Intimate Partner Violence in LBTQ Relationships in Jamaica

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ABSTRACT

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<u>Intimate Partner Violence in LBTQ Relationships in Jamaica</u>

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This research aims to expand knowledge on the experiences of lesbian, bisexual, trans, queer(LBTQ) women and gender non-conforming (GNC) people with intimate partner violence (IPV) in the understudied Global South, with a focus on individuals in Jamaica. The study examines the perceptions which LBTQ people hold toward IPV, unique factors which contribute to IPV within their relationships, and barriers to help-seeking which LBTQ people face when seeking support services in Jamaica.

A qualitative methodological approach was used, and data collected through 13 semi-structured interviews were thematically analysed. Findings indicate that three factors impact LBTQ women and GNC people's perceptions of, and experiences with IPV. These factors are 1) negative public perceptions of LBTQ and GNC people, 2) the adoption of heteronormativity by LBTQ and GNC people, and 3) LBTQ and GNC people's experiences with Jamaican mental health services.

These findings were used to make recommendations for the development of evidence-based, IPV prevention and intervention programmes for LBTQ and GNC communities in Jamaica, and the wider Caribbean.

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CHAPTER 1: INTRODUCTION

The World Health Organization (2012) defines Intimate Partner Violence (IPV) as any type of physical or sexual violence, controlling behaviour or emotional and psychological abuse which takes place between a couple. IPV can lead to a number of adverse consequences for individuals including death, injury, chronic health conditions, reproductive disorders and psychological and social consequences (CDC, 2015). Societal costs are also substantial as IPV leads to lost productivity and medical and criminal justice costs (CDC, 2015). While both men and women can be perpetrators of IPV, women are more likely to be victims of this type of violence, with almost one third of women worldwide reporting some type of violence at the hands of their intimate partner during their lifetime (World Health Organization, 2017).

While IPV is an issue which affects people regardless of age, sexual orientation or gender identity, it is still seen by many as an issue exclusive to heterosexual relationships (Rollè, Giardina, Caldarera, Geriona & Brustia, 2018). This has resulted in little understanding about IPV in lesbian, gay, bisexual, trans and queer (LGBTQ) relationships globally. This, in turn, has implications for the identification of IPV by members of the LGBTQ community; members' willingness to report these instances of violence to the police; effective interventions for survivors and perpetrators, and prevention.

Research around the topic has grown in recent years, shedding light on the pervasiveness of the issue within the LGBTQ community (Rollè et al., 2018). It indicates that the incidence of IPV among couples in the LGBTQ community is comparable to that

of heterosexual couples (Kelley, Lewis, Milletich & Woody, 2012). The National

Intimate Partner and Sexual Violence Survey (2010) which publishes findings on

victimization by sexual orientation found that "lesbian women and gay men reported

levels of intimate partner violence and sexual violence equal to or higher than those of

heterosexuals" (p.1) with one-half of women who identified as lesbian or bisexual, and

nearly one-third of men who identified as gay or bisexual, stating that they were victims

of physical or psychological abuse. Another study by Messinger (2011) found that

individuals in homosexual and bisexual relationships were more likely to be victims of all

forms of IPV than their heterosexual counterparts. Despite the apparent prevalence, the

issue is still seen by many, including policy makers and support service providers as a

rare phenomenon within LGBTQ relationships.

      Research shows that IPV is seen as an especially rare phenomenon within lesbian,

bisexual, trans (LBT) relationships (Rollè et al., 2018). LBT women are doubly

marginalised by virtue of their status as women, and silenced within the wider LGBTQ

community (Wilton, 2002) which has traditionally been dominated by gay men. Issues

pertaining to LBT women are often ignored in community discussions within, and media

coverage of the LGBTQ community (Andrew, 2015). Additionally, research shows that

IPV in perpetrated by individuals who identify as women is often invisibilized due to

cultural ideologies regarding femininity which portray women as incapable of violence

(Rollè et al., 2018). Research by Ristock (2003) also asserts that public discussion on IPV

among LBT women is silenced as it is thought to increase stigma around LBT women

and minimize concern surrounding violence perpetrated by men. Further to this, research

by Brown and Herman (2015) shows that prevalence rates of IPV among trans women are higher than IPV in lesbian, gay and bisexual relationships. Additionally, there is a dearth of research on the impact of IPV on queer[1], gender non-conforming (GNC)[2] and gender non-binary[3] individuals whose voices are often left out of conversations about the LGBTQ community. In an effort to amplify the voices of these silenced groups, this research study focuses on the experiences of lesbian, bisexual, trans and queer (LBTQ) people with IPV.

While there are many common causal factors which lead to IPV within heterosexual and LBTQ relationships, such as dependence and substance abuse (Rollè et al., 2018), there are many factors unique to LBTQ relationships (Brown, 2008; Glass & Hassouneh, 2008) which must be understood by those seeking to intervene and prevent IPV within the LBTQ community. Firstly, individuals within and outside of the community tend to see IPV within LBTQ relationships as mutual battering (Duke & Davidson, 2009) which minimizes the impact of IPV on LBTQ individuals. Additionally, because IPV is often framed as a heterosexual issue (Glass &Hassouneh, 2008), many LBTQ individuals are unable to recognize violence within their relationships as abuse. Messinger (2011) examines another unique factor, minority stress which is due to

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[1]People who identify as queer often challenge heteronormative social norms concerning gender and sexuality (Human Rights Campaign, 2020). For the purposes of this paper, the term queer will be used when referring to and relating experiences of participants who identify as gender non-binary, gender non-conforming (GNC) or queer.
[2] People who do not follow normalized ideas or stereotypes about how they should look or act based on the sex they were assigned at birth (Human Rights Campaign, 2020).
[3] The word non-binary describes a wide array of different identities which fall outside of the gender binary, and can be related to, or completely separate from male and female gender identities (Human Rights Campaign, 2020).

internalized and external homophobia experienced by LBTQ people, and can greatly impact the level of violence within LBTQ relationships. Further research shows that internalized minority stress in particular is positively correlated to IPV (Balsam & Sylzmanski, 2005) as the Disempowerment Theory illustrates that individuals who feel inadequate are more likely to assert power, especially in violent ways (Brown, 2008).

Further unique dynamics are found regarding the barriers which LBTQ victims of IPV face when attempting to access support or judicial services. Shame and fear of being 'outed' or stigmatized as a member of the LBTQ community prevents many from seeking support from health workers, counsellors, police officers and relatives (Brown, 2008), while high levels of homophobia combined with gender role stereotypes sometimes result in members of the justice system, such as the police, viewing IPV within LBTQ relationships as less serious (Calton, Cattanheo & Gebhard, 2015).

Despite the prevalence of IPV and evidence of unique dynamics present in LBTQ relationships, there is still a dearth of research on this phenomenon in varied contexts. Most of the existing research has looked at IPV in LGBTQ relationships in the Global North, resulting in little understanding of unique contextual dynamics which may affect how IPV is perceived and dealt with in LGBTQ relationships in the Global South. Knowledge of the impact specific contextual factors may have on the occurrence of IPV in LBTQ relationships is important, as this informs the work of State agencies, NGOs and other organisations working toward effective and sustainable prevention and intervention (Hatcher et al., 2013; Ogum et al., 2018). In an effort to increase knowledge surrounding

IPV in LBTQ relationships in the Global South, the current study will examine IPV within LBTQ relationships in the Caribbean nation of Jamaica.

Jamaica is an island nation which was once touted as the 'most homophobic place on Earth' (Padgett, 2006). Same-sex intimacy between men is criminal in Jamaica, and high levels of homophobia and transphobia impact the lives of LBTQ people in many ways including their right to work, education, health, life, and equality before the law (National Survey on Attitudes and Perceptions towards Same-Sex Relations, commissioned by J-FLAG, 2012). Despite continued discrimination and violence perpetrated against LBTQ people, there has been progress in Jamaica, including improved relations between the community and the police, the health ministry, and four incident free stagings of Pride celebrations (Faber, 2018).

The LBTQ community in Jamaica is a diverse community whose experiences and perceptions of IPV may vary based on their experiences which, at times, may be impacted by their sexual orientation or gender identity. The community in Jamaica has access to support services through two local LGBTQ advocacy groups, Jamaica Forum for Lesbians, All Sexuals and Gays (J-FLAG) and WE-Change Jamaica. While these organisations provide sensitization and support for victims of IPV who seek assistance, these specific services are not informed by context relevant research, as no formal study has been carried out on the prevalence, perceptions or causal factors of IPV in the LBTQ community in the Caribbean context. This has resulted in a lack of research-informed IPV prevention interventions, and little knowledge of the barriers that survivors within the community face when trying to access support services.

This research study aims to inform the aforementioned by exploring LBTQ perceptions of and experiences with IPV within their relationships in Jamaica and examining the barriers which LBTQ individuals who experience IPV face when attempting to seek support services. By building upon past research while also contributing to research on the topic within a context which has not been fully explored, this study seeks to address the following questions:

1. How is IPV perceived by the LBTQ community in Jamaica?

This question examines the perceptions which individuals within the LBTQ community in Jamaica hold of the phenomenon of IPV and the impacts which these perceptions may have on their experiences with IPV. The way individuals perceive IPV is important as it can affect perpetration of IPV; willingness of victims to seek support; the narrative perpetuated about IPV within the community; the willingness of the community to provide support to members who experience IPV; and can also act as a barrier to leaving abusive relationships.

2. What are the main factors that contribute to intimate partner violence in LBTQ relationships in Jamaica?

Research shows that while there are commonalities in the factors which impact the perpetration of IPV within heterosexual and LBTQ relationships, there are also causal factors which are unique to LBTQ relationships. This question sheds light on these unique factors within the Jamaican context with the aim of informing LBTQ IPV intervention and prevention programming as well as service providers who work with the community in Jamaica.

3. What are the barriers that survivors of IPV within the LBTQ community

in Jamaica face when trying to access support services?

This question examines the various unique barriers that members of the LBTQ

community who experience IPV may face when attempting to seek aid. Taking note of

these barriers is important to understanding the physical, emotional and psychological

obstacles which LBTQ Jamaicans may face when seeking support to cope with an

abusive relationship or attempting to leave an abusive relationship. Similar to research

question 2, this question can inform LBTQ intervention programming and guide service

providers who provide support to LBTQ people who experience IPV within Jamaica and

the wider Caribbean.

This study utilised a qualitative methodological approach including semi-

structured interviews with thirteen Jamaicans who identified as LBTQ in an effort to gain

a deeper understanding of their perceptions of and experiences with IPV in their local

context. All interviews were recorded, transcribed, coded and thematically analysed. All

results are based on the data from interviews which shed light on the experiences of

participants.

Following this introduction is a review of relevant literature which examines IPV

as a global phenomenon and explores research done on IPV within the wider LGBTQ

community globally, along with studies which focus on the LBTQ community. This

review also examines the need to further explore IPV within LBTQ relationships as well

as the gaps which exist in knowledge on LBTQ IPV in the Global South. It further

focuses on IPV within LGBTQ relationships in Jamaica. Research shows commonalities

between heterosexual and LGBTQ IPV globally. As there is little research on LGBTQ

IPV in the Jamaican context, the review examines IPV in heterosexual relationships in

Jamaica in an effort to provide insight on LBTQ IPV occurrence. This chapter also offers

an in-depth cultural, social and legal contextualisation of the realities of LBTQ people

within Jamaican society to aid in understanding the lived experiences of the individuals

central to this study.

Chapter three details the research methodology utilised in this study including the

methodological approach and methods used for data collection and analysis. The results

and analysis follow in Chapter four bring the voices of the research participants to the

forefront. This chapter explores the three main factors which participant interviews

indicate impact LBTQ people's experiences with IPV. These factors are a) negative

perceptions of LBTQ people; b) the adoption of heteronormativity by LBTQ people; and

c) LBTQ people's experiences with local mental health services. Chapter five concludes

this research study by positioning it within the wider context of studies on LGBTQ IPV.

The chapter also offers recommendations for LBTQ IPV prevention and intervention to

policy makers, support service providers and organisations that work with and for LBTQ

Jamaicans.

CHAPTER 2: LITERATURE REVIEW

Intimate partner violence (IPV) has been recognized as a major public health issue and violation of human rights which plagues contemporary society (WHO, 2017). While individuals regardless of their sex, gender, sexual orientation or class can be a victim or perpetrator of IPV, women are more likely to be victims of IPV which is the predominant form of violence against women worldwide (Ogum et al, 2018). Globally, "almost one third of women who have been in a relationship report that they have experienced some form of physical and/or sexual violence by their intimate partner in their lifetime" (WHO, 2017, para. 3).

Historically called domestic violence, the designation "IPV" is used to refer to any "physical, sexual, or psychological harm by a current or former intimate partner or spouse" (National Institute of Justice, 2007). IPV leads to varied, long term individual health, physical and psychological costs as well as societal costs, and is caused by a combination of individual, societal and community related factors (Costa et al., 2015; WHO, 2017). While the causes of and interventions for IPV have been studied extensively in the past, this has primarily been within a heteronormative framework, resulting in the lack of a holistic understanding of this phenomena in LGBTQ relationships.

In recent years, there has been an increase in instances of research which examine the occurrence of IPV within LGBTQ communities, as well as an increase in studies which examine the differing causal factors, impacts and unique challenges present in IPV among the different segments of the LGBTQ community (Carvalho, Derlega, Lewis,

Viggiano & Winstead, 2011; Glass & Hassouneh, 2008; Rollè et al., 2018). The research shows that the prevalence rates of IPV within LGBTQ relationships are comparable to those in heterosexual relationships (Messinger, 2011; Rollè et al., 2018). While there have been common causal factors of IPV within LGBTQ relationships and heterosexual relationships, studies have also shown unique factors which may be associated with IPV in LGBTQ relationships such as minority stress (Balsam & Syzmanski, 2002).

This dynamic is also seen in the examination of barriers which LGBTQ victims of IPV face when attempting to leave abusive relationships or seeking support services. While common barriers such as dependency on one's partner exist (Merrill & Wolfe, 2000), issues such as fear of being 'outed' and discriminated against by health workers, counsellors or police officers also impact the willingness of LGBTQ victims to seek out support services (Balsam & Szymanski, 2002; Ristock, 2005).

In an effort to gain a better understanding of the phenomenon of IPV, this chapter will examine literature which details its occurrence, as well as the causal factors and barriers to prevention. While the focus of this study will be IPV within the LBTQ community, this review of literature will examine the research conducted on IPV within the LGBTQ community globally due to a dearth in research specific to the LBTQ community, as well as commonalities shared between the two groups. This review will also contextualize the current research by giving insight on research conducted on IPV in Jamaica and the social, cultural and legal realities of LGBTQ individuals within contemporary Jamaican society.

Intimate Partner Violence

Intimate partner violence has historically been referred to as domestic violence and the two terms are still used interchangeably by individuals and organisations today. The term domestic violence was historically used to refer to the traditional view that violence in a relationship was perpetrated by males thereby victimizing their female partners (Ristock, 2005; Wallace, 2015). The term intimate partner violence arose with the consciousness that violence in relationships exists regardless of the sexual orientation, gender or marital status of the individuals within the relationship (Wallace, 2015). Other research explains that domestic violence encompasses any instance of violence within a household such as child or elder abuse, while IPV refers specifically to abuse that occurs between intimate partners (WHO, 2012). IPV is defined by the World Health Organisation (2012) as "any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship" (p.1). While this definition is used by many other organisations (National Institute for Justice; UN Women), the Centre for Disease Control and Prevention (CDC) also includes stalking in its definition of IPV, and emphasizes that partners do not need to cohabitate nor have a current relationship for an act of abuse to be considered IPV.

While men are sometimes victims of IPV, "the overwhelming global burden of IPV is borne by women" (WHO, 2012, p.1). The main forms of IPV are acts of physical and sexual violence, psychological or emotional abuse, and other types of controlling behaviours (WHO, 2012). Physical violence is the deliberate use of physical force which can potentially cause injury, harm or death including slapping, hitting and beating (CDC,

2015). Sexual violence is defined as any sexual act committed without freely given consent including forced sexual intercourse and other forms of sexual coercion (CDC,2015). Emotional or psychological violence are manipulative and often covert acts which involve the use of verbal and non-verbal communication to exert control over another person. Examples of this include insults, belittling, intimidation and threats (CDC, 2015).

Research shows that IPV is extremely prevalent globally. An analysis conducted by the World Health Organisation (WHO) in 2013 using data from over 80 countries, found almost one third (30%) of women had experienced physical and/or sexual violence at the hands of a partner while in relationships. Prevalence estimates were highest in low-income regions such as the WHO South-East Asia region (37.7%) and lowest in high-income countries (24.6%). Further, existing research suggests that victims often experience different types of IPV concurrently, for example 61-93% of women in Latin American and Caribbean countries who reported having experienced physical IPV, also stated that they were victims of emotional IPV (Bott, Guedes, Goodwin, Mendoza, 2014).

While the current research provides an understanding of the overall prevalence of IPV globally, there is inadequate information about the prevalence of the different forms of IPV. Much of the research which aims to assess IPV prevalence uses the Conflict Tactics Scale (CTS) or an adaptation of this scale to assess individuals' lifetime exposure to physical and/or sexual violence by an intimate partner (WHO, 2013). The CTS asks about specific behaviours which are experienced by women "without framing the questions as gradations of relationship conflict, but rather as independent acts in a

constellation of experiences encompassing [IPV]" (WHO,2013, p.10). Additionally, while the CTS is able to capture individual experiences of physical and/or sexual violence, it is not able to gauge emotional/psychological IPV, which makes it difficult to accurately measure the prevalence of this type of IPV on a global scale.

Further to this, while the accepted definition of IPV includes physical, sexual and psychological/emotional abuse, inconsistencies in the inclusion of all three in different instances of research make it difficult to make conclusions as to what is being reported when we report on IPV prevalence. In fact, most studies which speak of IPV prevalence rates are focused on physical violence to the exclusion of other types of IPV (Jewkes, 2002). Despite these inconsistencies, it is clear that IPV is a pervasive issue which affects individuals globally.

Risk Factors and Barriers to Help-seeking

Some instances of research which have examined risk factors that contribute to IPV in various contexts utilise the social ecological model which is widely used for understanding violence (Register, 2018; Walters, 2009). The model examines violence which occurs at four levels: individual, relationship, community and societal. Individual factors which may lead to IPV include low levels of education, substance abuse (CDC, 2018), mental illness (WHO, 2012) and the acceptance of violence within relationships as a norm (Johnson & Das, 2009). Relationship factors include male dominance in the family, economic stress (CDC, 2018) and disparity in educational attainment (WHO, 2012). Community and societal factors include poverty; weak legal sanctions against IPV within marriage which is often seen as a private space which should not be open to the

public sphere (Chhibbar, 2016); social acceptance of violence as a way to resolve conflict (Jewkes, 2002) and accepted gender roles and norms (Swart, Seedat, Stevens & Ricardo, 2002).

Importance of Geographical/Social Context

One issue which plagues the research on risk factors of IPV is the fact that most of the research has been conducted in North America (Yakubovich et al., 2018) and based solely on self-reported data (Sanz-Barbero et al., 2018) collected by shelters or clinics who provide support for survivors of IPV (Jewkes, 2002). This must be noted as while the main forms of IPV and some risk factors which lead to IPV can be consistently identified across countries and contexts, research shows that some of these forms and contributing factors may be more prevalent in some contexts more than others (Jewkes, 2002; WHO, 2012).

Research done on IPV in the Global South highlights the importance of issues such as context and victim self-reporting in assessing risk factors of IPV. In 2009, researchers Johnson & Das conducted a study on IPV in Bangladesh as reported by men in an effort to discern risk factors for perpetration of IPV. Using a nationally representative sample, they conducted interviews in which men responded to questions from a modified version of the aforementioned Conflict Tactic Scale (CTS). Findings indicate that collection of data from victim self-reporting may be a limitation as the prevalence rate of IPV reported by men was significantly higher (74%) than when compared with rates reported by women in the same context (42%) which suggests the extent of underreporting.

