and relationships without fear of judgment or discrimination.

Overall, these factors underscore the need for broader societal changes to create more inclusive and supportive environments for LGBTQ+ individuals, as well as increased access to resources and opportunities for all marginalized communities.

SAFETY

20. FEELING OF SAFETY LIVING IN JAMAICA

20. How safe do you feel living in Jamaica?

316 responses

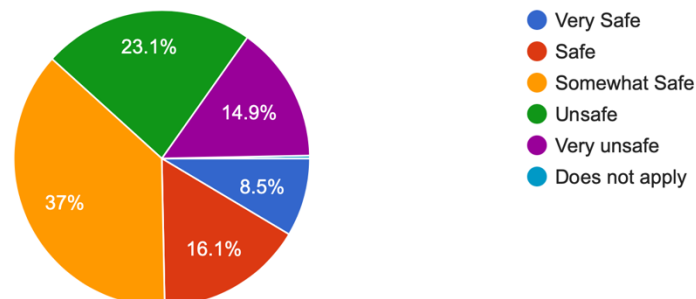


Figure 19. Feeling of Safety Living in Jamaica

37% of respondents felt somewhat safe living in Jamaica, a 3% decrease since the 2019 study was conducted. 15% of respondents reported feeling very unsafe while 23 % felt unsafe, a 6.7% and 2.9% decrease from the previous study. About 9% of people felt very safe living in Jamaica a 5.4% increase from the previous study.

Persons living in Trelawny all felt unsafe or very unsafe. Junior Secondary and Secondary school graduates were more likely to report feeling very safe than any other education demographic. Cis men and cis women were more likely to report feeling very safe than any other gender identity demographic. Persons of trans experience expressed sentiments in line with the overall responses to this question.

21. FEELING OF SAFETY IN SPECIFIC LOCATIONS

Participants were most likely to feel somewhat safe in the sample locations provided. The notable difference was in the case of their own homes that they own where participants felt equally safe or very safe (28% each). It is noteworthy that this is a decrease from the 2019 survey where 32% of respondents felt safe in their own homes. In the case of LGBTQ+ support spaces such as shelters and drop-in spaces, the most popular response was ‘does not apply’ (34% of respondents). In spaces where participants mostly felt safe, feelings of unsafety were usually reported by about 18% of participants. While this number is relatively low, it does translate to roughly 1 in 5 persons. There were no notable trends in terms of education, sexuality, gender, ability status or location. Please see the charts below for more detailed information.

21A. PUBLIC SPACES SUCH AS STREETS, PLAZA ETC.

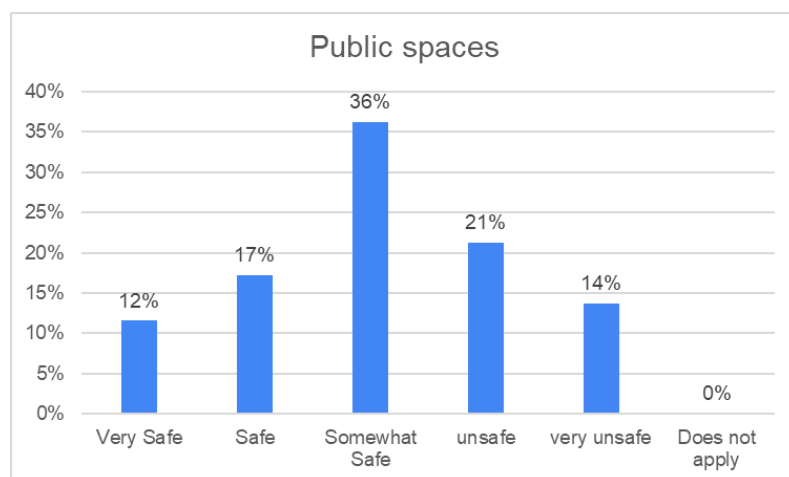


Figure 20. Feeling of Safety in Specific Public Spaces

Public spaces were more likely to be deemed unsafe or very unsafe (36% combined), as opposed to safe or very safe (29% combined). There was a slight increase (when compared to the 2019 survey) from 12% to 14% in respondents who felt very unsafe in public spaces.

21B.FAMILY HOME

Family homes provided an interesting case study with the numbers for somewhat safe (29%), very safe (23%), and safe (28%) being quite close, while feelings of unsafety were low (18% combined). When compared to the 2019 findings there was an overall increase in the number of people feeling safe in their family home, up from 20%.

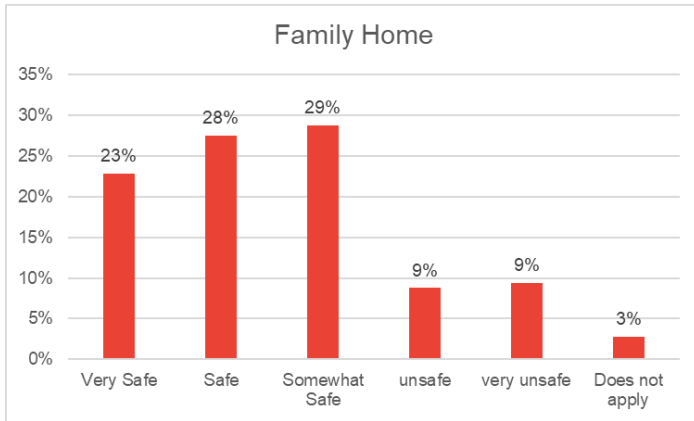


Figure 21. Feeling of Safety in Family Home

21C. YOUR HOME

The trend from the family home continued into homes that the individual owned, rented or shared with feelings of unsafety occurring in 10% of cases. It is noteworthy that there was a decrease in the number of people feeling safe in their own home, 28% in 2024 compared to 32% in 2019.

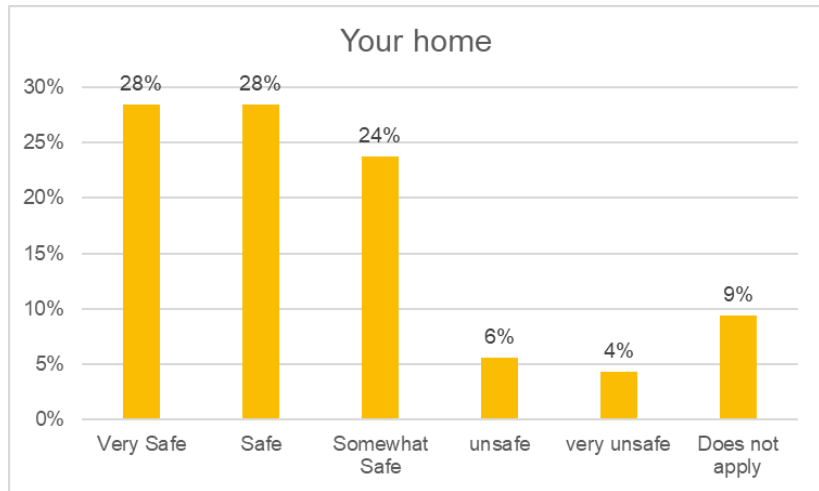
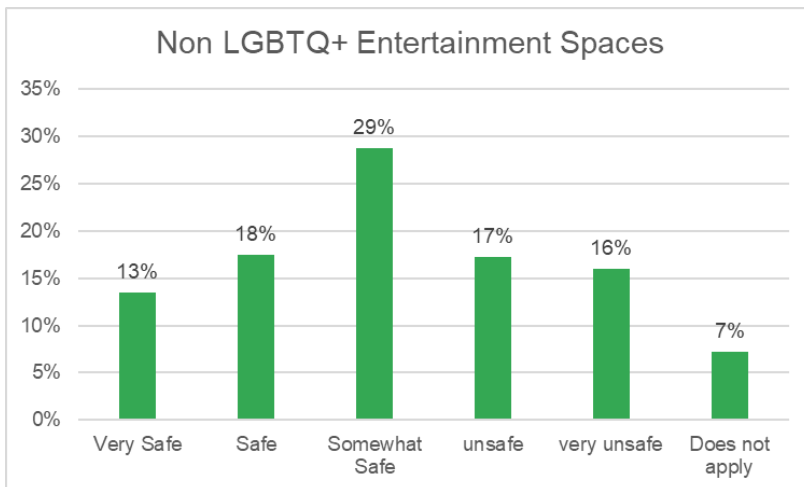


Figure 22. Feeling of Safety in Own Home

21D. NON-LGBTQ+ ENTERTAINMENT SPACES SUCH AS BARS AND CLUBS



Non-LGBTQ+ entertainment spaces were also interesting with safe (18%) and unsafe (17%) being nearly identical. However these spaces were perceived as more likely to be unsafe/very unsafe (33%) than safe/very safe (31%). There was a slight increase in the number of people who felt very un-safe in non-LGBT entertainment spaces (16% in 2024 as compared to 14% in 2019)

Figure 23. Feeling of Safety in non-LGBTQ+ Entertainment Spaces

21E. LGBTQ+ ENTERTAINMENT SPACES SUCH AS BARS AND CLUBS

As previously mentioned, the most common response across categories was ‘somewhat safe’, this trend persisted within LGBTQ+ entertainment spaces as well. However most participants felt safe or very safe (48%) in these spaces, with (13%) feeling unsafe or very unsafe. There was an overall increase in the number of people who felt very safe in LGBTQ+ entertainment spaces from 20% in 2019 to 24% in 2024).

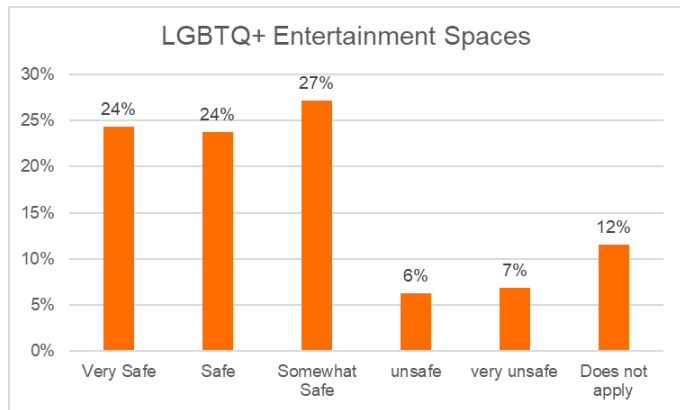


Figure 24. Feeling of Safety in LGBTQ+ Entertainment Spaces

21F. FAITH-BASED SPACES SUCH AS CHURCH

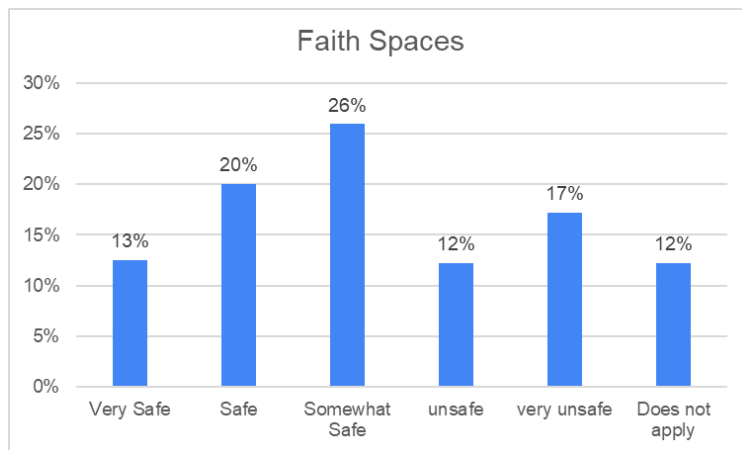


Figure 25. Feeling of Safety in Faith-Based Spaces

In faith-based spaces, strong negative perceptions around safety (17% very unsafe) outweighed strong positive sentiment around safety (13% very safe). However, when taken together, respondents were more likely to feel safe or very safe (33%) than to feel unsafe or very unsafe (30%) in places of faith. The number of people feeling very unsafe in faith-based spaces increased from 12% in 2019 to 17% in 2024.

21G. WORK

Places of work were more likely to be considered safe (25%) or very safe (20%) as opposed to unsafe (9%) or very unsafe (7%). There was an overall decrease in the feelings of safety at work, when compared to the 2019 survey. In 2019, 65% of respondents considered work safe or somewhat safe while in 2024 56% of persons considered work safe or somewhat safe.

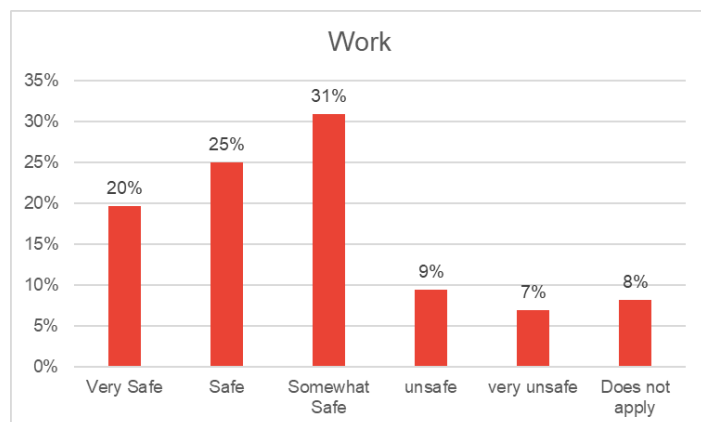


Figure 26. Feeling of Safety at Work

21H. SCHOOL

The sentiments pertaining to school were quite similar to those regarding work. 23% of respondents felt safe in schools while 14% felt very safe. With regards to unsafety, 8% felt unsafe and another 8% felt very unsafe in school. As with work, there was an overall decrease in the number of people feeling safe or somewhat safe from 65% in 2019 to 52% in 2024). School experiences are explored in more detail in

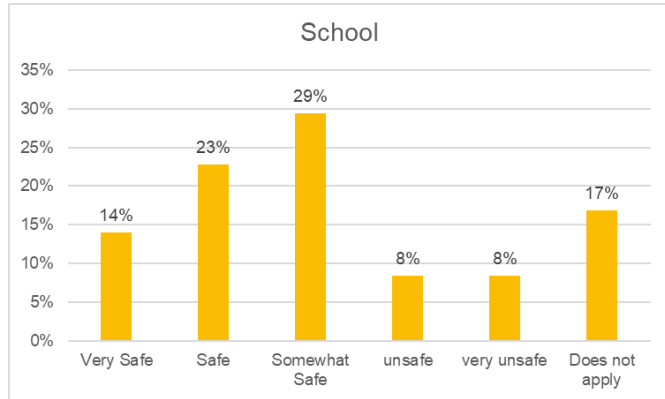
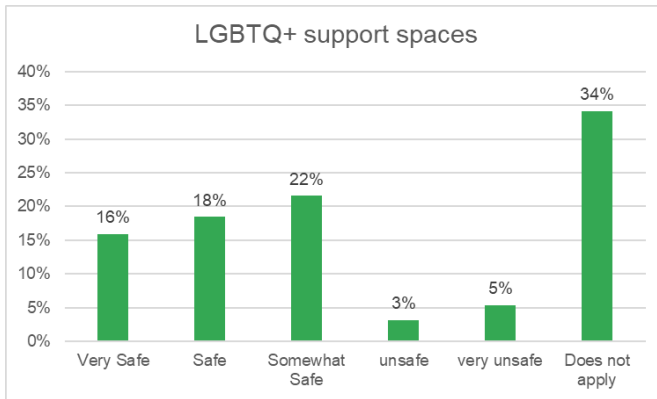


Figure 27. Feelings of Safety at School

21I. LGBTQ+ SUPPORT SPACES LIKE SHELTERS AND DROP-IN CENTERS



LGBTQ+ support spaces were more likely to be viewed as safe or very safe (34%) than unsafe or very unsafe (8%). There is no comparable question in the 2019 survey.

Figure 28. Feelings of Safety in LGBT+ Support Spaces

21J. HEALTH SPACES

Health spaces were also more likely to be deemed safe or very safe (43%) as opposed to unsafe or very unsafe (17%).

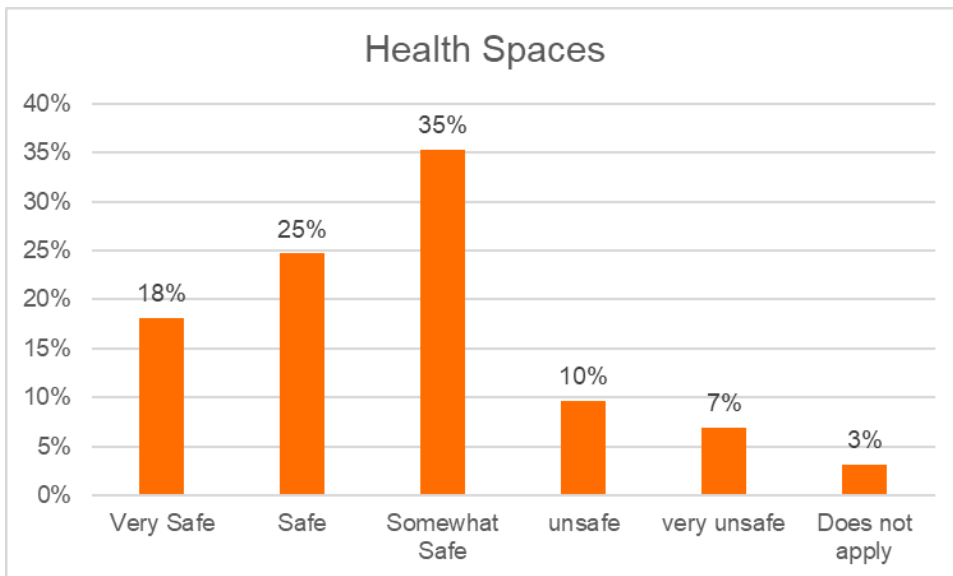


Figure 29. Feelings of Safety in Health Spaces

22. WHAT CONTRIBUTES TO A FEELING OF SAFETY OR UNSAFETY

When asked what caused them to feel unsafe in these spaces, most respondents indicated that it depended on the other people in the space. The possibility of discrimination and violence were front of mind for many respondents, with some noting that work and school were very toxic spaces with high possibility of violence, and that Jamaica in general was unsafe. Many individuals noted that they had to negotiate how much of themselves they would share in a bid to stay safe. Some participants noted that past experiences of trauma made them especially cautious and they would rather stay by themselves than risk being hurt again. Many noted that they ‘kept to themselves’ as a means of keeping safe. Several participants also noted that as women they experienced an additional level of risk and had to be especially vigilant.

Factors that contributed to feelings of safety include the presences of other LGBTQ+ persons, security personnel, spaces that allow anonymity, and spaces with policy against discrimination.

Other participants noted that they had developed their own techniques for manoeuvring within Jamaican culture and hostile spaces, still others noted that they felt safest away from their families.

23. WHO WOULD OFFER SUPPORT IN THE EVENT OF AN ATTACK

Most participants felt their friends would support them in the event of an attack: 60% non-LGBTQ+ friends and 57% LGBTQ+ friends. The next most popular response was family (44%) followed by other members of the LGBTQ+ community (35%). It is of note that police (20%) and strangers (19%) were perceived as almost equally likely to offer support - and were the lowest ranked.

23. Who do you think would support you if you were attacked? (tick all that apply)

295 responses

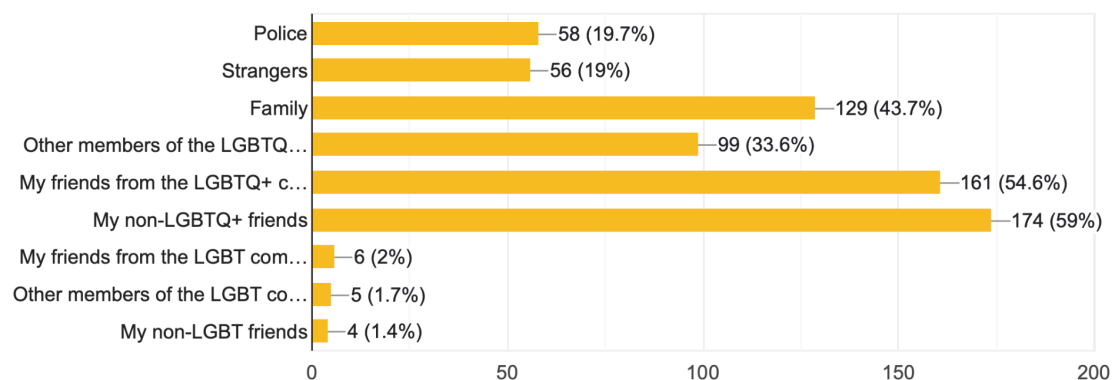


Figure 30. Who Would Offer Support in the Event of an Attack

24. EXPERIENCES OF VIOLENCE IN THE LAST TWELVE (12) MONTHS? (INCLUDING PHYSICAL, SEXUAL, VERBAL AND EMOTIONAL VIOLENCE)

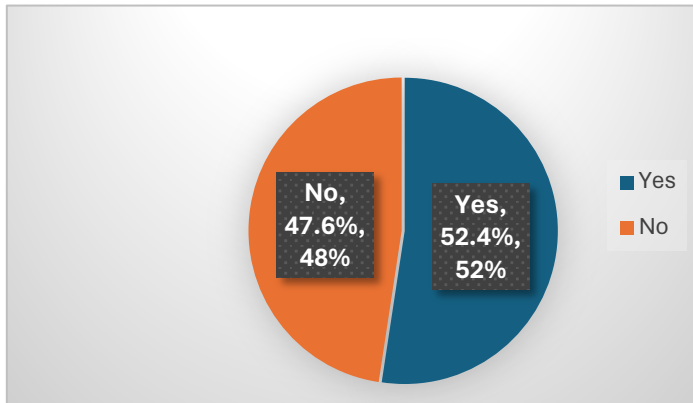


Figure 31. Experiences of Violence in the Past 12 Months

While 48% of respondents had not experienced violence in the last 12 months, a majority of 52% of participants indicated they had experience violence in the last 12 months. This is a 20% increase since the study was conducted in 2019.

69% of gender fluid persons had experienced violence in the past 12 months, 52% of non-binary participants had experienced violence in the past 12 months, 80% of trans men or transmasculine people and 75% of transwomen or trans feminine respondents had experienced violence within the same period. 51% of cis men and 49% of cis women had experienced some form of violence within the last year.

25. LIFETIME EXPERIENCES OF VIOLENCE (THIS INCLUDES PHYSICAL, SEXUAL, VERBAL AND EMOTIONAL VIOLENCE)

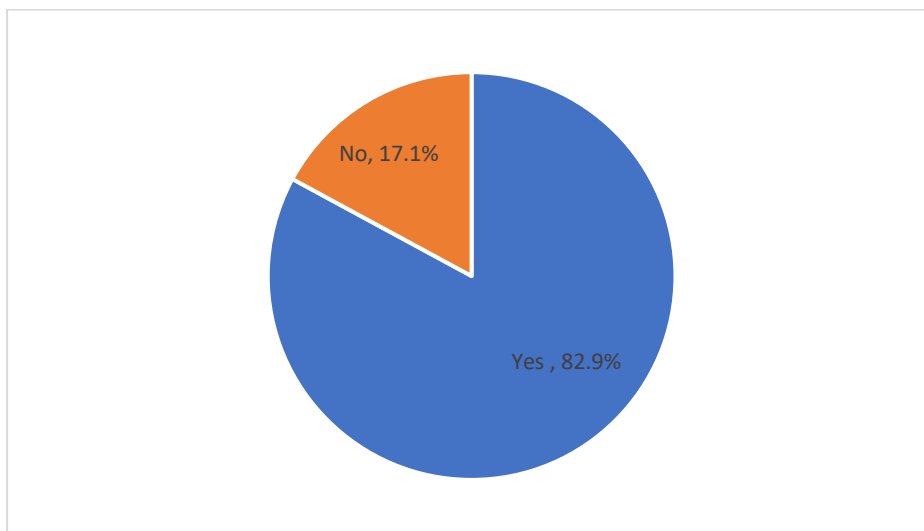


Figure 32. Lifetime Experiences of Violence

While the split was more or less even for experiences of violence in the last 12 months, the difference was stark when lifetime experiences of violence were considered. 83% of respondents had experienced some form of violence in their lifetime. This represents a 10.6% increase in respondents indicating experiences of lifetime violence experiencing since the 2019 study.

79% of cis men and 66% of cis women experienced violence at some point in their lifetime. Similarly 88% of gender-fluid and non-binary persons, 80% of trans men or transmasculine persons and 79% of trans women or transfeminine persons had experienced some violence in their lifetime.

25A. TYPES OF VIOLENCE EXPERIENCED.

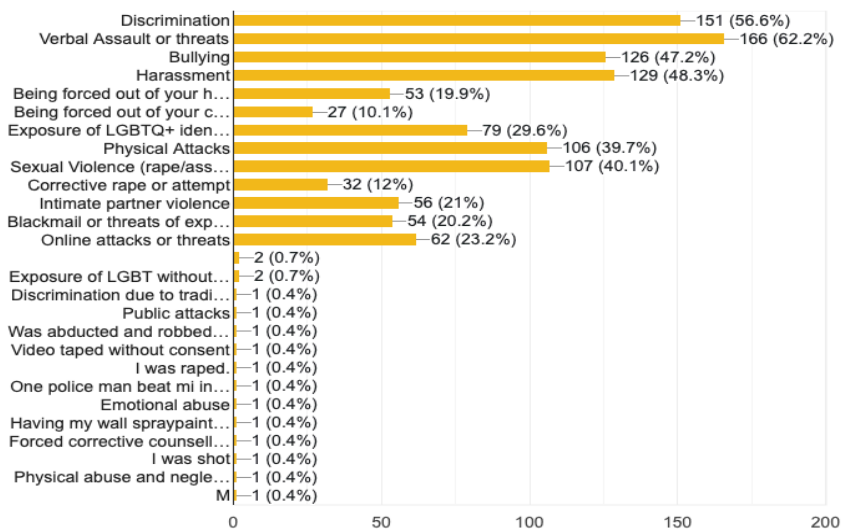


Figure 33. Type of Violence Experienced

Of the respondents who indicated they had experienced violence, the most common form of violence experienced was verbal assaults or threats accounting for 62% of the responses. Following closely were discrimination and harassment at 57% and 48% respectively. These figures show a decrease since the study was conducted in 2019 where verbal assaults accounted for 62% of responses, and discrimination accounted for 65% of responses. However there was an increase in harassment from 44% to 48%.

Participants reporting bullying also increased from 42% to 47% and instances or attempts at corrective rape increased from 4% to 12% since the 2019 study.

Participants experiencing sexual violence (rape/assault) 40% and physical attacks 40% has also seen significant increases since the previous study where the numbers were 30% and 24% respectively.

26. WERE THESE ATTACKS LINKED TO YOUR LGBTQ+ IDENTITY?

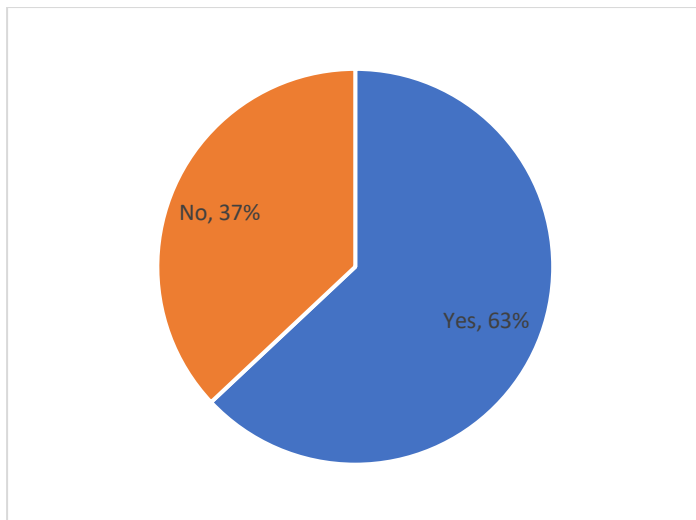


Figure 34. Were the Attacks Linked to LGBTQ+ Identity

63% of respondents, representing the majority, experienced incidents of violence linked to their sexual orientation or gender identity. An increase of 15.% since the study was conducted in 2019.

27. HOW DO YOU KNOW THEY WERE BECAUSE OF YOUR LGBTQ+ IDENTITY?

Most respondents who indicated that the violence was related to their LGBTQ+ identity reported that it was due to use of discriminatory slurs during the attacks. Participants reported the use of anti-lgbtq+ words and statements prior to or during attacks, as well as direct threats. Respondents also identified attempts for conversion as a cause for violence, with one participant noting that family members assaulted them in an attempt to change their sexual orientation or gender identity. Several participants noted incidents of bullying because of their sexual orientation with one participant outlining being targeted verbally by figures of authority in school, members of their community, members of their church as well as a family member.

28. PERPETRATORS OF VIOLENCE

28. Who carried out the violence? (tick all that apply)

[Copy](#)

253 responses

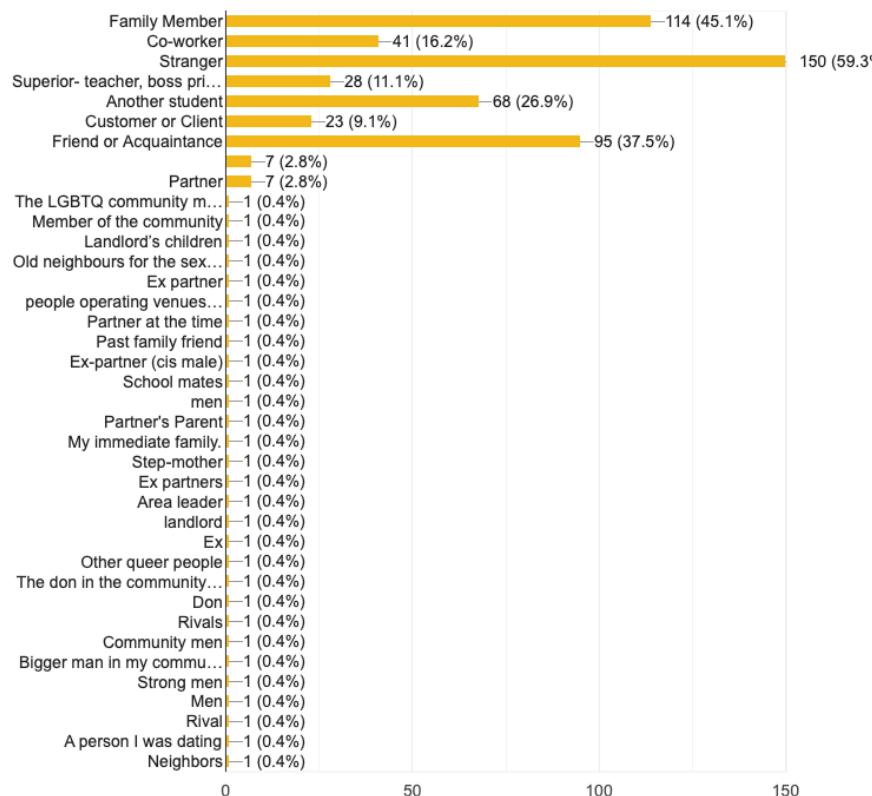


Figure 35. Perpetrator of Violence

Of the people who had experienced violence, 59% of participants were attacked by a stranger and 45% were attacked by a family member. This trend of strangers and family members being the most likely perpetrators was also reflected in the 2019 survey.. In addition to the respondents that had been attacked by both strangers and family members, a significant number of the respondents were attacked by friends or acquaintances (38%) or another student (27%). About 3% of respondents self-reported being attacked by dons, rivals or strong men in the community.

29. REPORTING OF VIOLENCE

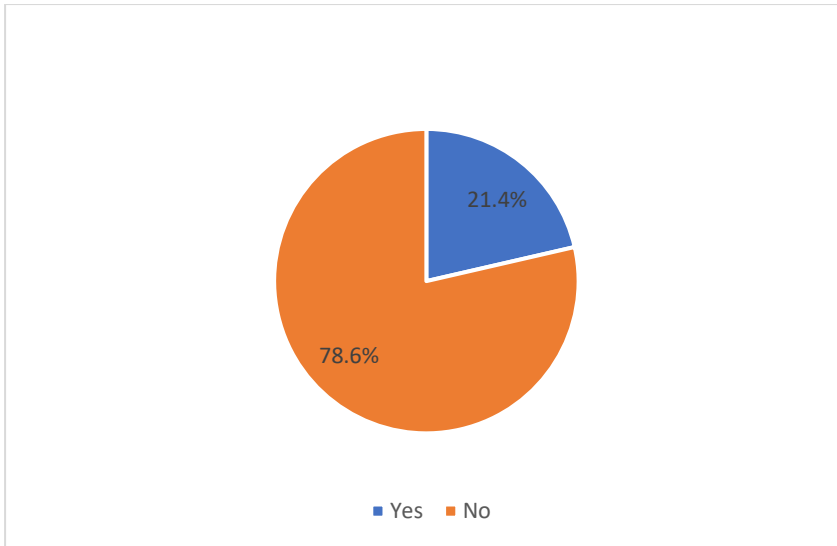


Figure 36. Reporting Violence

21 % of participants who experienced violence reported the incident while 79% did not. This is a 6.4% decrease in reporting since the previous study was conducted in 2019. The majority of people who reported did so to the police, with few receiving justice after the fact. Many who reported these incidents to the appropriate authorities were met with nonchalance. In one instance the participant was taken back to the scene of the attack (by police officers) and told to make their way to the police station in the jurisdiction the crime occurred. Conversely there were a few participants who were able to receive forms of counselling after making reports to the police and LGBTQ+ support organisations.

Of the 79% of participants that did not report the incidents of violence, it was noted that they believed there would be no positive outcome or solution brought for the incident. Many participants also indicated that did not report due to fear of being outed, victimized again or harmed for reporting also; shame associated with reporting the attack

OPENNESS ABOUT BEING LGBTQ+

30) LEVEL OF COMFORT BEING OPENLY LGBTQ+ IN JAMAICA :

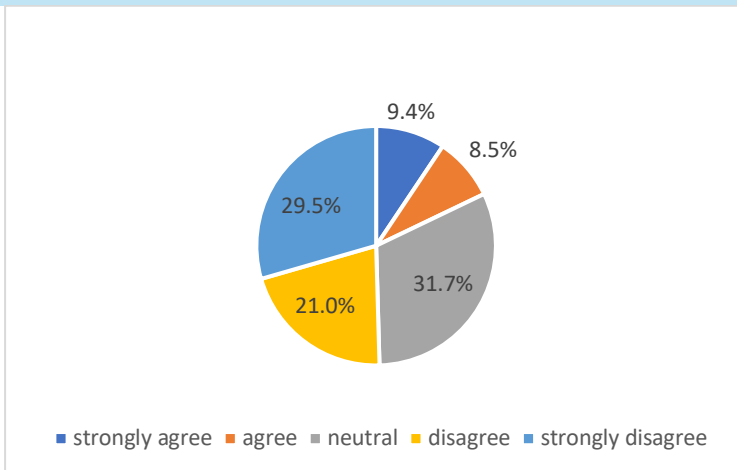


Figure 37. Level of Comfort Being Openly LGBTQ+ in Jamaica

The most popular response regarding level of comfort being openly LGBTQ+ was neutral 32%. The next most popular response was strongly disagree (30%), followed by disagree (21%). Only 18% of people felt comfortable or very comfortable being openly LGBTQ+ in Jamaica.

31) REASONS FOR FEELING COMFORTABLE OR UNCOMFORTABLE:

Reasons for feeling comfortable were varied. Many respondents noted that they were confident in themselves or felt called to be authentic and were willing to accept the consequences. Many of the responses reflected personal and individual factors such as self-acceptance and not being ashamed of oneself. Others noted that they knew which spaces were safe and which were not and adjusted accordingly. Being highly respected and having a supportive circle were also factors that increased comfort. Some noted that their family reputation offered protection, and many women noted that as lesbians they experienced more freedom than gay men, and one person noted that their masculine presentation offered them protection. Some systemic changes that were mentioned included more representation of LGBTQ+ persons in the media and people being more understanding.

For those who were uncomfortable, reasons included unaccepting families and Jamaica's unaccepting culture overall. LGBTQ+ issues being marginalised and trivialised. Uncertainty about people's reactions. General concerns about safety, as well as concerns created by being a 'street yute' with specific expectations to meet. Threats against the person and their family in the past, and the possibility of violence and discrimination.

In 2019 and 2024, individuals were most comfortable expressing their LGBT identity in their own homes or rented spaces, while faith-based environments consistently ranked as the least comfortable. However, the reasons for comfort and discomfort expanded in 2024, with respondents citing personal factors like self-acceptance, supportive circles, and systemic changes such as increased LGBTQ+ representation in media. Conversely, discomfort in 2024 stemmed from issues like unaccepting families, societal culture, safety concerns, and past experiences of violence or discrimination. Notably, while some respondents in 2024 attributed their comfort to self-confidence and community support, a significant portion expressed disagreement, citing ongoing fears of discrimination and homophobia. This shift suggests a broader understanding of the factors influencing comfort levels, encompassing both individual empowerment and systemic changes in societal attitudes.

32) LEVEL OF COMFORT BEING OPENLY LGBTQ+ IN SPECIFIC SPACES

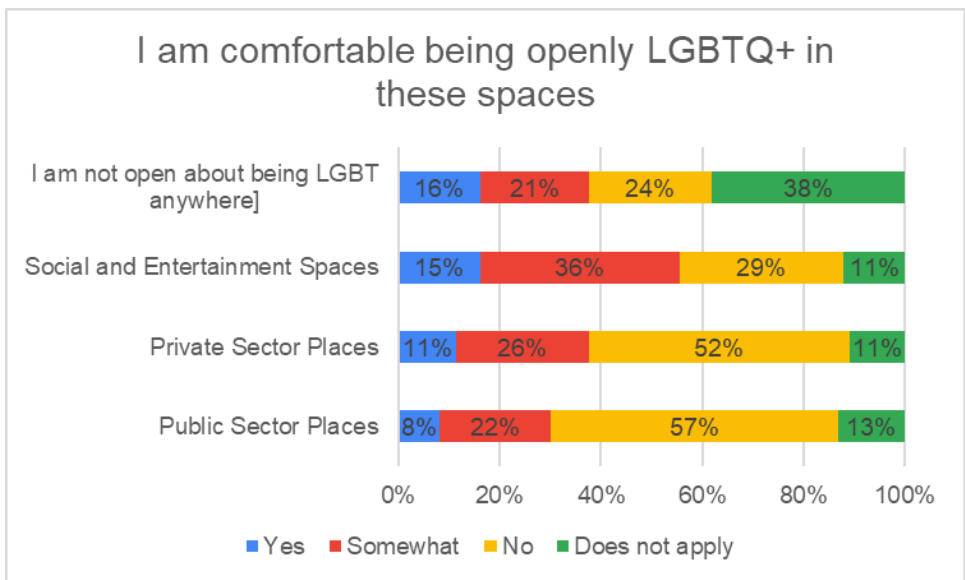
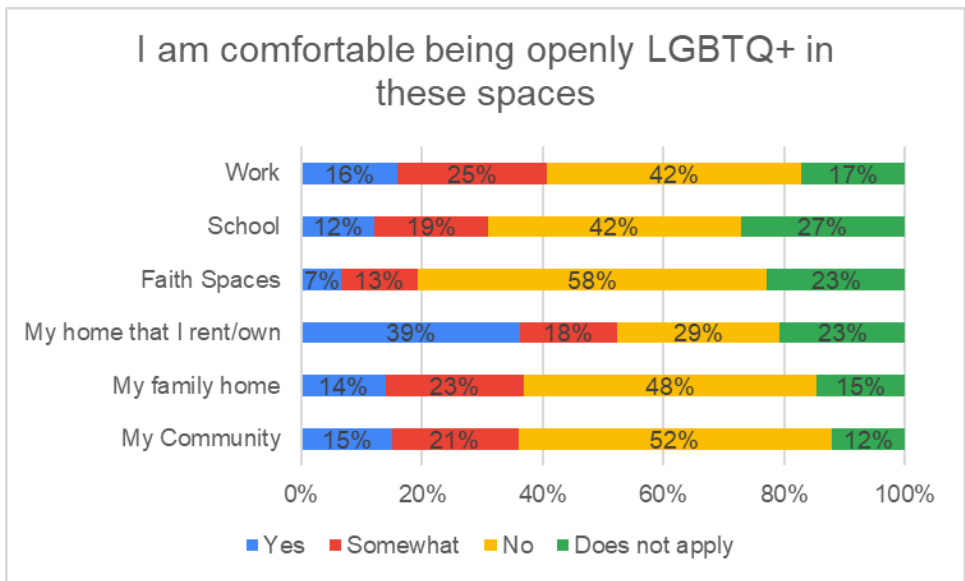


Figure 38 A and B. Comfort Being Openly LGBTQ+ in Specific Spaces

The majority of respondents did not feel comfortable being openly LGBTQ+ in any space.

Notable is the fact that more persons, 39% felt comfortable being openly LGBTQ+ in the home they rented/ owned than anywhere else. The highest areas for discomfort were public sector spaces (57%), faith spaces (58%), communities of residence (52%) and private sector spaces (52%).

Respondents also felt somewhat comfortable being openly LGBTQ+ in social and entertainment spaces (36%).

33) REASONS FOR BEING UNCOMFORTABLE IN THESE SPACES:

When asked in which spaces these participants were comfortable being openly LGBTQ+ respondents indicated that spaces they had created, specifically their homes, friend groups, and LGBTQ+ spaces were the safest.

Respondents indicated they could most comfortably be themselves when they felt accepted and noted that some non-queer Jamaicans were reasonable and understanding to the LGBTQ+ community.

They were least comfortable when there was risk of violence, judgement and homophobia, and felt the likelihood of this was high in the Jamaican cultural context. Religious institutions were of note as participants felt high level of judgement in these spaces, with one participant indicating that their discomfort was brought about by the bible being pushed in their face and the threat of them burning in hell. Others noted that they were unsure what comfort felt like because they had been hiding themselves all their lives. Several respondents noted that there was safety in numbers and felt uncomfortable being openly LGBT when they were alone, they were even more uncomfortable because they could be attacked and no one would come to their aid.

34) COMFORT WEARING CLOTHES THAT AFFIRM GENDER IDENTITY/EXPRESSION IN PUBLIC

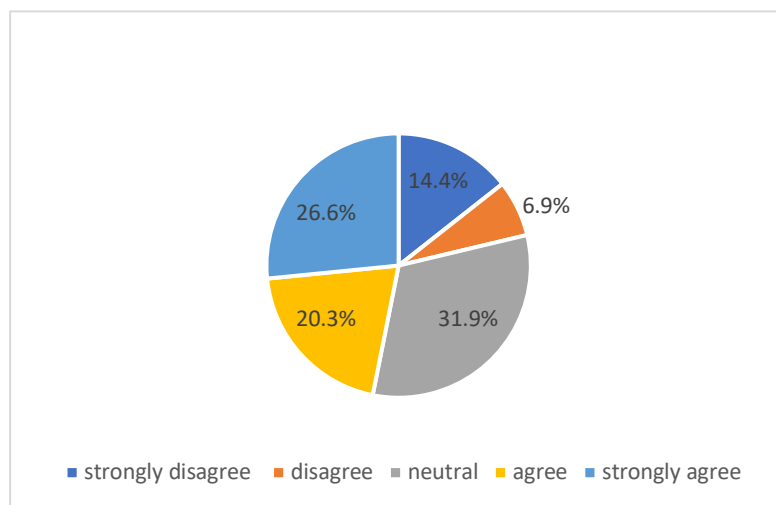


Figure 39. Comfort Wearing Gender-Affirming Clothes in Public

The majority of participants were neutral (32%) indicating neither their comfort nor discomfort with wearing clothes that affirm their gender identity/expression in public. 27% of respondents felt comfortable wearing clothes affirming their gender identity and expression. Comparatively, in 2019 the majority of respondents felt very comfortable affirming their gender identity/expression in public (34%) while 23% were neutral, showing an overall decrease in comfort between surveys.

15% and 7% of participants strongly disagreed and disagreed respectively and were not comfortable doing so. In 2019 18% strongly disagreed and 13% disagreed showing a slight improvement as respondents moved away from the strongest sentiments.

All trans men or transmasculine people agreed or strongly agreed that they were comfortable wearing clothes that affirm their gender identity in public, with the majority strongly agreeing. Trans women or transfeminine people were most likely to strongly agree (46%) followed by agree, neutral and strongly agree (17% each). Non-binary persons mostly felt neutral (41%) followed by agree and strongly disagree (18% each). Gender-fluid persons were also mostly neutral (47%) followed by agree and strongly agree (25% each). Cis women mostly showed strong agreement. Cis women mostly strongly agreed (29%) that

they were comfortable affirming their gender identity in public. The next most popular response was neutral (26%) followed by agree (24%). 7% of ciswomen disagreed while 13% strongly disagreed. Cis men mostly felt neutral or strongly agreed that they were comfortable wearing clothes that affirm their gender identity (12% each). 10% strongly disagreed, while 9% agreed.

All respondents from Westmoreland disagreed or strongly disagreed. Other parishes showed distribution in keeping with the overall responses.

35) PERSONS AWARE OF RESPONDENT’S LGBTQ+ IDENTITY:

35. Which of these people know you are LGBTQ+? (tick all that apply)

307 responses

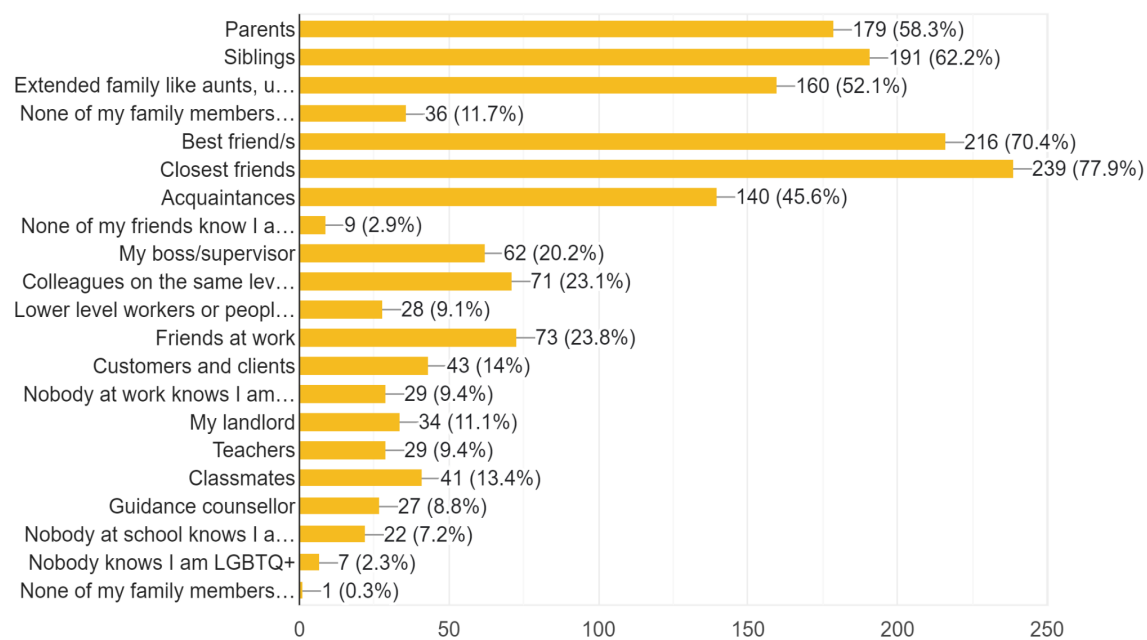


Figure 40. Persons Who are Aware of LGBTQ+ Identity

There was an overall increase in the number of persons who knew respondents’ LGBTQ+ identity between the 2019 and 2024 surveys. However there were decreases in the two highest ranking categories –closest friends 80% to 78% and best friends decreased from 76% to 70%. Categories such as parents and siblings increased by 8% and 11 respectively, and extended family and acquaintances increased by 21% and 3% respectively. The numbers for guidance counsellors and teachers remained roughly the same.

Respondents were more likely to disclose their LGBTQ+ identity to their closest friends 78%, followed by their best friends 71%. Siblings ranked high at 62 % followed by parents 58%. For 12% of participants none of their family members knew of their LGBTQ+ identity which is a 12% decrease since the study was conducted in 2019 where, for 24% of respondents no family members knew their LGBTQ+ identity.

The percentage of participants indicating that none of their friends knew their identity was reduced by 17% to 3% over the 5 year. Similarly the number of persons indicating that no one at work knew of their LGBTQ+ identity decreased from 14% (in 2019) to 9% (in 2024)

SCHOOL/ EDUCATION EXPERIENCES

36) SCHOOL ATTENDANCE:

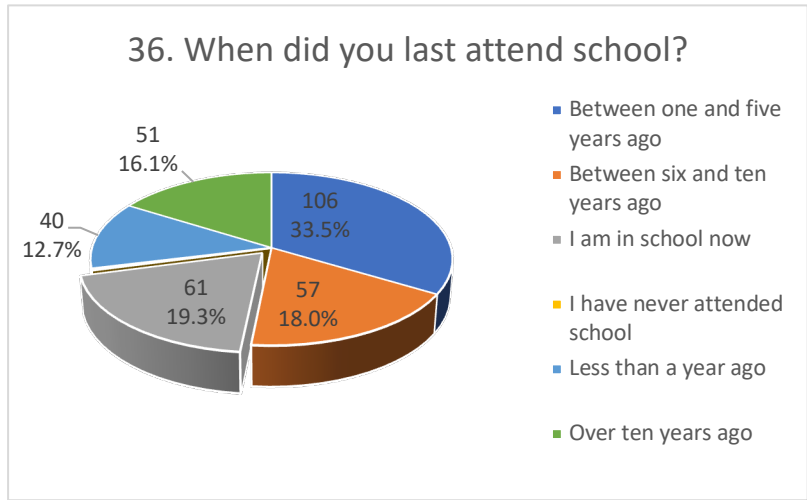


Figure 41. School Attendance

Most respondents (34%) indicated that they last attended school between one and five years ago, while another 19% advised that they are were still in school. 18% attended school between six and ten years ago.

37) SCHOOL CATEGORY:

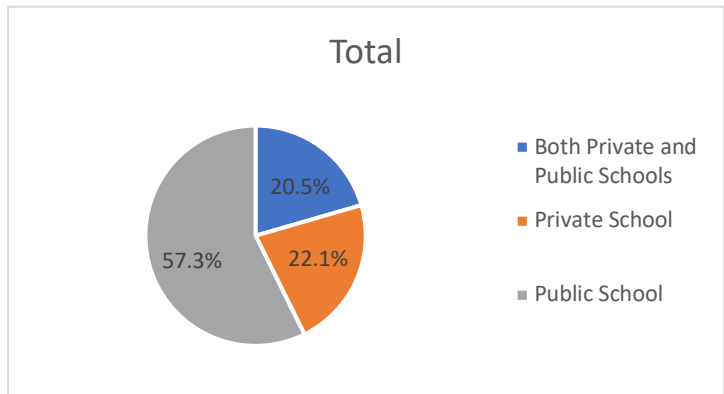


Figure 42. Category of School Attended

57% of respondents who participated in the study indicated that they attended public schools, while 21% attended private schools. 21% of participants attended both public and private educational institutions.

38. BULLYING IN SCHOOL DUE TO GENDER IDENTITY OR SEXUAL ORIENTATION:

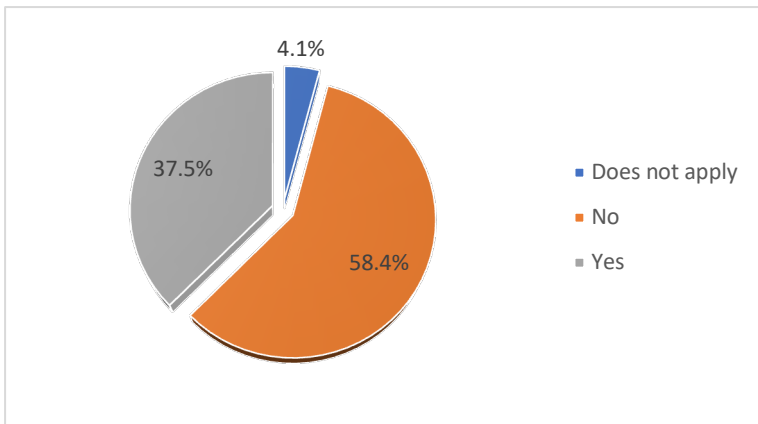


Figure 43. Experience of Bullying in School

The data from both 2019 and 2020 indicate a significant portion of respondents experiencing bullying in school due to their perceived gender identity or sexual orientation. In 2019, 43% reported being bullied, with verbal abuse or

harassment being the most common form. However, in 2024, the percentage of respondents experiencing bullying decreased to 38%, with a larger portion (58%) reporting not being bullied.

While there is a shift in the percentages, the issue of bullying in schools based on gender identity or sexual orientation persists across both years, highlighting the need for continued efforts to address and prevent such behaviour. Noteworthy however, the decrease suggests a potential positive change in the prevalence of bullying in schools based on gender identity or sexual orientation.

About 38% of respondents who attended school between 1 and 5 years ago experienced bullying, compared to 46% of people who are in school now and 48% of people who were in school less than a year ago. Among those who had been out of school for some time, 27% of those who had left school more than 10 years ago and 33% of those leaving school between 6 and 10 years ago had experienced bullying. This may evidence an increase in bullying in schools over time.