Regarding the importance of social context, while many of the common risk factors existed such as socio-economic status, factors specifically pertinent in the Bangladeshi context were also identified, including the use of religion to justify IPV, and the role 'preferred sex of children' played in contributing to IPV. Further, men's indication of their belief in equality of women did not result in a decrease in their likelihood to perpetrate IPV. This is important to note in this context, as prevention programming often associates changes in men's attitude toward gender equality with a decrease in IPV (WHO, 2012). While this instance of research sheds light on the effects self-reporting may have on the accuracy of IPV prevalence rates, the likelihood exists that men over-reported instances of IPV. This may be due to gender roles and norms within the Bangladeshi context where men are expected to exercise control over their partners to establish their masculinity (Johnson & Das, 2009).

Another study (Hatcher et al., 2013) which highlights the importance of context examines social context as one of the drivers of IPV in rural Kenya with a focus on pregnant women. Using the socio-ecological model to guide analysis of data, researchers conducted in-depth interviews and focus group discussions with women, as well as separate ones with male partners, in an effort to gain a holistic understanding of the phenomenon. While common individual risk factors such as economic dependency arose, women transgressing gender norms in the public sphere while failing to perform specific, expected gender roles in the private sphere was an important factor which contributed to IPV in this context. Further, acceptance of IPV as an unchangeable aspect of local culture also contributed to community views on violence. In addition, while many definitions of

IPV do not include economic IPV, this was found to be a major form of partner violence within this context. It must be noted that part of the sample used within this instance of research were pregnant women who are more vulnerable in most contexts, which may have impacted the risk factors that were highlighted in the study. However, the inclusion of the voices of male partners, and focus on community perspectives of IPV rather than individual experiences, shed light on the importance context and self-reporting may play in assessing risk-factors of IPV.

Research which examines the importance of context also unearths linkages between the acceptance of violence as a part of conflict and perpetration of IPV in some contexts (Jewkes, 2002) and the promotion of IPV as a socially acceptable form of control (Antai, 2011) in others. Additionally, in some cases IPV is romanticized and seen as a sign of a good relationship (Papp, Liss, Erchull, Godfrey & Waaland-Kretzer, 2016). Understanding that "intimate partner violence is entirely a product of its social context" (Jewkes, 2002, p.1423) and that "social context is central to understanding persistent IPV" (Hatcher et al., 2013, p.10) is important, because a clear understanding of risk factors is an integral part of developing effective prevention programming (Ogum et al., 2018) to combat IPV.

Importance of Intersectionality

In the same way that social context must be considered when examining risk factors associated with IPV, research shows that intersectionality must be considered when examining barriers which victims of IPV face when reporting violence, or seeking support services (Garcia and McManimon, 2016). A clear understanding of barriers faced

by victims is an important part of planning effective interventions (Ristock, 2005). The World Health Organisation (2012) cites the following as barriers which victims of IPV face when reporting violence or seeking support services: "fear of retaliation, lack of alternative means of economic support, concern for their children, lack of support from family and friends, stigma… and love and hope that the partner will change" (p.3). Other research explores the justice system as a barrier to seeking legal action against perpetrators (Jordan, 2009; National Institute of Justice, 2016). While these are relevant across contexts (WHO, 2012), intersecting elements of victim's identities such as immigration status, race, religion, disability, sexual orientation and gender identity must be considered when planning interventions as "the multiple marginalities victims live…complicate the violence they experience, as well as how they are treated by the criminal justice system" (Garcia and McManimon, 2016).

This is evident in research done by Ting and Panchanadeswaran (2009) which uses a phenomenological approach to examine the barriers faced by immigrant African women survivors of partner abuse. Findings of interviews conducted with 15 women revealed that many of the important barriers to seeking help were specific to the immigration status of these women such as language barriers and fear of deportation. However, there were also culture-specific norms such as the importance of marriage, the right to use violence as a means of control within relationships (Abrahams et al., 2006) and the fear and stigma associated with being single which also acted as barriers for these women. These findings shed insight on the importance of understanding the ways different aspects of IPV victims' identities intersect when providing support services for

victims of IPV. These findings are corroborated by research done by Morgan and Wells (2016) which synthesized data from various qualitative studies to highlight variations in the barriers which victims of IPV faced when seeking help across different contexts.

Overall, the research on IPV indicates the importance of considering intersectionality of victim identity, social context and self-reporting when examining prevalence rates, risk factors and barriers. The aforementioned all play a role in effective prevention interventions, therefore warranting the need for more research within specific contexts. While context-specific research is growing, the large majority of research on IPV is still focused on heterosexual intimate partnerships in the Global North (Rollè et al, 2018). While commonalities may be found between LGBTQ and heterosexual victims of IPV, in an effort to effectively tackle IPV within the LGBTQ community, research must be done on the unique factors present in LGBTQ IPV (Rollè et al., 2018). The following section examines the literature on IPV within the LGBTQ community.

<center>Intimate Partner Violence within the LGBTQ community</center>

Jewkes (2002) argues that there are two overall factors which lead to IPV across contexts: "the unequal position of women in a relationship and society, and the normative use of violence in conflict" (p. 1426). While the latter applies to various types of relationships, the former factor invisibilizes IPV in the LGBTQ community. While heteronormative, gender specific narratives prevail in research which seeks to understand IPV perpetration (Ristock, 2002), research done by Calton et al., (2015) looks to feminist theory as a means of explaining IPV among LGBTQ couples. While patriarchal violence was thought to account for unidirectional abuse of women by men, hooks (2000) expands

this understanding to include "any violence in which a person uses coercive measures to control a less powerful individual" (p. 585). It is argued that this, along with an understanding of positioning theory, which in the context of IPV sees one individual situating themselves in a superior position to their partner by exercising power, sheds insight on the ways oppressive systems impact relationships regardless of the sexual orientation or gender identity of the individuals within the relationship.

LGBTQ IPV refers to violence which occurs within same-sex, same-gender or queer intimate relationships (Ristock, 2005). Research shows that LGBTQ people face more difficult outcomes in comparison to their heterosexual counterparts in various areas of life including socio-economic status, mental and physical health, homelessness and social exclusion (Perales and Todd, 2018). Further, while LGBTQ victims of IPV suffer the same mental, physical and emotional consequences as their heterosexual counterparts, high levels of homophobia and the lack of legal protection in some contexts exacerbate the effects of IPV (Rollè et al, 2018) among this population.

While there are commonalities between forms of IPV found within LGBTQ and heterosexual relationships, contexts of homophobia, biphobia and transphobia coupled with heterosexism result in types of violence which are specific to LGBTQ relationships. These include identity abuse which includes threats to 'out' one's partner (Ristock, 2005), transgender abuse which includes ridiculing the gender identity of one's partner who identifies as transgender, and HIV/AIDS related abuse which tends to be prevalent among gay and bisexual men (National Coalition of Anti-Violence Programs, 2016). The

most common types of violence reported by LGBTQ IPV survivors are physical violence and verbal harassment (Waters, 2016).

Prevalence of LGBTQ IPV

While the vast majority of research on IPV looks at the phenomenon in heterosexual relationships, there has been an increase in research on IPV in the LGBTQ community. This research shows that the prevalence of IPV within the LGBTQ community is comparable or even higher than heterosexual IPV (Messinger, 2011) with 61.1% of bisexual women, 43.8% of lesbian women, 37.3% of bisexual men and 26% of homosexual men stating that they have experienced IPV within their lifetime. This compares to 35% of heterosexual women and 29% of heterosexual men (NIPSVS, 2010). These statistics were taken from the 2010 National Intimate Partner and Sexual Violence Survey (NIPSVS) which is the first research study to present comparisons between LGBTQ victims of IPV by gender. The study uses behaviour-specific questions to assess IPV as well as sexual violence and stalking among respondents during their lifetime as well as in the 12 months leading up to the study. While it sheds light on prevalence of IPV within the community, findings are based in the United States.

Many of the studies outside the U.S. have focused exclusively on IPV among gay men (Eaton et al., 2013; Finneran, Chard, Sineath, Sullivan & Stephenson, 2012; Yu et al, 2013). However, these, alongside more inclusive studies (Chong et al., 2010; Leonard et al., 2008), "have reported similar or even higher IPV rates compared to North American populations" (Rollè, 2019, p.2). One of the few studies done in Asia was conducted by Chong et al., (2010) among 339 persons in Hong Kong who had been, or

were presently in a same-sex relationship. Participants were sourced through web-based questionnaires using a modified version of the Conflict Tactics Scale which has been used to assess IPV among heterosexual couples across contexts (Johnson & Das, 2009). Findings revealed that the majority (79.1%) of the participants had been victims of IPV at least once during their relationships. This research provides insight into the prevalence of LGBTQ IPV in Asia. Further research is needed to gain a better understanding of the prevalence of LGBTQ IPV in Asia, as findings may have been impacted by the use of the internet to administer questionnaires and a gender imbalance among participants as most were women.

Another study conducted by Finneran et al., (2012) focuses exclusively on IPV among gay men, but sheds insight on IPV in non-Western contexts through transnational research on IPV in the gay community. The study, which used internet surveys to assess rates of different forms of IPV among gay men in six countries, evidences "the differences in prevalence rates among various countries" (Rollè et al, 2018, p.2). Physical IPV was the most commonly reported form of IPV and varied significantly among contexts with "a range of 5.75% of respondents in the U.S. to 11.75% of respondents in South Africa" (p. 264). Additionally, factors such as race impacted the prevalence of IPV within some countries (p. 265).

While existing research has shed some light on the prevalence of IPV within the LGBTQ community in different contexts, the literature shows that there are still several gaps. Firstly, the wider context of homophobia and internal stigma and/or shame may impact participant responses and participation, resulting in inaccuracies in reported

prevalence rates (Ristock, 2005). Additionally, while some studies assess lifetime experience of IPV, others assess its occurrence within a more limited timeframe which impacts the likelihood of prevalence. Further, while some studies assess IPV using instruments like the Conflict Tactics Scale (Chong et al., 2010) others use one or two yes/no items (Carvalho, 2011). Representation is also an issue, as few studies include transgender people, which makes it difficult to assess the actual prevalence of IPV within this community. Further, most studies have focused on educated, 'out', white gay men and lesbians (Mahoney, Williams & West, 2001; Ristock, 2005; Rollè et al., 2018). These inconsistencies along with a dearth in research on IPV among LGBTQ communities outside of the Global North make it difficult to gain a clear idea of the prevalence of IPV within this minority community. However, the fact that all instances of research show prevalence rates similar to or higher than those of heterosexual victims indicate that IPV within the LGBTQ community is a major issue (Messinger, 2011).

Perceptions of LGBTQ IPV

In order to design and execute effective intervention and prevention efforts to combat IPV within the LGBTQ community, it is important for individuals and organisations who work with this community to examine the risk factors and help-seeking barriers which exist around IPV within the community (Walters et al., 2013). While many of the same risk factors which increase the likelihood of IPV among heterosexual individuals also plague LGBTQ individuals, and commonalities can also be found in the barriers which hinder victims from seeking support, research shows that

there are unique dynamics present in LGBTQ IPV which impact how victims perceive

IPV, as well as the risk factors and barriers to seeking support (Rollè et al., 2018).

While research has not focused exclusively on perceptions of the occurrence of

IPV in LGBTQ relationships, studies examining risk factors and barriers to help-seeking

among LGBTQ victims of IPV have shed light on general perceptions on the issue. The

prevalent perception is that IPV is a heterosexual issue, and therefore not something that

occurs within LGBTQ relationships (Oliffe et al., 2014). IPV is framed as such due to the

dominance of heteronormative, gender specific language and narratives which frame

most statistics and materials on IPV (Calton et al., 2015; Ristock, 2005) and the fact that

most interventions target heterosexual women (Bornstein, Senturia, Shhiu-Thornton &

Sullivan, 2006). This impacts the ability of LGBTQ people to recognize violence within

their relationships (Walters et al., 2013). It also affects the way persons outside of the

community perceive LGBTQ IPV, which has implications for formal and informal

support systems for LGBTQ victims of IPV. Research by Walters (2011) found that the

dominant narrative which frames men as perpetrators, and women as survivors of IPV

can impair the judgements of even trained victim advocates, resulting in their inability to

see the signs of IPV among LGBTQ individuals (Calton et al., 2015).

Perceptions of IPV in LGBTQ relationships also differ among the different

segments of the community. Research shows that the perception of IPV in female same-

sex relationships is influenced by the "underlying feminist paradigm that propelled the

domestic violence movement…" (Stiles-Shields & Caroll, 2015, p.642). This paradigm

supports the ideas that women are innately nonviolent and men are always the

perpetrators of IPV. This has contributed to the perception that IPV in female same-sex relationships is a rare occurrence which does not warrant support (Calton et al., 2015; Hassouneh & Glass, 2008). These factors also impact how IPV is seen in same-sex male relationships where partner abuse is portrayed as an 'equal fight' (Stiles-Shields & Caroll, 2015). This is further complicated by the expectation that men should defend themselves against violence from another man, which perpetuates bi-directionality of violence within same-sex male relationships (Buford, Mobley, Murray & Seaman-Dejohn, 2007; Stiles-Shields & Caroll, 2015). The 'feminization' of gay men also perpetuates the idea that violence within these relationships is less harmful (Calton et al.,2015). This perception is particularly harmful as research shows that it can have adverse effects by increasing the desire of GBT men to 'perform masculinity' by attempting to control their partner through violence (Calton et al.,2015). Understanding the perceptions of LGBTQ IPV is important, as false perceptions impact the narrative around IPV which have implications for effective prevention and policy (Cannon & Buttel, 2015), and may impede victims of IPV from leaving abusive relationships (Calton et al.,2015).

Risk Factors and Barriers to Help-seeking

While there has been an increase in research on IPV within the LGBTQ community, still little is known about the factors which contribute to this form of violence (Goldenberg, Stephenson, Freeland, Finneran & Hadley, 2016), especially in non-Western contexts (Rollè et al., 2018). Despite these shortcomings, research shows commonalities between factors found to increase the likelihood of IPV in LGBTQ and

heterosexual relationships. These include high levels of dependency due to a lack of

external support (Balsam & Szymanski, 2005; Chong, 2013), dyadic inequalities,

substance abuse (Buford et. al, 2007), gender role performance and hegemonic

masculinity (Brown, 2008; Jeffries& Ball, 2008). Factors which are more unique to

LGBTQ relationships include differences in 'outness' which impact relationship

dynamics (Goldenberg et al., 2016) and sexual minority stressors due to homophobia and

transphobia (D'Lima, Gumienny, Kelley & Millitech, 2014; Garthe, 2018). Much of the

research also highlighted HIV status as a contextual factor (Ristock, 2005) as well as a

barrier to leaving an abusive relationship, specifically in GBT relationships.

Some instances of research show inconsistencies in the impact of these risk

factors on LGBTQ IPV. For example, research shows that substance and alcohol abuse

are risk factors for IPV among heterosexual and LGBTQ populations (Buford et al, 2007;

Soper 2014). Other research shows that it may even be a more significant factor in

LGBTQ IPV as individuals within this community abuse substances and alcohol at higher

rates than their heterosexual counterparts (Green & Feinstein, 2012), especially as a

means of coping with discrimination and stigma in society (Mayock, Bryan, Carr &

Kitching, 2009). However, a systematic review of literature conducted by Stiles-Shields

and Carroll (2015) indicates a lack of clarity in the research about the exact role alcohol

and substance abuse plays in LGBTQ IPV. Some studies see abuse of substances as

precipitating factors for violence (Fortunata & Kohn, 2003), others assert that it is used as

a coping mechanism following perpetration of IPV (Stiles-Shields & Caroll, 2015) and

Murray et al., 2007 see no correlation between substance abuse and IPV within the LGBTQ community.

Additionally, other research points to the idea that while there are common risk factors found in heterosexual and LGBTQ IPV, factors may affect the groups differently. Research done by Merrill and Wolfe (2000) among gay men revealed that economic dependence was not a risk factor for participants, and hypothesized that "in general same gender couples [may be] more likely to maintain financial independence when coupled" (p.23). While this research sheds light on the experiences of some members of the community, as it focused exclusively on gay men, further research is needed to determine whether dependence may be a risk factor for other segments of the LGBTQ community.

Other common risk factors are mental illness and exposure to familial violence (Stiles-Shields & Carroll, 2015). However much of the research has not examined that while these factors may not be unique to LGBTQ IPV, individuals in same-sex and same gender relationships may be less able to cope healthily with these issues due to a lack of access to support services (Ristock, 2005). This may be especially true within contexts where there is a lack of LGBTQ-friendly counsellors and health workers.

As aforementioned, aside from common risk factors, research shows LGBTQ people are subject to unique stressors which may increase the likelihood of violence within their intimate relationships. Some of the research utilises different models and frameworks to explain these stressors, as well as the intersecting factors which lead to IPV. Meyer (2003) uses the minority stress model to explain unique stressors faced by LGBTQ people that may lead to IPV. The model is based on the concept that individuals

who are a part of a stigmatized group, experience additional, unique stressors. These include "both internalized stressors (e.g., openness/concealment, perceived discrimination, and internalized homophobia[4]) and externalized stressors (e.g., actual experiences of violence, discrimination, and harassment)" (Carvalho,2011, p. 502).

The model encompasses different elements such as internalized homophobia and discrimination which are thought to increase the likelihood of IPV within LGBTQ relationships (Stiles-Shields & Carroll, 2015). Internalized homophobia (IH) involves internalizing the negative messages upheld in society about LGBTQ people, and may result in perpetrators of IPV displacing negative feelings they may have about themselves onto their partner (Herek, 2004). Studies done by Carvalho et al., (2011) and Balsam and Szymanski (2005) both showed a relationship between internalized homophobia and IPV, however other variables such as the quality of the relationship played a role. While much of the research speaks to the role IH may play in IPV (Balsam & Syzmanski, 2005; Brown, 2008; Buford et al., 2007; D'Lima et al., 2014), data suggested that the connection may not be strong (D'Lima et al., 2014). Carvalho et al., (2011) attributed this to low levels of diversity within their sample and both studies recognized that a limitation to studying the relationship between IH and IPV is that persons with higher levels of internal homophobia are less likely to be open members of the LGBTQ community, and are therefore less likely to participate in these types of studies. The findings suggest that while the relationship between minority stress as a result of homophobia and IPV is not

[4] The use of the term internalised homophobia within this paper is not meant to exclude experiences of internalised transphobia. Herek (2004) defines internalised homophobia as the internalisation of negative feelings toward the entire LGBTQ community by people who may or may not identify as LGBTQ.

clear, a relationship exists. More research is needed on the role of minority stress in IPV, especially within different contexts (Rollè et al., 2018).

Another model which has been used to examine IPV is the socio-ecological model. The model is used to understand and prevent violence by considering the connections between individual, relationship, community and societal factors which increase or decrease the risk of violence (CDC, 2019). Walters (2009) and Register (2018) use the model to examine factors which lead to IPV within lesbian relationships, examining how IPV may be caused by a combination of social organization and factors which interact with individuals. Register (2018) interviews eight lesbians about their experiences with IPV and finds evidence of "interplay [among participant's] individual, relationship, community and society…which combine to create an environment in which IPV is possible and the abused is silenced by multiple forms of social control" (Register, 2018, p.21). While the study focused on the experiences of lesbians, it shed light on the intersecting factors which may contribute to LGBTQ IPV.

In the same way that context plays a role in IPV in heterosexual couples, research shows the importance of considering context when analysing factors which lead to IPV in LGBTQ relationships (Finneran et al., 2012; Ristock, 2002; Walters, 2016). The aforementioned transnational research conducted using web based surveys of gay men across six countries showed that these common risk factors do not seem to uniformly affect occurrence of IPV within gay relationships (Finneran et al., 2012). The research showed the importance of factors such as race within the context of South Africa, when compared to more racially homogeneous contexts like Canada. While the research

participants were gay men, these findings shed insight on the fact that context may play a role in the factors which lead to IPV and that "interventions targeting IPV … must take said context into account, and that interventions developed in one area or country may need modification before they can be used in other locations" (p.268).

LGBTQ victims of IPV also face unique barriers when attempting to seek support services. In a review of literature on barriers faced by LGBTQ survivors of IPV, Calton et al., (2015) posit that the "three major barriers to help-seeking…are a limited understanding of the problem of LGBTQ IPV, stigma and systemic inequities" (p.585). Research shows that high levels of stigma and discrimination faced by LGBTQ people is a significant barrier faced by those seeking help. "Stigma serves as a two-way barrier to help-seeking…by preventing [LGBTQ] survivors from seeking support…and by preventing potential helpers from offering support" (Calton et al.,2015, p. 589). LGBTQ survivors sometimes do not report IPV due to a fear of being discriminated against (Cochran, Mays & Sullivan, 2003). Contexts with high levels of discrimination may exacerbate this fear (Walters, 2016) and can also result in LGBTQ people reporting cases of IPV as something other than IPV (National Coalition of Anti-Violence Programs, 2016). In some cases, stigma which keeps LGBTQ people in the closet, also keeps then in abusive relationships as many prefer to stay in abusive relationships than to be outed while seeking support (Calton et al.,2015).

Another significant barrier for LGBTQ survivors of IPV to seeking help is the justice system. Many LGBTQ victims of IPV have little faith in the justice system due to negative experiences and are more likely to depend on friends and family for support

(Ristock, 2005). Further, perceptions of IPV as a heterosexual issue results in law enforcement officers often making assumptions based on physical appearances or other unfounded biases (Kingsnorth & Macintosh, 2007) which sometimes leads to wrongful arrest, harassment and hostility when interacting with LGBTQ victims. Further, in some contexts, domestic violence laws do not protect LGBTQ victims due to the lack of recognition of their relationships (National Resource Centre on Domestic Violence, 2007) and protective infrastructure such as shelters for victims do not accommodate LGBTQ people (Messinger, 2011). While it is likely that these barriers to help-seeking are relevant across settings, most of the research was conducted in the North American context which does not allow for an understanding of how context-specific factors may produce new barriers or invalidate barriers which may only be relevant in particular contexts.

While more research needs to be conducted to gain a better understanding of IPV within the LGBTQ community, studies have explored both common risk factors and unique dynamics present in the community which may increase the likelihood of abuse. The research has also used different models to examine these factors and looked at help-seeking barriers which are unique to the LGBTQ community. However, most of the research which is situated in the West (Rollè et al., 2018) focuses on particular segments of the LGBTQ community (Stiles-Shields & Carroll, 2015) and findings are limited due to a lack of diverse samples (Ristock, 2005). In the same way that context and intersectionality must be considered when examining IPV among heterosexual people, the lived experiences of LGBTQ individuals' race, class, immigrant status and disability

must also be considered. Varied identities and contexts impact the perception of IPV among LGBTQ communities, as well as the risk factors and barriers to help-seeking for LGBTQ victims of IPV (Finneran et al., 2012). Without adequate consideration of context and intersectionality, individuals and organisations working to correct this public health issue will not be able to provide culturally relevant, effective intervention and prevention services (Walters, 2016).

IPV in the LBTQ Community

As lesbian, bisexual and trans (LBT) women and queer people are members of the wider LGBTQ community, the aforementioned literature on IPV prevalence rate, perceptions, risks and barriers apply to these individuals. It must be noted however that the literature shows that IPV prevalence rates among lesbian and bisexual women are higher than the rate of IPV perpetration among gay and bisexual men (Walters et al., 2013). Additionally, few studies have examined IPV among queer, trans, gender nonconforming and gender non-binary people (Shields, 2018; Walker, 2015), but a study conducted by Brown and Herman (2015) report that lifetime prevalence of IPV among trans people ranges from 31.1% to 50% which is considerably higher than that experienced by other members of the wider community. Another study conducted by Valentine et al (2017) on the odds of IPV among trans/gender nonconforming and sexual minority people relative to cisgender people reported elevated odds of physical or sexual IPV among the former. Additionally, the types of IPV trans/gender nonconforming people face may differ from their cisgender LB counterparts (Munson & Cook-Daniels,

2003). For example, abusive partners may attempt to control their partner's transition or gender expression.

Research also shows that perceptions of IPV among LBT women and queer individuals may differ from perceptions of IPV among gay and bisexual men. Women are traditionally seen as recipients of violence whereas men are seen as perpetrators (Hassouneh & Glass, 2008). As previously indicated, while instances of IPV among men may be seen as an 'equal fight' (Rollè et al., 2018), it is often regarded as violence, while IPV among women is disregarded by victims, activists and support service providers (Duke & Davidson, 2009). Cultural understandings of masculinity and femininity also affect perceptions of IPV among individuals who identify as women. The myth of 'lesbian utopia' is examined in many instances of research on same-sex IPV (Girshick, 2002; Hassouneh & Glass, 2008; McLaughlin & Rozee, 2001) which indicate that the perception of lesbian relationships as ideal, egalitarian relationships often results in victims and support service providers disregarding the occurrence of abuse within these relationships. This is supported by a study done by Lev and Lev (1999) in which service providers admitted disbelief that IPV among LBTQ women was equally harmful to IPV perpetrated by men. This view is seen in other instances of research (Hassouneh & Glass, 2008).

While the literature shows many similarities in the way members of the LGBTQ community experience IPV as a marginalized group, there is a higher prevalence of IPV among LBT women and little understanding about the ways individuals who identify as queer, gender non-binary or gender non-conforming experience IPV. Additionally, the

majority of research on IPV outside of the U.S. has focused exclusively on IPV among gay men (Eaton et al., 2013; Finneran et al., 2012; Yu et al, 2013) and public discussion around LBTQ IPV is often silenced due to cultural ideologies surrounding femininity (Ristock, 2003). In order to effectively tackle IPV within the LBTQ community, much more research is needed to understand the experiences of LBTQ people across different contexts (CDC, 2013).

Intimate Partner Violence among the LGBTQ community in Jamaica

Understanding the Jamaican Context

Jamaica is a Caribbean island nation which is located south of Cuba and west of Hispaniola. Same-sex intimacy among males is criminalized in Jamaica under the Offences Against the Person Act (2010), and is punishable by up to ten years in prison. While the criminalized act is anal intercourse and not homosexuality, the general public perception is that any form of intimacy among LGBTQ people is illegal (J-FLAG, 2013). LBTQ individuals navigate a space where these perceptions and high levels of homophobia which are upheld by influential religious bodies make way for widespread stigma and discrimination against LGBTQ people (Smith, 2018). Findings from a national study indicate that 93% of Jamaicans believe that homosexuality is a sin, and 63% say that they reject the LGBTQ lifestyle on moral and religious grounds. A large majority of people (61%) also believe that LGBTQ people can be converted to heterosexuality via conversion therapy (J-FLAG, 2015).

Socio-economic class also plays a role, as anti-gay attitudes are generally higher among people in low income communities, and those who are not university educated (J-

FLAG, 2013). Socio-economic status also impacts how LGBTQ people navigate space in Jamaica as those "who fall outside the upper and middle class income brackets have neither wealth nor capital to escape their circumstances" (J-FLAG,2013, p.2) and are therefore more vulnerable to violence and discrimination.

While many instances of violence against LGBTQ people in Jamaica are underreported and undocumented (Human Rights Watch, 2014), research shows that LGBTQ people are uniquely vulnerable to acts of physical and sexual violence. A 2015 shadow report on human rights violations against the LGBTQ community in Jamaica, asserted that

> Jamaica has not done enough to prevent, prosecute, and punish violent attacks, including mob violence and sexual assault against LGBT individuals…including cases where the police…have stood by or been perpetrators. [Jamaica has also] not taken sufficient measures to …ensure the rights of individuals to equality …regardless of their…sexual orientation and gender identity (J-FLAG et al., 2015, p.1).

Evidence for this was found in the findings of a survey of 316 LGBTQ people in Jamaica which showed that 43% of participants reported being threatened with physical violence, and 18% reported being threatened with sexual violence in the last 5 years (J-FLAG, 2015). Further, an increasing number of LGBTQ Jamaicans have left Jamaica to escape threats of rape and murder (Smith, 2018). Lesbian and bisexual women in particular are

at risk of experiencing "corrective" rape5 (McFadden, 2015). Aside from violence, high

levels of homophobia and transphobia also create a culture of fear and hostility for

LGBTQ people which lead to isolation and avoidance of public spaces (J-FLAG, 2015).

Further to this, LGBTQ people are further vulnerable as there are no "laws which

sanction discrimination on the basis of sexual orientation and gender identity by private

actors" (J-FLAG et al., 2015, p.10).

Despite the aforementioned, there has been progress in Jamaica in the past

decade. This is evidenced by better relations between the LGBTQ community and the

police, the health ministry, government officials and four incident free stagings of Pride

celebrations (The Guardian, 2018). This progress has been largely due to the work of

Jamaica Forum for Lesbians, All-Sexuals and Gays (J-FLAG), which is the country's

most prominent LGBTQ advocacy group. J-FLAG provides support services for

members of the LGBTQ community, including sensitization and support for victims of

IPV. However, these services are not evidence-based as, to date, no formal research has

been done on the prevalence, perceptions or causal factors of IPV in the local LGBTQ

community (J-FLAG, 2019).

In her 2013 presentation on domestic violence and the LGBT community, gender

development specialist Taitu Heron argues that LGBTQ citizens in Jamaica are a group

whose experiences are seen as irrelevant to social and economic indicators of

development (Heron, 2013). This includes their experiences with IPV which, despite not

5 Rape perpetrated by straight men against lesbians in order to "correct" or "cure" their homosexuality—a
punishment for being gay and for violating heteronormativity.

being adequately recognized, is as prevalent and severe as in the heterosexual community (Heron, 2013).

IPV in Jamaica

Most of the research around IPV within the Caribbean, including Jamaica, seems to be conducted within a violence against women (VAW) framework, and focuses exclusively on IPV perpetrated by cisgender men on women. Due to this, there is little evidence of the prevalence of IPV within the LGBTQ community, nor is there an evidence-based understanding of risk factors of IPV and barriers to help-seeking faced by LGBTQ people (J-FLAG, 2019). However, given that research conducted internationally in different contexts shows that IPV occurs at a rate that is similar to – and in some cases higher than heterosexual IPV – (Messinger, 2011; Rollè et al., 2018), an examination of IPV in heterosexual relationships in Jamaica may provide insight on the prevalence of IPV within the LGBTQ community in Jamaica. Additionally, as social context plays a significant role in understanding risk factors and barriers to help-seeking faced by victims of IPV (Ristock, 2002; Walters, 2016), an examination of IPV in heterosexual relationships in Jamaica may shed some light on the context-specific perceptions, potential risk factors and barriers faced by LGBTQ victims of IPV in Jamaica.

The Jamaica Women's Health Survey (2016) used a combination of surveys, in-depth interviews and focus groups to examine the prevalence of physical, sexual, emotional and economic abuse in Jamaica against women by male partners. The study which examined both lifetime prevalence as well as current prevalence of IPV, found that IPV affects more than one in every four women (25.2%) in Jamaica. It was found that the

combined lifetime prevalence of physical and sexual violence was 27.8%. Additionally, while most women (over 70%) reported never experiencing any form of emotional abuse, almost half (47.3%) had been subject to controlling behaviour by a male partner. The study also found little difference in prevalence across rural and urban areas, and while the prevalence of IPV was higher among women with lower levels of education, 19.3% of women with high levels of education had been victims at some point in their lives. Further to this, it was found that women who had endured IPV for a period of time were more likely to trivialize some forms of IPV, and that some forms of violence were seen to be more acceptable among women in the Jamaican context. Considering international patterns between heterosexual and LGBTQ prevalence rates (Rollè et al., 2018), it stands to reason that the prevalence rate of IPV within the LGBTQ community may be just as high.

Perceptions of IPV in Jamaica

Perceptions of IPV in Jamaica are informed by social and cultural beliefs. Research shows that a significant "proportion of women agree… that violence between husbands and wives is a private matter" (Williams, 2016, p.15). It is likely that this view is also prevalent among LGBTQ Jamaicans who live in the context which fosters this understanding. Additionally, a study by (Williams, 2016) found that understandings of IPV and gender roles were associated with patriarchy. This was particularly true for groups which are potentially more disempowered such as adolescents and persons who had attained low levels of education. While the research did not mention LGBTQ Jamaicans as a potentially disempowered group, due to their inequality before the law

and the likelihood that LGBTQ people are more likely to experience disempowerment (Millitech et al., 2014), this research can shed light on the perceptions LGBTQ Jamaicans may have toward IPV. While much research has not been done on perceptions of IPV within the LGBTQ community in Jamaica, a 2019 presentation by J-FLAG asserts that the framing of IPV as a heterosexual issue affects how it is viewed by the LGBTQ community. Due to this, violence within LGBTQ relationships is not often considered to be abuse and in some cases, it is romanticized (Papp et al., 2016).

Risk Factors and Barriers to Help-seeking in Jamaica

Research showed that the risk factors which are thought to increase the likelihood of IPV among women in Jamaica included age, education level and economic vulnerability, as well as men's use of alcohol and drugs (Williams, 2016). While commonalities exist between IPV within LGBTQ and heterosexual relationships (Merrill & Wolfe, 2000), the research shows that there are unique dynamics present in LGBTQ IPV (Rollè et al., 2018) and that social context must also be considered (Ristock, 2005). While formal research has not been conducted on unique dynamics within a Jamaican context which may increase the likelihood of LGBTQ IPV, due to high levels of homophobia which affect LGBTQ people in Jamaica's rights to education, employment and housing, they are more likely to be less educated, displaced, unfairly dismissed from jobs and economically dependent within a relationship (J-FLAG, 2015). Further, research shows that factors such as minority stress uniquely affect LGBTQ people and may lead to higher levels of IPV (Balsam & Szymanski, 2002). Research conducted by Human Rights Watch (2014) found that LGBTQ Jamaicans have disproportionately higher rates of

mental health issues due to hiding their sexuality from others due to safety concerns. It is likely that these factors play a role in IPV in LGBTQ communities in Jamaica.

Research on women's responses to IPV and barriers to help-seeking in Jamaica, found that the majority of women do not stay silent about IPV within their relationships. However, most turn to personal networks rather than institutions and agencies – and most only go to the police if they are severely injured (Williams, 2016). Data also revealed that most who went to the police were dissatisfied with the help they received. It was also found that 71.5 percent of women who experience IPV fight back, but at least half did not leave the relationship. While formal studies have not been done on barriers to help-seeking which LGBTQ victims of IPV face, one important barrier is that LGBTQ people are not protected under Jamaica's Domestic Violence Act (2008) which does not recognise LGBTQ relationships as intimate relationships. Aside from this, research on the general barriers LGBTQ people face when attempting to access services from institutions, agencies and the justice system in Jamaica may be used to shed light on potential barriers they may face.

Regarding the justice system, the Jamaica National Crime Victimization Survey (2013), revealed that a significant number of Jamaicans believe that the police treat LGBTQ people worse than their heterosexual counterparts. While efforts have been made in recent years to sensitize police to serving members of the LGBTQ community, negative police attitudes persist (J-FLAG, 2013). Interviews conducted with LGBTQ Jamaicans in 2013 by the Human Rights Watch revealed that most LGBTQ people in Jamaica did not report criminal acts to the police.

Another study revealed that this lack of reporting is due to fear, shame, the perception that the police would not do anything to address the matter and the thought that the incident was too minor to report (J-FLAG, 2015). LGBTQ people also face discrimination in access to health care. A 2015 survey revealed that respondents felt that they were forced to undergo unnecessary medical testing (52.5%), were subject to inappropriate curiosity regarding their sexual orientation or identity (93.3%) or did not receive equal treatment (17%). These findings provide insight on potential barriers LGBTQ victims of IPV may face in help-seeking within Jamaica.

The Jamaica Women's Health Survey (2016) was the first instance of research to collect data on intimate partner violence in Jamaica using international standards of data collection. However, its exclusion of the LGBTQ population in Jamaica from data collection and framing of the issue are indicators of the invisibility of LGBTQ IPV within Jamaican society. The invisibility of IPV among this community is worsened by the low reporting rates of IPV by LGBTQ victims. Despite the fact that LGBTQ IPV occurs in Jamaica (Heron, 2013; Wilson, 2018), accurate reporting rates are complicated by a fear of discrimination due to high levels of homophobia within Jamaican society, especially by police officers (J-FLAG et al., 2015) who may see IPV as a private, non-issue (Williams, 2016), and are seen as largely unhelpful by the LGBTQ population (J-FLAG et al., 2015).

The invisibility of LGBTQ IPV is further seen in national policy through an examination of the National Strategic Action Plan against Gender-Based Violence developed by the Government of Jamaica (GoJ) to tackle issues including IPV "through

actions on several fronts…to eradicate institutional and systemic barriers to the elimination of gender-based violence, focusing on the root causes and its prevalence" (Williams, 2016, p.24). The aim of the plan is to implement evidence-based interventions designed to "re-programme the cultural practices away from the acceptance and tolerance of [violence within relationships] …improve protective capacity and actions and [improve] investigations, prosecution and enforcement" (Williams, 2016, p.24). The aims of the Plan align with research conducted internationally which call for evidence-based interventions in order to improve the effectiveness of programmes in dealing with issues which fall under VAW such as IPV (CDC, 2018). However, the Plan views IPV through an exclusively heterosexual lens, and does not recognize the occurrence of IPV within same-sex or same gender relationships (J-FLAG, 2019). In this way, the main plan of the GoJ to deal with IPV as a public health issue disregards the occurrence of this phenomenon within a vulnerable community.

The continued invisibility of IPV within the LGBTQ community by those within the community, Jamaican society and policy makers is encouraged by a lack of research on IPV within the LGBTQ community in the Jamaican context. Without an understanding of this phenomenon, organisations and agencies operate without adequate knowledge of how to develop effective prevention and intervention programmes to serve this population.

Gaps and Limitations

A review of the literature conducted on IPV among people in heterosexual and LGBTQ relationships reveals the importance of group and context-specific research when

aiming to understand the phenomenon of IPV (Hatcher et al., 2013; Jewkes, 2002; Ristock, 2005; Rollè et al., 2018). While research done on IPV within heterosexual relationships can inform prevention programming for LBTQ IPV, in order to effectively tackle LBTQ IPV, the unique dynamics present within this phenomenon must be understood (Rollè et al., 2018). Further, while the research shows commonalities in IPV in LGBTQ relationships across contexts (Rollè et al., 2018; WHO, 2012), most of the research which has been conducted is situated in the Global North (Rollè et al., 2018) and limited by a lack of diversity in the samples (Ristock, 2005). Planning and implementing effective programmes toward the eradication of IPV must be informed by a solid understanding of the social, political and legal context within which the abuse occurs (Finneran et al., 2013; Jewkes, 2002).

Research done on IPV within heterosexual relationships in Jamaica show a high prevalence rate (Smith 2016; Williams, 2016). Numerous studies indicate that in most contexts, the rate of LGBTQ IPV is comparable to that of IPV in heterosexual relationships (Chong et al., 2010; Messinger 2011; Rollè et al., 2018). Therefore, there is a high possibility that the LGBTQ community in Jamaica is facing a public health issue in the form of IPV. This is further corroborated by evidence from LGBTQ organisations in Jamaica (Harris, 2018). In order to effectively deal with IPV within the local community, there must be some level of understanding of the perceptions of IPV within the LGBTQ community, the main risk factors which increase the likelihood of IPV and the barriers to help-seeking which victims face. As there has not been any formal research on the experiences of LGBTQ victims and perpetrators of IPV in Jamaica, nor in

the wider Caribbean region, this study aims to bridge this gap by examining this

phenomenon.

CHAPTER 3: METHODS

During the summer of 2019, I spent one month in Kingston, the capital of Jamaica conducting fieldwork to gain a deeper understanding of the ways LBTQ people perceive and experience IPV. This involved in-depth discussions in the form of interviews with thirteen LBTQ Jamaicans. This chapter will discuss the methodological approach which guided my research process, examine the methods used for data collection and provide an overview of how data were analysed.