31% of cis men, 23% of cis women, 50% of gender-fluid persons, 38% of non-binary persons, 60% of trans men or transmasculine persons and 26% of transwomen or trans feminine persons were bullied while at school.

39: LEVEL OF SCHOOLING THAT BULLYING OCCURRED:

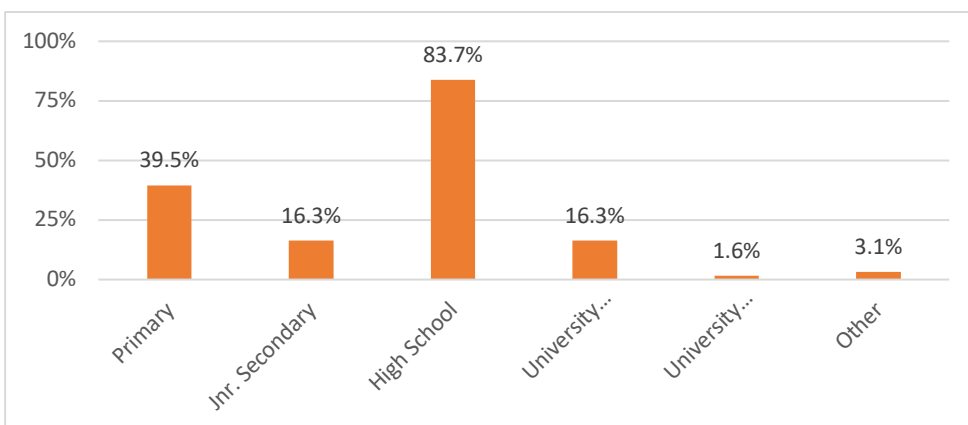


Figure 44. Level of Bullying That Bullying Occurred

High school was noted as the major institution where bullying occurred for most respondents (52%). From the sample, 25% indicated that they experienced bullying at primary school. For respondents who selected 'other' the bullying mostly occurred at vocational institutions. These findings align with the 2019 survey where 88% of people were bullied at high school and 14% were bullied at University (undergraduate) level. However the number of people reporting bullying at primary and junior secondary school increased notably from 30% to 40% and from 7% to 16% respectively.

40) TYPE OF SCHOOL WHERE BULLYING OCCURRED:

40. At what type of school did the bullying occur ?

128 responses

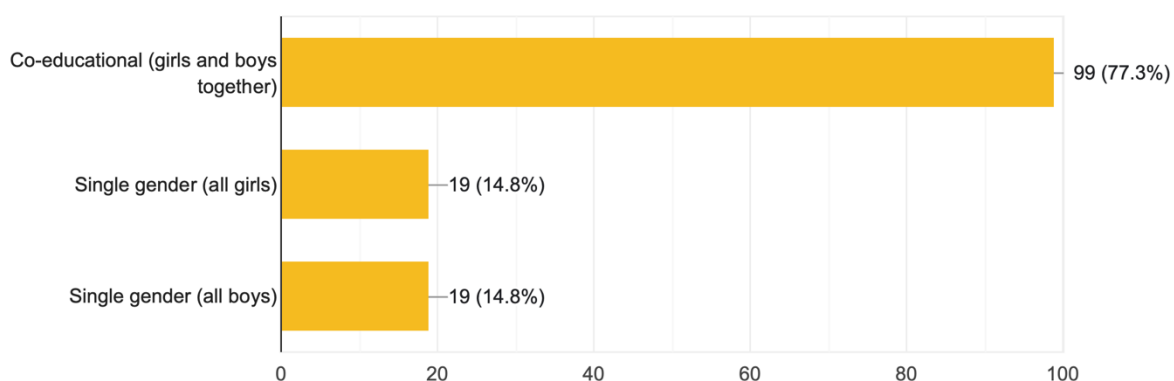


Figure 45. Type of School Where Bullying Occurred

77% of respondents indicated that they experienced bullying at co-educational institutions. Comparatively, 60% of respondents in 2019 reported bullying at co-ed schools. 15% experienced bullying at single gender (all boys) and single gender (all girls) schools respectively. In 2019 a combined 40% of respondents had experienced bullying at single-gender schools

41) TYPE OF BULLYING EXPERIENCED IN SCHOOL:

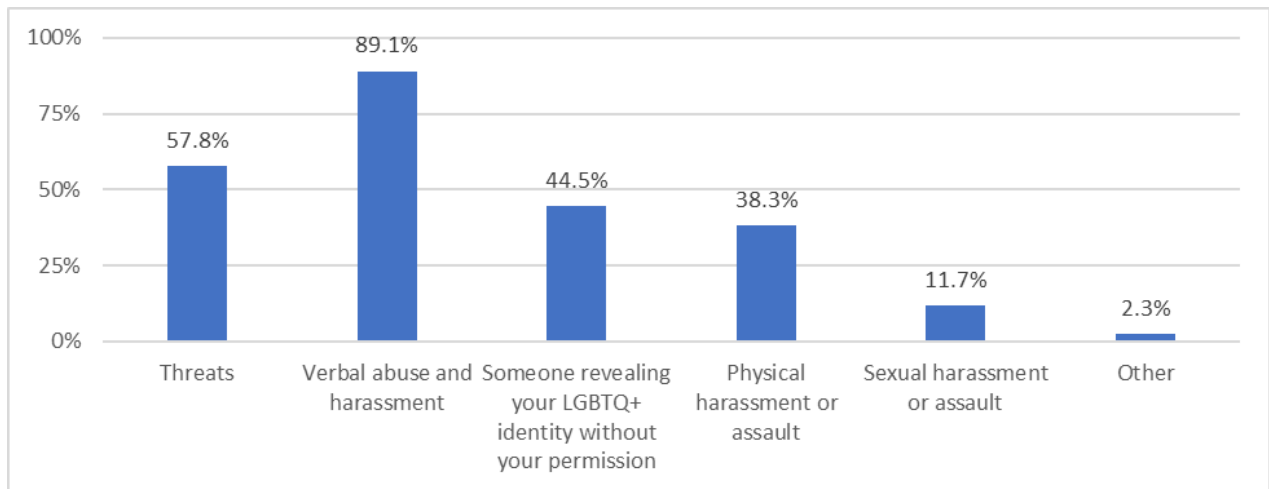


Figure 46. Type of Bullying Experienced

In the 2019 survey, the most prevalent form of bullying reported by respondents was verbal abuse or harassment, affecting 80% of those surveyed. This was followed by having one's LGBT status revealed without permission (46%), and threats (41%). A small percentage (4%) reported experiencing other forms of bullying, including name-calling, mean jokes, rumor spreading, and threats to reveal LGBT status. In 2024, verbal abuse and harassment remained the most commonly experienced type of bullying, with 89% of respondents reporting such incidents. Threats were also prevalent, affecting 58% of those surveyed. Notably, a small percentage (2%) reported experiencing other types of bullying, including discrimination, online harassment, and educational sabotage by teachers. Despite variations in the percentages, verbal abuse and threats continue to be significant issues in both years, with additional concerns emerging in 2024, such as online harassment and educational sabotage

42) PERSONS RESPONSIBLE FOR BULLYING IN SCHOOL:



42. If you were bullied in school who was responsible? (tick all that apply)

127 responses

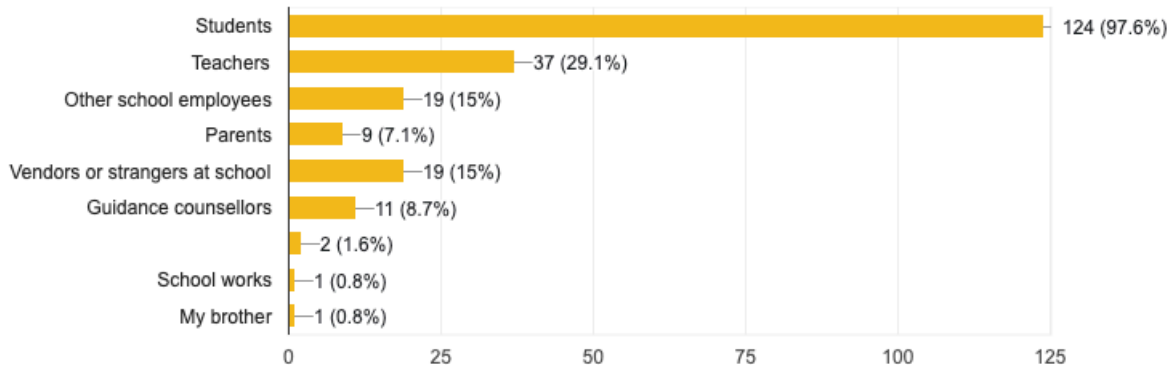


Figure 47. Person Responsible for Bullying

Respondents indicated that they experienced bullying mainly from other students while at school (97%), followed by teachers 29% and other school employees, and vendors or strangers at the school (15% each). In 2019, 99% of respondents were bullied by students, 22% were bullied by teachers and 8% were bullied by other school employees and 17% bullied by strangers or vendors at school.

43. AWARENESS AND ASSISTANCE WITH BULLYING

43A) ASSISTANCE FROM TEACHERS FOR BULLYING IN SCHOOL:

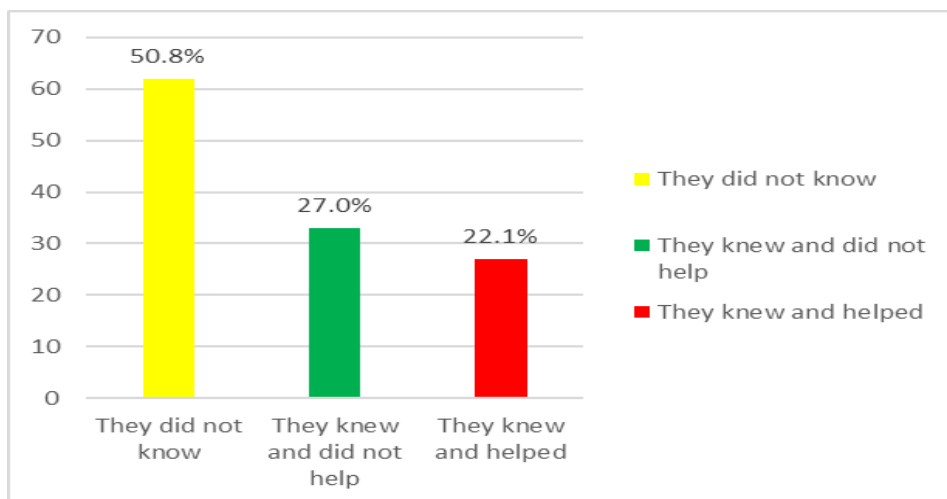
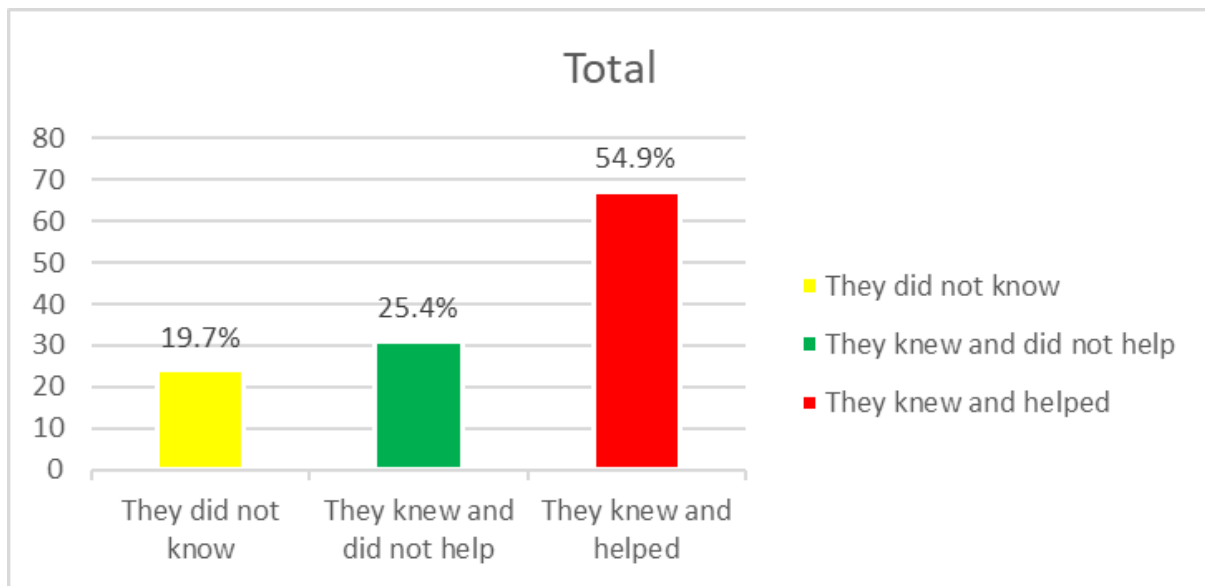


Figure 48. Assistance from Teachers when Bullied

Teachers/Principals were slightly more likely than unlikely to know that a respondent was being bullied with 51% being unaware. . In instances where they knew 27.% did not help while 22% knew and helped.

43B) ASSISTANCE FROM FRIENDS FOR BULLYING IN SCHOOL:



Among all groups, friends were the most likely to know and help when a student was being bullied (55%). 20% of friends did not know the respondent was being bullied, and 20% knew but did not help.

Figure 49. Assistance from Friend when Bullied

43C) ASSISTANCE FROM OTHER STUDENTS FOR BULLYING IN SCHOOL:

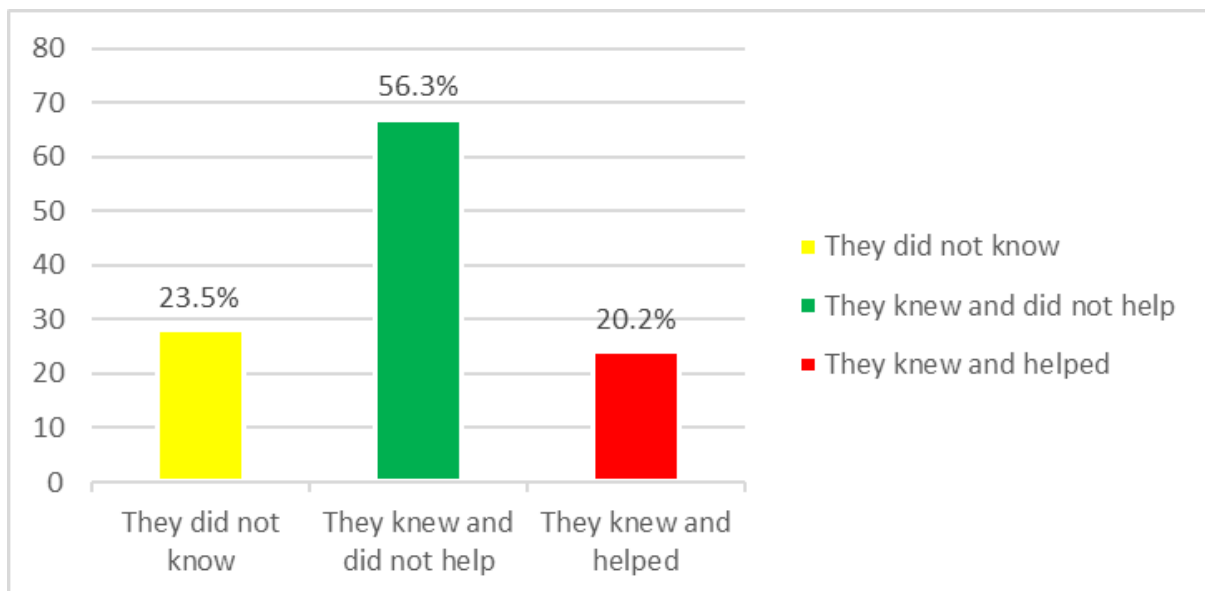


Figure 50. Assistance from Other Students when Bullied

Students who are not friends were more likely to know and not help (56%) as opposed to know and help (20%) or not know (24)

43D) ASSISTANCE FROM GUIDANCE COUNSELLORS FOR BULLYING IN SCHOOL:

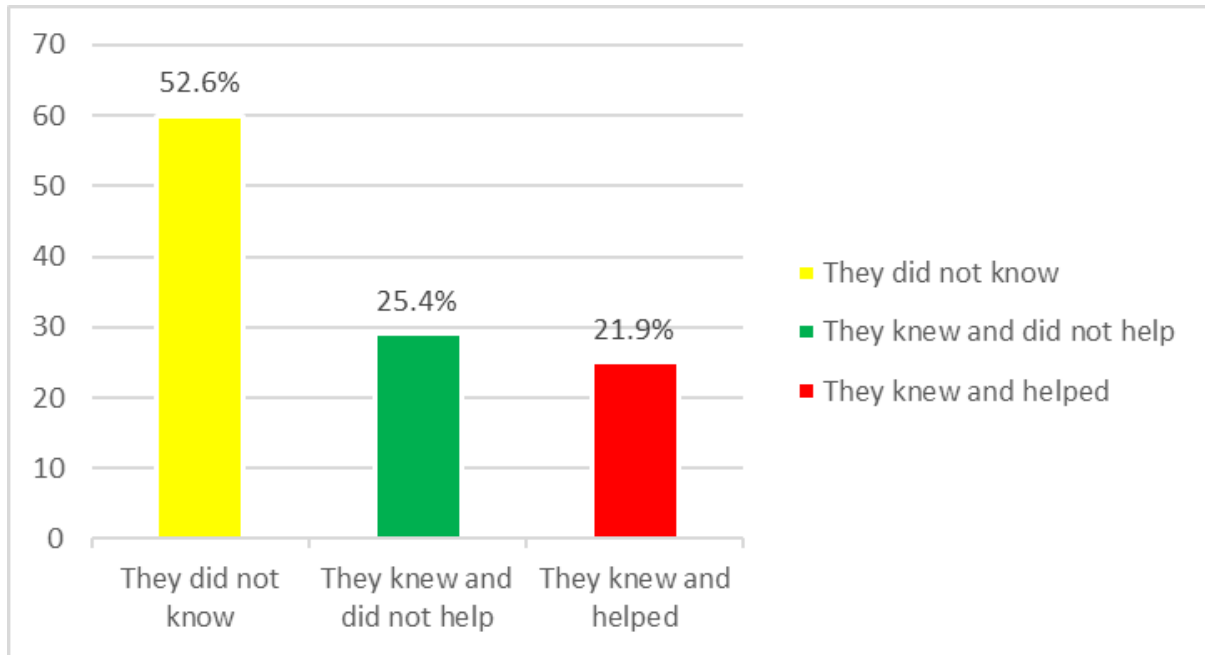


Figure 51. Assistance from Guidance Counsellor when Bullied

Guidance counsellors were even less likely to know about bullying than teachers (53%). When they did know they were just about as likely to provide help as teachers (22% for each).

43E) ASSISTANCE FROM PARENTS FOR BULLYING IN SCHOOL:

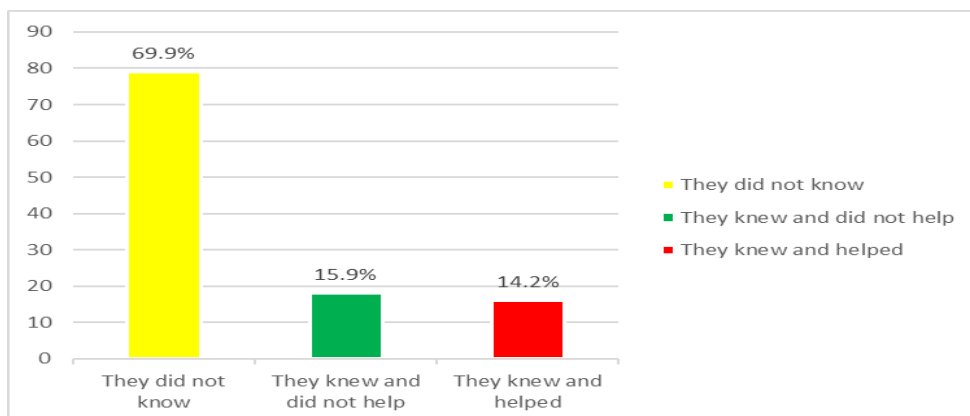


Figure 52. Assistance from Parents when Bullied

When compared to teachers and guidance counsellors, parents were even less likely to be aware of bullying with 70% being unaware. When they did know they were more likely to not help (16%) than help (14%).

43F) ASSISTANCE FROM VENDORS OR OTHER PEOPLE AT THE SCHOOL

FOR BULLYING IN SCHOOL:

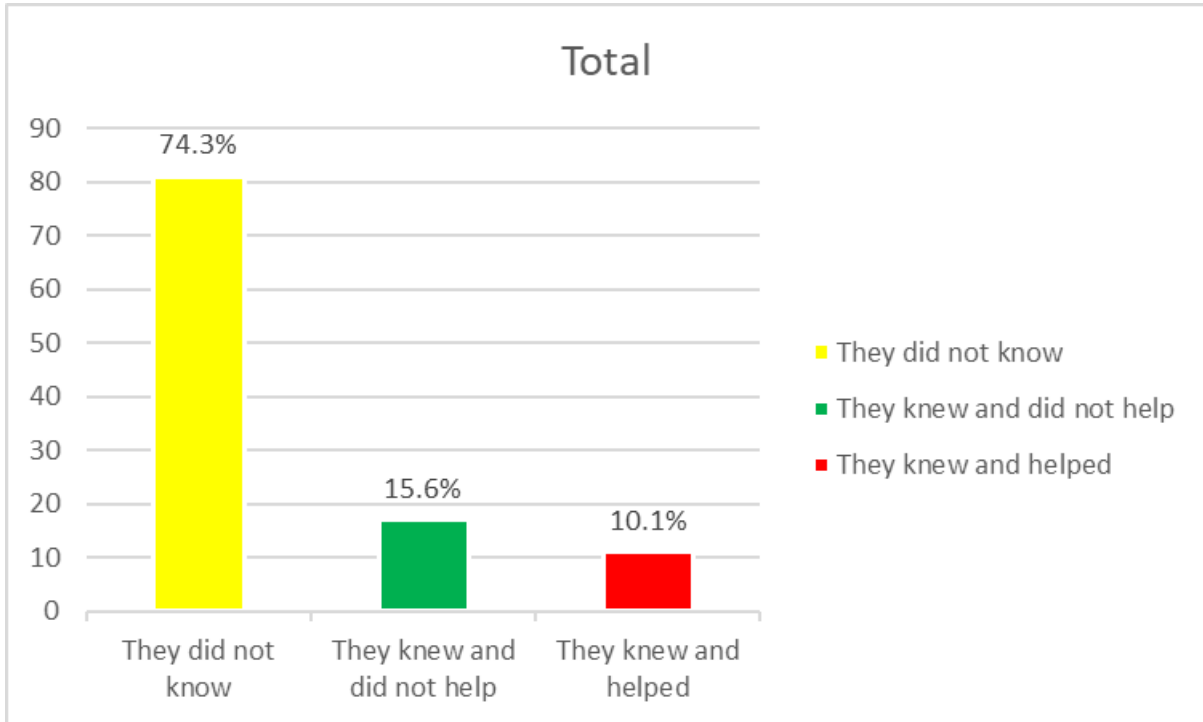


Figure 53. Assistance from Vendors and Other People at School when being Bullied

About 74% of vendors were unaware that students were being bullied. When they were aware they were more likely to not help (17%) than to help (10%)

44) REPORTING OF BULLYING INCIDENT:

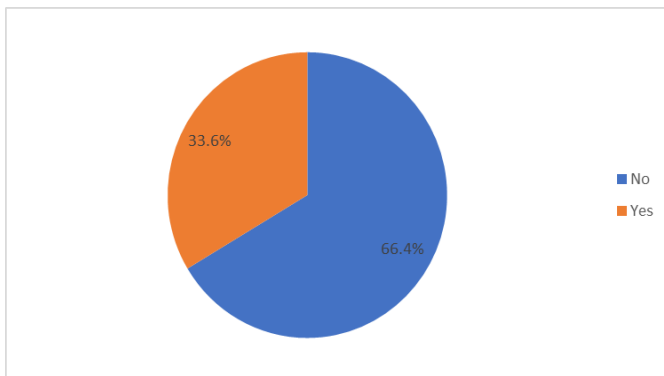


Figure 54. Reporting of Bullying Incident

As in 2019, persons generally did not report incidents of violence at school (68% not reporting in 2019 and 65% not reporting in 2024).

Cisgender men were more likely not to report incidents when they were bullied.

44A. OUTCOME OF REPORTED BULLYING INCIDENT:

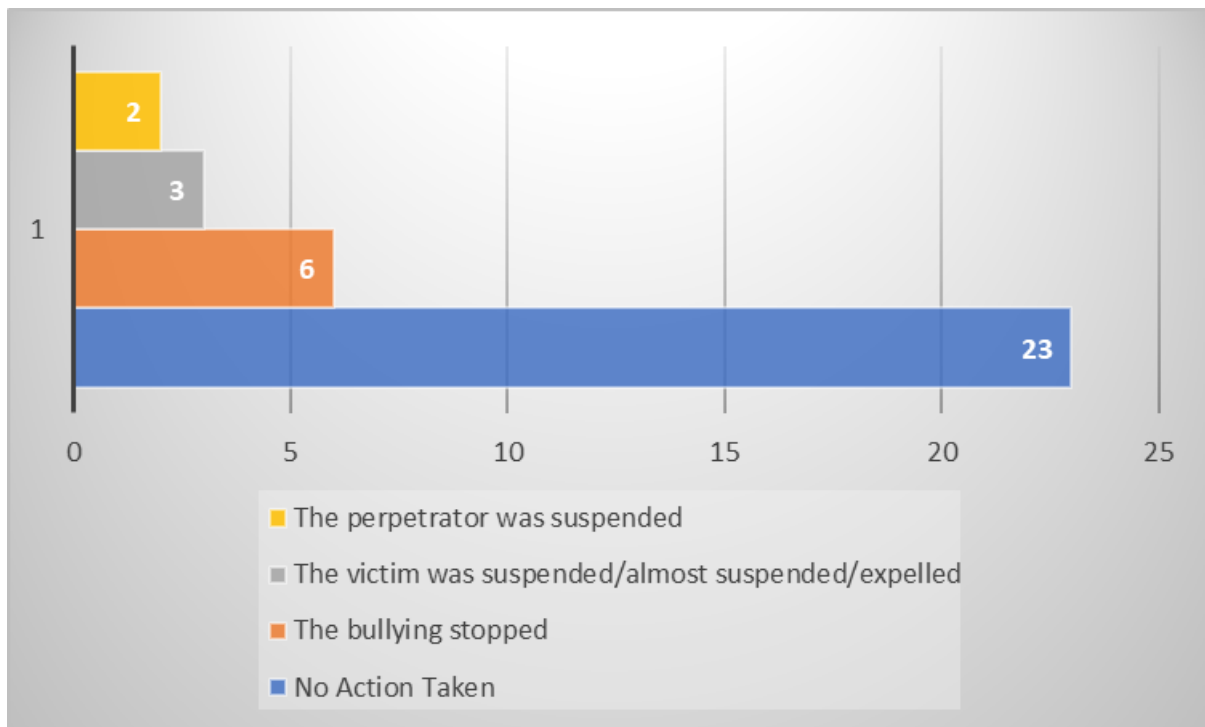


Figure 55. Outcome of Reporting Bullying Incident

In the instances where respondents made reports of bullying, most respondents indicated that no action was taken to address the issue. In few respondents stated that they were suspended after the incident was reported while in some cases the perpetrator was the individual who was suspended. For a fair number of respondents, the bullying ceased once the report was made.