Methodological Approach

A qualitative approach to research seeks to explore and make interpretations of the meanings that are ascribed to a social phenomenon (Creswell, 2014). Based on this description, I employed a qualitative approach to better understand how IPV is perceived by the LBTQ community in Jamaica, as well as the factors which contribute to the phenomenon and barriers which prevent survivors and perpetrators from accessing support services. As my aim was to approach this instance of research as an exploration of LBTQ IPV in Jamaica with my interview participants, I employed a feminist and constructivist approach to my method design. A feminist approach to research alters oppressive research approaches which associate power and knowledge with the researcher rather than participants (Denzin & Lincoln, 1998). This, along with a constructivist approach, allowed me to acknowledge my role as data collection 'instrument', placed me within the research rather than as an objective outsider and ensured that I employed reflexivity throughout the research process. These approaches encouraged me to view my research participants as people with expert knowledge of

LBTQ IPV, and collaborators with whom I was "interactively linked so that the findings are literally created as the [research] proceeds" (Denzin and Lincoln,1998, p.111). Utilising a feminist approach in particular allowed me to view my research topic as a way to not only construct new knowledge within the Caribbean region which is under-researched, but also to potentially produce social change (Ollivier & Tremblay, 2000). It was also important that this approach guide the design of my study as participants are members of a marginalized community in Jamaica who are sometimes inadvertently exploited by researchers. It was my aim to use this study as an opportunity to amplify the voices of the LBTQ community, especially about an issue which is typically invisibilized. These two approaches informed my interview process as I saw it as a chance to construct knowledge about LBTQ IPV alongside my participants, and also guided an inductive analysis of my interview data.

<div align="center">Research Method Design</div>

The main aim of this research was to better understand the phenomenon of LBTQ IPV in the Jamaican context. With this in mind, I used semi-structured interviews as I felt this was the best way to work with LBTQ Jamaicans to construct a deeper understanding of their perceptions and experiences with IPV, the factors which contribute to the phenomenon and barriers which prevent survivors and perpetrators from accessing support services. Semi-structured interviews are used to gather focused, qualitative data and offer researchers an opportunity to ask participants predetermined but open ended questions (Given, 2008). This offers a balance between the flexibility of unstructured, open-ended interviews and the rigid structure of a survey (Keyton, 2015). Using this

method also allowed me to construct an interview guide which steered the conversation but also allowed for organic dialogue between the interview participants and myself (Hay, 2008). This, along with my positionality as a black, Caribbean woman and member of the LBTQ community, increased the level of comfort during interviews as it allowed participants to share stories which they felt I could relate to. It also created a space for participants to speak candidly about their experiences and perceptions of IPV which helped to inform changes within my interview guide over time to better suit the interview process. As this research aimed to exchange in-depth information with members of the community, gain insight into personal experiences and perceptions of IPV and identify patterns within the data, this method was the best way to gather focused data while offering flexibility.

Interviews

Between July and August 2019, twelve interviews were conducted with thirteen members of the LBTQ community in Jamaica. Participants were between the ages of 19 - 40. One interview was done with two participants who were close friends and felt comfortable sharing their experiences with me at the same time. I used purposive sampling to find participants for the study, as this type of sampling allowed me to identify and select participants who would be willing to participate and could share relevant, information rich, insightful experiences (Palinkas, Horwitz, Green, Wisdom, Duan & Hoagwood, 2015). It was my aim to find participants who reside in Jamaica, identify as a lesbian, bisexual or trans woman or queer (LBTQ), and would be available and willing to speak about IPV within LBTQ relationships. I was able to access

participants using professional networks. I currently serve as a Director for WE-Change

Jamaica, the women's arm of J-FLAG, the main LGBTQ advocacy group in Jamaica. I

recruited potential participants from WE-Change's online volunteer database by sending

one email to the group introducing myself in my capacity as researcher and WE-Change

Associate Director6. I explained the research objectives, gave information about the

interviews, compensation and a way to contact me. I only recruited three interviewees

within this sample that way. More success was achieved by having one of my colleagues

at WE-Change who worked directly with volunteers forward the email to specific

volunteers who fit the previously mentioned criteria. My colleague provided me with

contact information for potential participants and I used WhatsApp Messenger to contact

the person, ensure they met the criteria and schedule interviews. While I recruited nine

interviewees this way, using this method may have limited the diversity of my sample in

terms of geographic location and perceptions of IPV due to exposure to LGBTQ human

rights frameworks.

The second method I used to recruit participants was the snowball method which

entailed asking participants whether they knew another person who fit the criteria of the

study (Patton, 1990), and then contacting that person to ascertain interest and schedule an

interview. While initially I felt that this would be the best way to recruit participants and

6 While I have worked with WE-Change since the organization was formed in 2015, I am not known to our
volunteers and local stakeholders as I have not lived in Jamaica since 2015. This was evident in my
interviews as only two participants knew that I worked with WE-Change. Participants' lack of familiarity
with me in my capacity as Associate Director ensured that the power dynamic neither caused pressure to
participate, nor influenced the interview process.

utilised it alongside my email recruitment, I only recruited one participant using this method.

In the initial stages of the interview process it was my intention to interview LBT women about IPV within female same-sex relationships. However, during the interview process it became clear that my participant's gender identities were much more diverse than I had anticipated. While eleven of the participants identified as either lesbian or bisexual cisgender, or transgender women, two participants identified as gender non-binary. While these two participants were not cisgender or transgender they all had been in what they considered to be queer relationships with women or other gender non-binary folk, and contributed significantly to the interview process. Additionally, during the interview process it became clear that participants who were transgender women identified as straight women, as they had only been in intimate and/or romantic relationships with cisgender men. I had incorrectly assumed that some or most of them would have had intimate and/or romantic relationships with women. In order to encompass the varied ways my participants identified, and utilise the important data collected through my exchanges with participants, while in the field I decided to alter my sample to lesbian, bisexual, transgender and queer people and examine the ways IPV impacted their relationships. Altering the sample was justified as the initial sample, LBT Jamaican women, was chosen as this study aimed to amplify their voices because they are traditionally doubly marginalised and silenced within the broader Jamaican LGBTQ community (Andrew, 2015). Many queer, gender non-conforming and non-binary Jamaican voices are also traditionally left out of conversations as these gender identities

are lesser understood within the community. In this way, collaborating with people who identified as queer, gender non-conforming and non-binary, in addition to LBT women, allows this study to stay true to its initial goals.

While the sample in this study was varied across the lines of sexual orientation and gender identity, all participants were based in Jamaica's capital, Kingston, though five participants grew up outside Kingston. While it was my intention to recruit participants from rural areas to gain understanding on how this may affect IPV experiences, recruiting participants through WE-Change, which operates mainly in Kingston, impacted participant location. Another way recruiting through WE-Change may have impacted the data collected is that most participants, having been in the organisation's volunteer database, would have been exposed to training on issues relating to social justice, gender inequality and gender based violence. This exposure could have impacted their knowledge, perceptions and experiences with IPV. Other ways the sample varied was by educational level, as five participants were pursuing or had attained an undergraduate degree while others had completed varying levels of high school. Another variation was seen in employment, as six had full or part time jobs or were students, some were operating small businesses and others were unemployed. For a full list of participants and relevant demographic information see Appendix D.

These variations within the sample were important, as while this study is not representative of IPV among the entire LBTQ community in Jamaica, research shows the importance of acknowledging intersectionality in the way people experience IPV in an effort to better understand the phenomenon, document diverse variations, and identify

common patterns (Garcia and McManimon, 2012) among the diverse LBTQ community in Jamaica. The importance of this was evident within this study as there were noticeable differences in the perceptions of and experiences with IPV between cisgender and transgender women. It was also evident how socio-economic status played a role in LBTQ people's experiences with IPV. This is discussed further in the next chapter.

Eleven interviews were conducted in person, while one was conducted via WhatsApp's call feature, as this was most convenient for this participant. The other interviews were conducted at various sites in Kingston, Jamaica, namely Starbucks, a public park, a conference room at one of the participant's place of employment and the University of the West Indies', Mona campus. Before the interview, participants were reminded of the aim and nature of the research and asked to choose a comfortable and appropriate space. This was done to give them ownership over one part of the research process allowing them to feel more empowered (Elwood and Martin, 2000). I felt this would be important given the fact that my participants are members of a marginalized group who are often exploited for data. Further, on a practical level, as LBTQ people often navigate public spaces in Jamaica with hesitancy due to discrimination which may take the form of verbal and/or physical abuse, I felt it important that they choose spaces in which they would be comfortable speaking candidly.

While interviews at most of the sites were appropriate and comfortable for the participants, conducting interviews at a public park was not a source of comfort for me. While I lived in Jamaica in the past, I lived outside of Kingston and so was not very familiar with the park. Additionally, I met participants at times of the day which were

most convenient to them which resulted in me being alone with participants in the middle

of the day when the park was mostly empty, and also in the late evening when the park

was full. Further, most participants who chose this park as their favoured location were

trans women. My work with WE-Change is a constant reminder of the vulnerabilities

women, especially LBTQ women face in Jamaican society. Due to this, during some of

the interviews I felt nervous and uncomfortable about discussing issues related to the

LBTQ community in a public space with other LBTQ women as I worried about my

safety and that of my participants. This was apparent as during one of the interviews, one

participant paused and reminded me that she felt safe in the park and that it was a safe

space. Nevertheless, this affected at least one of my interviews which took place in the

late evening. While I was able to complete the interview, I was not as focused on my

participant as I should have been. After this interview, I was mindful of the time of day I

conducted interviews in the park which resulted in me cancelling an interview with one

potential participant. Due to time constraints, I was unable to reschedule.

Interviews with participants lasted between 30- 90 minutes and started with me

telling participants about myself and my research, obtaining informed consent and giving

them information about compensation. I allowed participants to speak openly about

themselves at first, also offering relevant, personal information to make myself more

relatable to participants as I felt this would increase comfort, and make the interview

process more collaborative. In order to establish a consensus on IPV, I gave participants a

definition of IPV and asked them to critique it after which we focused on types of IPV

prevalent among the community; common perceptions of IPV within the community;

general risk factors which lead to IPV within LGBTQ relationships, as well as those

thought to be relevant to Jamaica; and barriers to help-seeking faced by LGBTQ

individuals within Jamaica. See Appendix B for complete interview guide. At the end of

the interview participants were given a USD $7 transportation stipend and within a day of

the interview, I emailed them resources about IPV and a contact number for a support

group in the event that they wished to seek support (see Appendix C). Participants were

also told to contact me if they wished to share anything else about IPV in the LBTQ

community.

Data Analysis

All interviews were audio recorded, saved on password protected devices,

transcribed and then coded. According to Gill (2000) coding is used for the organisation

of data into categories of meanings. In keeping with a constructivist approach, I

employed inductive coding which allowed for these categories of meaning to be

developed based on my interpretation of the data (Thomas, 2006). I first used descriptive,

open coding by hand which helped me break the data up into smaller parts and analyse

them (Vollstedt & Rezat, 2019). I also wrote memos of the coding process, as well as my

thoughts while coding. This helped me to see initial patterns of similarity and

contradiction, and make links to literature within my review. I then coded the transcripts

again using focused coding guided by information from the memos which made patterns

within the research clear. These patterns were used to create sixteen main categories with

some sub-codes (see Appendix E). I then used NVivo 12 software to complete axial

coding of the transcripts to identify relationships between and among my focused codes

which led to creation of ten themes with sub-themes (see Appendix E). These themes gave a clearer understanding of the nature and experience of IPV in the LBTQ community in Jamaica. This process of coding allowed me to gain insight into LBTQ IPV through themes which emerged from interviews with participants. Pseudonyms were used to share participant quotes in the results section of this study.

Reflexivity

According to Malterud (2001), the background, perspective and positionality of the researcher shapes the research, including the methods used, findings considered appropriate and the framing of the discussion. Researchers can enhance credibility by ensuring that they have a deep understanding of the research context and participants, and by employing reflexivity due to their role as a human instrument (Keyton, 2015). The aim of this study is to work with members of the Jamaican LBTQ community to examine the nature and experiences of LBTQ IPV in Jamaica. I am very familiar with the LGBTQ community in Jamaica, having interned with J-FLAG and worked with WE-Change since 2015. I am also familiar with the Jamaican context having lived there for three years. My positionality as a member of the LGBTQ community and advocate has shaped my interest in the research and led to my desire to better understand this phenomenon. My familiarity with the context and community is beneficial to the research as I better understand contextual issues and was able to use personal and professional networks to obtain participants. These factors along with the fact that I am a black woman from the Caribbean allowed participants to relate to me more easily.

Additionally, my knowledge of, and experiences with the local community shaped my decisions to utilise interviews to aid in my understanding of the issue. Prior to the interview process, I anticipated that as a non-Jamaican, affiliated with a local organisation, there would be some barriers. Firstly, despite being part of the community, as I no longer live in Jamaica, I thought that I may be seen by some as an 'outsider' which could result in some level of discomfort among participants. However, this was not apparent during the research. Additionally, I felt that my affiliations with J-FLAG and WE-Change may influence my credibility among some participants who have varied opinions about the organisations. However, in most instances, participants were unaware of my involvement with WE-Change and for those who knew, my affiliation helped them to feel more comfortable sharing information during the interview.

The methodological approaches employed helped me to keep my positionality in mind throughout the research process as it had implications for all facets of the study. While my interpretation of the data is influenced by my positionality, findings which emerged reflect the thoughts, feelings and beliefs of the 13 LBTQ people who helped me unearth information about LBTQ IPV in Jamaica which is discussed in the following chapter.

CHAPTER 4: RESULTS AND ANALYSIS

Intimate Partner Violence (IPV) is understood to be a major public health issue globally. Extensive research has been done on the prevalence, causes of, and effective preventative actions and interventions for IPV. However, the majority of this research has been done within a heteronormative, Western framework which results in a lack of understanding of IPV within LBTQ relationships in the Global South (Rollè et al., 2018). This instance of research aimed to gain a holistic understanding of IPV in LBTQ relationships in Jamaica by creating space for participants to speak about their perceptions of, and experiences with IPV within LBTQ relationships, as well as to discuss help-seeking barriers LBTQ people may face within a Jamaican context. Research on IPV in Jamaica is consistent with research conducted globally in that it focuses on IPV within heterosexual relationships. Much of the work done on IPV in LBTQ relationships in Jamaica is based on anecdotal evidence. A deeper understanding of IPV in LBTQ relationships in Jamaica, as seen in this research, can aid in the creation of country and community-specific efforts which are more likely to effectively tackle IPV within this community (Rollè et al., 2018).

IPV is just one type of violence found within societies worldwide. Much research on violence has been understood through the ecological model which looks at the way four levels – the individual, relationship, community and societal – interact to result in violence (Register, 2018; Walters, 2009). IPV within heterosexual and LBTQ relationships share many similarities which may be understood within the ecological framework (Merrill & Wolfe, 2000). Further, as LBTQ people are socialised in and

navigate the same historic and cultural context as their heterosexual counterparts, factors which affect perceptions of and experiences with IPV among the two groups are similar. However, as previous research indicates, unique factors impact the way IPV is experienced and perceived within the LBTQ community (Rollè et al., 2018). In many cases, these factors are further influenced by local context.

Interviews with participants in this study indicate that the way IPV is perceived and experienced by LBTQ people in Jamaica, as well as their help-seeking behaviours or willingness to leave an abusive partner are greatly impacted by three main factors which have many interconnecting elements. These are *negative perceptions of LBTQ people*, the a*doption of heteronormativity*[7] *by LBTQ people*, and *LBTQ people's experiences with local mental health services*. Interviews indicate that negative perceptions of LBTQ people may impact the occurrence of LBTQ IPV by perpetuating discrimination and stigma which can cause minority stress, internalized homophobia, the invisibility of LBTQ IPV, discriminatory treatment of LBTQ people by service providers, and dependence. Participants' experiences also suggest that IPV within these relationships may occur due to the adoption of heteronormativity which involves the performance of learned gender roles and norms within LBTQ relationships. Finally, interviews with participants illustrate the roles negative perceptions of mental illness and inaccessible access mental health services play in the incidence of LBTQ IPV. These factors and their

[7] The assumption that heterosexuality is the default state for human beings, adherence to a strict gender binary and assumption that an individual's biological sex, sexuality, gender identity and gender roles are aligned (Harris & White, 2018)

impact on the prevalence and occurrence of IPV within LBTQ relationships will be discussed in this chapter.

<div align="center">Negative Perceptions of LBTQ People</div>

As seen in Chapter 2, widespread discrimination and stigma against LBTQ people in Jamaica based on their sexual orientation and/or gender identity has been widely documented (Human Rights Watch, 2014, J-FLAG, 2015; J-FLAG, 2018). These acts of discrimination, which may be manifested as high levels of homo and transphobia within Jamaican society, affect LBTQ people's ability to navigate public spaces and access services and opportunities. It also often results in physical, verbal and sexual abuse from family members, colleagues and the general public (J-FLAG et. al, 2015).

This rampant discrimination and stigma is due to negative perceptions the general public has of the LBTQ community. Many Jamaicans see the LBTQ community as unnatural, subhuman, evil and violent (Human Rights Watch, 2014; J-FLAG, 2015). These negative perceptions are rooted in, and perpetuated by, influential religious bodies in Jamaica (Smith, 2018). Not only do these perceptions affect the way the general public perceive and treat LBTQ people, but they may sometimes affect the perception the community has of itself (Human Rights Watch, 2014).

During the interviews, participants spoke extensively about the ways these negative perceptions of the LBTQ community perpetuate discrimination and stigma toward the community, and the impact this may have on LBTQ IPV. Interviews revealed the ways negative perceptions give rise to *minority stress*, *the invisibility of LBTQ IPV* and *internalized homophobia*, all concepts discussed in literature on LBTQ IPV (Rollè et

al., 2018). Participants discussed how these concepts, coupled with other experiences such as *a lack of fair access to services* and *dependence on partners* may increase the likelihood of IPV within LBTQ relationships and also cause barriers to LBTQ people leaving abusive relationships.

<center>*Minority Stress*</center>

One of the ways negative perceptions of LBTQ people may affect IPV within LBTQ relationships is by perpetuating discrimination and stigma which cause minority stress. Research done by Meyer (2003) posits that LGBTQ people face unique stressors due to their status as members of a stigmatized societal group. Further research indicates a relationship between LGBTQ people facing external stressors such as physical and verbal harassment or violence, internal stressors such as intentional concealment of their sexual orientation or gender identity, and the perpetration of IPV within their relationships (Balsam and Szymanski, 2002). The literature argues that the direct relationship between minority stress and IPV perpetration is not clear due to limitations mentioned in Chapter 2. However, interviews with participants indicated a connection between stressors faced due to discrimination and the perpetration of IPV within LBTQ relationships. Jackie, a university graduate who identifies as bisexual felt that:

> There could be a link [between facing everyday discrimination and IPV], it can impact how you see yourself, I imagine that it can impact how you receive love, how you perceive relationships, especially if you have been victim to violence and harassment within the communities where you live. I imagine that can impact how you value yourself and how you want others to value you.

Alicia, a pansexual mental health advocate agreed with Jackie and felt that not only could discrimination affect how a person values themselves, but may increase the likelihood that LBTQ people enter relationships with trauma:

> Because of all of the things you have to deal with, with identifying as LGBT, some of it stems from childhood trauma, some from being outed by friends and family members. And as simple as those things are, that's an invasion of trust and care […] it's almost like being segregated in a sense and really because our general society isn't socialised to be understanding and appreciative of people that come out as LGBT […] when someone has had those feelings infringed on and it's not resolved properly […] we get to a place where we have a large space filled with a lot of hurting people, and a lot of hurting people will continue to hurt each other.

Participants' views are reflected in this research on IPV within LBTQ communities. A study conducted by Almeida, Johnson, Corliss, Molnar & Azrael (2009) asserts that growing up within and navigating a discriminatory environment increases the chance that LBTQ people have unresolved emotional stress. This increases the likelihood that one or both partners within a LBTQ relationships have emotional stressors which can negatively impact the relationship and lead to IPV perpetration (Carvalho et. al, 2011).

Another way that minority stress may impact IPV perpetration in LBTQ relationships is by creating feelings of disempowerment among members of the community who then seek power in private spaces. Participants suggested that daily discrimination and stigma in public spaces such as work rids LBTQ people of their

autonomy or power outside of their relationships, which may result in some people exerting excessive dominance within their relationships. Tracy, a young bisexual woman who is employed full time explained:

> if, for example, you don't feel like you are in control of other things in your life, it may trickle down into you wanting to control your partner. So, people who don't have power in other spaces exert their power in intimate spaces because it's easier.

Tracy's feelings can be described through the disempowerment theory (Archer, 1994) which examines IPV from the perspective of the perpetrator, and posits that people who feel inadequate are more likely to use alternative means of power assertion, including violence. Millitech et al., (2014) suggest that LBTQ people are more likely to be disempowered in contexts where they face widespread daily discrimination and stress, such as Jamaica. This disempowerment may contribute to the perpetration of violence within intimate relationships.