44B) WHY NOT REPORT THE INCIDENT?

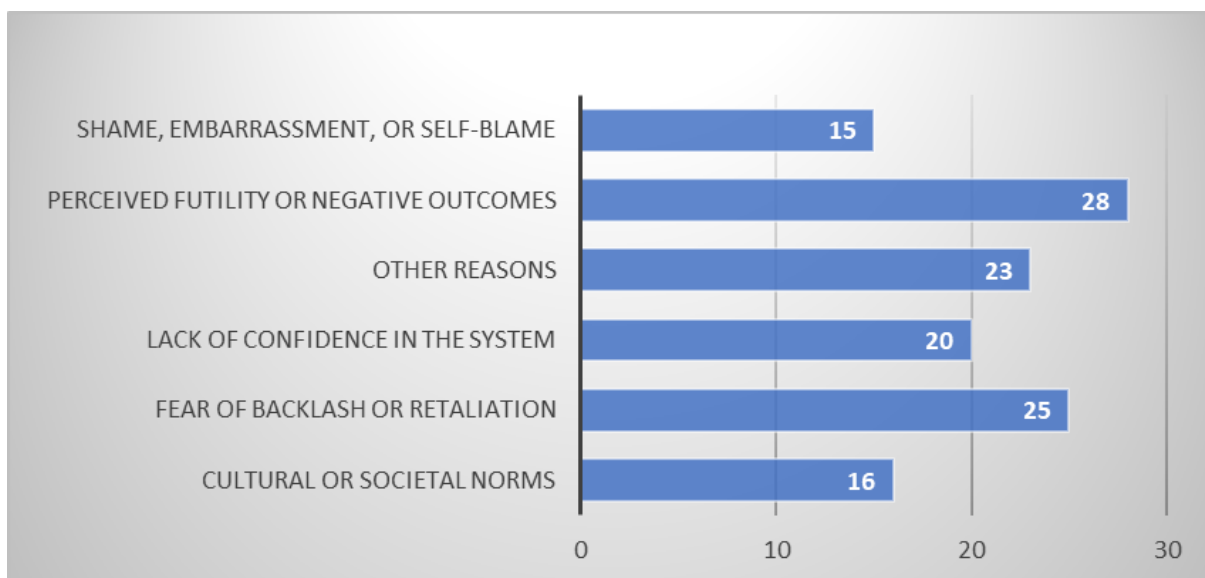


Figure 56. Reasons for not Reporting Bullying Incident

The main reasons for respondents choosing not to report instances of bullying is a perception that nothing would arise from the report and it would only lead to negative outcomes. Respondents also cited fear of backlash or retaliation as a reason for not reporting the issue.

45) SCHOOL CURRICULUM AND ITS ABILITY TO ADDRESS LGBTQ+ NEEDS:

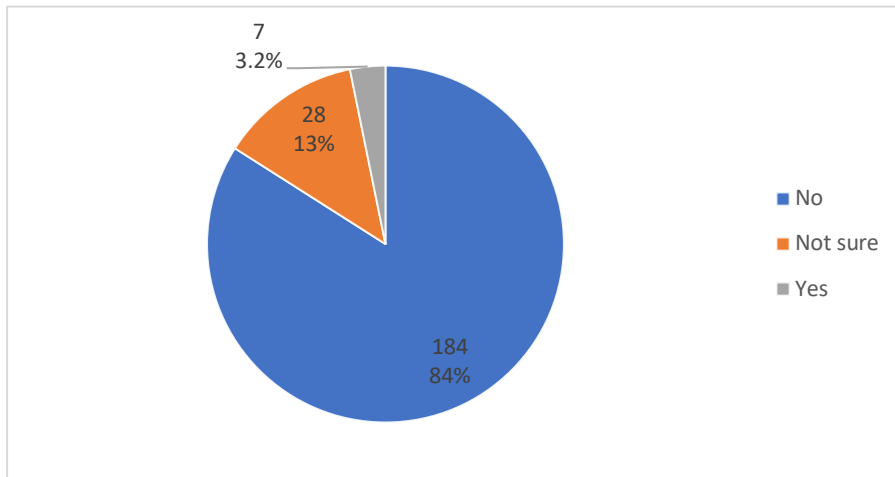


Figure 57. School Curriculum's Ability to Address LGBTQ+ Needs

In both 2019 and 2024, a significant majority of respondents felt that the school curriculum did not adequately address the needs of LGBTQ+ students. In 2019, 79% of respondents expressed this sentiment, while in 2024, the percentage increased to 84%. Conversely, only a small fraction of respondents felt that the curriculum adequately met the needs of LGBTQ+ students, with 3% in 2019 and 7% in 2022. Interestingly, in 2022, it was noted that respondents who believed the curriculum fell short were primarily educated in both urban and rural areas, indicating a widespread perception of inadequacy across different educational settings.

WORKPLACE EXPERIENCES

46A) EMPLOYMENT STATUS IN THE LAST 12 MONTHS:

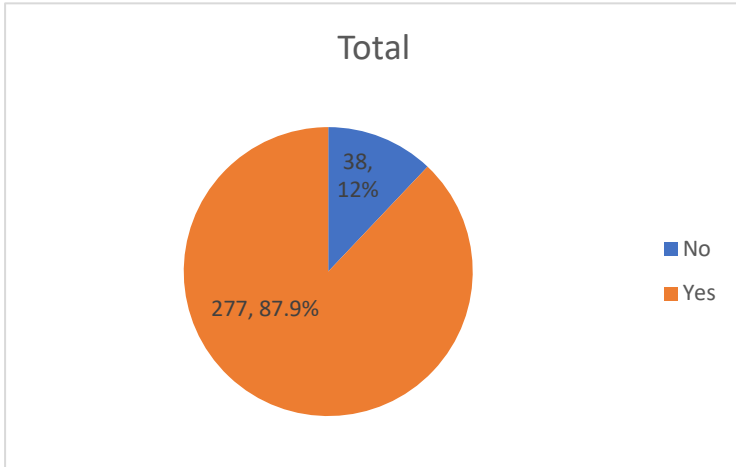


Figure 58. Employment Status Within the Last 12 Months

89% of respondents advised that they have been employed within the last 12 months, while 12% were not. The Kingston and St. Andrew area saw the most number of respondents being employed. In 2019, 83% of respondents had been employed within the last 12 months.

46B) UNEMPLOYMENT STATUS IN THE LAST 12 MONTHS:

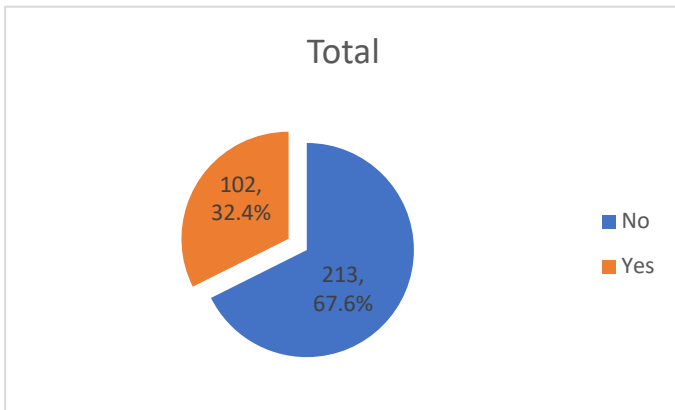


Figure 59. Unemployment Status Within the Last 12 Months

32% of respondents had been unemployed within the last 12 months, these respondents were mostly located in urban areas with Kingston and St. Andrew having the greatest number of unemployed respondents (50%). In 2019 34% of respondents had been unemployed within the last 12 months.

47) LGBTQ+ IDENTITY AND ABILITY TO GAIN EMPLOYMENT:

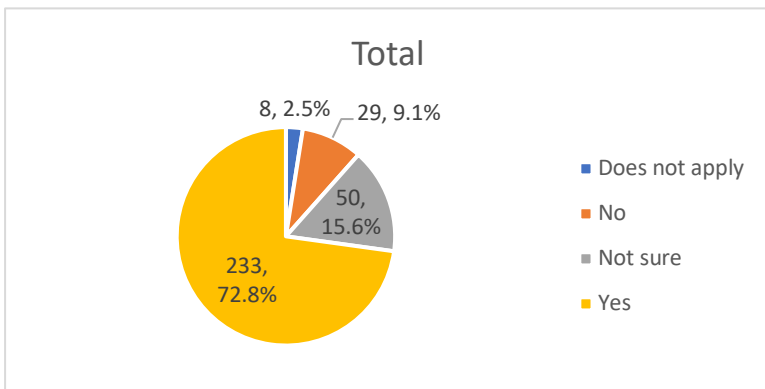


Figure 60. LGBTQ+ Identity and Ability to Gain Employment

73% of respondents indicated that they believe being openly LGBTQ+ would affect a person's ability to get jobs and 9% believe that it would not have an effect.

48) NEGATIVE EXPERIENCES AT WORK DUE TO BEING LGBTQ+:

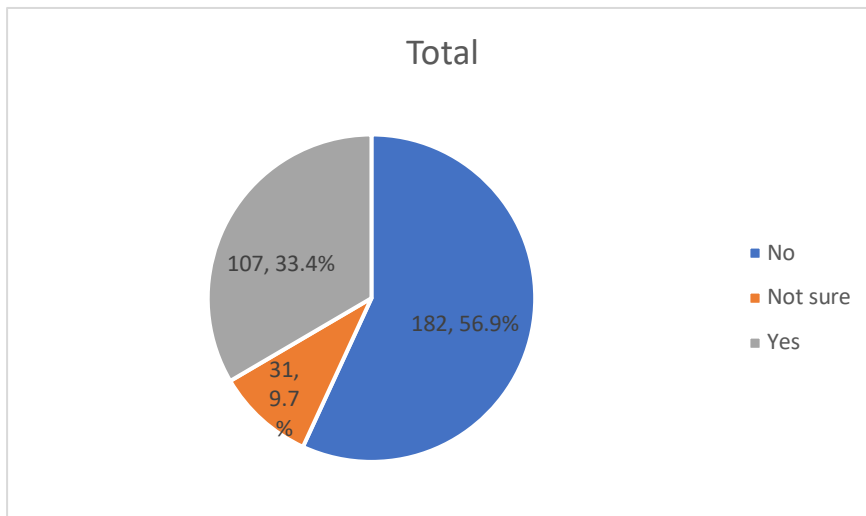


Figure 61. Negative Experiences at Work Due to Being LGBTQ+

In 2019, 48% of respondents reported not having experienced negative incidents in the workplace due to their LGBT identity, while 34% had encountered such experiences, and 18% were uncertain. Notably, sexual orientation and gender identity did not appear to significantly influence the workplace experiences of LGBT individuals. However, by 2024, a larger majority (57%) reported not facing negative experiences in the workplace because of their LGBTQ+ identity, with 33% of respondents indicating they had encountered negative incidents and a smaller number 10% remaining unsure/

49. IF YOU HAD NEGATIVE EXPERIENCES IN THE WORKPLACE BECAUSE OF YOUR LGBT IDENTITY, WHAT HAPPENED AND WHO WAS THE PERPETRATOR?

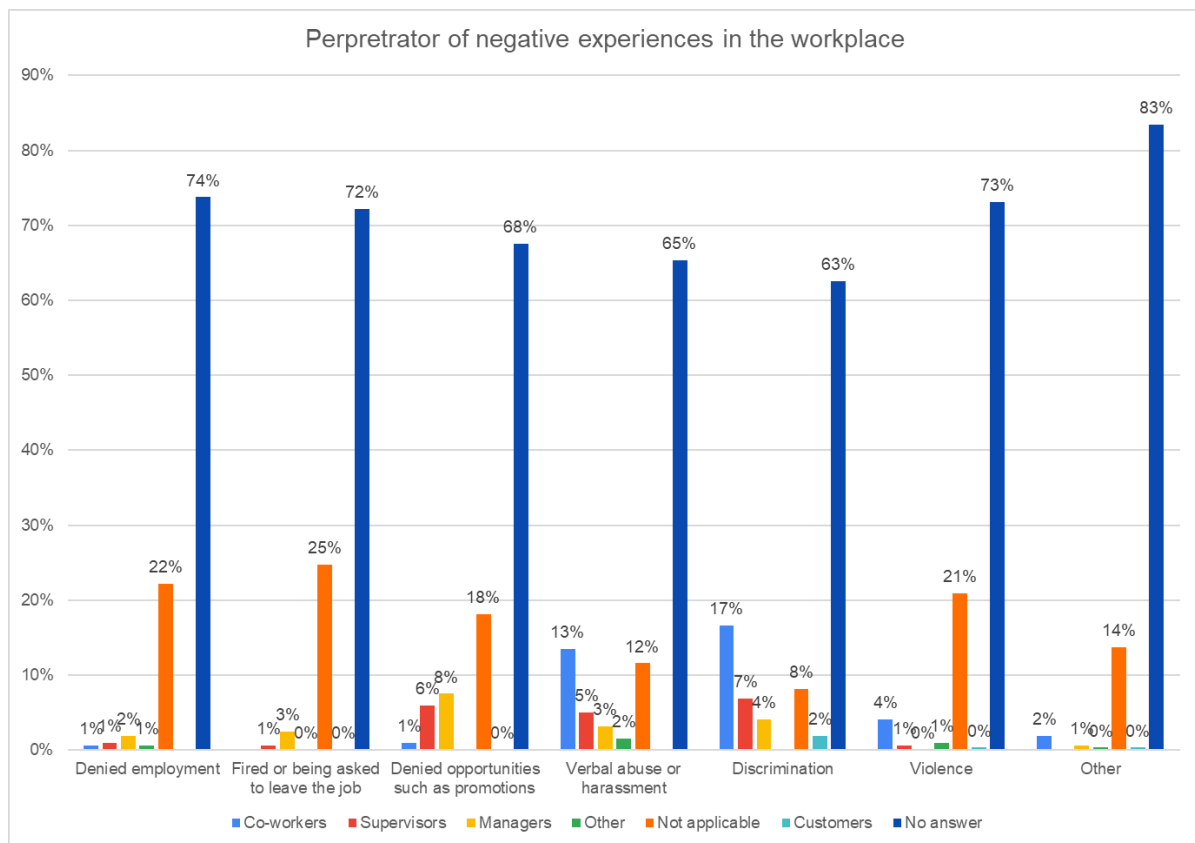


Figure 62. Type of Workplace Violence and Perpetrator

In 63% to 82% of instances, participants did not answer this question. For those who did answer, the most popular response was ‘not applicable’.

In the case of verbal abuse or harassment and discrimination co-workers were the most likely perpetrators at 13% and 17% respectively, they were also the most likely perpetrators of violence (4%). Verbal abuse or harassment and discrimination were the most prevalent negative experiences across perpetrator categories. Supervisors were the next most likely perpetrators of verbal abuse and discrimination at 5% and 7% respectively, while managers were the next most likely perpetrators of denying opportunities such as promotions (8%) and firing persons or asking them to leave jobs (3%)

50: POSITION AT WORK AND ITS IMPACT ON YOUR TREATMENT AS A LGBTQ+ PERSON:

The most common theme among respondents was that their position in the workplace did affect how people treated them as LGBTQ+ individuals, particularly with regards to power dynamics.

Those in managerial or supervisory roles often noted that their authority commanded more respect and deterred overt discrimination, while those in lower positions or without any official title described facing more open hostility and discrimination.

Additionally, many respondents mentioned that keeping their LGBTQ+ identity private at work was a strategy to avoid negative treatment, while others highlighted instances where their position allowed them to enforce policies against discrimination or mitigate mistreatment.

Overall, power dynamics within the workplace significantly influenced the treatment of LGBTQ+ individuals, with higher positions offering more protection against discrimination.

CONNECTIONS, COMMUNITIES AND RELATIONS

51) EASE OF FORMING HEALTHY ROMANTIC RELATIONSHIPS AS AN LGBTQ+ PERSON:

51. Is it easy for you to form healthy romantic relationships as an LGBTQ+ person?

320 responses

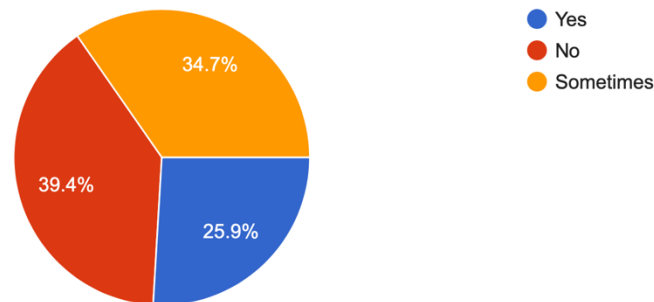


Figure 63. Ease of Forming Relationships as an LGBTQ+ Person

Most participants (40%) felt it was not easy to form healthy romantic relationships as an LGBTQ+ persons. Another 35% felt it was easy sometimes and another 26% felt it was easy. In 2019, only 22% of persons felt it was easy to form a healthy romantic relationship and 43% felt it was not.

50% of gender-fluid persons, 35% of non-binary persons, 60% of trans men or transmasculine persons and 58% of trans women or transfeminine persons found it hard to form healthy romantic relationships.

75% of asexual persons found it hard to find healthy romantic relationships, as did 41% of bisexual persons, 25% of gay men and 9% of lesbian women.

78% of persons living with disabilities found it hard to form healthy relationships.

52) POSITIVES AND NEGATIVES OF LGBTQ+ RELATIONSHIPS:

Factors contributing to difficulties:

2024 LGBT Community Experience and Needs Assessment Survey Report

1. **Lack of Communication:** Several respondents mentioned challenges related to communication, including misunderstandings, lack of honesty, and difficulty expressing feelings.
2. **Trauma:** Many individuals cited past traumas as barriers to forming healthy relationships, affecting their ability to trust and connect with others.
3. **Fear and Safety Concerns:** Fear of violence, societal judgment, and lack of safety in public spaces were mentioned as significant challenges, particularly for those who are not fully out.
4. **Internalized Homophobia:** Some respondents highlighted the prevalence of internalized homophobia within the LGBTQ+ community, affecting self-esteem and relationship dynamics.
5. **Limited Social Spaces:** Difficulty finding safe and inclusive spaces to meet other LGBTQ+ individuals was mentioned, particularly in areas with limited community support.
6. **Sexualization and Fetishization:** Some individuals expressed frustration with being objectified or fetishized within the LGBTQ+ community, leading to difficulties in forming meaningful connections.
7. **Trust Issues:** Trust issues stemming from past experiences, including infidelity and betrayal, were cited as obstacles to building successful relationships.
8. **Limited Dating Pool:** The small size of the LGBTQ+ dating pool, coupled with challenges in identifying other LGBTQ+ individuals, made it difficult for some respondents to find compatible partners.
9. **Hiding and Secrecy:** The need to conceal relationships due to societal stigma or personal safety concerns was mentioned as a significant barrier to intimacy and authenticity.
10. **Family and Social Pressures:** Family rejection, societal pressures, and lack of acceptance from peers were identified as factors that complicate LGBTQ+ relationships.

Factors contributing to ease:

1. **Understanding and Acceptance:** Some respondents found it easier to connect with partners who understand and accept their identity fully.
2. **Mutual Support and Compatibility:** Relationships characterized by mutual support, compatibility, and shared values were perceived as easier to navigate.
3. **Access to LGBTQ+ Spaces:** Access to LGBTQ+ friendly spaces and communities facilitated the formation of relationships and provided a sense of belonging.
4. **Personal Growth and Healing:** Individuals who had undergone personal growth and healing found it easier to engage in healthy relationships and communicate effectively with their partners.
5. **Openness and Authenticity:** Being open and authentic about one's identity and desires, as well as finding partners who value authenticity, contributed to relationship ease for some respondents.
6. **Communication and Boundaries:** Clear communication and setting healthy boundaries were mentioned as key factors in fostering ease within LGBTQ+ relationships.

7. **Polyamory and Non-monogamy:** Some respondents found ease in relationships characterized by polyamory or non-monogamy, which allowed for greater freedom and flexibility in romantic connections.
8. **Finding Like-minded Individuals:** The ability to connect with like-minded individuals who share similar experiences and values facilitated ease in forming romantic connections.

Overall, LGBTQ+ romantic relationships are influenced by a variety of factors, including individual experiences, societal attitudes, access to resources and support, and personal growth and healing. Building and maintaining healthy relationships often require open communication, mutual respect, and a supportive community environment.

53) EASE OF FORMING FRIENDSHIPS AS AN LGBTQ+ PERSON:

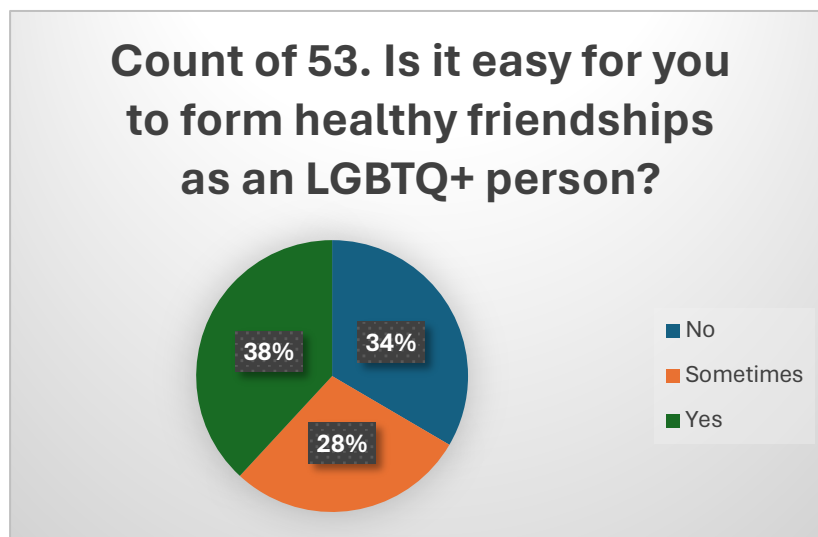


Figure 64. Easy of Forming Healthy Friendships as an LGBTQ+ Person

Survey respondents seemed to have an easier time forming healthy friendships (38%) than romantic relationships (26%).

There was an overall decrease in persons finding it easy to form healthy friendships from 45% in 2019 to 38% in 2024.

33% of persons with

disabilities found it easy to form friendships.

53A) NEGATIVES AND POSITIVES OF LGBTQ+ FRIENDSHIPS:

Hard:

1. **Prejudice:** Discrimination and prejudice from society can create barriers to forming and maintaining friendships within the LGBTQ+ community.
2. **Jealousy and Drama:** Some individuals within the community may exhibit toxic behavior such as jealousy, gossip, or drama, making it difficult to build genuine connections.
3. **Misunderstandings and Mistrust:** Fear of being judged or misunderstood by other LGBTQ+ individuals can hinder the development of friendships.
4. **Different Expectations:** Some people may have unrealistic expectations of what a friendship should be like, leading to disappointment and strained relationships.
5. **Romantic Confusion:** Friendships can become complicated when romantic feelings are involved or when there's uncertainty about the nature of the relationship.

6. **Small Community Dynamics:** In smaller LGBTQ+ communities, navigating social circles and dynamics can be challenging, especially when there's a lack of safe spaces or support networks.
7. **Personal Trauma:** Past experiences of discrimination, harassment, or trauma can affect one's ability to trust and connect with others, making friendships more challenging.

Easier:

1. **Shared Experiences:** Common experiences of discrimination, coming out, or facing societal challenges can create bonds and understanding among LGBTQ+ individuals.
2. **Acceptance and Support:** Finding friends who are accepting and supportive of one's identity can foster a sense of belonging and ease in forming connections.
3. **Community Events and Spaces:** LGBTQ+ community events and safe spaces provide opportunities to meet like-minded individuals and forge friendships based on shared interests and values.
4. **Open Communication:** Being able to openly discuss one's identity, experiences, and feelings with friends who understand can facilitate deeper connections and trust.
5. **Personal Compatibility:** Finding friends who align with one's personality, interests, and values can make friendships easier to develop and maintain.

54) COMFORT UNDERTAKING SPECIFIC ACTIVITIES WITH A PARTNER

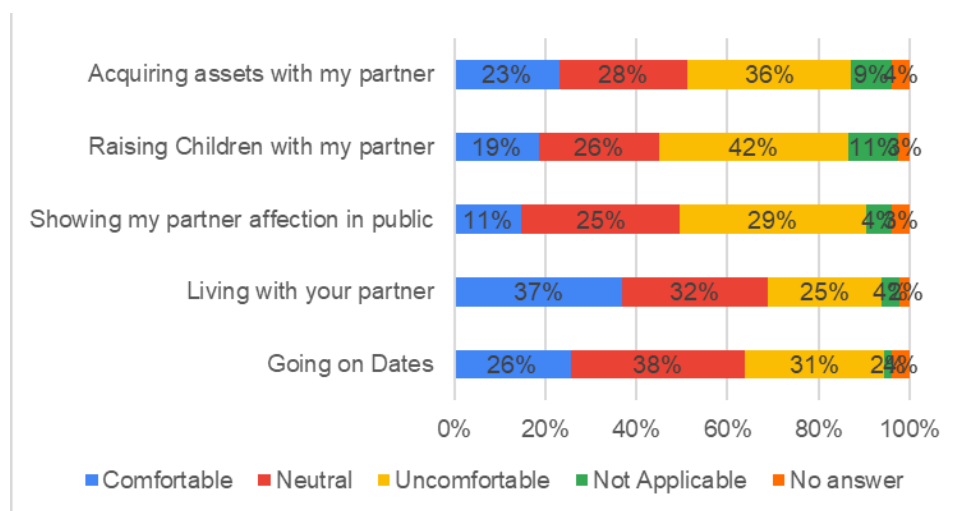


Figure 65. Comfort Undertaking Specific Actions with a Partner

In most cases, participants expressed relatively high levels of discomfort undertaking activities such as acquiring assets (36%), raising children (42%), showing affection in public (29%) and going on dates (31%) with a partner. In one instance, living with a partner, participants were more likely to be comfortable (37%) than uncomfortable (25%). The activity with the highest levels of discomfort were raising children with a partner (42%) and going on dates (31%).