Not only can experiences of discrimination and stigma which lead to minority stress increase the likelihood of IPV within LBTQ relationships, but they may also act as a barrier to LBTQ people leaving abusive relationships. Tracy spoke extensively about the various challenges LBT women face and the impact that may have on their perceptions of IPV:

> If you're a LBT woman, you're looking at accessing basic human rights, and violence being met out to you by other members of society. You're trying to navigate normal, everyday spaces and it's almost like your relationship is such a

small part of your everyday life, and so it's like you can brush it aside for some time because there are these issues which are bigger.

Another participant, Lydia, who identifies as polysexual and works with Jamaican LGBTQ organisations, admitted that these experiences of discrimination and stigma not only caused stressors which impacted perceptions of IPV, but sometimes lead to LBTQ people not leaving abusive relationships as "that would be acknowledging that there's a problem and you already have other problems on your mind, or in your head." The problems which Tracy and Lydia refer to include issues LBTQ Jamaicans face with finding and maintaining employment, managing relationships with families and securing housing based on their sexual orientation or gender identity. The interviews illustrated how this led to unique stressors faced by LBTQ Jamaicans which could result in their ignorance of IPV within their relationships, as it may not always be seen as the most significant source of stress within their lives.

The impact which minority stress has on LBTQ relationships was especially clear within interview discussions about IPV within the trans community. While many participants felt that all LBTQ people may be affected by minority stress, Sonia, a trans woman and makeup artist who, at time of interview was in an abusive relationship, believed that trans people, "[have] been under a shadow for so long, so the very moment that we get upset we belch it out and we don't business[8] what the outcome may be." She contended that trans women were more prone to the effects of minority stress due to their marginal status within an already marginalized community, and thought that IPV may be

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[8] Jamaican Patois. Translation: We don't care

more prevalent in trans relationships than relationships between cisgender women. Research conducted by the Canadian National Centre for Suicide Prevention (2018) supports Sonia's argument. It shows that trans women experience different stress levels than cisgender lesbian and bisexual women as apart from experiencing minority stress, they also experience stress due to gender dysphoria[9]. The daily stress of hiding their gender identity to avoid discrimination within the home, in the workplace and in other public spaces, can cause severe, pented up individual frustrations among trans women which may increase the likelihood of IPV occurrence in their intimate relationships.

Negative perceptions of LBTQ people perpetuate rampant homophobia and transphobia which lead to minority stress among LBTQ Jamaicans (Human Rights Watch, 2014). The experiences of participants in this research support the literature which indicates a relationship between minority stress and the perpetration of IPV within LBTQ relationships (Meyer, 2003). Interviews also revealed how experiencing minority stress may act as a barrier to LBTQ people recognizing IPV as an issue within intimate relationships. A relationship between minority stress and IPV perpetration within the Jamaican context has grave implications as widespread discrimination and stigma toward the LBTQ community continues (J-FLAG, 2018). This increases the probability of high levels of minority stress among LBTQ Jamaicans, which in turn increases the possibility of IPV within LBTQ relationships in Jamaica.

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[9] Clinically significant distress caused when a person's assigned birth gender is not the same as the one with which they identify (Human Rights Campaign, 2020).

Internalized Homophobia and Transphobia

The previous section focused on the ways negative perceptions of the LBTQ community leads to minority stress and IPV perpetration within LBTQ relationships. This section will examine the ways these negative perceptions may be adopted by LBTQ Jamaicans and lead to internalized homophobia. Internalized homophobia, as discussed in Chapter 2, involves LGBTQ people internalizing negative messages perpetuated in society about the community, and the subsequent displacement of these negative feelings about themselves onto members of the community (Herek, 2004). During the interviews, many participants spoke about how these internalized, negative sentiments toward the community could increase the likelihood of IPV within LBTQ relationships. Alicia, a pansexual, mental health peer advisor explained that "there's […] a lot of internalisation of societal hatred, feelings that aren't even [mine], they become behaviours or things that I do that are mine, and by doing those things I inflict harm on people." Syd, a trans woman who works in LGBTQ rights gave an example of how internalized homophobia and transphobia could lead to IPV perpetration within LBTQ relationships:

> the general view is that you know, you don't like gay people and gay people should be abused […] so internalised homophobia and transphobia […] you're a homosexual or trans person and you find yourself in a down low[10] relationship with a homosexual or trans person and then you turn this hate that you've learned over the years on to your partner.

[10] Slang term. Refers to a relationship which is kept discreet or secret.

Patrice, a trans woman and pageant queen spoke openly about how her partner's internalised transphobia caused abuse within her relationship:

> I remember in the past being with somebody […] and because we're not so accepted they were on the down low. So, me being my authentic self was drawing too much attention to him and he didn't like that, and […] the moment we were by ourselves he would cuss me. So, some of us are open […] and some persons don't like that, and it could cause problems.

As LBTQ Jamaicans are socialized in a context which views LBTQ people as sinful and abnormal, they are likely to internalize this discourse (McFee & Galbraith, 2016). In situations, similar to what was described by Syd, internalized homophobia may express itself subconsciously as IPV, while in other situations it may be a conscious violent reaction to discomfort with potentially being outed[11]. The sentiments surrounding IH which arose during interviews with participants are established in the research which find a relationship between internalized homophobia and IPV perpetration in LBTQ relationships (Pepper & Sand, 2014; Badenes- Ribera, Sánchez-Meca & Longobardi, 2019).

A further relationship between IH and IPV was seen during interviews with participants who indicated that internalized negative perceptions of LBTQ people may lead to the tolerance of abuse in some LBTQ relationships. Shanice, a trans woman and advocate for trans rights in Jamaica explained that:

[11] Revealing the sexuality or gender expression of someone who is 'in the closet'.

In the LBT community in Jamaica […] I would speak for the trans and bisexual

bottoms12 in Jamaica, they think it is […] common or fair for someone to treat

them like that, based on experiences they heard their peers have, or what they

grow up seeing other friends or family member who's bi or trans going through.

One of the perceptions of LBTQ people in Jamaica is that they are criminals (Human

Rights First, 2015). The internalisation of this perception among members of the LBTQ

community with whom Shanice works may lead to the acceptance of violence within

their relationships as a norm. This belief is perpetuated by traditional media13 and

implicitly justifies violence toward LBTQ people. The internalisation of this justification

of violence was discussed by Jackie, a university graduate who identifies as bisexual

during her interview:

I think it's very possible for some people in the community to assume that a type

of IPV isn't all that bad, or isn't bad at all, or isn't violence at all […] because of

that view, the view that if you're a fat, femme, trans woman, within the

community itself you're seen as being at the base of the trans community […] so I

imagine for groups like that, people probably think it's okay if they experience

that sort of violence, it's okay if we don't pay much attention to them, it's okay.

Jackie's reflection speaks to the strong influence internalized negative perceptions of the

LBTQ community can have on the way the community views itself and has grave

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12 The receiver or submissive partner within a LGBTQ relationship.
13 For examples see Newspaper Article 1 and Newspaper Article 2

implications for the tolerance and in some cases acceptance of IPV as a part of LBTQ relationships.

Generally, the interviews support literature which show a relationship between the internalization of negative perceptions of the LBTQ community and the perpetration of LBTQ IPV in Jamaica (Carvalho et al., 2011; Stiles-Shields & Carroll, 2015). However, interviews also illustrated how perceptions that LBTQ people are either deserving of violence or inherently criminal may result in tolerance and acceptance of IPV in LBTQ relationships within a Jamaican context. This should be considered as it can be a significant barrier to the recognition of IPV as a problem within relationships and prevent LBTQ people impacted by IPV from seeking help. It may also result in the perpetuation of the idea that ill treatment toward LBTQ people is tolerable or justifiable whether it comes from systemic abuse, verbal abuse from heterosexual individuals or IPV from members of their community.

Invisibility of LBTQ IPV

Thus far, this analysis has examined the ways negative perceptions of the LBTQ community can impact the occurrence of IPV within LBTQ relationships by contributing to minority stress and internalised homophobia and transphobia. Another way these negative perceptions can affect the prevalence of LBTQ IPV is by creating invisibility and silence around the occurrence of IPV. Interviews with participants spoke to the fact that the general public perceives LBTQ relationships as illegitimate relationships. As Tia, a women's rights advocate who identifies as a lesbian, shared:

it's almost as if, especially among women you're battling with the homophobic

narrative that says [LBTQ relationships] aren't real relationships to begin with

[so] there's no sensitization about it […] because it isn't regarded as an actual

issue we don't have sensitization to help people prepare for it.

Tia's sentiment relates to the fact that people learn about IPV from media, workshops or

interpersonal relationships. As IPV is typically framed as a phenomenon which occurs in

straight relationships (Rollè et. al, 2018), IPV within LBTQ relationships is invisibilized.

Due to this, LBTQ people are less likely to see their relationships as a space within which

IPV can occur. Research done by Walters (2009) and McLaughlin & Rozee (2001)

discusses how these relationships are sometimes seen as lesbian utopia - relations free

from the power and control of men – and are therefore assumed to be inherently

egalitarian and non-violent. This invisibility of LBTQ IPV may be a major barrier to

help-seeking for LBTQ people impacted by IPV, as it may create spaces for the

acceptance, ignorance or tolerance of abuse within these relationships.

Aside from invisibilising LBTQ IPV, negative perceptions about LBTQ people

held by the general public may also foster intentional silence around the occurrence the

LBTQ IPV within the community. Tracy, a bisexual woman who works within corporate

Jamaica, explained:

We're not so quick to point out faults in LGBT relationships because there is this

idea that we need to shape positive narratives. And so, we shy away from talking

about […] abusive issues that some members of our community deal with

because you don't want the straights [heterosexual people] to think that you're

going through some shit as well. It's like in order to paint this narrative that it's

okay to be in a LGBT relationship, and live your life as a queer person, that you

'kind of' don't want that to be the centre of attention because, I don't know if this

is side tracking but often times when you hear a gay person in the news and they

died or been murdered the conclusion people always jump to is 'oh jealous lover.'

And I think that's a part of why we don't talk about it, even amongst the

community because we want to move away from that. Because the ideas that are

already out there is that we're already prone to violence and queer relationships

don't work, and I guess those homophobic views is what we're trying to move

away from, so it makes it hard to talk about in the grand scheme of things.

Tracy's reasoning that silence around IPV within the community is intentional so as to

not perpetuate stigma within an already marginalised community is reflected in research

done by Rollè et al (2018) and VanNatta (2005). The research speaks to instances of

lesbian survivors of IPV being seen as traitors to the LBTQ community for "disrupting

the utopian lesbian myth of egalitarian relationships" (Walters, 2009, p.12) and often

being ostracized from the community for reporting incidences of IPV within their

relationships. This 'forced' silence around IPV within LBTQ relationships may result in

victims of IPV suffering in silence rather than seeking support, which can lead to further

isolation and worsen the mental and emotional health of victims of IPV who are already

part of a marginalized community. This intentional silence also further invisibilizes IPV

as an issue within the community. This has implications for the creation of policy,

prevention programmes, research and sensitization around IPV within and for LBTQ communities.

<p style="text-align:center">*Negative Perceptions of LBTQ people as a Barrier to Help-seeking*</p>

Earlier sections focused on the ways negative perceptions of LBTQ people may lead to LBTQ people experiencing minority stress and internalised homophobia, and the invisibility of IPV within their relationships. Participant interviews revealed relationships between these experiences and the perpetration and tolerance of IPV within LBTQ relationships which were reflected in research on LBTQ IPV (Carvalho et al., 2011; Walters, 2009). This section will examine the ways the acceptance of these negative perceptions about LBTQ people by IPV service providers may act as a barrier to help-seeking for LBTQ people. Interviews with participants indicate that these negative perceptions lead to members of the LBTQ community feeling fearful of interactions with service providers and also affect the ways they are treated by service providers.

Impact on LBTQ people

As previously mentioned, negative perceptions of LBTQ people may manifest as discriminatory acts toward LBTQ people. This creates unfriendly spaces within which LBTQ people fear being 'outed' or treated differently on the basis of their sexual orientation or gender identity. As AJ, who identifies as gender non-binary and works with the Jamaican LGBTQ community, explained:

> We don't think that we have the power to access services to report or talk about these things […] we already have that shame of being queer, to access services

it's like what's the point? This person is 'gonna' see me as gay or trans and this is what they're going to see anyway.

These feelings may affect their willingness to seek services from mental health facilities, report instances of abuse at police stations, and speak openly to family and friends. Lydia, a young student who identifies as non-binary, polysexual and volunteers with local LGBTQ organisations, recalled that years ago, their friend was being abused by her partner, but refused to seek help "because she was so wedged in the closet that she didn't want to." Syd, another participant, explained that this sentiment may be the norm as LBTQ people are fearful of the consequences of seeking help from abusive relationships. Many, like Lydia's friend, worry that they may be outed if they go to report IPV at a police station, while others do not see police stations as a safe space. Tia, a lesbian and women's rights advocate explained:

I don't know if women are willing to seek help from the constabulary force or security forces in these situations […] highly unlikely, next thing you go and them a look you (they come on to you), I'm being abused in one area and trying to seek help, and being re-victimized.

Seeking help after abuse may be particularly complicated for lesbian and bisexual women who are at risk of corrective rape and sexual harassment within Jamaica (McFadden, 2015) and trans women who are at risk of experiencing physical violence (National Coalition of Anti-Violence Programs, 2017). LBTQ women are therefore less likely to report instances of abuse in spaces such as police stations where they can be outed.

Discriminatory experiences not only have great impact on LBTQ victims'
willingness to report instances of abuse to the police, but may also act as a barrier to
leaving abusive relationships. Jackie, who has experience working with the LBTQ
community explained that:

> Reporting isn't something that we feel that we can do because we feel that if we
> go to the authorities, if you're a woman or part of the LGBT community,
> reporting violence is not taken seriously, reporting any sort of abuse is not taken
> seriously. You're automatically blamed for it, or it just goes nowhere, and I think
> sometimes having that knowledge […] you almost don't feel like fighting it again,
> and that can cause you to stay [in the relationship] you feel like you have no other
> out, so [you] might as well stay.

This sentiment was reflected in another participant, Ladybird's, story. Ladybird, a trans
woman describes her experience with calling the police to her home after being abused
by her cisgender male partner, but dropping the charges and returning to her partner out
of fear for his life:

> I was so scared for him because I see that he was scared, the soldiers were
> aggressive they were like "ay boy wappen to you"[14] and going on crazy with him,
> I was like 'oh my gosh I wonder if they're going to shoot him or whatever' and
> the officer looked at me and said "what do you want us to do, are you going to
> press charges?" And I told them no.

[14] Jamaican Patois. Translation: "Boy, what is wrong with you?"

Both Ladybird and Jackie's perspectives show the impact negative experiences with police officers may have on LBTQ people's willingness to leave abusive relationships. Research shows that these negative experiences are often due to negative perceptions of the LBTQ community (Human Rights Watch, 2014). In some cases, these experiences result in LBTQ survivors staying in abusive relationships instead of seeking help while in others, it may result in LBTQ people staying within their relationships out of fear that their partners may be abused by police on the basis of their sexual orientation or gender identity.

Interviews with participants show that LBTQ people who may be impacted by IPV face fear and hesitancy around seeking support services. Sentiments expressed by Lydia, Syd, Tia and AJ indicate that this is due to expectant and experienced discrimination LBTQ people face from service providers who have negative perceptions of the LBTQ community. If LBTQ people do not feel as if there are safe spaces to seek help, they are more likely to stay in abusive relationships. This is supported by research done by Calton et al., (2015) which contends that one of the reasons LBTQ survivors of IPV do not seek help is a fear of being outed or discriminated against. Further research by Russo (1999) showed that this fear may be strong enough to stop LBTQ people impacted by IPV from leaving abusive relationships.

Impact on Help-seeking from Service Providers

Negative perceptions of the LBTQ community not only result in discrimination toward LBTQ people, and create fear and hesitancy toward seeking help among LBTQ IPV survivors, but they may also affect service providers who provide relief and support

to victims of IPV. In their interviews, many participants mentioned that police officers, mental health counsellors, nurses and doctors held negative perceptions of LBTQ people which could impact their willingness to adequately support LBTQ people impacted by IPV. Tia, a lesbian woman and women's rights advocate felt that service providers often do not see LBTQ relationships as a space for IPV: "if you finally do get in touch with [a service provider], are they going to think your relationship is legitimate enough to help? They might just tell you 'box de gyal'[15]." Shanice, a trans woman and advocate for trans rights in Jamaica agreed with Tia, adding that the general perception of LBTQ IPV among many service providers is that "it's two females they can't hurt themselves, or it's two females all they want is some good sex." Research done by Calton et al., (2015) shows that these negative perceptions toward LBTQ people may act as significant barriers to help-seeking. If police officers or medical providers do not see LBTQ relationships as valid or as a space within which IPV can occur, they may take reports of instances of abuse less seriously.

Tia and Shanice's experiences with service providers were reiterated by other participants who spoke mostly about experiences with police officers rather than other providers such as therapists or healthcare providers. This may be because historically, the LGBTQ community in Jamaica has not had a positive relationship with the police. Research illustrated in Chapter 2 reveals that negative perceptions of the LBTQ community persist within the police force, and LBTQ people are not likely to report

[15] Jamaican Patois. Translation: to hit or punch your partner

criminal acts to the police (Human Rights Watch, 2013). This was apparent in many of the interviews. Shanice spoke about her experiences with the police:

> You turn up to police station and you say 'hey I'm being abused by my partner' they're not even going to turn their left eye to look at you in Jamaica. So then, you're left to go back home and you're abused again and again and again, and when they do see it as a problem is when you stab that partner, or you kill that partner. But I've turned up to you many times to make a report and you didn't even look.

During her interview another participant, Ladybird, a trans woman who was the victim of physical IPV by her partner, reflected on having to be untruthful to the police to ensure they would come to her home: "the only way we could have got the police there is by telling them there was a man with a gun...so the police came quickly because they heard 'man with gun'." The negative perceptions which members of the police force hold toward LBTQ people seem to be responsible for the overwhelmingly negative experiences LBTQ people have with the police. These experiences lead to LBTQ people's lack of faith in the justice system's willingness and ability to protect them in instances of abuse. Research conducted by Human Rights Watch (2014) showed that some police officers in Jamaica believe that LBTQ people are inherently violent or criminals. These negative perceptions of LBTQ people lead to instances of inaction and unwillingness to respond to LBTQ people. Further to this, participants noted that a lack of safe spaces to report violence, or opportunity for justice can facilitate the perpetration

of IPV within LBTQ relationships as perpetrators do not fear legal consequences to their actions.

While this section has primarily focused on the ways negative perceptions of LBTQ people may act as a two-way barrier to help-seeking by affecting the ability of LBTQ people to seek and receive support, these negative perceptions also impact the general public. One of the interview participants, Syd, who works with the LGBTQ community mentioned "whenever [LBTQ people] become violent or there's violence portrayed towards a next partner it becomes, oh they always do it and they're fighting again […] they always fight." While the community is not a service provider, the perception that LBTQ people are violent, results in the expectation and tolerance of violence within LBTQ relationships which reduces the likelihood of community intervention in abusive LBTQ relationships. Further to this, research commissioned by J-FLAG (2018) shows that negative perceptions of the LBTQ community in Jamaica make it unlikely that members of the general public may attempt to intervene to assist LBTQ victims of IPV, or report instances of violence against LBTQ people. The CDC (2018) regards community support and intervention as a key protective factor for IPV perpetration. This lack of support due to negative perceptions of the community make LBTQ Jamaicans particularly vulnerable to IPV, and facilitate the occurrence of IPV within LBTQ relationships.

Interviews with participants show that the perpetuation of negative perceptions of the LBTQ community facilitates discrimination and stigma toward LBTQ people in Jamaica which impacts LBTQ IPV. Participants shared experiences which illustrated the

ways these negative perceptions impact both LBTQ people's willingness to seek support, and the willingness of service providers as well as the community to provide support. This is well supported by research on LBTQ IPV which further explains how these negative perceptions act as significant barriers to help-seeking for LBTQ people impacted by IPV.