There was a slight decrease in the number of respondents who would feel comfortable living with a partner, down from 44% in 2019 to 37% here. There was also a decrease in people who would feel comfortable raising a child with a partner, down from 28% in 2019 to 19% here.

55) FEELING A SENSE OF BELONG IN THE LGBTQ+ COMMUNITY

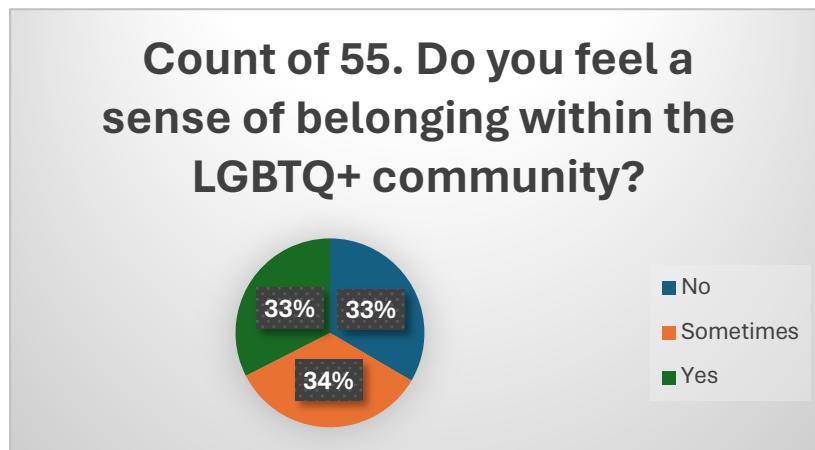


Figure 66. Sense of Belonging Within the LGBTQ+ Community

33% of respondents felt a sense of belonging within the LGBTQ+ community while another 33% did not. In 2019 39% of respondents felt a sense of belonging (a higher number than in 2024) and 17% did not (fewer people than in 2024).

100% of asexuals, 40% of trans men or transmasculine people, and 54% of trans women or transfeminine people did not feel a sense of belonging within the community.

56) FACTORS IMPACTING SENSE OF BELONGING

Here's a summary of the sentiments expressed:

Factors Contributing to Belonging:

1. Acceptance and lack of hate for being oneself.
2. Gender identity affirmation from those around.
3. Supportive circles or support groups.
4. Welcoming LGBTQ+ organizations and events.
5. Feeling understood and relating to other LGBTQIA+ members.
6. Finding common ground and shared experiences.
7. Feeling safe and cared for within the community.

8. Shared goals and aspirations.
9. Bonding over similar interests and experiences.
10. Feeling connected and supported by friends within the community.
11. Opportunities for expression and growth.

Factors Contributing to Exclusion:

1. Feeling misunderstood or not fully accepted within the community.
2. Experiencing discrimination or exclusion based on sexual orientation or gender identity.
3. Internalized homophobia, transphobia, or other biases within the community.
4. Feeling disconnected or out of place due to personality differences.
5. Lack of representation or support for certain identities within the community.
6. Cliques, judgment, or superficiality among members.
7. Classism, colorism, or other intersectional issues leading to segregation.
8. Fear of exposure or judgment by association.
9. Feeling pressured to conform to certain behaviors or stereotypes.
10. Limited access or barriers to participation in LGBTQ+ events and spaces.
11. Concerns about privacy or safety, especially in hostile environments.

57) ACCESSIBILITY OF LGBTQ+ PLACES FOR PERSONS WITH DISABILITIES

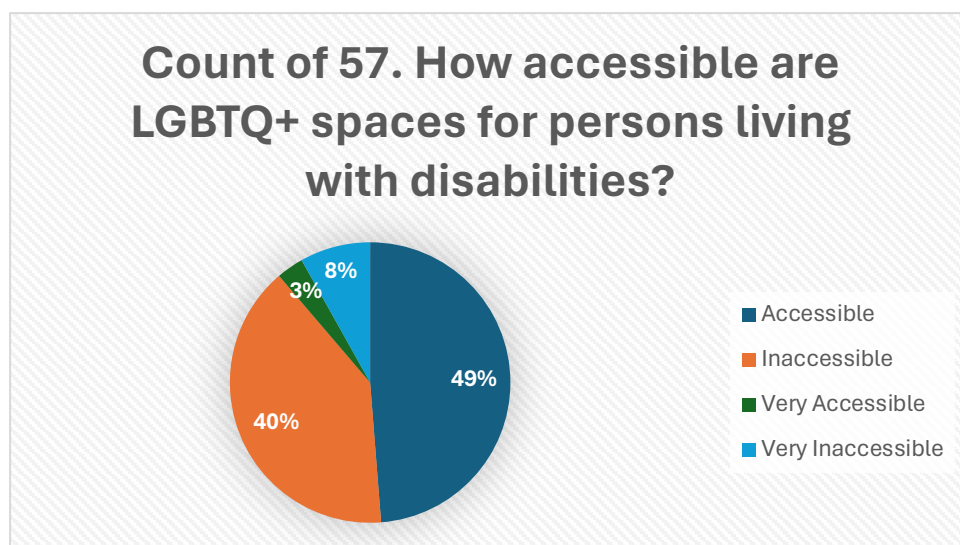


Figure 67. Accessibility of LGBTQ+ Spaces for Persons Living With Disabilities

2024 LGBT Community Experience and Needs Assessment Survey Report

49% of respondents thought LGBTQ+ spaces were assessable for persons living with disabilities while 40% felt they were inaccessible. When compared to 2019, only 3% of respondents felt spaces were accessible and 27% felt they were inaccessible. It is noteworthy that the number of respondents who found spaces very inaccessible had decreased from 30% in 2019 to 8% in 2024.

67% of respondents with disabilities found LGBTQ+ spaces to be inaccessible or very inaccessible. 50% of persons who were blind or had vision disabilities found the spaces inaccessible, while 100% of persons with mobility issues and 100% of persons with speech disabilities found spaces inaccessible.

57A) IMPROVEMENTS NEEDED TO IMPROVE ACCESSIBILITY TO LGBTQ+ SPACES

The responses provided indicate a variety of perspectives on how LGBTQ+ spaces can be made more accessible, particularly for individuals with disabilities. Some common suggestions include:

1. **Consultation and Inclusion:** Reach out to LGBTQ+ people and communities, including those with disabilities, to understand their perspectives and needs better.
2. **Centering Disabled Voices:** Actively involve and amplify the voices of queer disabled individuals in the planning and decision-making processes for events and spaces.
3. **Physical Accessibility:** Implement physical accommodations such as wheelchair ramps, elevators, accessible bathrooms, and parking spaces for disabled individuals.
4. **Training and Awareness:** Provide training in sign language, increase awareness of disabilities, and offer accommodations like interpreters and braille signs at events.
5. **Online Accessibility:** Host more events online or provide access to events virtually to accommodate those who may face challenges attending in-person events.
6. **Collaboration:** Work with special needs organizations and disability advocacy groups to ensure inclusivity and accessibility in LGBTQ+ spaces.
7. **Continuous Improvement:** Regularly assess and adjust spaces to meet the evolving needs of the LGBTQ+ community, including individuals with disabilities.
8. **Increase inclusivity:** Better publicity of upcoming events, including the fact that they are accessible, and the provision of stipends for participation/

58) INVOLVEMENT AND EXPERIENCES OF DISCRIMINATION IN OTHER SPACES/COMMUNITIES:

The LGBTQ+ community also takes up space in other communities and groups. This section highlights their diversity of involvement and experiences in other spaces.

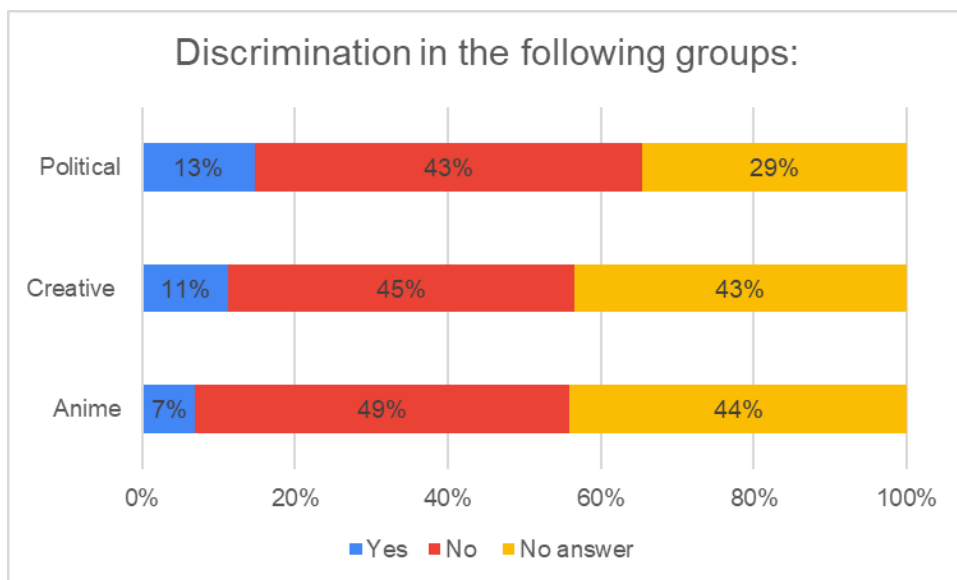
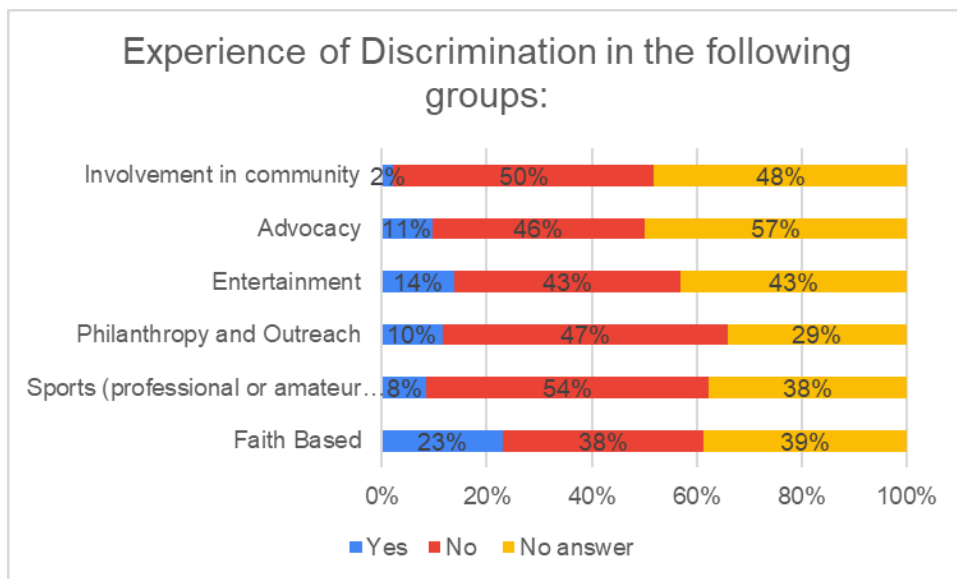


Figure 68. Involvement and Experiences of Discrimination in Other Spaces/Communities.

Overall professional or amateur sports had the highest level of involvement, with 62% of respondents involved, followed by faith-based spaces (61%)

(Experiences of discrimination in other spaces were relatively low when compared to a 57% lifetime experience of discrimination among all respondents. Faith-based spaces showed the highest level of discrimination, followed by political spaces and advocacy spaces at 11% each. Community groups showed the lowest level of discrimination at 2%.

HEALTH

59) FREQUENCY OF ACCESSING MEDICAL CARE IN 12 MONTHS:

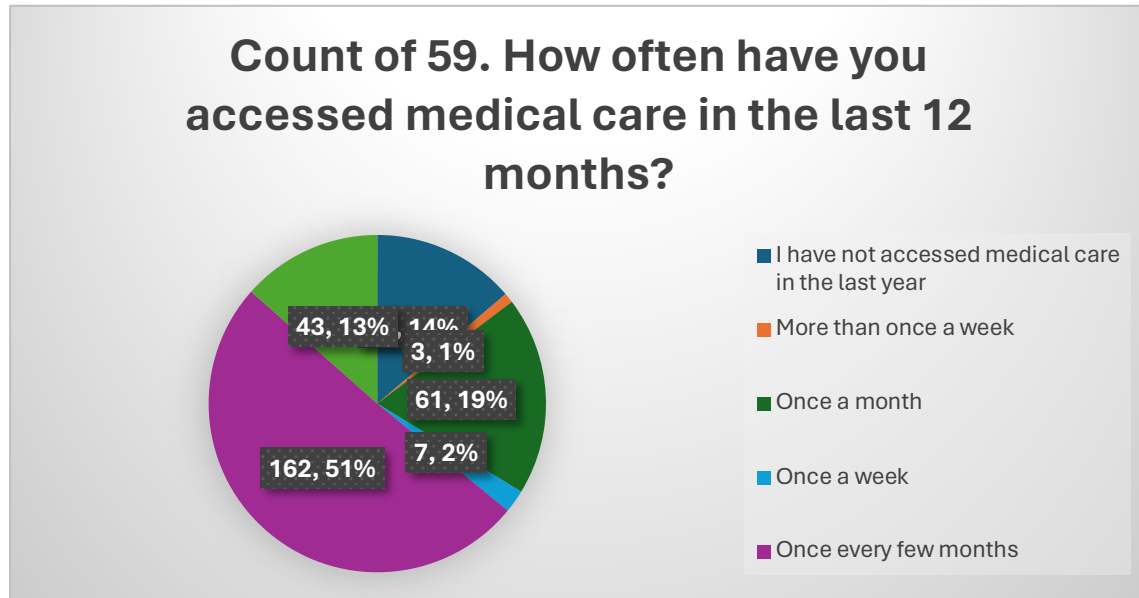


Figure 69. Access to Medical Care within the Last 12 Months

In the last 12 month 51% of respondents had accessed health services once every few months a 9% decrease in health seeking behaviour since the study was conducted in 2019.

About 19% of respondents had accessed health services once a month, a 5% increase since 2019.

and 13% had not accessed health services in over a year, a 1% reduction.

60) LOCATION FOR ACCESSING HEALTH CARE:

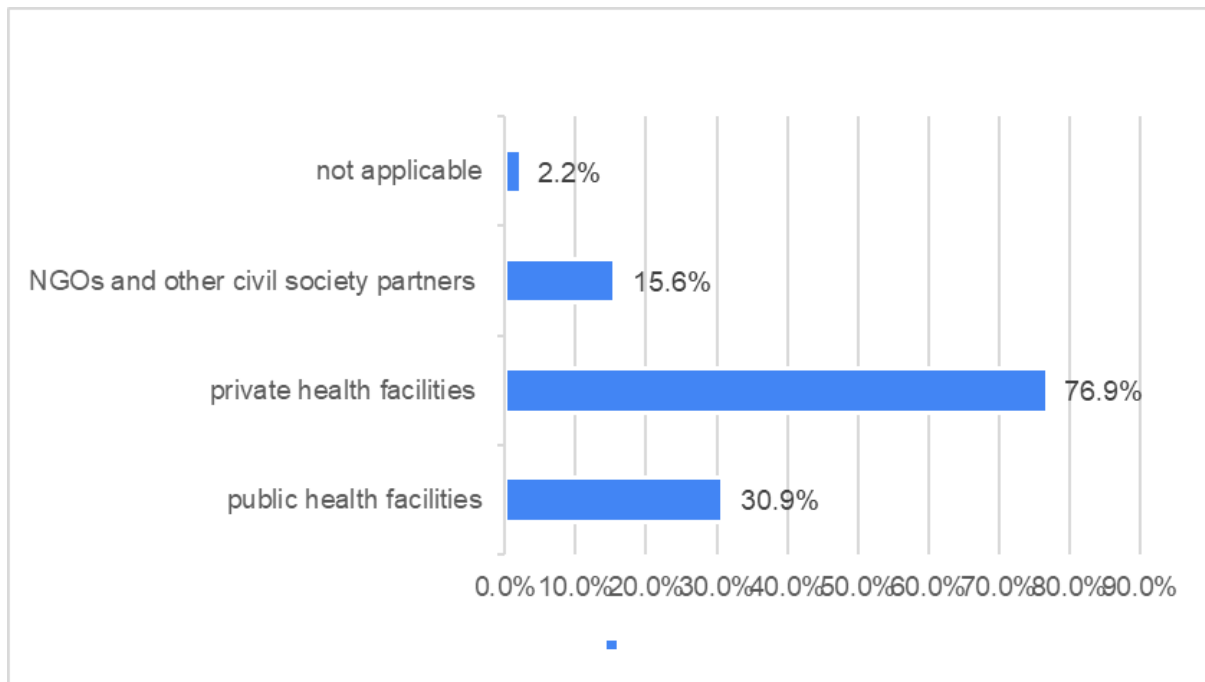


Figure 70. Type of Healthcare Facility Usually Accessed

Most respondents, 77%, usually accessed health services at private health facilities. The second most accessed form of health facility is public health facilities representing 31% of responses. This depicts a 2% reduction in the use of private health facilities and a 4% decrease in the use of public health facilities since 2019. 16% of participants indicated the use of NGOs and other civil society partners, a 9% increase in the use of these services since 2019. 0.2% of respondents could not respond to this question.

61) REASON FOR ACCESSING HEALTHCARE IN CHOSEN LOCATION:

Persons who utilised private facilities and NGOs/CSOs did so because of lower levels of discrimination and more privacy and safety in the space. They also found those spaces to offer better service and to be more efficient. NGOs/CSOs offered good service at low cost.

Those accessing services in public health facilities noted that they were accessible at low or no cost or it's what is available in their area.

Many participants indicated they had specific health concerns that required they seek health services from the option chosen.

62) LEVEL OF COMFORT EXPRESSING GENDER IDENTITY IN HEALTHCARE FACILITIES

Respondents were most comfortable expressing their gender identity in private facilities, with NGO and CSO partner spaces being the second most comfortable. Regardless of the type of healthcare facility, most respondents were uncomfortable expressing their sexual identity with the greatest disparity in comfort levels occurring within the public health system, and level of comfort and discomfort being about the same in private facilities.

62a. Public Facilities

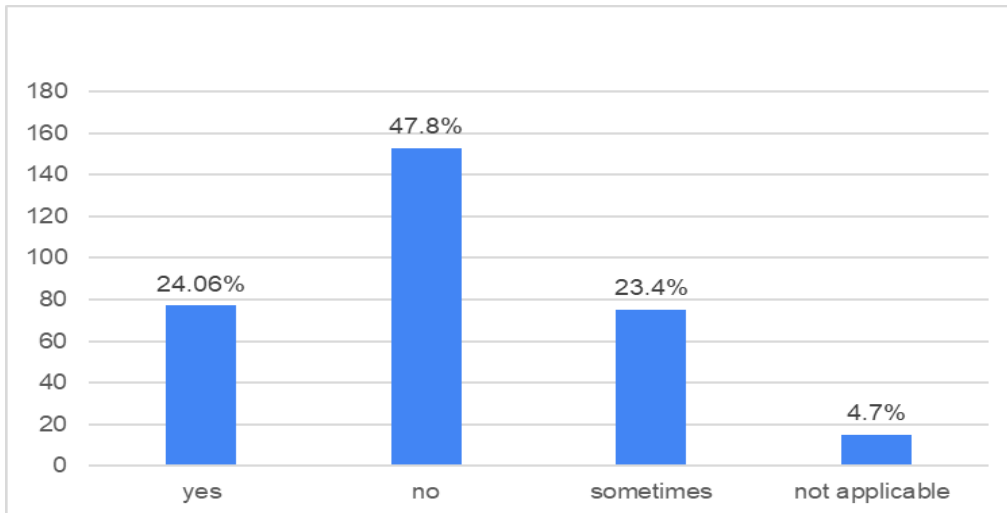
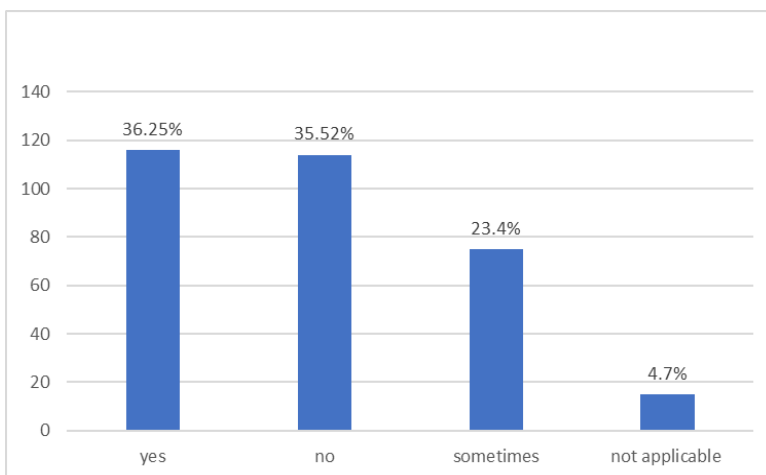


Figure 71. Comfort Expressing Gender Identity in Public Facilities

Participants were most likely to be uncomfortable (49%) expressing their gender identity in public health facilities. 24% of people were comfortable doing so. In 2019 participants were asked if they would be comfortable disclosing their gender identity in a public health facility and 46% were uncomfortable doing so.

62B. PRIVATE FACILITIES



Participants were about as likely to be comfortable as uncomfortable expressing their gender identity in public health facilities (36%) each. This represents a decrease in comfort from 2019 when 43% were likely to be comfortable.

Figure 72. Expressing Gender Identity in Private Health Facilities

62C. NGO AND CSO PARTNERS

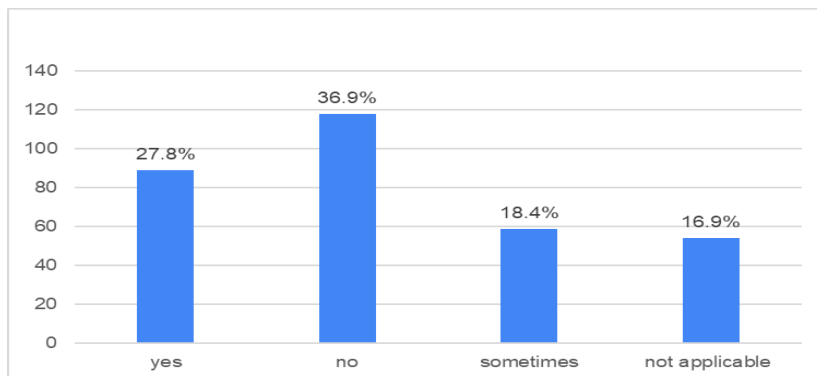


Figure 73. Comfort Expressing Gender Identity in NGO or CSO Partner Spaces

Respondents were more likely to be uncomfortable expressing their gender identity in NGO or CSO partner spaces with 37% expressing discomfort and 28%

expressing comfort. This is an overall downward trend in comfort from 2019 when 30% expressed discomfort and 32% expressed comfort.

63) REASONS FOR COMFORT OR DISCOMFORT WHEN EXPRESSING GENDER IDENTITY:

Most respondents were comfortable expressing themselves because of the safety felt in these spaces and the attitudes of people in the spaces are responsive and non-discriminatory. Conversely, participants who were uncomfortable expressing their identity in these spaces were of this view that people in these spaces were discriminatory and are often judgemental. Participants experiencing discomfort were of the belief that if there was a mindset change within the country there would be more acceptance of their identities making spaces more comfortable

64) COMFORT LEVEL EXPRESSING SEXUAL ORIENTATION IN HEALTH FACILITIES:

Regardless of the type of healthcare facility, most respondents were uncomfortable expressing their sexual orientation. Respondents were most comfortable expressing their sexual orientation in private facilities, with NGO and CSO partner spaces being the second most comfortable.

64A. PUBLIC FACILITIES

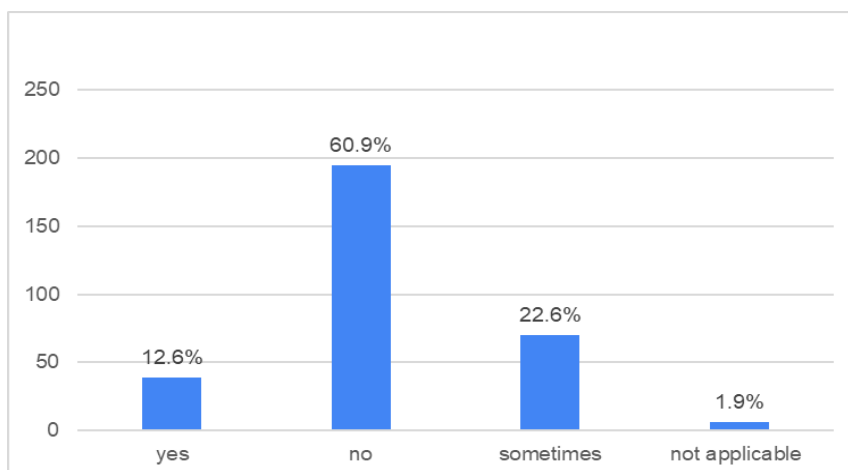


Figure 74. Comfort Expressing Sexual Orientation in Public Health Facilities

Overwhelmingly participant were uncomfortable expressing their sexual orientation on public health facilities – 61%. This is a slight improvement from from 2019 when 63% of respondents expressed

discomfort in disclosing their sexual orientation.

64B. PRIVATE FACILITIES

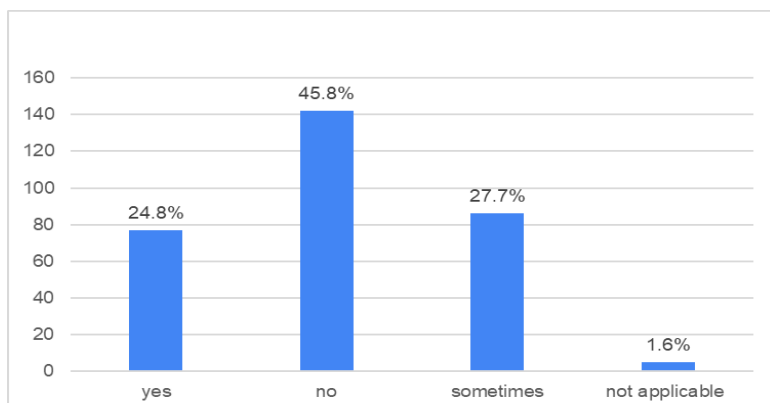


Figure 75. Comfort Expressing Sexual Orientation in Public Health Facilities

About 25% of respondents were comfortable expressing their sexual orientation in private facilities. This shows a slight improvement from 2019 when 39% were uncomfortable.