Dependence in LBTQ Relationships

Another way that negative perceptions of LBTQ people affect IPV in the LBTQ community is by perpetuating discrimination and stigma which often result in dependence in LBTQ relationships. Dependence has been widely accepted as a risk factor for IPV in various contexts globally (CDC, 2018). However, LBTQ people are uniquely vulnerable to becoming dependent on a partner due to system discrimination and stigma which often manifests as high levels of homophobia and transphobia. LBTQ Jamaicans are less likely to finish high school and pursue tertiary education due to bullying, and a lack of financial support (Davis, 2019; White et al., 2010; McFee & Galbraith, 2016). For those who are able to attain qualifications, they often face challenges with securing employment due to their sexuality, gender identity or expression. This invariably increases the chance that LBTQ Jamaicans will be without shelter, unemployed and dependent on partners for basic necessities within a relationship (J-FLAG, 2015). In most cases, these partners either 'pass' as cisgender, heterosexual individuals or are straight, cisgender males. During the interviews, participants spoke extensively about how negative perceptions of LBTQ people led to discrimination and stigma and how this led to financial and emotional dependence within their relationships.

Financial Dependence

Financial dependence on partners was one of the most frequently mentioned barriers to leaving abusive LBTQ relationships. In some cases, this dependence was also seen as a factor which encouraged IPV within these relationships. Jackie, a bisexual woman who works with the LBTQ community spoke about dependency within LBTQ relationships:

> When you have to depend on someone else to finance your life, and by that I mean basic needs, basic necessities, basic care, it opens the door to some form of manipulation and abuse. And it's a huge thing here in Jamaica too, and it's one of the reasons why a lot of people fear leaving relationships that are abusive, because what the hell am I going to do if I leave this relationship that's basically sustaining my life and allowing me to live? It's a huge fear […] when you have all those factors working against you, you feel like you don't have another choice, you just have to stick it out, as much as it's harming me, or depleting my quality of life and can end up being fatal.

While financial abuse was not considered in the definition of IPV which was proposed to participants at the beginning of each interview, this type of abuse was mentioned extensively by participants. During the interviews, many participants shared that LBTQ people were particularly vulnerable to this type of abuse because of their lack of access to resources which could provide them with independence. While in some cases victims are unable to recognize abuse, participants spoke about cases where many understood they

were being abused, but could not leave as they were completely dependent on partners for shelter, food and other basic necessities.

Literature on LBTQ IPV globally acknowledges financial dependence as a causal factor of IPV and a barrier to victims leaving abusive relationships. However, it is not generally regarded as a major factor, with studies such as Merril and Wolfe (2000) hypothesizing that same gender couples are less likely to face dependence. In this way, awareness of discrimination and stigma within the Jamaican context play a major role in understanding the prevalence of this type of dependence within LBTQ relationships in Jamaica and the impact it may have on IPV perpetration.

Further to this, it is important to understand that the ways different groups within the LBTQ community experience discrimination and stigma may also affect their perceptions and experience with financial dependence. Participants mentioned having friends who had come to them seeking advice after being abused and openly stated that they could not encourage them to leave because they were unable to assist them with a place to live or any other type of financial support. Patrice, a trans woman and pageant queen who is self-employed reflected on her experiences with friends who has been victims of abuse:

> Some of the persons I know, they probably can't leave cause they probably have nowhere to stay after, and I'm not in a place where I could say 'hey, come and stay with me till you get back on your feet.' I'm struggling […] myself so I can't help anyone financially.

This discouragement was more noticeable in trans participants than cisgender participants. In interviews with lesbian participants, for example, they were more likely to be optimistic about personally assisting friends out of abusive situations. This was seen during an interview with Chelsi, a cisgender lesbian with a full-time job who said that "I would […] help you to find some way to get out. Financially, if you need to stay by my house till you get somewhere that'll happen." This may be because these interviewees identified as cisgender, lesbian women. While their sexual orientation may marginalize them in Jamaican society, their gender identity and expression ensure that they face less systemic discrimination and are more likely to be socio-economically stable with access to employment and shelter.

Emotional Dependence

Aside from financial dependence, participants spoke about high levels of emotional dependence on partners. Emotional dependence is recognised by the CDC (2018) as a risk factor for IPV perpetration worldwide. While this factor is not unique to LBTQ relationships, systemic discrimination and stigma in Jamaica often create homophobic homes which negatively impact the quality of relationships LBTQ people share with their families. While reflecting on this during her interview, Tracy mentioned that, "a lot of people are isolated from family and friends because of their sexuality. So, you find that [IPV] happens but isn't talked about because there's no one to talk about it with." Another participant, Shanice, echoed this sentiment stating that often, LBTQ people want to "turn to […] family members or parents who brought us here to say certain things, but then they're not fully educated on your lifestyle, they're not sensitized,

and then you're scared to go to your parents for a little assistance." Shanice's comment shows the impact a homophobic and transphobic environment may have on familial relationships, as it often prevents parents of LBTQ people from being open to and understanding of gender and sexual diversity.

Participants also reflected on how this lack of familial support affects LBTQ relationships and creates spaces for IPV perpetration. Alicia, a pansexual mental health advocate explained:

Most of us, we pick our family, we find family and friends in people we've selected. And [we] accept that these are the people who will accept me, so I'll accept them even when accepting them [means] you're accepting a lot of shortcomings.

This is echoed by Chelsi who shared her personal story of emotional co-dependence within one of her past relationships. She stated that she felt that "because so many of us [LBTQ people] have been discarded, disregarded by our family, we seek family elsewhere." This lack of familial support has negative implications for IPV within LBTQ relationships as it fosters emotionally dependent attachments within relationships as LBTQ partners become their main source of support. Research by Leemans and Loas (2016) contend that this emotional dependence increases the likelihood of IPV perpetration within relationships. Additionally, this lack of familial support may also act as a barrier for LBTQ victims who sometimes do not have a family home to turn to if they wish to leave an abusive relationship, or family to seek advice or support from as victims of abuse.

Discrimination and stigma, however, may not only impact families by fostering a lack of familial support for LBTQ people, but may also disrupt family life for many LBTQ Jamaicans who are not welcomed in their homes and communities because of their sexual orientation or gender identity. Many LBTQ people are put out of their homes by homophobic family members and therefore often forced to find shelter with partners on whom they become dependent (Human Rights Watch, 2014). Alicia spoke about her experience with this:

> I was living with my family, my cousin outed me. He told everybody and it was horrible. I […] had to move, I ended up moving in with a partner I never should have moved in with in the first place. And I left everything behind and became dependent on this person and all of a sudden it became hard to say no. Because what am I going to say no to you for when you're the person that ensures everything is taken care of? At the end of it we got into a fight, a literal physical altercation […] I left that day, I had to leave but I would have never been in that situation had I never been outed in the first place, or being outed was not a thing, it was an abusive situation that came about just from genuinely being who I was.

Shanice further explained how discrimination may lead to LBTQ people staying in abusive relationships as they cannot return home: "I can't go home because my family knows I'm gay or trans or lesbian or bi […] what am I going to do? Sleep on the road?" Participants shared that this systemic discrimination affects both victims and perpetrators. Victims often stay in abusive relationships out of a fear of being alone, or not having anywhere else to go, while perpetrators often attempt to use finances to make their

partners dependent on them, and may act violently if partners threaten to leave the relationship. Perpetrators may also find it difficult to seek help and may exercise excessive control in their relationships out of fear of being alone, as they too may not have adequate emotional support.

During the interviews, participants also discussed how this emotional dependence within relationships led to control issues and jealousy which sometimes caused IPV. Syd, a participant who works with the local LGBTQ community, stated that:

> I just think as LGBT folks we see the challenges that we have with getting someone so the fear of losing the person causes us to be that jealous […] and also because many of us don't get to umm experience emotions that heteronormative persons will experience with family and love life […] it's very hard, and there's also the fact that we're restricted in expressing ourselves with partners so that can also lead to us being very jealous so there's a whole barrage of things that cause [IPV].

Due to widespread discrimination and stigma, many participants mentioned that the LBTQ community in Jamaica seems smaller in number than it is. For some LBTQ people, this makes navigating dating in Jamaica challenging and creates a fear of being alone with few prospective partners. Others admitted to being fearful of leaving relationships, even if they were abusive, out of fear of being alone. This fear and jealousy may increase the likelihood of IPV within these relationships (Johnson, Giordano, Manning & Longmore, 2015).

Elements of Dependence Unique to LBTQ Communities

Aside from financial and emotional dependence faced by all members of the LBTQ community, participants who identified as trans women indicated that they are more likely to become dependent on partners due to high levels of transphobia, which also make them more likely to experience IPV than lesbian and bisexual cisgender women. Four out of the five trans women who were interviewed admitted to being in abusive relationships in the past. During the interviews, cisgender, transgender and queer participants admitted that while most LBTQ people may be impacted by systemic discrimination, trans women tend to fall at the bottom of the totem pole, and are more likely to experience transphobia and neglect by members of the public as well as community members.

Trans women also spoke about their unique dependence on their partners for finances to ensure alignment between their gender identity and gender expression, and to maintain a particular lifestyle. Patrice, a trans woman who enjoys pageantry stated that:

There's a lot of scammers[16] in the LGBT community and you know if you're with one of the scammers you get to go to all of the parties and you wear the latest things and you're in the limelight. And most of these girls… like to be in the limelight so even when the person stab them in their back or heart they stay because they want to stay in the limelight or stay relevant.

[16] People who make money through fraud.

Trans women face considerable pressure to present in a particular way to be 'popular', accepted as women, and maintain relationships. As many trans women are unable to provide for themselves financially due to systemic discrimination, they rely on partners. Participants spoke of many instances where trans women in particular chose to stay in relationships which allow them access to resources, even if they were abusive.

Another unique element present in LBTQ relationships which was mentioned by participants was that in some cases, money was not a prerequisite for which partner would assume the role of the provider and abuser. AJ, a gender non-binary participant who had been in an abusive relationship explained that:

> On paper, you'd say that I had more power in the relationship because I was working, made more money, I was taking care of most of the things in the house. This person was also working but not making as much. I realised that they relied on me for things and if I didn't provide it then there was a big flare up.

AJ's case illustrates that in some cases perpetrator dependence on victims for finances may lead to abuse when finances were not provided.

Another distinctive element present in LBTQ relationships may be the high levels of emotional and financial co-dependence and how this may act as a barrier to LBTQ victims leaving abusive relationships. Chelsi recalled how she felt when she contemplated leaving her abusive relationship: "it's a lot of fear. You start thinking about how you're going to survive, how is the person going to survive." Shanice and AJ reflected on why they stayed with their partner even when they were being abused:

Personally, I didn't find it difficult to leave but I had concerns of when I left what would happen […] to the person and to me, because we maintain each other. I got stronger pay than them. I knew that if I left there would be some downfall for them, because they can't manage the rent and so forth that was a concern.

I think for me in the relationship, I really saw it as a time to help them, because they were going through a lot, [they] had nowhere to go so I was ensuring that they were taken care of […] no matter what.

Ladybird, another participant, recalled one of her friends whose eyes were gouged out during a physical altercation with her partner, and how co-dependence and a lack of other support systems resulted in her staying in the relationship:

When he plucked her eyes out she moved him back in her house […] because she believed he had nowhere else to go, and she believed that she couldn't live without him. He was now the only person she could depend on because he was now her eyes.

Interviews with participants show the ways that emotional and financial dependency, as well as co-dependency within LBTQ relationships can sometimes act as barriers to victims leaving abusive relationships. In some cases, this dependency resulted in victims staying in relationships with perpetrators despite abuse, to support them financially or to make ends meet. These elements of dependency were not apparent within the examined literature on IPV within LBTQ relationships and may be linked to socio-economic status

of participants or the high levels of discrimination toward LBTQ people within the

Jamaican context, and the impact this has on their relationships.

In addition to these unique elements of financial and emotional dependence

present in LBTQ relationships, some participants also stated that they were dependent on

partners for protection. Shanice, a trans woman who spoke openly about experiencing

IPV within her relationship, explained that she withstood IPV in private spaces so as to

be protected by her male partner from public attacks:

> They're protective and I needed that protection because if I'm like walking on the
>
> road and I say 'hey this is what's going on' they would [show] up and defend me
>
> so they knew that...and they took advantage of it if [I left the relationship and]
>
> something happened to me on the road, where would I get protection from?

Rampant discrimination against LBTQ people in Jamaica increases the risk of being

physically and verbally attacked while navigating public spaces in Jamaica (Human

Rights Watch, 2014). Participants who identify as trans women spoke about being

particularly vulnerable to these attacks and therefore depending on cisgender male

partners for not only financial and emotional support, but also protection. If LBTQ

people are dependent on their partners for protection from discrimination, especially in a

context like Jamaica where they cannot rely on the police for protection due to

discrimination (Human Rights Watch, 2014), they are less likely to leave relationships,

even if they are abusive.

Negative perceptions of LBTQ people in Jamaica has perpetuated widespread

systemic discrimination and stigma against this community. Beliefs that the LBTQ

community is evil, subhuman and inherently violent (J-FLAG, 2015) result in discrimination and stigma which have been well documented by local and international organisations. This includes verbal, physical and sexual attacks, micro-aggressions, accepted negative perceptions of the community and unequal access to resources impact the quality of life of LBTQ people living in Jamaica. Interviews with participants show that this affects IPV within LBTQ relationships as it impacts both how IPV is perceived and experienced by LBTQ people, and their help-seeking behaviours or willingness to leave abusive relationships. Discrimination and stigma create space for minority stress and internalized homophobia which enable the occurrence, ignorance and acceptance of IPV within LBTQ relationships by both LBTQ people and the general public. They also create significant barriers to help-seeking for LBTQ Jamaicans impacted by IPV who lack familial support, are often wholly dependent on partners and face high levels of discrimination from service providers which impact their ability and willingness to leave abusive relationships.

<div align="center">Heteronormativity and Gender Role Performance</div>

IPV within LBTQ relationships is often overlooked because the majority of research conducted on IPV is framed within a heteronormative, gender specific narrative. As discussed in Chapter 2, this narrative perpetuates the idea that patriarchal violence accounts for abuse of women by men. Research done by Calton et al., (2015) looks at feminist theory and positioning theory as explanations for the occurrence of IPV within LBTQ relationships. While interviews with participants reveal the way these theories may impact LBTQ IPV, socialisation also seems to play an important role in the

dynamics created in LBTQ intimate relationships in Jamaica. LBTQ people grow up in a social context which not only upholds heterosexuality as the norm, but maintains traditional beliefs about the roles of women and men in relationships and assigns strict roles to each gender (Williams, 2016).

Traditional beliefs about relationships in Jamaica are upheld by various elements of Jamaican culture and agents of socialisation including religion, music, family and media (Allyn, 2012). Like many other societies, heterosexuality is accepted as the norm in Jamaica. Historical factors and the influence of the church have seen the ideals of heteronormativity become heavily policed practices in Jamaican society. Harris and White (2018) in their dictionary of social work and social care define heteronormativity as "the assumption that heterosexuality is the default, preferred…state for human beings because of the belief that people fall into one or other category of a strict gender binary [and] involves the further assumption that someone's biological sex, sexuality, gender identity and gender roles are aligned." In Jamaica, heteronormativity shapes people's understandings of both relationships and gender roles (Allyn, 2012). Traditional beliefs about the roles of women and men in relationships in Jamaica are that "men are the natural heads of families and that it is a woman's responsibility to take care of her home" (Williams, 2016, pg. 15). Inherent to this belief is a power dynamic which aligns masculinity with power and dominance, and femininity with submission (Williams, 2016). Feminists and sociological theorists have argued that gender is a social construct (Butler, 1990; Marecek, Crawford & Popp, 2004), meaning that the performance of gender roles within relationships are created and perpetuated by a social system rather

than natural or biological. This is discussed by Butler (1990) who posits that humans perform gender in accordance with social norms. This performance creates the appearance of naturalized gender roles which have been accepted and upheld in traditional societies globally. These accepted gender norms, roles and sexual behaviours are learned by LBTQ people throughout their lives and impact how they perceive and experience relationships (Habbarth, 2008).

Interviews with participants show that while lesbian, bisexual and queer women may deviate from heteronormativity due to their sexual orientation, many ascribe to traditional gender roles within their relationships. Additionally, while trans women may deviate from the norm due to their gender identity and expression, many perform femininity within their relationships. Tia, a lesbian who volunteers and works full time in women's rights explained that "regardless of your sexual orientation or gender, if you exist in a society that perpetuates these ideas and things, you won't necessarily deviate from it because of your identity...you can play right into it." The CDC (2018) recognizes societal acceptance of traditional gender norms within relationships as a risk factor for IPV. Structuring LBTQ relationships around these accepted norms allows for the creation of a power dynamic which is commonly found within heteronormative relationships that may create a space for IPV. Participants explained that this performance of gender norms could have an effect on LBTQ people who navigate relationships which look different to heterosexual relationships, but may have the desire for their relationship to be accepted by others. One of the participants, Tracy, who identifies as bisexual, shared her thoughts based on her experiences as a member of the community:

You see [it] a lot in straight relationships where loving a person tends to be synonymous with […] one person is in charge and if you respect your relationship, you don't do certain things to aggravate your partner. So, if your partner says they don't like over there, you don't go over there and they […] limit your movements and access to certain people and spaces. And I think because a lot of us grew up seeing that as something normal. It somehow means this is what is accepted of a relationship, and it kind of almost passes on to queer relationships as well, where they feel it's something to aspire to.

Browne (2019) discusses the way LBTQ people may transgress and conform to gender norms. For those who conform to gender norms, performing heteronormative roles within their relationships may be a way of validating their relationship which is seen as deviant. For others, this performance may occur because this is what they have been socialised to believe their role in a relationship should be. This performance of heteronormative norms may also exist because LBTQ people tend to model their relationships based on heterosexual relationships as they do not have any examples of publicly recognized, healthy LBTQ relationships within their local context.

Performance of Gender Roles

During the interviews, participants reflected on the role socialisation played in their understanding of relationships and mentioned that IPV within relationships is "seen as a norm... even to this day it is still anticipated that the woman gets beaten" (Tia, cisgender lesbian). They discussed how heteronormativity and performing traditional gender roles may perpetuate or normalize IPV even in relationships which may deviate

from the norm. Participants spoke specifically about the effects growing up in traditional households had on them:

> We [are socialised to believe] that the man run off the house[17]. So, he puts his foot down and that's how it is, and I feel like that's spread across the board […] even when you're in a same-sex relationship. The dominant party has been taught that if I say this, this is final […] and if a person, well someone that's Jamaican, having been socialised to say, ok the dominant party runs off everything, if that paradigm is being shifted in their relationship, they may become forceful…and that could be a factor that's […] based on how we grew up, and the way the roles are set up in the household and the way men in general behave locally (Alicia, cisgender pansexual).

These traditional norms may not only create space for LBTQ people to create and perform dominant and submissive roles within their relationships, but may embolden the dominant partner within LBTQ relationships to sometimes use violence, as a means of maintaining control or respond to annoyance, or frustration within a relationship. This increases the likelihood of IPV perpetration within relationships (CDC, 2018).

During her interview, Shanice, a trans woman, shared that while in some cases this violence was seen as abuse, in others it may be seen as a validating and normal part of a relationship:

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[17] Jamaican Patois. Translation: that the man is in charge of the household

> I think it is a culture for Jamaica[n] heterosexual males to have control […] with physical abuse […] that's how they're raised so […] I guess they adopt that behaviour within the LBT community, that this is how I want my partner to be and if my partner is not like this, then it's not a partner that is dominant or [a person that] my friends would see to be a fit [for me], or a relationship they would adore.

Shanice also mentioned that aside from these traditional norms creating space for IPV perpetration, they may make dominant partners feel justified in their abuse, as they tended to be the more financially stable partner:

> I know you'd have partners […] who support you financially and then they think they have the upper hand to tell you when to have sex, how to have sex and it is not it is not brought across to you as if you're up for it, or if you're in the mood for it, or if you're agreeing to it. They're telling you that you have to, and you have to now, and how they want it.

Many other participants echoed Shanice's statement. Chelsi, a cisgender lesbian who had experienced IPV in a past relationship, recalled that:

> Someone told me the other day that she […] was with someone I knew and I was like 'yea how was that?' She said it was horrible. She wasn't working, and she was younger, and [her partner] verbally abused her about her not cooking […] because she was mostly bringing in the money so she felt like she was obligated to speak to her the way she was, because she was doing all of that.