64C. NGO AND CSO PARTNERS

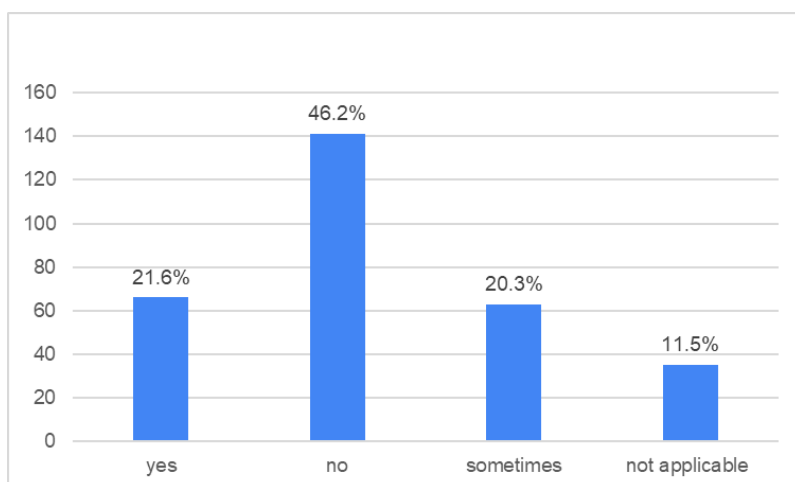


Figure 76. Comfort Expressing Sexual Orientation in NGO/CSO Partner Healthcare Facilities

Most participants felt uncomfortable expressing their sexual orientation in NGO and CSO partner spaces (46%). This was an increase from 41% in 2019 showing an overall increase in level of discomfort.

65) REASONS FOR COMFORT OR DISCOMFORT WHEN EXPRESSING SEXUAL ORIENTATION:

Most respondents indicated their discomfort was because of the discrimination, homophobia and fear of harm within the mentioned spaces. Participants noted that the reactions of other people in the spaces affected their comfort within these spaces as many are not accepting or are judgemental. Those who expressed comfort indicated their self-confidence as a factor influencing their comfort in the spaces and that in many spaces of comfort other people were not focused on them.

66) ACCESS TO TRANS-SPECIFIC HEALTH CARE IN JAMAICA:

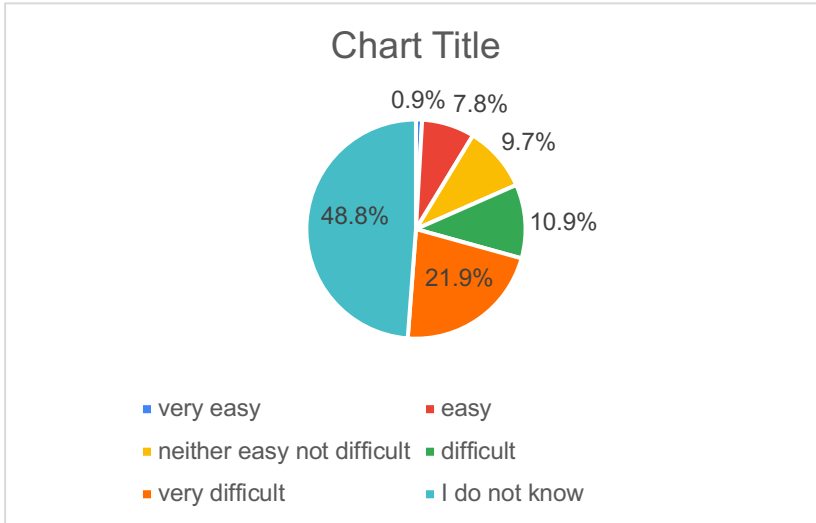


Figure 77. Ease of Accessing Trans-Specific Healthcare in Jamaica

49% of respondents did not know the level of difficulty surrounding access to trans-specific services in Jamaica. This is 19% decrease since the study was conducted in 2019. 22%, the majority of participants with knowledge related to access to these services, indicated that it was very difficult to access these

services - a 7% increase since the last study was conducted. 10% of respondents thought it was difficult, same as in 2019.

1% of respondents felt that it was very easy accessing trans-specific services, and 8% indicated that it was easy (a 6% increase since the study was last done).

53% of non-binary persons, and 37% of gender-fluid persons did not know how to answer this question while 43% of gender-fluid persons and 29% of non-binary persons thought it was difficult or very difficult 12% of non-binary persons and gender-fluid persons thought it was easy to access trans-specific care.

40% of trans men or transmasculine persons did not know how to answer the question while 40% felt it was difficult or very difficult. 8% of trans women or transfeminine people did not know how to answer this question, while 17% thought it was easy. The overwhelming majority, 54%, felt it was very difficult to get trans-specific care.

MENTAL HEALTH

67) ACCESSED MENTAL HEALTH IN THE LAST MONTH:

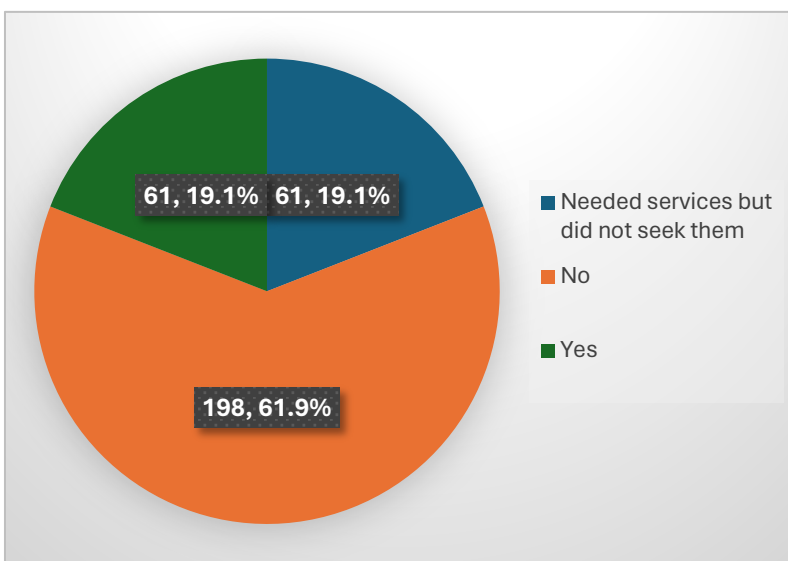


Figure 78. Access to Mental Health Services in the Last Month

Of the respondents who participated in the study, 62% had not utilized any mental health services in the past month, while 19% opted to access mental health services. An additional 19% of respondents believed they needed the services but did not

seek them out. Only two junior secondary school graduates had accessed mental health care in the last month.

67A) LOCATION AND TYPE OF HELP ACCESSED:

Respondents accessed mental health services through various channels, including individual counseling/therapy, group support, medication management, and consultations with mental health professionals. While some sought therapy privately or through schools, others utilized online platforms or support groups. There were instances of accessing services at psychiatric wards, NGOs, and helplines. Some of the organizations where help was sought include: Equality Youth Jamaica, CPFSA, Think Mental Health JA, JASL, Oneness Medical and the Spanish Town Psych Ward.

68) BARRIERS TO ACCESSING MENTAL HEALTH SERVICES:

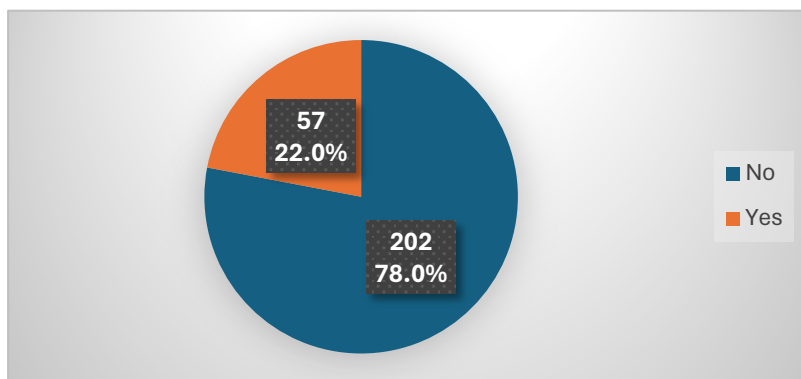


Figure 79. Barriers to Accessing Mental Health Services.

In 2019, 83% of participants reported freedom from barriers when accessing mental health services, while 17% had experienced obstacles. The most common barrier cited was the cost of counselling, followed

by fears of judgment and uncomfortable experiences during therapy sessions, such as therapists imposing their beliefs or requiring changes in gender presentation to access services.

However, by 2024, the percentage of respondents facing barriers increased to 22%, with a slightly lower majority (78%) indicating no barriers. The cost of services remained the most common barrier. In addition there were issues around service providers who were not sensitised or who failed to keep up with patients; the length of time it took to schedule appointments; lack of confidence in providers at specific NGOs and CSOs; fear of stigma and discrimination and; shame.

69) SELF-PERCEPTION OF MENTAL HEALTH:

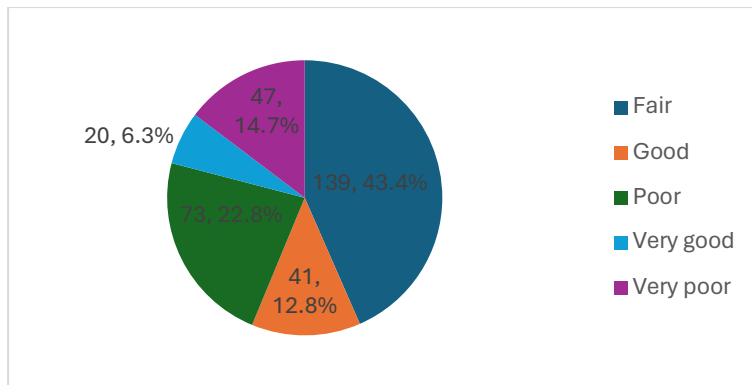


Figure 80. Self-Perception of Mental Health

In 2019, the most common self-perception of mental health among respondents was fair, with 34% holding this view, followed by good at 23% and poor at 21%. Approximately 18% perceived their mental health as very good, while 5% rated it as very poor. Notably, 26% of respondents perceived their mental health as poor or very poor, and a significant portion (76%) experienced depression, with 37% reporting suicidal ideation.

In 2024 there was an overall decrease in self-perception of good mental health.

43% of respondents perceiving their mental health as fair and 13% as good (a decrease of 10%). About 15% of persons thought their mental health was very poor (an increase of 15%). 23% of people thought their mental health was poor, compared to 21% in 2019, and 6% felt their mental health was very good, down from 18% in 2019.

Interestingly, cisgender females were more likely to perceive their mental health as good, while cisgender men were more likely to perceive it as poor.

70) FACTORS IMPACTING MENTAL HEALTH:

The most common factor reported to worsen mental health was stress, with respondents highlighting stressors from various sources such as work, family, and life circumstances. Other significant factors included traumatic experiences, feeling unwanted or like a failure, financial struggles, and challenges related to acceptance and identity.

Conversely, factors that were commonly cited as improving mental health included supportive environments, access to therapy, self-care practices, positive social interactions, and achieving personal goals.

71) INDIVIDUALS HAVING A FORMAL DIAGNOSES OF A MENTAL HEALTH DISORDER:

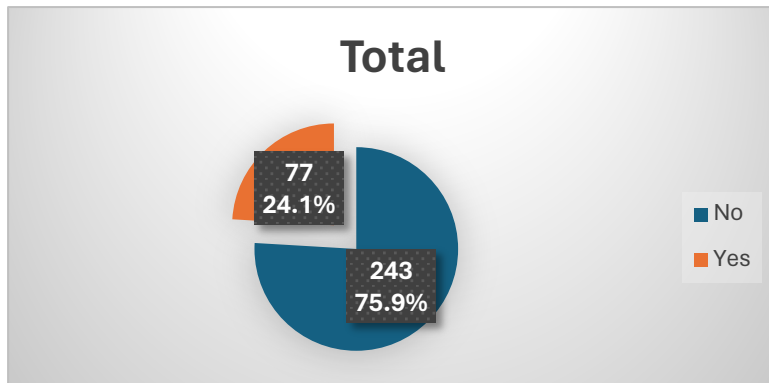


Figure 81. Formal Diagnosis of Mental Health Disorder

In 2024, 24% of respondents reported being formally diagnosed with a mental health disorder, whereas the majority, 76%, had not received such a diagnosis. This suggests a similar proportion of individuals being diagnosed

with mental health disorders compared to the data 2019 where 25% had a formal diagnosis and 75% did not. Depression, anxiety, and bipolar disorder remained among the most frequent diagnoses, indicating ongoing mental health challenges within the LGBTQ+ community.

71A) TYPES OF MENTAL HEALTH DISORDER DIAGNOSED:

The most common mental disorders reported among respondents were depression and anxiety, either individually or in combination with each other. Other prevalent diagnoses included bipolar disorder and its variants, as well as post-traumatic stress disorder (PTSD) and personality disorders such as borderline personality disorder (BPD). Some respondents also mentioned conditions like attention deficit hyperactivity disorder (ADHD), obsessive-compulsive disorder (OCD), and various mood disorders. Additionally, there were instances where individuals noted a history of misdiagnosis or difficulty accessing formal diagnoses due to financial constraints or systemic issues within the healthcare system.

72) SELF-DIAGNOSES OF MENTAL HEALTH DISORDER:

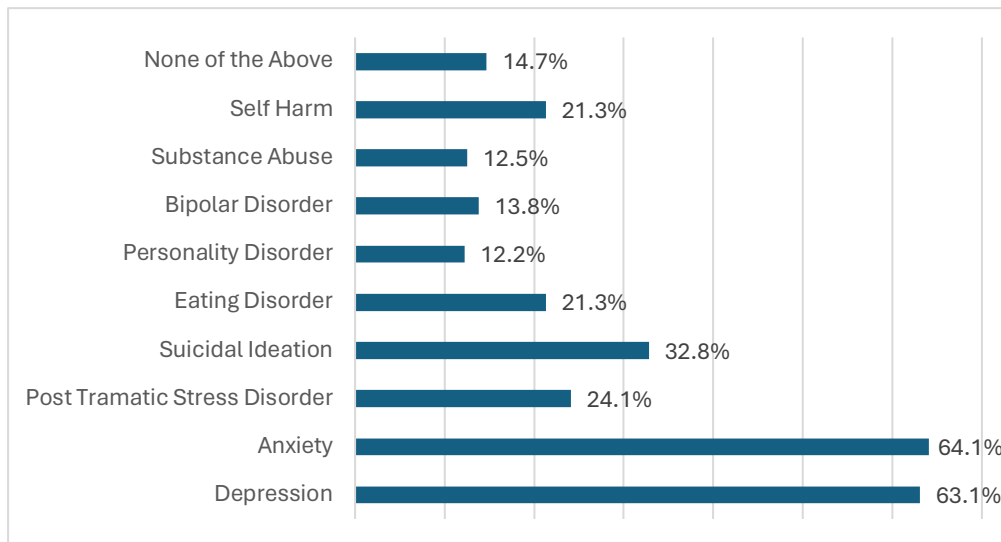


Figure 82. Self-Diagnosis of Mental Health Disorders

Majority of the respondents perceived themselves as having Anxiety (64.%) followed by depression at 63%. Suicidal Ideation was perceived to 33% of respondents, while Personality Disorder and Self harm were both reported by 21%.

In 2019, the majority of participants perceived themselves as experiencing Depression (76%), followed by anxiety (68%), and suicidal ideation (37%). PTSD was also frequently mentioned at 25% (compared with 24% in 2024) with eating disorders and self-harm were reported by 24% and 22% of respondents, respectively. However, 13% of individuals reported experiencing none of the named disorders.

Comparing the two years, anxiety and depression remain the most prevalent perceived mental health challenges among respondents, with slight variations in the reported percentages. Suicidal ideation remains a significant concern, albeit with a slight decrease in prevalence from 2019 to 2022. Additionally, personality disorder and self-harm were also reported, at relatively high levels for both years.

In 2024, there was an overall decrease in perceived mental health disorders. The majority of respondents perceived themselves as having anxiety (64%), closely followed by depression at 63%. Suicidal ideation was reported by 33% of respondents, while personality disorder and self-harm were both reported at 21%.

INDEPENDENCE, HOMELESSNESS AND DISPLACEMENT

73) ABILITY TO MEET YOUR BASIC NEEDS (FOOD, CLOTHES, SHELTER) WITHOUT SUPPORT FROM ANYONE ELSE:

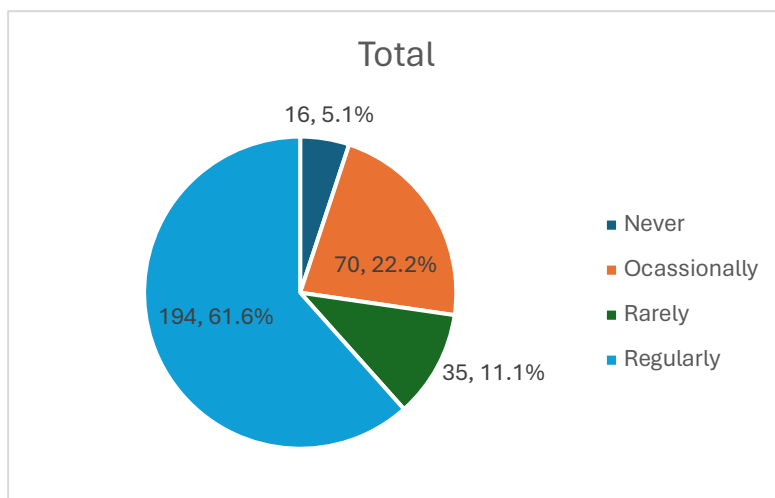


Figure 83. Ability to Meet Basic Needs Without Support from Anyone Else

62% of respondents indicated that they were regularly able to meet their basic needs, without support from someone else. This was most prevalent with respondents in urban areas. 22% of respondents were only occasionally able to meet their basic needs without someone else's help, and 16% were rarely or never able to meet their basic needs without external support.

This shows an overall increase in ability to meet need without support from 43% in 2019 to 62% now. Simultaneously, the number of people who were never able to meet their needs without support decreased from 26% in 2019 to 5% in 2024.

73. INABILITY TO FEED SELF WITHOUT SUPPORT AT ANY TIME IN THE LAST YEAR:

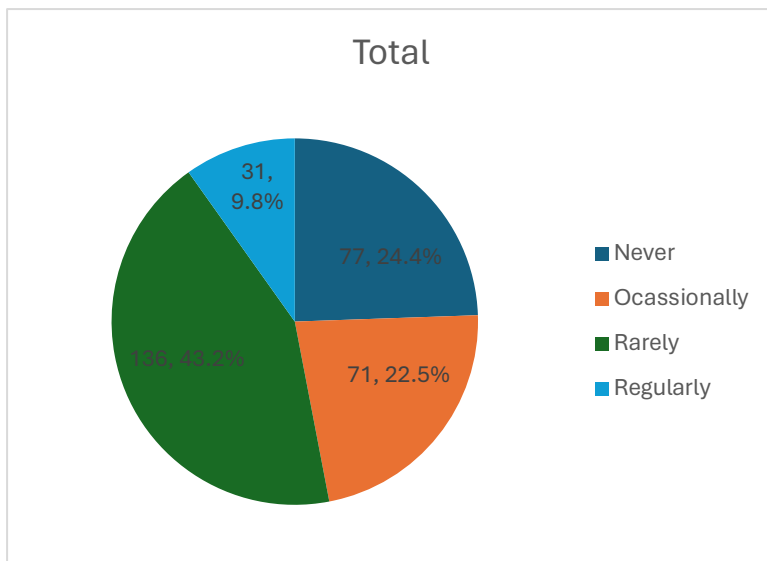


Figure 84. Inability to Feed Oneself Without Support At Any Time in the Last Year

There was overall increase in food precarity and unsolvable hunger between 2019 and 2024.

In 2024, 43% of respondents indicated that they rarely experienced hunger or being unable to feed themselves during the past year (down from 26% in 2019). The number of people who regularly experienced hunger and were unable to solve it increased from 7% to 10%. And the number of people who never experienced hunger with an inability to feed themselves decreased from 40% in 2019 to 24% in 2024.

This represented an overall increase in unsolvable hunger from 2019.

74) WHO PROVIDED SUPPORT TO FINANCIALLY DEPENDENT INDIVIDUALS?

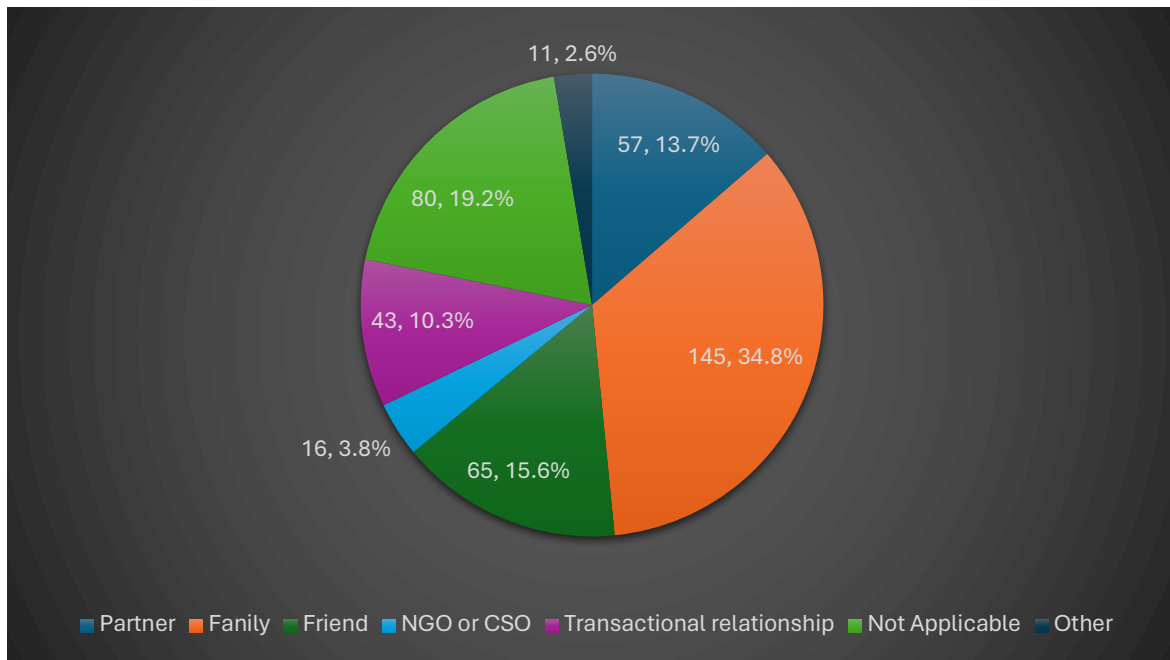


Figure 83

For respondents who were financially dependent on others, support was mostly provided by family members (35%). Respondents also received support from Friends (17%) and Partners (14%). Transactional relationships provided another 10% of the support.

In 2019 family claimed a significant majority of 72% followed by partners at 32% and friends at 26%. Transactional relationships supported 9% of respondents.

Other sources of support in 2024 include ‘the streets’, political parties, and the government – with the street being the most mentioned.

75) EXPERIENCES OF HOMELESSNESS AND DISPLACEMENT

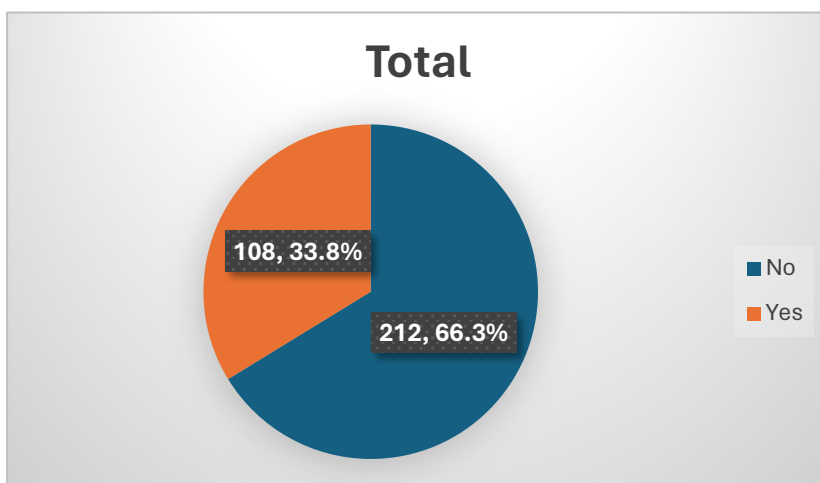


Figure 85. Experiences of Homelessness or Displacement

In 2019, 21% of respondents had experienced homelessness or displacement, with trans women, trans men, and non-binary individuals disproportionately affected. However, by 2024, this figure increased to 34% of respondents.

23% of non-binary persons, 60% of trans men, 58% of trans women and 36% of gender-fluid persons had experienced homelessness or displacement at some point. Interestingly, factors like education level, and age, did not seem to correlate with experiences of homelessness.

75A) LONGEST PERIOD OF DISPLACEMENT:

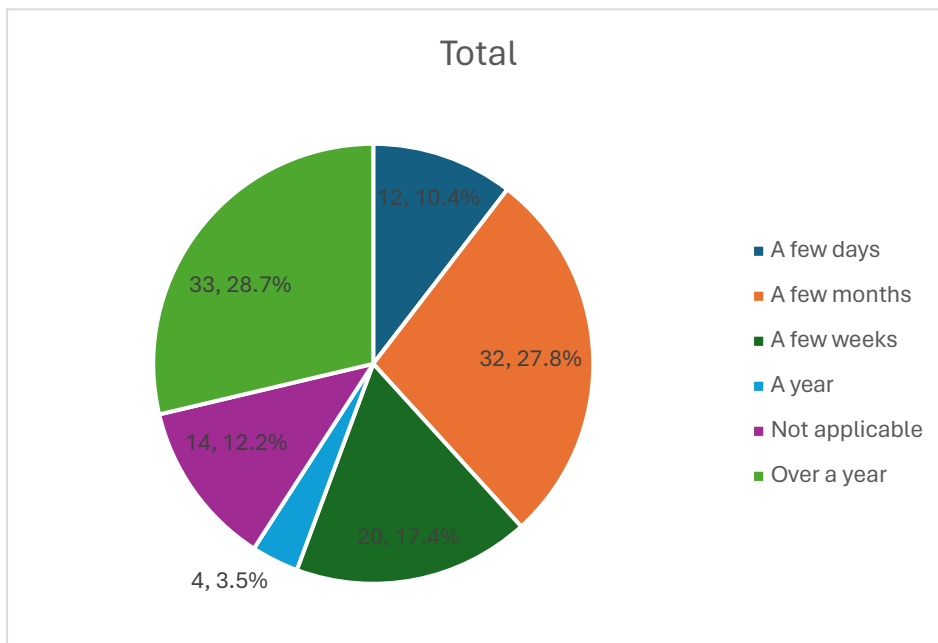


Figure 86. Longest Period of Displacement

The longest period of homelessness for most respondents was over a year (29%) and was more prevalent for respondents in rural areas. 28% respondents indicated that they also experienced homelessness for a few months. This is different from 2019 when the most popular response was a few months (31%), followed by a few days at 23% and then a tie between a few weeks and over a year at 13% each.

75B) REASONS FOR BEING HOMELESS OR DISPLACED:

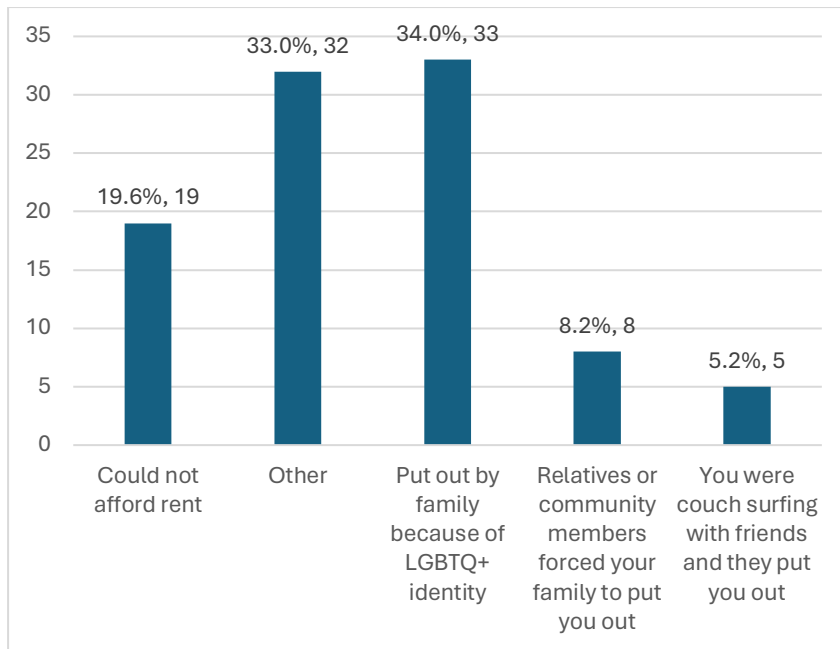


Figure 87. Reason for Homelessness or Displacement

Of the respondents who indicated that they experienced homelessness or displacement, the most common reason for their experience was being forced by family members because of their LGBTQ+ identity (34%) followed other (33%) and inability to afford rent (20%).

This is similar to 2019 where most respondents were put out by their families. However in 2019 about 25% of respondents became displaced when their communities forced their family to put them out, in 2024 that number was 8%. Similarly in 2019 about 14% were couch surfing with friend and put out, that number decreased to 5% in 2024.

76) KNOWLEDGE OF JAMAICA’S LGBTQ+ SHELTER:

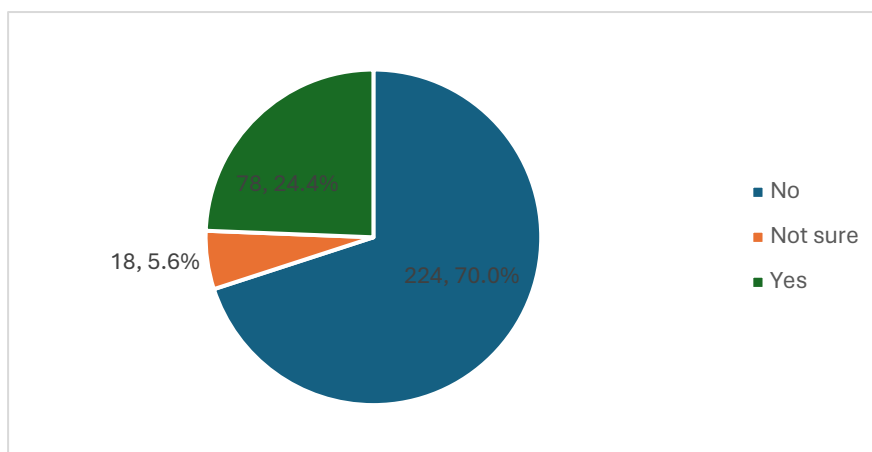


Figure 88. Knowledge of Jamaica's LGBTQ+ Shelter

In 2019 91% of respondents believed an LGBT shelter would be useful in Jamaica. The shelter has since been established and is supported by J-FLAG. However in 2024 only 6% of respondents were aware of Jamaica's LGBTQ+ shelter, while 70% of respondents indicated that they were not aware of the space.

SERVICE TO THE COMMUNITY AND POLITICAL INVESTMENT

77) SATISFACTION WITH THE WORK OF LGBTQ+ ORGANIZATIONS IN JAMAICA:

77. How satisfied are you with the work of LGBTQ+ organizations in Jamaica?

320 responses

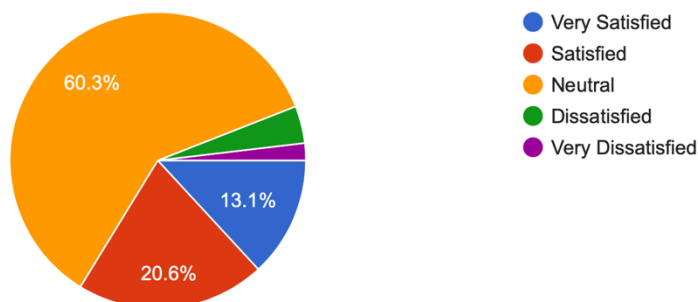


Figure 89. Satisfaction with the Work of LGBTQ+ Organisations

The majority of respondents (63%) were neutral about the work of LGBTQ+ organisations in Jamaica, this is an 18% increase since the previous study was conducted.

13% of participants were very satisfied with the work of LGBTQ+ organisations in Jamaica, a 4% decrease since 2019. 21% were satisfied, a 2% decrease since 2019.

2% of respondents were very dissatisfied (a decrease of 6% since 2019) and 4% were dissatisfied (also a decrease of 6% since the last study).

78) POSITIVES OF LGBTQ+ ORGANIZATIONS:

Though there were a few participants that were unaware of the activities being undertaken by the organisations. Most participants believed the LGBTQ+ organisations were doing right by raising awareness about the community, advocating on behalf of the community members, hosting activities to benefit the community, conducting research beneficial to the community, providing safe spaces for members of the community, and making the community more visible. these responses are similar to those provided in the previous study as participants believed the organisations were doing well with advocacy, creating safe spaces, and maintaining visibility.

79) RECOMMENDATIONS FOR LGBTQ+ ORGANIZATIONS:

A sizable number of participants believed the organisations were doing all they could and there was nothing they would suggest they do differently. For respondents with opinions contrary there was a focus on the need to remove classism and elitism from the organisations. There was a large focus on the need for more public education related to the community. Diversifying the advocacy and reach of the organisations to extend their reach beyond Kingston. A number of respondents believed there was a need for more inclusivity, community support and hosting more gatherings for all members of the community. Participants also recommended changing some of the people on the front line of the movement as they do harm to the community. Also the provision of financial support to community members – including those in degree programmes. There were recommendations to move away from a focus on laws and

towards a focus on changing people and to take a more radical approach. There were multiple recommendations around holding staff accountable for the privacy of client information – including signing Non-Disclosure Agreements.

80) RANKING OF POLITICAL ISSUES BASED ON IMPORTANCE:

Most respondents found the repeal of laws that justify homophobic attacks, and anti-discrimination legislation to be very important. The repeal of the anti sodomy law was ranked the third most important. Marriage and gender-affirming support were more likely to be ranked very important versus important, however the number of people deeming them very important was relatively lower.

80A. CHANGING GENDER MARKER ON IDENTIFICATION (DRIVER'S LICENSE ETC)

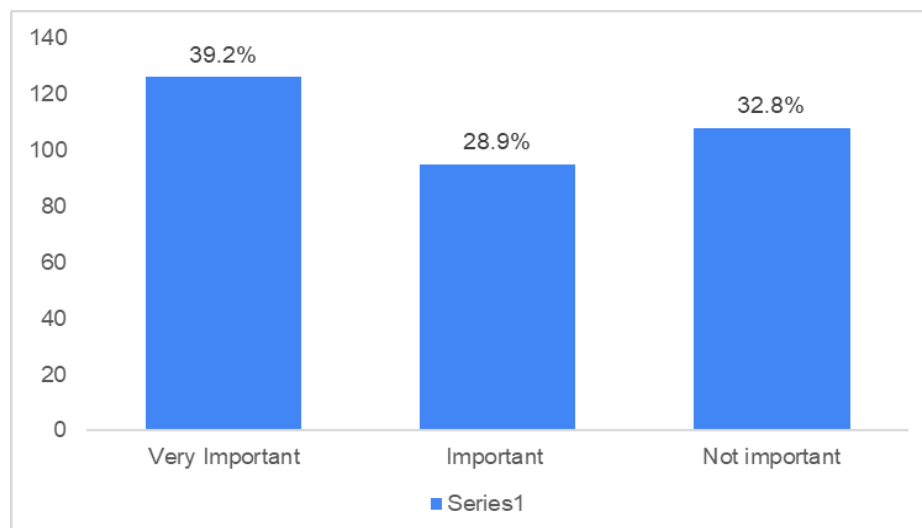


Figure 90. Changing Gender Marker on Identification

39% of respondents found changing gender markers to be very important, while 29% found it important and 33% found it not important. The issue of gender markers showed the greatest similarities in sentiment across political issues. This distribution of sentiment is similar to 2019 where changing gender markers was also the category most deemed not important. Similarly, in 2019 36% of people felt changing gender markets was very important, compared to 39% in 2024.

69% of gender-fluid persons, 76% of non-binary persons, 100% of trans men or transmasculine persons and 83% of trans women or transfeminine persons thought changing gender markers on identification was important or very important.

80B. GENDER AFFIRMATION SUPPORT

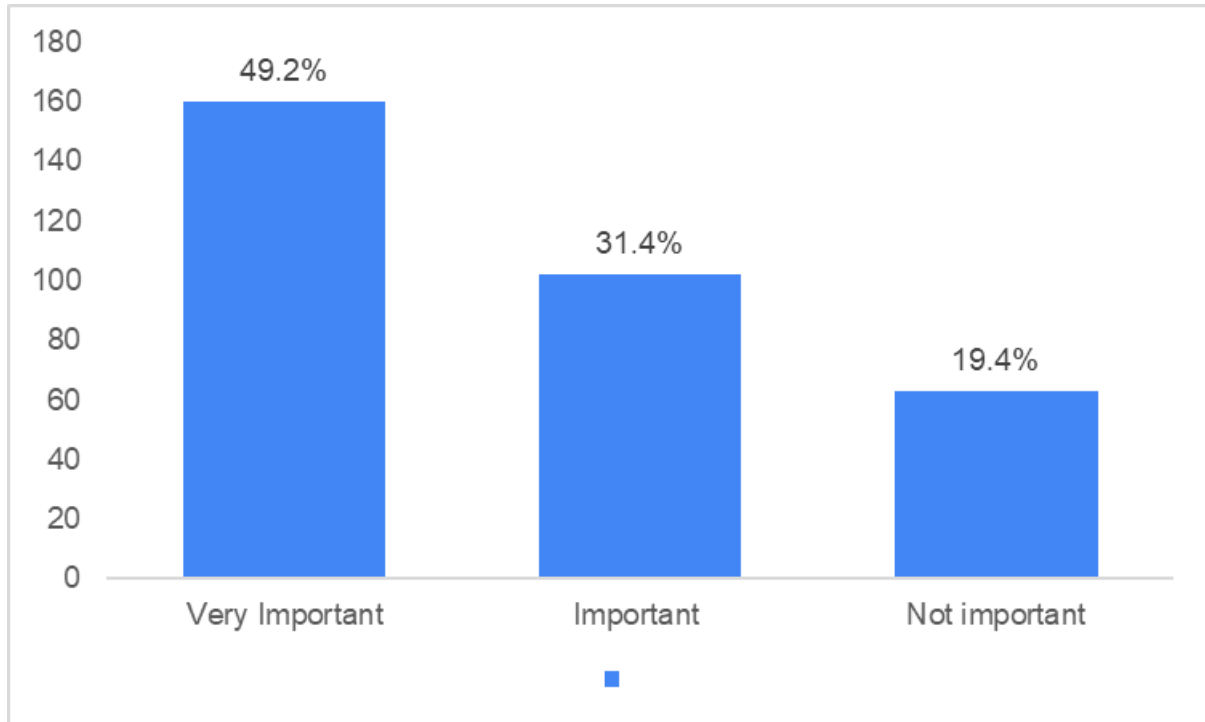


Figure 91. Gender-Affirmation Support

49% of respondents felt gender affirmation support was a very important political priority with another 31% marking it as important. This is an overall decrease from 2019 when 44% of respondents ranked the issues as very important.

88% of gender-fluid persons, 76% of non-binary persons, 100% of trans men or transmasculine persons and 96% of trans women or transfeminine persons felt gender-affirmation support was important or very important.

80C. MARRIAGE

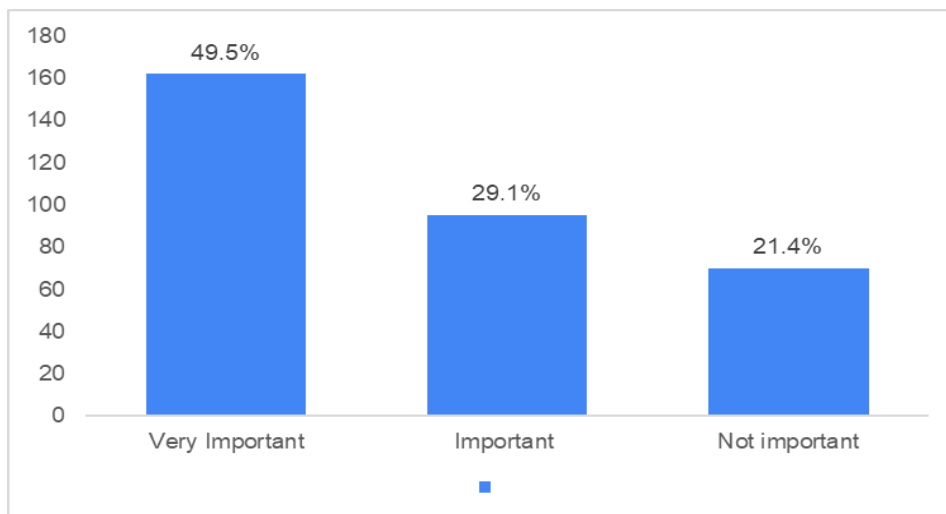


Figure 92. Marriage

50% of respondents felt marriage was a very important political priority while 29% felt it was important and 22% felt it was not important. This is a slight decrease from 2019 when 57% of respondents felt this was a very important issue.

80D. REPEAL OF ANTI-SODOMY LAW

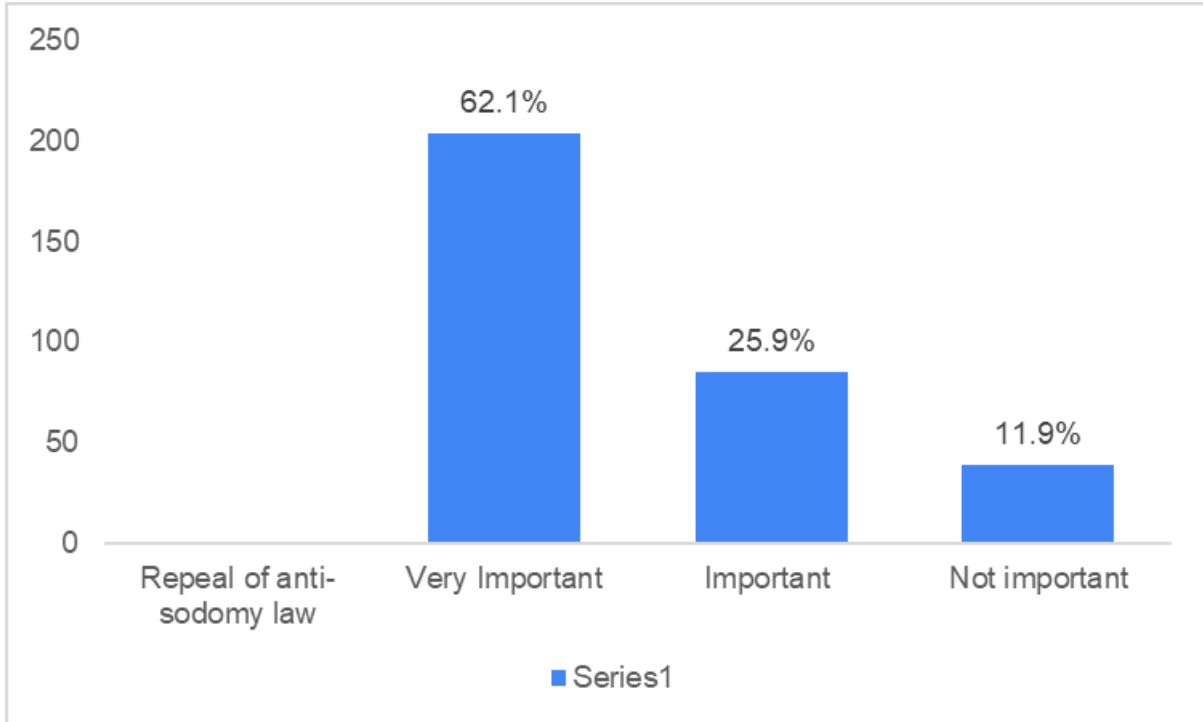


Figure 93. Repeal of Anti-Sodomy Laws

62.1% of respondents felt the repeal of the anti-sodomy law was very important while 26% felt it was not important. Comparably in 2019 71% of participants felt the repeal of anti-sodomy laws was very important.

80E. ANTI-DISCRIMINATION LEGISLATION

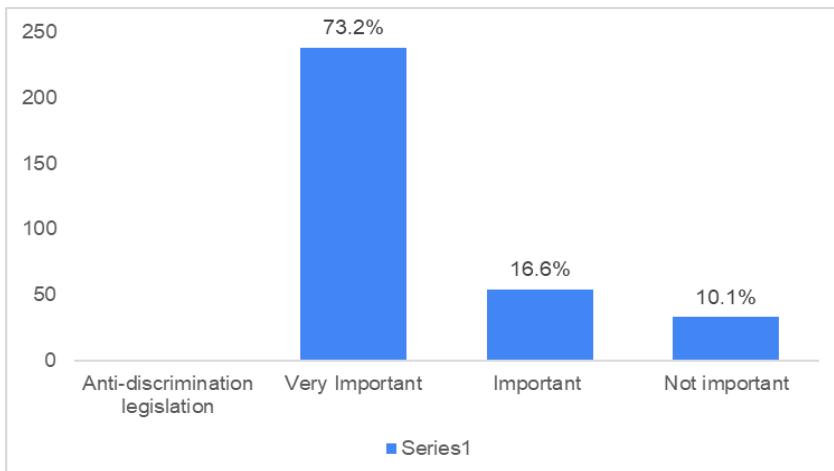


Figure 94. Anti-Discrimination Legislation

As previously mentioned, anti-discrimination legislation is viewed as the second most important issue by survey respondents – a trend that persists across surveys. In 2019 81% of respondents thought this issue was very important,

compared with 74% in 2024.

80F. REPEAL LAWS THAT JUSTIFY HOMOPHOBIC ATTACKS

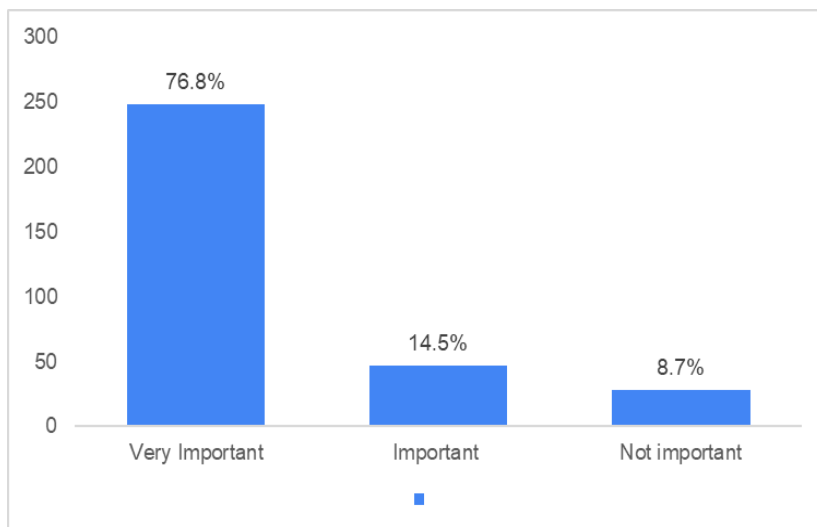


Figure 95. Repeal Laws that Justify Homophobic Attacks

The repeal of laws that justify homophobic attacks, such as the ‘gay panic’ defence, was considered the most important political priority across surveys. In 2019, 84% of respondents felt it was very important, and in 2024 77% feel the same way.

81. BETTER TREATMENT OF LGBTQ+ PERSONS IN THE FUTURE:

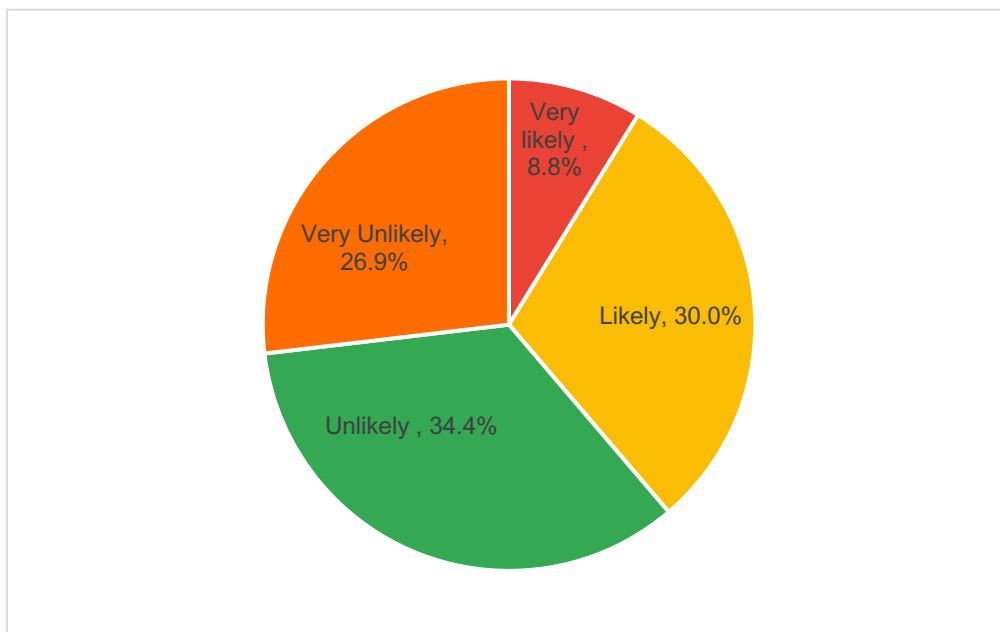


Figure 96. Likelihood of Better Treatment of LGBTQ+ Persons in the Future

Most respondents (34%) noted the unlikelihood of Jamaicans treating LGBTQ+ persons better in the future with 27% indicating it was a very unlikely occurrence. Comparably, in 2019 18% of persons felt it was unlikely and 15% felt it was very unlikely.

In 2024 only 8% of participants felt It was very likely LGBTQ+ Jamaicans would be treated better in the future – a decrease from 14% in 2019. However 30% felt it was likely in 2019, an increase from 24% in 2019.

It is important to note that the option of neutral was available to respondents in 2019 but not available to them in 2024.

82. REGISTRATION TO VOTE?

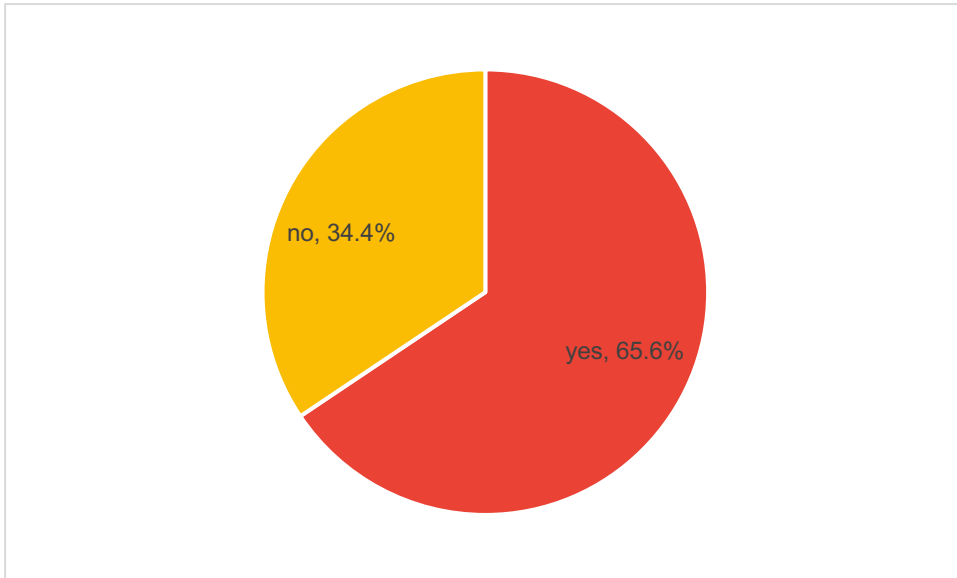


Figure 97. Voter Registration Status

Most respondents (67%) indicated they were registered to vote, while 35% indicated they were not.

83) PARTICIPATION IN THE LAST ELECTION:

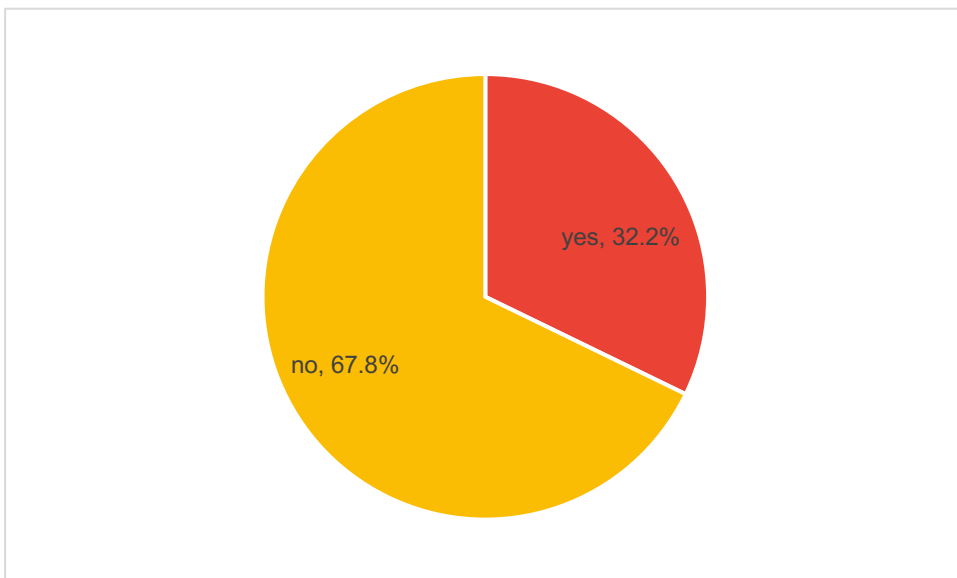


Figure 98. Participation in the Last Election

The majority of participants (68%) did not vote in the last election while 32% indicated they had cast their votes.