Additionally, many of the participants mentioned that their partners see IPV as a form of control, rather than violence. Sonia, a trans woman who at the time of the interview was in an abusive relationship, shared: "[My partner] doesn't see it as violence. I think he's thinking he's trying to protect me from going […] and finding maybe someone else he doesn't want me to find. In a sense, he doesn't really think that he was hurting me." Interviews with the women show the important role socialisation and traditional views on relationships and gender norms play in LBTQ relationships in Jamaica. Not only do they create space for IPV perpetration within these relationships, but embolden perpetrators to use violence to express annoyance and frustration.

Aside from creating space for the perpetration of IPV within LBTQ relationships, these norms may also give the submissive partner a role to play in the performance, as they accept IPV as a 'normal' part of the relationship. As Jackie, a university graduate who identifies as a cisgender bisexual woman, mentioned during her interview:

> when you're indoctrinated to believe that regardless of your sexual identity or gender identity you can still perform that same thing. We're going to play those parts or play into those parts, and that facilitates abuse and again […] with women. If you perform the docile woman, or the accepted definition of what a woman is you're the property of your partner all these little patriarchal norms that we have […] you can play right into it.

Many participants also discussed how submissive partners may sometimes see IPV as an expression of love or care by their partner, stating that "some persons are of the view that if their partner does not hit them, they don't love them and that's a common thing

culturally…" (Syd, straight transgender woman). This has been explored in the literature on IPV (Papp et al., 2016). Lydia, a young student who works with Jamaican LGBTQ organisations mentioned that IPV was sometimes not seen as a valid reason to leave a relationship. They went on to explain that submissive partners may take on the role of "women [who] are...from an early age encouraged to stay in a relationship, no matter what" and felt that "this applies to same-sex relationships as well." This sentiment was echoed by Patrice, a trans woman who surmised:

> you know even in the old movies you'll see where the wife is getting beaten and she'll stay with the man because he supports her and she married […] I feel like it's probably the same way with us, because we grow up seeing it. So, if the man say he loves you you're entitled to stay with him.

Speaking with participants about their experiences with IPV illustrates the impact the adoption of traditional norms and socialisation has on gender performance. Not only do these norms foster the acceptance of violence as a part of intimate relationships, but it gives victims a role to play in the performance. Research done by Morrison, Luchok, Richter & Parra-Medina (2006) shows that this acceptance can act as a major barrier to help-seeking for LBTQ people impacted by IPV, as if IPV is not problematized within a relationship, victims may not seek help.

The performance of traditional gender roles and its connection to IPV was also seen in interviews with trans women, who spoke about some members of their community welcoming IPV in their relationships as it made them feel more feminine.

One of the participants, Patrice felt that for trans women, experiencing IPV within their relationships validated their femininity:

> Most of my trans sisters […] some of them I feel like […] they like it, cause some persons like when the guy roughs them up or they're controlling, or get abusive, it makes them feel more feminine. Most persons find it makes them feel more girly. I've seen instances where I've been out with my friends and [a] boy pop up, rough them up, create a scene18 and when them gone they say 'aww mi feel girly' so I guess some persons like it […] for the trans community some of them find it makes them feel good.

Another trans woman, Sonia, reiterated Patrice's comment, adding that some trans women often perform toxic elements of femininity by attempting to instigate IPV within their relationships so as to feel loved by their partners:

> Jamaican women are also like […] 'if you don't hit me you don't love me ok' and so then most transgender [women] they have that same […] mental, some of them try to provoke their lover, or try to do something out of the norm so their lover can react a certain way.

As IPV is usually understood as violent behaviour received by women from a male partner, and further sometimes seen as an expression of love or desire for this partner, given the aforementioned performance of gender roles within heteronormativity and trans

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[18] their partner comes and argues with them

women's performance of femininity, experiencing IPV seems to be welcomed by some trans women as reinforcement of their gender identity.

This performance of gender roles also seems to create a space for sexual abuse within relationships. Lydia spoke about their friend who was in a relationship with an older woman, who shared that she had been sexually assaulted by her partner. Lydia explained that the friend downplayed the assault because she was in a relationship with the perpetrator. Tracy, a young bisexual woman gave further insight into the ways gender roles may impact IPV in LBTQ relationships:

> I remember talking to […] a person I know and she's kind of masculine presenting and she was saying that if she's in a relationship she shouldn't have to ask for sex...and I was taken aback because I thought that was the way of thinking of the typical Jamaican man because […] there's this idea that if you're in a relationship, the woman you have belongs to you and she's expected to perform sexual favours without you having to ask for it […] I wouldn't be surprised if there are other women who think like that and are abusing their partners and not thinking it's abuse because it's just sex and if you're in a relationship then it comes with sex.

Both Tracy and Lydia's comments show that that aggressive non-consensual sexual acts by dominant or masculine-performing partners toward submissive partners are seen by many as an acceptable part of relationships, rather than as sexual violence. These acts may sometimes be adopted by LBTQ people creating space for perpetrators to rape or sexually assault their partners and victims to accept this as a normal part of a relationship.

As previously mentioned this acceptance is a major barrier to help-seeking for LBTQ people impacted by IPV.

This adoption of toxic traits associated with masculinity by some LBQ people was further discussed by Tracy who felt that it sometimes created a space for LBTQ IPV perpetration. During her interview, Tracy shared:

> I think that there is this assumption that if you're a masculine presenting woman you need to be rough and aggressive because that's how masculinity is portrayed in Jamaican society, like you have to assert yourself in that kind of way and so there isn't room for gentleness a lot of the times.

Interviews with participants revealed that in some female same-sex relationships, one partner tended to be cisgender, but masculine presenting and as a means of establishing this gender expression, they adopted and performed elements of masculinity such as excessive dominance and power which could lead to IPV.

Tracy went on to explain that another reason masculine presenting women may perform toxic masculinity is due to aforementioned minority stress:

> If you're facing all these kinds of abuse […] like if you work in male dominated spaces, and you have trouble with sexual harassment on your job, and men feeling like they need to come on to you in a certain type of way, that kind of pented up energy and anger, and not being able to control that, it's almost as if you need to reassert your masculinity, even as a woman, especially stud women. So you feel like you need to be rougher when you ['re at] home, or [when] you feel like you're not in charge or being taken seriously.

This adoption and performance of toxic aspects of masculinity by LBQ women may not only create space for the perpetration of IPV as seen in Tracy's comment, but may also act as a barrier to help-seeking, by decreasing the likelihood that some LBQ women who perpetrate IPV will seek help. During her interview, Lydia shared that their friend's abusive partner may have been hesitant to seek help due to her adoption of some toxic aspects of masculinity: "She's a masculine presenting lesbian, and I think that whole attitude […] where you have to toughen up, you have to have a certain image. [Asking for] help or counselling, that's something only pussies do. If you can't sort it out yourself you're a wuss." In some cases, the performance of traditional masculinity includes not seeking help from others, including mental health professionals. This is supported by research done by Galdas, Cheater & Marshall (2005) that shows that men are less likely to seek help for mental health issues.

As previously mentioned many participants thought that the adoption of toxic traits associated with masculinity by cisgender women can both create space for IPV, and act as a barrier to help-seeking. However, Ladybird, who identifies as a trans woman, felt that when compared to cisgender men in relationships with trans women, masculine presenting lesbians were less likely to adopt the role of abuser, and more likely to adopt other traditional masculine roles such as protector or provider within their relationships. Ladybird stated that:

> The majority of the butches would consider themselves as a real man and they
> want to be that man so much that they will try to protect their partner […] the

butches, what I've observed will work and be more loving and supportive with their partners.

This indicates that masculine presenting LBQ women may not always adopt and perform toxic traits associated with masculinity. Nevertheless, in some cases their performance of masculinity can result in the perpetration of IPV within their relationships and also impact their willingness to seek help which may lead to the continued perpetration of abuse in their intimate relationships.

The previously mentioned instances of adoption and performance of traditional gender norms by LBTQ people are all impacted by heteronormativity which assumes that heterosexuality, based on traditional gender roles, is the default, natural state for human beings (Harris &White, 2018). Aside from perpetuating traditional gender roles, one of the ways heteronormativity may directly impact IPV is by putting pressure on LBTQ women to conform to heterosexual norms regarding their choice of sexual partners. An interview with one of the participants, Maria, a university student who identifies as bisexual, indicates that this pressure creates stress within LBTQ relationships which can lead to IPV. Maria spoke specifically about the ways infidelity in LBTQ relationships caused abuse explaining that:

Some girls are not as gay as they would perceive themselves […] so, they'll end up having sex with like a guy or something or cheating […] and that can lead to physical, I hope it doesn't lead to physical, but definitely emotional [abuse] because I'm here […] and you're out here having sex with men.

Stress as a result of infidelity is not unique to LBTQ relationships, and as the participant suggested, this stress within relationships may be because some LBTQ women "are not as gay as they would perceive themselves." However, a different interpretation may be that due to the pressure to conform to heterosexual norms regarding intimate partners, so as to not face discrimination or stigma from family members or friends, LBTQ women have male partners alongside their female partners. This may create space for stress and tension within these relationships. Research done by Meyer (2003) shows that this type of stress increases the likelihood of IPV perpetration within LBTQ relationships. Another interpretation may be found within an interview with Tia:

> The gender wage gap presents a problem for lesbian women dating because socialisation tells you as a woman you're expected to want certain things so you need to be manicured and well-kept at all times, your girlfriend also […] one of the things that ends up being an issue is that even if you're in a lesbian relationship…if your partner practices infidelity it may be with a man even though they're not bisexual […] simply because they're able to be maintained financially.

Tia's statement shows how the gender wage gap in Jamaica, which may be seen as a consequence of gender inequality and heteronormativity (Schilt & Westbrook, 2009; Schieder & Gould, 2016) may lead to infidelity. As previously discussed, this sometimes leads to stress and tension within LBTQ relationships which may increase the likelihood of IPV perpetration.

The final way heteronormativity and gender norms seem to impact IPV within LBQ relationships is by framing IPV as a heterosexual phenomenon and thereby invisibilising its occurrence in female same-sex relationships. Participants admitted that these relationships were not seen as spaces within which IPV could occur and many believed that IPV occurs less in these relationships as there is an "assumption that because it's […] two women in a relationship that [they're] automatically understanding of each other, softer with each other, all of the different stereotypes" (Jackie, cisgender bisexual woman). In some cases, this may result in LBQ women ignoring IPV within their relationship as it is not seen as abuse. Tia shared, "you might be in a relationship where your partner is female, you're female, and she's hitting on you in some way and you don't really pay it any mind because you both are girls." Other participants mentioned that violent actions committed by women are not seen as IPV, and may sometimes be laughed off or not taken seriously. Tia explained that "when [she has] conversations about [IPV] with friends who identify as [lesbian or bisexual], it's almost jokingly" while Maria explained that "if you come up to someone and say 'yo my girlfriend is beating me', they're gonna laugh at you." In instances where violent actions by women may be seen as problematic, these actions were often justified based on gender role expectations of women, for example, them being emotional. One participant explained:

 I think [IPV is] written off as like as women you're emotional, so we still keep that

 stereotype within the community, you're an emotional woman, you're moody, you

just having an attitude and whatever happens is as a result of that. (Tia, cisgender

lesbian).

These findings support discussions from literature in Chapter 2 about the effect gender

stereotypes have on the perceptions of IPV within same-sex female relationships.

Invisibilising IPV within these relationships has implications for the ability of lesbian and

bisexual women to recognize IPV within their relationships as abuse, and can also act as

a barrier to help-seeking as service providers may project this perception onto persons

within these relationships (Calton et al., 2015; Hassouneh & Glass, 2008).

Thus far, this section has showed many examples of how the adoption and

performance of heteronormativity may impact IPV in LBTQ relationships. However,

interviews with participants also revealed ways heteronormativity is challenged by LBTQ

people. One of the participants, Ladybird, spoke about trans women defying the

traditional gender roles associated with women by being a dominant partner within their

relationships, especially if they were partnered with men who were more submissive:

For some trans women if they are with a guy who is very soft who they can

control […] some of these trans women are 'tops' […] so when they find certain

guys and they're in a better position than the guy, they will become more

aggressive and violent saying "do what I want you to do because you're under my

roof'. So, in some cases you do find a trans woman is violent.

It must be noted that while some trans women may challenge heteronormativity within

their relationships by defying traditional gender roles for women, the adoption of toxic

elements of masculinity by one partner and the requisite submission of the other still

plays into the tenets of heteronormativity and allows for the perpetration of IPV within trans relationships.

Interviews with participants reveal the impact heteronormativity and gender performance may have on the ways LBTQ Jamaicans structure and view their relationships. Many LBTQ people perform traditional gender roles and structure their relationships along an unequal power dynamic which is common in heterosexual relationships. In this way, while the LBTQ community may disrupt heteronormativity by challenging the idea that biological sex, sexual orientation and gender identity and expression align, they also conform to some ideals of heteronormativity within their relationships. Some participants discussed that this may be as a means of validating their relationships which are often seen as deviant, while others believe it may be because of socialisation. The interviews reveal the many ways the acceptance and adoption of traditional gender roles creates space for and increases the likelihood of IPV within LBTQ relationships (CDC, 2018). The research also examines the ways the adoption of these traditional roles may act as barriers to the recognition of IPV as abuse within relationships, and impact the willingness of LBTQ people impacted by violence to seek help or leave abusive relationships.

Mental Health Services and Perceptions of Mental Illness

The final section of this analysis will examine the way perceptions of mental illness and experiences with local mental health services may impact the occurrence of IPV in LBTQ relationships in Jamaica. During the interviews, participants shared personal and second-hand narratives which gave insight to the effects IPV may have on

LBTQ people. Many participants spoke of struggling with depression, suicidal thoughts, post-traumatic stress disorder (PTSD) and difficulty forging healthy relationships after abuse. They also spoke about their inability to access mental health services locally due to their cost and an unwillingness within the LBTQ community to use these services, out of fear of being stigmatized by health care practitioners due to their sexual orientation or gender identity. Further to this, many participants spoke about high levels of stigma toward mental illness within Jamaican society which sometimes regards mentally ill people as dangerous or unstable (Gibson, Abel, White & Hickling, 2008). They admitted that this perception impacted their willingness to access mental health services locally. Interviews with participants indicate that a lack of access to adequate mental health services and these negative perceptions toward mental illness, may not only facilitate IPV perpetration, but also act as a barrier to help-seeking for both victims and perpetrators.

Perceptions of Mental Illness

LBTQ people are socialised within a context which many say stigmatize mental illness and mental health. Research done by Arthur et. al (2010) on stigma associated with mental illness in Jamaican communities discusses the negative perceptions of mental illness within Jamaican society. Many participants indicated that culturally in Jamaica, emotional and mental health are not understood to be as important as physical health. Maria, a cisgender, bisexual woman who has used mental health services in Jamaica stated:

> I just think it's Jamaican culture […] we don't see emotion as an important topic
> it's not like a thing where, 'oh my God my emotions are affected,' we're like

'honestly if I didn't die then that's great', honestly people don't really go to psychiatrists here...you know we don't look at those things as necessary. The reason I'm going to one now is because I have panic attacks, so the only reason is if it affects me physically.

Alicia, a cisgender, pansexual mental health advocate reiterated Maria's statement, mentioning that:

there's a lot of stigma attached to treating mental illness [and] acknowledging you have a mental illness. Also, traditionally we go to the doctor when we get a flu but if you're sad for extensive hours your parents don't say 'ok, I think you need to go see a counsellor.' It's not in our upbringing to say 'ok this is something that needs to be addressed.

Other participants mentioned that they were wary of the idea of therapy as they were socialised to keep their emotions and thoughts to themselves, rather than sharing these with others. During her interview Alicia explained, "we don't really have a structure in most Caribbean households […] where someone feeling a certain way can feel comfortable enough opening up about that." Lydia, a young LGBTQ advocate, shared their thoughts on the effects this may have:

Jamaicans on a whole are not very big on communicating and seeking out help if there's help. So, it bottles up and festers, becomes toxic and we take it out on other people […] normally those closest to us be it family, friends or significant others.

LBTQ people are more prone to mental health issues (Semlyen, King, Varney & Hagger-Johnson, 2016). High levels of stigma associated with being mentally ill along with indifference toward and ignorance of the importance of mental health, decrease the likelihood that LBTQ people will use mental health services as a means of coping with emotional and mental issues they may face. This increases the likelihood of them becoming victims and/or perpetrators of abuse within their relationships (Sesar, Dodaj & Šimić, 2018). These negative perceptions of mental illness may also act as a barrier to victims of IPV communicating openly about their feelings in relationships, or seeking help from mental health professionals, friends and family after facing abuse.

Experiences with Mental Health Services

Aside from negative perceptions, participants who had used local mental health services in the past spoke extensively about negative experiences they had with therapists who were not comfortable with their sexual orientation or gender identity. They expressed that this made opening up to them about their issues challenging. One of the participants, Lydia, mentioned that often, LBTQ people are "not as quick to seek out counsellor advice because you have the added layers of homophobia transphobia or biphobia so there may not be room to vent." Another participant, Tia, mentioned that due to negative experiences, many LBTQ people distrust that local mental health professionals are equipped and willing to work with LBTQ people. She explained:

> if you want to access counselling, you don't know who you are going to […]
>
> sometimes your counsellor is a pastor, and I hear queer women say sometimes

they go to a counsellor [who tells] them [that] they don't believe in their

relationships […] I didn't come here for that.

Chelsi, a cisgender, lesbian who currently attends therapy elaborated on the difficulties

she faced while trying to find a therapist:

I did a lot of shopping around before I found the right one who didn't care about

your sexual identity [previously], I had a Christian one so I couldn't fully open up

when I was talking about my relationship I [pretended I was in a straight

relationship] and like how can I really heal if I'm not being truthful about my

situations? I found myself trying to decipher what she told me because I had to

hide some parts of it […] and maybe that wasn't the right way to go. I've called

places […] and say 'hey I'm seeking a therapist are they okay with lesbians' and

they say yes, but there's that hesitation also.

A lack of safe, personal and professional spaces within which LBTQ people can speak

candidly about issues has grave implications for IPV perpetration. Not only may it create

stressors which increase the likelihood of IPV perpetration within these relationships

(Meyer, 2003), but it may also act as a barrier to LBTQ perpetrators of IPV faced with

mental and emotional issues, seeking help from personal and professional support

services (Ristock, 2005).

Further to this, due to negative perceptions and experiences with mental health

services, participants said they were more likely to talk to friends about their issues, or

use alcohol or marijuana to manage stressful situations. During their interview, Lydia

mentioned that "being a member of the community you have to face your own […] as

well as trying to help others. [It] can be a bit overwhelming at times." Lydia felt that LBTQ people relying on friends as a singular support system could have adverse effects and admitted that they sometimes felt mentally and emotionally burdened by the stories they heard from their friends. This reliance on friends may only add to the number of LBTQ people facing mental stress who are not likely to use mental health services.

As discussed in Chapter 2, the literature is not clear on the relationship between IPV and substance abuse. However, interviews with participants suggest that substance abuse may be a causal factor, as well as a preferred coping mechanism to therapy among LBTQ people impacted by IPV. During her interview, Maria stated that many LBTQ may prefer alcohol or marijuana to attending therapy:

> I'm not going to go there [to therapy] if I feel like I am [being abused] I'll drink a little rum and smoke a little weed[19] here and there. [I know it's not] gonna solve my problem, but I'm not going to a psychiatrist.

Another participant, Ladybird, saw the use of substances as a barrier to help-seeking, especially for LBTQ perpetrators of IPV who may sometimes drink or smoke instead of considering therapy:

> […] most of them smoke and drink. Smoking especially, it brings on a mental thinking that makes you feel […] like 'I don't need help I can make it on my own' and I think it's cause of the smoking […] you find gay persons or trans women smoke and drink hard.

[19] marijuana

This reliance on friends and substances to cope may further worsen mental health within the LBTQ community, creating a complex cycle of further mental health issues leading to higher rates of IPV perpetration within the community (Sesar, Dodaj and Šimić, 2018) and negative perceptions and experiences acting as barriers to LBTQ people using mental health services to cope with the effects of IPV (Ristock, 2005).