83A) REASON FOR NOT VOTING:

Many participants indicated that at the time of the last election they were not enumerated, and a substantial number of respondents were not old enough to vote at the last election. Some participants were of the belief that votes made no difference or were not able to justify support for the options provided at the time.

84) WILLINGNESS TO RUN FOR POLITICAL OFFICE:

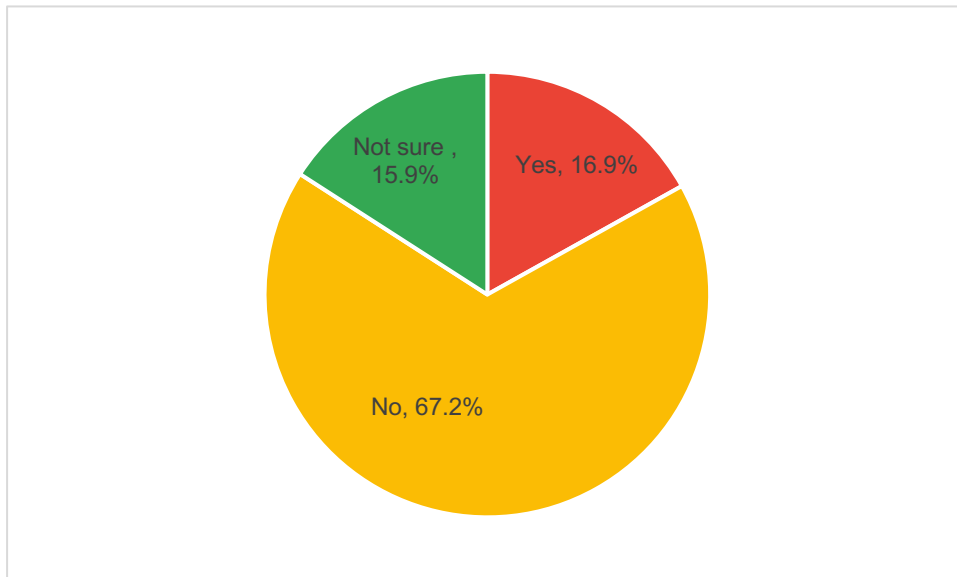


Figure 99. Willingness to Run for Political Office

The Majority (67%) of participants were not interested in running for political office. This is a 16% increase since the study was last carried out. 15% of respondents were unsure, down from 24%. The remaining 17% said yes, a decrease from the 25% who said yes in 2019.

84A) REASON FOR RUNNING/ NOT RUNNING:

When responding to why respondents would not run for political office the majority noted their disinterest in politics within the country and were of the belief their ideals would not be accepted in the political environment. There were a few participants who would not run because they were unsure of the impact they would have. A few respondents also indicated their disinterest was because of their value for personal privacy and a desire to stay out of the public view. Respondents who indicated that yes, they would run for political office as they believed they would be able to help in bringing about change and advocate for issues they were passionate about which were affecting the community. A number of respondents expressed their overall interest in politics in Jamaica.

85. CONSTITUENCY OF RESIDENCE

Most participants (18%) did not know what constituency they were from. Those who were aware were from 63 constituencies across the parishes of St. Thomas, St. Andrew, Portland, Kingston and Post Royal, St. Mary, St. Catherine, Manchester, Clarendon, Westmoreland, Trelawny and St. James.

St. Catherine Central, St Catherine Easter, and St Catherine East Central and St. Catherine South Eastern and St. Catherine South Western were among the most represented. So too were Kingston Central, Kingston East & Port Royal, along with St. Andrew North Central and St. Andrew North Eastern. In rural areas, St. James Central and St. James North Western were well represented, along with Manchester Central

ENVIRONMENTAL HEALTH/ CLIMATE CHANGE

86) KNOWLEDGE OF THE PHRASE ‘CLIMATE CHANGE’:

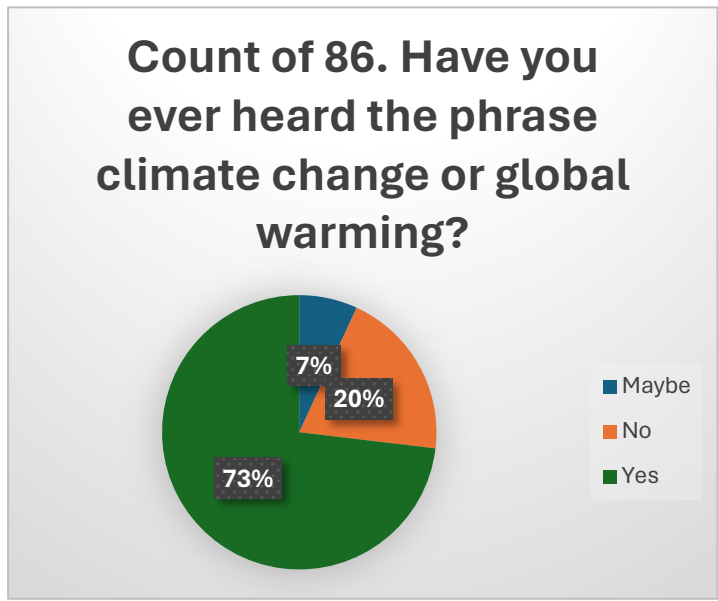


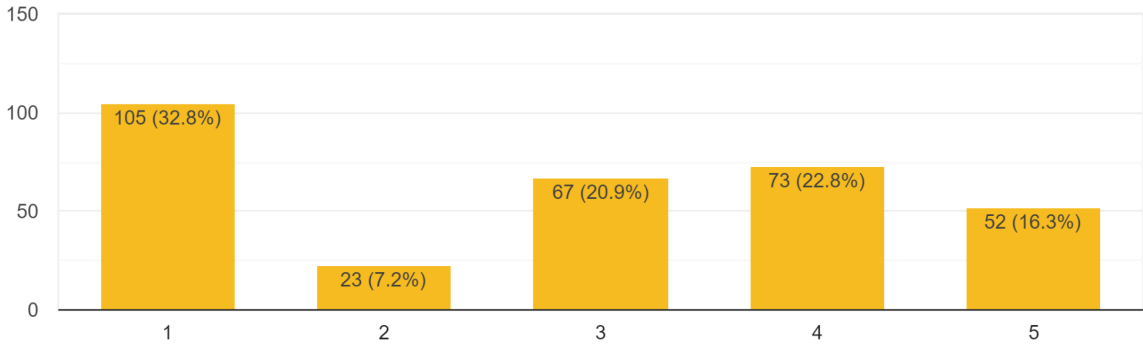
Figure 100. Knowledge of the Terms Climate Change or Global Warming

73% of survey respondents had heard the terms climate change or global warming in the past while 20% had not and 7% were unsure.

87) EXTENT OF KNOWLEDGE ABOUT CLIMATE CHANGE AND GLOBAL WARMING:

87. How much do you feel that you know about climate change or global warming?

320 responses



Not Much -----A Whole Lot

Figure 101. Perceived Knowledge of Climate Change or Global Warming

Most respondents (33%) felt they did not know much about climate change or global warming. The most popular response was A lot (23%) followed by neutral (21%).

Junior Secondary and Secondary school graduates were most likely to rate their knowledge between a 1 and a 2. University Postgraduates mostly ranked their knowledge between a 4 and a 5 (a lot or a whole lot). Undergraduates tended to rank themselves between a 3 and a 5. Primary school graduates ranked themselves between a 2 and 3.

88) RELOCATION FROM HOME DUE TO ENVIRONMENT OR CLIMATE DISASTERS(SUCH AS FLOOD, DROUGHT, LANDSLIDE, EARTHQUAKE, HEAVY RAINFALL)?:

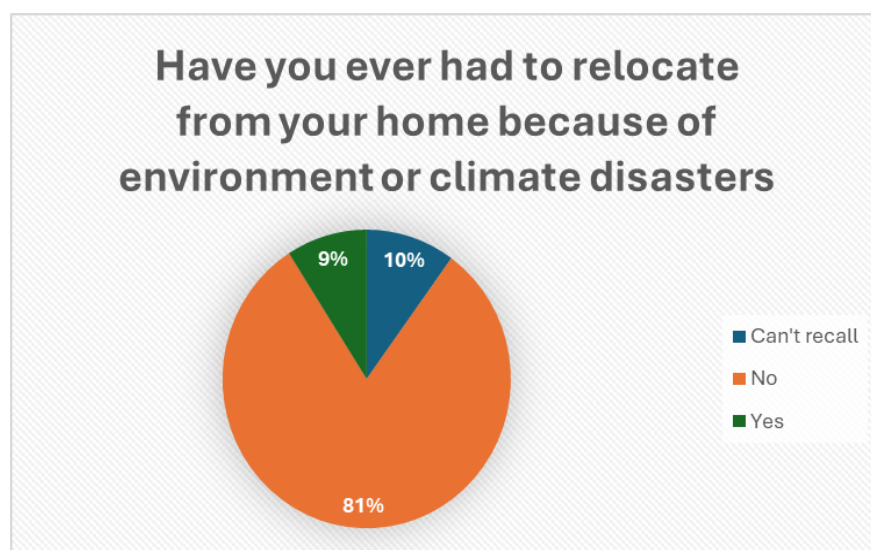


Figure 102. Relocation Due to Environment or Climate Disasters

9% of respondents had faced relocation as a result of climate or environment disasters. 81% had never had such an experience and 10% could not recall.

89) STEPS TAKEN TO REDUCE THE RISK OF DAMAGE FROM NATURAL DISASTERS:

- 1. Preventative Measures:** This includes actions such as reinforcing the home's structural integrity, securing the house, and investing in a firm foundation.
- 2. Emergency Preparedness:** Many respondents mentioned stocking up on essentials, creating emergency supply kits, and having evacuation plans or routes to shelters.
- 3. Environmental Consciousness:** Some respondents mentioned actions like recycling, reducing plastic use, composting, and being mindful of waste and pollution.
- 4. Geographic Considerations:** Steps such as choosing a home away from flood-prone areas or living in an area less susceptible to natural disasters were mentioned.
- 5. Information and Education:** This includes staying informed about weather patterns, disaster protocols, and seeking advice from qualified sources.

6. **Community and Family Support:** Some responses indicated relying on family or community support during disasters, as well as volunteering for clean-up efforts or helping others.
7. **Structural Reinforcement:** Measures like reinforcing windows and doors, securing the roof, and investing in a concrete roof were mentioned.
8. **Relocation:** This includes moving to safer areas or relocating to homes with better structural integrity.
9. **Insurance and Financial Planning:** Some respondents mentioned getting insurance, saving money for potential repairs, or investing in disaster-resistant infrastructure.
10. **Personal Actions:** Actions like reducing carbon footprints, being environmentally conscious, and practicing sustainability were highlighted.

These themes provide insight into the various strategies individuals employ to mitigate the risks posed by natural disasters.

90) IMPACT OF ACCESS TO SPECIFIC RESOURCES ON PERSONAL ABILITY TO RESPOND TO A NATURAL DISASTER (RESPONSE HERE CAN INCLUDE, PLANNING FOR AND RELOCATING DURING THE DISASTER, SEEKING MEDICAL CARE OR REBUILDING AFTER THE DISASTER)

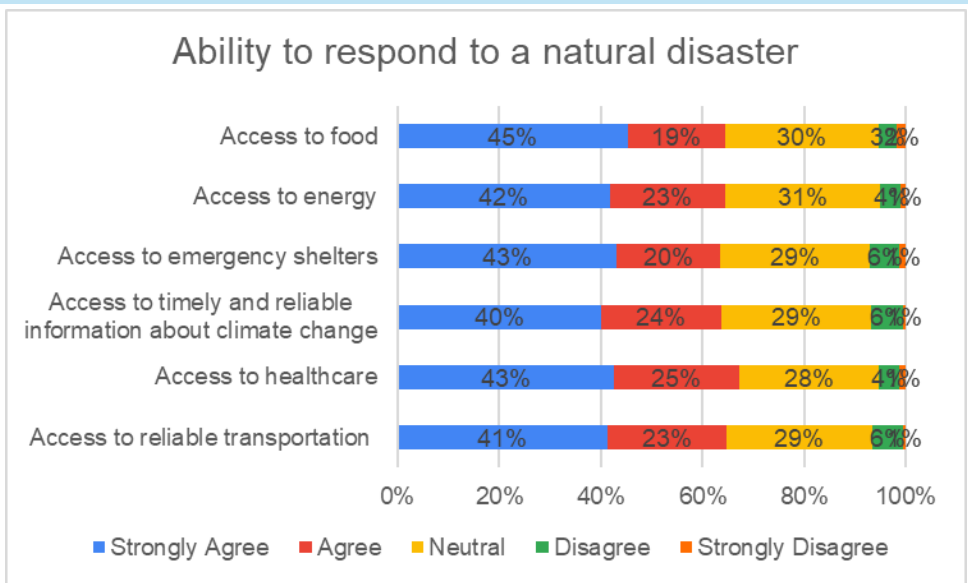


Figure 103. Ability to Respond to a Natural Disaster 1

Overall participants felt access to food, energy, shelters, information, healthcare and transportation would posed the most significant

barriers in responding to a natural disaster. Between 45% of respondents (access too food) and 40% of respondents (access to timely and reliable information about climate change) strongly agreeing that they would be personally impacted by these issues.

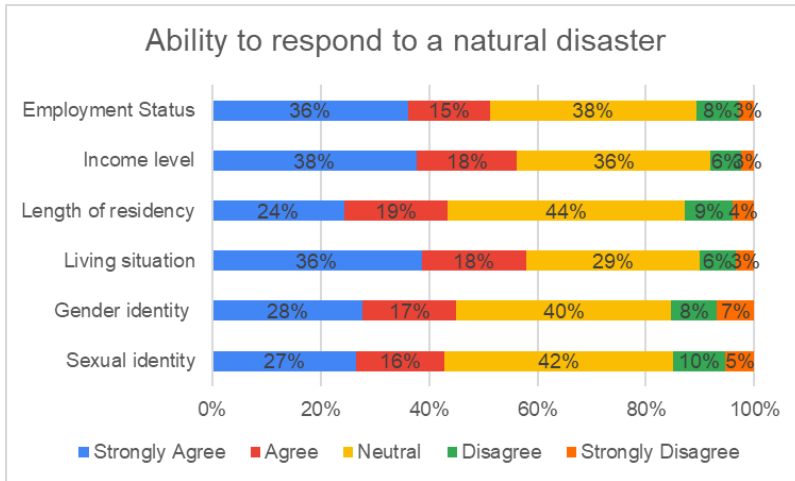


Figure 104. Ability to Respond to a Natural Disaster 2

The next most popular barriers can be grouped into those related to financial resources and those related to financial capacity and those related to personal identity.

Employment status (36%) and income level (38%) would significantly impact people’s ability to respond to natural

disasters.

Similarly gender identity and sexual identity would create significant barriers for 28% and 27% of respondents respectively.

Figure 105. Ability to Respond to a Natural Disaster 3

Fears related to homophobias and transphobia were a significant barrier, along with fear of discrimination. For 36% of respondents the fear of being attacked would very much curtail their ability to respond to a natural disaster. For another 36% fear of discrimination would do the same

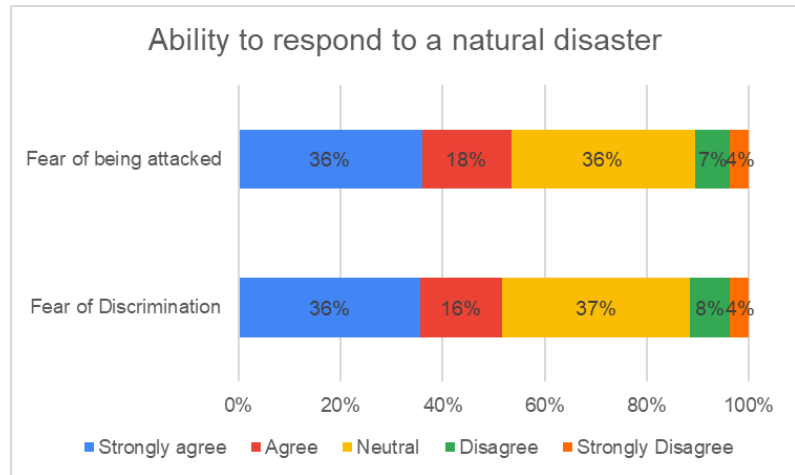
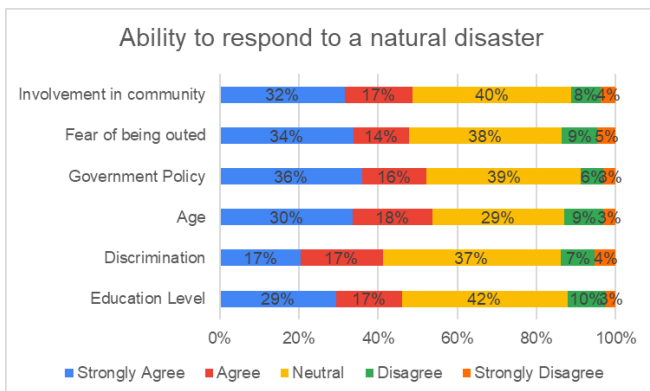


Figure 106. Ability to Respond to a Natural Disaster 4

Continuing at the intersection of risk and identity – fear of being outed would be a barrier for 34% of participants and discrimination would be a barrier for 17%.

Government policy was a significant institutional barrier for 36% of respondents, followed by education level for 29%.



RECOMMENDATIONS

RESEARCH DESIGN:

The inclusion of a reference group of non-LGBTQ+ persons in future surveys could be useful. This will create the opportunity to compare the realities of LGBTQ+ persons with other Jamaicans who are not marginalised or those who are (such as persons living with disabilities).

Include a question on whether persons completed a previous survey, and when.

DEMOGRAPHICS:

The limited representation of trans men or transmasculine people may show a disconnect or a need for support in mobilising this group. More events and activities geared towards transmasculine persons are recommended and capacity building in mobilisation within the Cari-Trans Support Group.

Similarly the limited representation of parishes such as St. Ann, St. Thomas and Trelawny would suggest a need to strengthen network outside of Kingston, St. Andrew and St. Catherine. It is to be noted that uptake in St James was relatively high, possibly because of the newly established Queertego group. Support for the development of independent groups in rural areas may be a useful strategy here.

LIFE SATISFACTION

High level of violence, stigma, and discrimination - coupled with Jamaica's poor economy – create low levels of life satisfaction and a sense that one cannot demonstrate one's full potential within the country. Economic empowerment of the LGBTQ+ community remains paramount, with the need for dynamic means of securing quality jobs or employment opportunities. Stand-alone job fairs or fairs in conjunction with sensitised employers could be useful. Tech and agriculture are two growth areas that could provide options for community members across educational backgrounds. Continued work to sensitise employers is recommended, along with more work around workplace discrimination. This should happen in the workplace more broadly as the primary perpetrators are not leaders, but rather co-workers. Support to organisations looking to develop zero discrimination policies might be useful. Persons with secondary and junior secondary education were more likely to be dissatisfied with their lives indicating a possible need for educational support as a response to this finding.

SAFETY

There was an overall decrease in the number of people who felt safe in their own homes and in non-LGBTQ+ spaces. This could be the impact of an increasing crime rate along with low level of prosecution for crimes in general. Advocacy for legal reform is one approach that could be taken here, another could be providing spaces for the community to discuss the impact of crime on their mental and emotional health as well as tools and guidance for staying safe. LGBTQ+ entertainment spaces provided some respite from the feelings of being unsafe, continued work to strengthen promoters and create spaces for the community is recommended.

There is hope in the fact that more people feel safe in their family homes, indicating that parent-outreach and support groups could be useful tools in creating safe spaces. This would serve the dual purpose of interrupting violence committed by family members, which is the second most prevalent. More sensitisation work is needed with faith-based communities, as they remain unsafe spaces. Putting the local community in contact with local and international inclusive spaces of faith (in-person or online)

could be one way to fill the gap for persons who desire a religious practice. As in 2019, work in schools and healthcare spaces remain paramount.

Police remain untrusted by the community. Sensitisation work with police is ongoing and had some success – for instance several participants could identify safe police officers at specific stations. More work is needed to make the constabulary force safer overall. The force’s Diversity Policy provides a foothold here, as does the opportunity to build on human rights training already included in the curriculum.

Perhaps the development and promotion of a reporting system similar to Jamaica Anti-Discrimination System (for HIV) could be utilised here. Change in the police force is essential since incidents of violence against the community remain high. Alternately an external entity such as an Ombudsman could be appointed.

OPEN-NESS BEING LGBTQ+

The majority of participants were uncomfortable being openly LGBTQ+, however self-confidence, safe-spaces, supportive friendships, and freedom from shame were positive factors that can be built on. Work at the group and individual level around building a healthy sense of self, unsettling shame, and self-acceptance is recommended. Also, activities that support persons to form healthy social groups are beneficial.

SCHOOL AND EDUCATION

School remains a site of violence with high levels of bullying and low levels of awareness among parents, teachers and guidance counsellors. There is an opportunity here to create programmes, or partner with other organisations to create programmes, that teach parents the signs of bullying and that empower students to talk to their parents about bullying.

It is possible that some teachers do not intervene in bullying because they are balancing their own fears of being labelled as queer supporting with the expectations of their job. Research may reveal the truth here, and work with teachers who are interested can provide a space to build their capacity in navigating these issues. Since friends are most likely to intervene in bullying, it may be useful to support LGBTQ+ youth in establishing friend groups and networks within and outside of school. There is also scope to explore the seeming increase in bullying over the last 10 years. Is this an increase in incidents or an increasing awareness of what constitutes bullying?

Almost one third of respondents were bullied by teachers, suggesting the need for greater systems of accountability within schools – perhaps an external site of reporting could be useful here as well since trust in teachers and principals is low.

WORKPLACE AND EMPLOYMENT

Overwhelmingly LGBTQ+ identity was viewed as a barrier to employment. Continued sensitisation, perhaps grounded in emerging research around the cost of sexuality based discrimination, is recommended here. It might be useful to ask some of the more forward thinking employers to take the lead in inviting their peers to attend sensitisation sessions, or to get more private sector organisations

involved. The research shows that as a person achieves more powerful positions at work, their treatment improves. This shows that there is room for improvement in the workplace but the issue is intersectional and requires a multifaceted response. Workplace policies around discrimination would be useful here, along with stronger anti-discrimination legislation in general.

CONNECTION, COMMUNITIES AND RELATIONS.

The community showed relatively low levels of healthy relationships – whether friendship or romantic. This is linked to individual and systematic discrimination, along with trauma, distrust, and internalised phobias. Work at the individual and group levels to highlight and understand the impact of these factors on relationships could be useful. Providing safe spaces for dating and making friends through targeted activities is recommended. Conflict resolution training is also recommended to decrease the clashes in friendships. Work is also needed to expand beyond normative understandings of gender and to increase space in the community for asexuals and persons of trans experience (more broadly). There is also room for building awareness around classism, colorism, fatphobia and ableism.

Intentional work around advertising activities to persons living with disabilities, and creating spaces for persons living with disabilities is essential.

HEALTH AND MENTAL HEALTH

Capacity building with private healthcare providers remains a priority since many community members access services there. There was an overall increase in folks accessing services in public health settings which means those systems need more sensitisation and a reliable redress system for discrimination. There is still a relatively low-level of awareness of trans-specific healthcare- CHARES at UWI provides a good model for this.

There was an overall decrease in mental health self-perception perhaps linked to the pandemic and other social changes. This may indicate a need for more mental health sessions and resources to be made available to the community including individual and groups counselling. Partnerships with education institutions that train therapists and counsellors could be useful here.

Online mental health services were considered comfortable and safe and may present an opportunity for making free and low cost support more widely available.

INDEPENDENCE HOMELESSNESS AND DISPLACEMENT

A large number of community members were dependent on others to survive, with many dependent on transactional sex. Increasing awareness of the LGBTQ+ shelter is recommended, along with making the shelter safer (as some folks report feeling unsafe there). Work within the community to create temporary safe-spaces may be useful. Being put out by family remains the number one cause of homelessness, indicating a need for more interventions focused on keeping people within the family. Food security also increased indicating the need for more expansive feeding programmes that include those who 'appear' to be okay and who not usually be considered at risk.

SERVICE TO THE COMMUNITY AND POLITICAL INVESTMENT

Most participants were neutral regarding the work of LGBTQ+ organisations which might indicate a disconnection from the organisations themselves or from their work. Many participants believed organisations were doing the best they can and providing safe spaces. Recommendations for LGBTQ+ organisations include more public education, diversifying advocacy and increasing organisational reach outside of Kingston. A number of respondents believed there was a need for more inclusivity, community support and hosting more gatherings for all members of the community. Participants also recommended changing some of the people on the front line of the movement as they do harm to the community. Also the provision of financial support to community members – including those in degree programmes. There were recommendations to move away from a focus on laws and towards a focus on changing people and to take a more radical approach. There were multiple recommendations around holding staff accountable for the privacy of client information – including signing Non-Disclosure Agreements.

Repeal of laws that justify homophobic attacks and introduction of stronger anti-discrimination legislation were the two top political priorities, placing higher than the repeal of the anti-sodomy law and advocating for marriage.

In general there seemed to be a low level of interest in political involvement which may indicate a need for awareness building around the process and why it is important to participate. It is important to note that the last local election (conducted in Feb 2024 – after this survey) showed the lowest voter turnout in years. This may indicate that the political apathy is a countrywide rather than specific to the community.

ENVIRONMENTAL HEALTH/CLIMATE CHANGE

Respondents generally had a high awareness of the terms climate change and global warming, but low levels of knowledge around the issues. Since research shows that queer people may be disproportionately affected by climate change, it is recommended that awareness building be undertaken in the community. Also, climate advocacy may be added to J-FLAG's advocacy trainings.

Many participants would experience barriers related to sexual orientation and gender identity, including fears of attack and discrimination when navigating a climate emergency. Sensitisation and capacity building is needed within emergency shelters, the ODPEM, and other spaces and organisations that respond to climate emergencies. Sensitisation is also needed within the ministries and agencies that respond to climate change.

Food, transportation, energy, and healthcare insecurity were major concerns when responding to climate change. It might be useful for EFAF and other organisations to consider their own readiness to meet the needs of their community members who might be hardest hit. What training is needed among staff and what partnerships need to be formed to ensure stigma and discrimination do not become barriers to accessing resources?