Access to Mental Health Services

Aside from negative perceptions and experiences with mental health services in Jamaica, cost seems to be a major factor which affects LBTQ people's ability to use these services. One of the participants, Chelsi mentioned "I can't even afford a therapist and I work a 9-5 and freelance. I've cancelled my therapy sessions and said hey I can't afford to come today so I'll call you guys…." Another participant Lydia added:

> Queer people, we have other things to worry about, more so than other people, and seeing as some of us, especially those who have remained [in Jamaica] don't really fall on the higher [end of the socio-economic ladder], there are other financial burdens to be taken care of, and [people feel that] mental health […] that is too expensive to be looked at right now.

As aforementioned, widespread discrimination and stigma make access to resources and opportunities for employment and social mobility difficult for most LBTQ people in Jamaica. Due to this, many tend to fall within the lower income strata and are unable to access mental health services which are costly, and not often covered by health insurance. In this way, cost acts as a major barrier to accessing mental health services locally.

While some participants mentioned local non-profits, who offered free therapy or gave referrals to LBTQ-friendly therapists, many admitted that most LBTQ people were reluctant to utilise free therapy out of fear that it would be mediocre, or that their confidential information would be disclosed to others in the community. As some LBTQ victims of IPV may not be 'out of the closet' many may not be willing to seek therapy out of fear of being 'outed'. Sonia explained that her experience with her friends was that:

> if [I] link her to an organisation she may say 'no mi na go over there, I don't want them in my business and in my things and they go on like they better than me'[20]

Shanice echoed this sentiment stating how trans women may feel using these services:

> Transgender people don't have mental health facilities in Jamaica and if we do, persons don't want to go to these places because we think that our issues will be shared with others and we're scared of that. [People] think as they leave, their problems will be told to a member, and a member will tell it to a member, until it reaches the community and then it will be out there.

Research shows that LBTQ people are more likely than their heterosexual counterparts to develop mental illnesses (Semlyen et al., 2016). Further research indicates a significant relationship between mental illnesses such as anxiety, depression and anger problems, and IPV occurrence (Sesar et al., (2018). The stigma attached to mental illness in Jamaica, along with an inability and reluctance to use mental health services in Jamaica, increases the likelihood that LBTQ people may have mental illnesses which are left

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[20] Jamaican Patois. Translation: She may refuse to go to therapy because she doesn't want people involved in her personal life, and the people there act as if they are better than she is.

unchecked, and may contribute to IPV perpetration. This general lack of access to, and stigma associated with mental health has serious implications for the prevention of IPV within the LBTQ community and treatment of LBTQ people impacted by IPV.

Summary of Findings

Information gathered with participants in this study shed light on the perceptions which LBTQ people in Jamaica have of IPV, and give insight into their experiences with the phenomenon. The interviews conducted also illustrate unique causes of IPV within their relationships, their help-seeking behaviours and possible barriers they may face if attempting to leave an abusive relationship. The interviews indicate that negative perceptions of LBTQ people, the adoption of heteronormativity and gender role performance by LBTQ people, and LBTQ people's access to and experiences with local mental health services are factors which significantly impact the occurrence of IPV within the LBTQ community. These factors also impact LBTQ Jamaicans' help-seeking behaviours and their willingness to leave abusive relationships.

CHAPTER 5: CONCLUSION

IPV is a major global public health issue which affects people regardless of their geographical context, race and educational background. While many studies have established that IPV is an issue within Jamaican society, little research has been done on instances of IPV in LBTQ relationships in Jamaica. As LBTQ people are exceptionally vulnerable to IPV (Munson & Cooks Daniel, 2003) due to their marginalization within Jamaican society, a lack of understanding of the unique dynamics present in LBTQ IPV only contributes to the wider issue of IPV within Jamaican society. This fosters a lack of public discussion about the phenomenon which impacts the way IPV is seen within LBTQ relationships by survivors, perpetrators and support service providers. It also results in prevention and intervention efforts which are neither evidence-based, nor informed by context-specific factors which may impact IPV occurrence.

The aim of this study was to examine IPV within LBTQ relationships in Jamaica, with a focus on understanding LBTQ Jamaicans' perceptions of and experiences with IPV, the unique factors which may lead to IPV perpetration within these relationships and help-seeking barriers which may impact LBTQ people who experience this type of violence. The study utilised a qualitative approach including semi-structured interviews with thirteen LBTQ people based in Kingston, Jamaica. These interviews indicate that three factors impact the way IPV is perceived and experienced by LBTQ Jamaicans. These factors are a) negative public perceptions of LBTQ people, b) the adoption of heteronormativity by LBTQ people and c) negative experiences with Jamaican mental health services. These factors also affect help-seeking behaviours and the likelihood that

LBTQ people would be willing to leave an abusive relationship. Negative perceptions of LBTQ people due to factors explained in Chapter 2 lead to high levels of discrimination and stigma toward the community. This often leads to minority stress and internalized homophobia which can increase IPV perpetration within LBTQ relationships. High levels of discrimination and stigma toward LBTQ people also affect their access to professional employment, educational and housing opportunities which create high levels of emotional and financial dependence within LBTQ relationships. Interviews indicate that this often acts as a significant barrier to leaving abusive relationships, and in some cases, victims are reluctant to leave relationships with abusive partners who may be financially dependent on them. Widespread discrimination and stigma may also act as a two-way barrier to help-seeking, by affecting the ability of LBTQ people to receive support, and service providers from providing support.

Findings also indicate that the performance of traditional, learned gender roles and norms due to the pressure to adopt heteronormativity may also lead to IPV within LBTQ relationships. Many LBTQ women ascribe to traditional gender roles within their relationships with each partner performing femininity or masculinity respectively. This performance often creates space for IPV within relationships, as IPV perpetration by a dominant/masculine performing partner as a means of maintaining control is culturally accepted in Jamaica. Findings also shed light on the experiences of trans women, who, in some cases may welcome IPV in their relationships as it makes them feel more feminine.

Results indicate that a third factor, the way LBTQ people perceive mental illness and negative experiences with local mental health services may impact the occurrence of

IPV in LBTQ relationships in Jamaica. LBTQ people are more prone to mental health issues (Semlyen et al., 2016) but due to high levels of stigma associated with being mentally ill, cultural indifference toward the importance of mental health, high costs to access mental health services and negative experiences with discriminatory service providers they are less likely to utilise these services. As mental illness is a causal factor for IPV perpetration (Shorey, Febres, Brasfield & Stuart, 2012), the general lack of access to, and stigma associated with mental health has serious implications for the prevention of IPV within the LBTQ community and treatment of LBTQ people impacted by IPV.

This research also aimed to examine the importance of geographical and social context in IPV perpetration in LBTQ relationships by examining this phenomenon in Jamaica. While findings were in some way similar to studies carried out in other countries and regions, results showed the role Jamaican cultural, historical and socio-economic context play in the factors which may lead to IPV perpetration, as well as the barriers LBTQ people face when attempting to seek support services. Much research has been done on the importance of considering context when attempting to understand IPV risk and preventative factors (Ristock, 2002; Waters, 2016). This study clearly supports the need for context-specific research and informs the creation of relevant IPV prevention programs and support services which may be more effective in tackling IPV within the LBTQ community in Jamaica. This research is especially useful and applicable to the Caribbean region, as results may be transferable due to historical, cultural and social commonalities between Jamaica and other Caribbean countries.

This study also contributes to the growing body of literature on IPV within LBTQ relationships in the Global South. While there were commonalities between this study and current literature on LBTQ IPV, the findings contribute to the literature in a number of ways. Firstly, while the literature theorizes that economic dependence may not be a high-risk factor for IPV within LBTQ relationships, this study shows the critical role financial dependence may play in LBTQ IPV in differing contexts. Not only does financial dependence sometimes create space for IPV by creating unequal power dynamics, but it also acts as a barrier to victims leaving an abusive relationship. This study also uncovers the role co-dependence may play in LBTQ IPV, as in some cases victims may stay in relationships with perpetrators despite abuse, to support them financially or to make ends meet. This may be particularly true in contexts where LBTQ people may not have access to adequate resources and opportunities due to high levels of discrimination and stigma. This severely impacts their ability to gain financial independence.

This research also adds to an understanding of the role emotional dependence may play in LBTQ IPV. While emotional dependence is identified as a risk factor for IPV perpetration, it is not thoroughly explored in the literature as a risk factor which uniquely impacts LBTQ people. The findings show that systemic discrimination and stigma within a context may create homophobic homes and communities which can negatively affect the types of relationships LBTQ people have with their families. This in turn may increase the level of emotional dependence within LBTQ relationships, as intimate partners are often an individual's sole source of emotional support. This should be

considered as it may act as a factor which increases the likelihood of IPV perpetration in LBTQ relationships, and may also act as a barrier to leaving an abusive partner. While this is true for contexts like Jamaica where systemic discrimination is high, it may also be true for contexts where LBTQ people face discrimination within their homes and communities despite anti-discrimination laws and policies.

The current research also explores another type of dependence which has not been extensively discussed in literature on LBTQ IPV. Findings indicate that LBTQ people may stay in abusive relationships for protection in contexts where they may not be able to safely navigate public spaces due to their sexual orientation or gender identity. This may be especially true for trans women who rely on cisgender male partners for protection.

This study also illustrates the role that high levels of discrimination and stigma toward LBTQ people play in the tolerance and acceptance of IPV in LBTQ relationships. In contexts where physical, verbal, sexual or psychological violence toward LBTQ people is tolerable or justifiable, this type of violence from intimate partners may be seen as acceptable. This has not been thoroughly examined in literature on LBTQ IPV but must be considered as it can minimise the severity of LBTQ IPV among the community and therefore act as a barrier to help-seeking and leaving abusive relationships.

This research also expands knowledge on the relationship between IPV and gender performance. In heteronormative contexts globally, where LBTQ relationships may be seen as deviant, individuals may adopt and perform traditional gender roles to validate their relationships. Findings within the current research show that the adoption of toxic traits associated with masculinity by some LBQ people, includes the perpetration of

violence within their relationships. Findings also indicate that masculine presenting LBQ people may exert excessive power within their relationships as a means of establishing their gender expression. In both cases, gender performance increases the likelihood of IPV. This study also contributes to literature on the relationship between IPV, gender and trans women. Findings show that IPV may sometimes be encouraged or instigated by trans women, as a means of establishing or validating their femininity.

While the findings in this research study do not claim to be applicable to all experiences of LBTQ IPV within Jamaica and similar contexts, they shed light on LBTQ Jamaicans' perceptions of IPV and provide space for an exploration of the unique factors which may impact the occurrence of IPV within LBTQ relationships in Jamaica. Further, they provide strong insight on help-seeking barriers which may impact LBTQ people who experience IPV within the Jamaican context. As such, they may inform organisations which work with the LGBTQ community, and assist with the development of evidence-based, relevant prevention and intervention programmes for LBTQ communities in Jamaica, and the wider Caribbean.

Recommendations

In order to effectively tackle many of the issues which facilitate IPV perpetration within LBTQ relationships, and remove barriers which LBTQ victims of abuse face when seeking assistance, there is need for intentional government intervention and legal protection for LBTQ people on the basis of sexual orientation and gender identity in Jamaica. LBTQ Jamaicans are citizens and are therefore entitled to safety, protection and equal access to services. Additionally, there is an even greater need for respect for

diversity and LGBTQ rights within the general Jamaican society. To this end, the following are recommended:

- Investment in long term social and behavioural change interventions around Jamaica which aim to shift cultural attitudes toward LGBTQ people and increase respect for LGBTQ people and diversity in all spheres of life.

- Decriminalisation of buggery in Jamaica and the concurrent implementation of hate crime and anti-discrimination legislation which explicitly protects LGBTQ Jamaicans from discrimination based on sexual orientation and/or gender identity in public and private spheres.

- Investment in accessible mental health services for members of marginalized communities such as LGBTQ people.

Alongside the aforementioned broad recommendations, the following are recommendations for organisations working in the interest of LBTQ women, GNC and gender non-binary people, which can be implemented to tackle LGBTQ IPV within the current social and legal context. These recommendations are based on information gathered during the interviews with participants.

Research

- Spearhead a mixed methods study on the prevalence of IPV within the LGBTQ community in Jamaica. Results can be taken to policy makers and used as evidence of the magnitude of the issue.

- Spearhead a qualitative study on the experiences of trans, gender non-binary and gender non-conforming (GNC) people with IPV within Jamaica or a similar

geographical/social context. More research is needed to better understand IPV among trans and GNC relationships as existing research shows that these individuals experience IPV differently to their lesbian, bisexual and gay counterparts.

Healing and Support

- Provide mental health services through free or low cost support groups facilitated by trained professionals to tackle issues such as minority stress and internalized homophobia within the LBTQ community.

- As mental health services tend to be expensive, provide spaces for LBTQ people to access free or low cost alternative/non-traditional methods of healing to recover from past abuse, minority stress and internalized homophobia.

- Provide safe spaces for group couple counselling for LBTQ people. Alternatively, provide a resource list for LBTQ-friendly counsellors who may offer these services.

- Host support groups for family members of LBTQ people to provide resources to foster understanding. This may reduce the number of LBTQ people who become emotionally and financially dependent on partners due to strained relations with family.

- Strengthen overall support services and resources which can assist with IPV prevention and intervention e.g.: hotline for victims to call to make a report, safe recreational spaces.

- Implement educational, social and economic justice programmes to increase access to financial literacy, financial independence, and resources and opportunities for LBTQ people. This may decrease instances of LBTQ people being financially dependent on their partners.

Communication and Awareness

- Plan and execute health communication campaigns specifically targeted to the LBTQ community which destigmatize mental illness and accessing mental health services.

- Plan and execute health communication awareness campaigns targeted specifically to LBTQ people to tackle the invisibility of and/or ignorance toward IPV in LBTQ relationships. Incorporate examples of relevant, healthy LBTQ relationships into campaign materials.

- Provide online and accessible, offline safe spaces for discussions about IPV perpetration within the LBTQ community. Use these discussions to a) tackle myths associated with LBTQ IPV; b) discuss causal factors such as possible linkages between gender performance and IPV perpetration; c) provide coping mechanisms for victims, resources for perpetrators and advice on cultivating healthy relationships.

- Share relevant resources for survivors and perpetrators of IPV widely. This should include contact information for LBTQ-friendly mental and physical health counsellors and support groups as well as information on LBTQ IPV.

Service Providers

- Partner with LBTQ-friendly police officers to identify specific, safe police stations and officers who can be the point of contact for LBTQ people who need to make reports of IPV within their relationships.

  - Use awareness campaigns to connect the community with these service providers. This may increase the number of reports made over time which can be used as evidence of the magnitude of the issue.

- Target service providers such as police officers and health counsellors through diversity training. Provide them with resources for working with LBTQ people, especially in instances where IPV is present or suspected.

The successful implementation of the aforementioned recommendations may further inform LBTQ IPV prevention and intervention programs, provide resources and safe spaces for LBTQ perpetrators and victims and spread awareness of IPV within the community. It may also disrupt barriers to help-seeking which LBTQ people face when attempting to access support or judicial services.

Future studies on IPV in LBTQ relationships within Jamaica should focus on the prevalence of IPV among the entire LGBTQ community as this can make a case for funding specific to intervention and prevention programmes for the community. Future studies can also focus specifically on the experiences of trans women, as research shows prevalence rates are higher among this population (Brown& Herman, 2015) and interviews in the current study with trans women indicate differences in the ways this group experiences IPV. Additionally, in order to gain a more thorough understanding of

the unique factors present in LBTQ IPV, as well as the experiences of LBTQ people outside of urban spaces, a study can be carried out with a larger, more diverse sample of people.

Findings from this study provide invaluable insight into a complex phenomenon and contribute to a clearer, research based understanding of IPV within LBTQ communities in Jamaica and other similar contexts. It is my hope that this will inform the creation of context-specific IPV prevention programmes and relevant support services to tackle this public health issue in an often-overlooked population.

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APPENDIX A: CALL TO PARTICIPATE IN RESEARCH

IRB No. 19- F- 18

Principal Investigator:

Hello! My name is Paige Andrew and I am an Associate Director[21] at WE-Change. I am currently completing a MA Communications and Development at Ohio University. As a part of my degree, I am conducting research on Intimate Partner Violence (IPV) in the lesbian, bisexual and trans (LBT) community in Jamaica. I am looking for volunteers from this community to participate in this research.

Your participation in this study will involve a 60-90-minute-long semi- structured interview. You will be compensated with a transport stipend. Interviews will be held at a time and place convenient to you.

It is important that you know the potential risks or discomforts of participation in this study. Participants who may have been previously exposed to instances of intimate partner violence may potentially be uncomfortable or triggered by the content of the interview. Further, while all effort will be made to protect your identity, this cannot be guaranteed. Your participation is completely voluntary. You can choose to participate in this research or not. If you'd like to participate, we can go ahead and schedule a time for an interview.

Your participation will be greatly appreciated as information gained from this research will be used to better understand IPV in the LBT community with the hope of implementing prevention and intervention programs which can assist survivors and perpetrators of IPV.

The IRB number for the current research is IRB No. 19- F- 18. If you have any more questions about this process or if you need to contact me about participation, you can reach me at ja718917@ohio.edu.

Thank you so much.

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[21] At the time of recruitment, I was an Associate Director at WE-Change. I became a Director in August 2019.

APPENDIX B: INTERVIEW GUIDE

Intimate Partner Violence in the LBTQ community in Jamaica

Each participant will be reminded that they can decide to stop the interview at any time or

decide not to answer specific question(s):

> *"Thank you for taking the time to do this interview with me today. The interview*
>
> *will take about 60- 90 minutes. You can stop the interview at any time and you*
>
> *can decide to not answer any questions which you may find uncomfortable".*

While the interview can provide a space for participants to share personal stories,

experiences or examples once they are comfortable doing so, they will also be reminded

that if they choose to share, they should not use any names and instead refer to people as

their partner, girlfriend's parent etc.

Introductory information:

- Tell me about yourself.
  - Probe for: sexual orientation, gender identity

- What is life like for you as a LBT woman in Jamaica?

Learning about IPV

> *"Intimate Partner Violence (IPV) has been defined as any type of physical or*
>
> *sexual violence, controlling behaviour or emotional and psychological abuse*
>
> *which takes place between a couple."*

- What do you think about this definition of IPV? Would you add or remove
  anything?
- Does IPV seem to be an issue within the LGBT community in Jamaica?

- How do you think IPV is seen by the LGBT community in Jamaica?
- In your experience, is there a difference in the way the different groups (lesbian, bisexual, gay, trans) within the community in Jamaica see IPV?

IPV in female same-sex relationships

- How do you think people perceive IPV within same-sex female relationships?
- How do you see IPV in same-sex female relationships?
    - o Is it different to IPV in other LGBT relationships?
- What types of IPV are prevalent within same-sex female relationships in Jamaica?
- Are there any types of IPV you believe to be more common in same-sex female relationships? Why?
- Are there any types of IPV you believe to be less common in same-sex female relationships? Why?

Factors which contribute to IPV

- In your opinion, what are the main factors that contribute to IPV in same-sex female relationships in Jamaica?
- Are there factors that contribute to IPV in same-sex female relationships which you believe to be especially relevant in the Jamaican context?
    - o What are some contributing factors that may cause IPV in same-sex female relationships within Jamaican culture?
    - o What are some cultural factors in Jamaica that may cause IPV within same-sex female relationships?
- What are some factors that lead people to see IPV within same-sex female relationships as a non-issue?

Experiences

At this point of the interview, the participant will be reminded that if they wish to answer

the following questions, they should not use any names or other specific identifiers and instead refer to people as their partner, parent etc.

- Do you know any women who are victims or perpetrators of IPV within a same-sex female relationship?
  - o Can you share the story without using any names or specific descriptors?
  - o Can you share what factors contributed to the situation without using any names or specific descriptors?
  - o From your knowledge, did the perpetrator and/or victim try to seek help?
  - o From your knowledge, did the perpetrator and/or victim face difficulties when trying to seek help? If yes, can you share without using any names or specific descriptors?
- Have you ever experienced IPV within a same-sex female relationship? Would you be comfortable sharing your experience with me?
  - o What factors contributed to the situation?
  - o Did the perpetrator and/or victim try to seek help?
  - o What difficulties did the perpetrator and/or victim face when trying to seek help, if any?
- How would you respond to a LBT woman who confided in you about IPV within their relationship?
  - o What resources would you share with them?
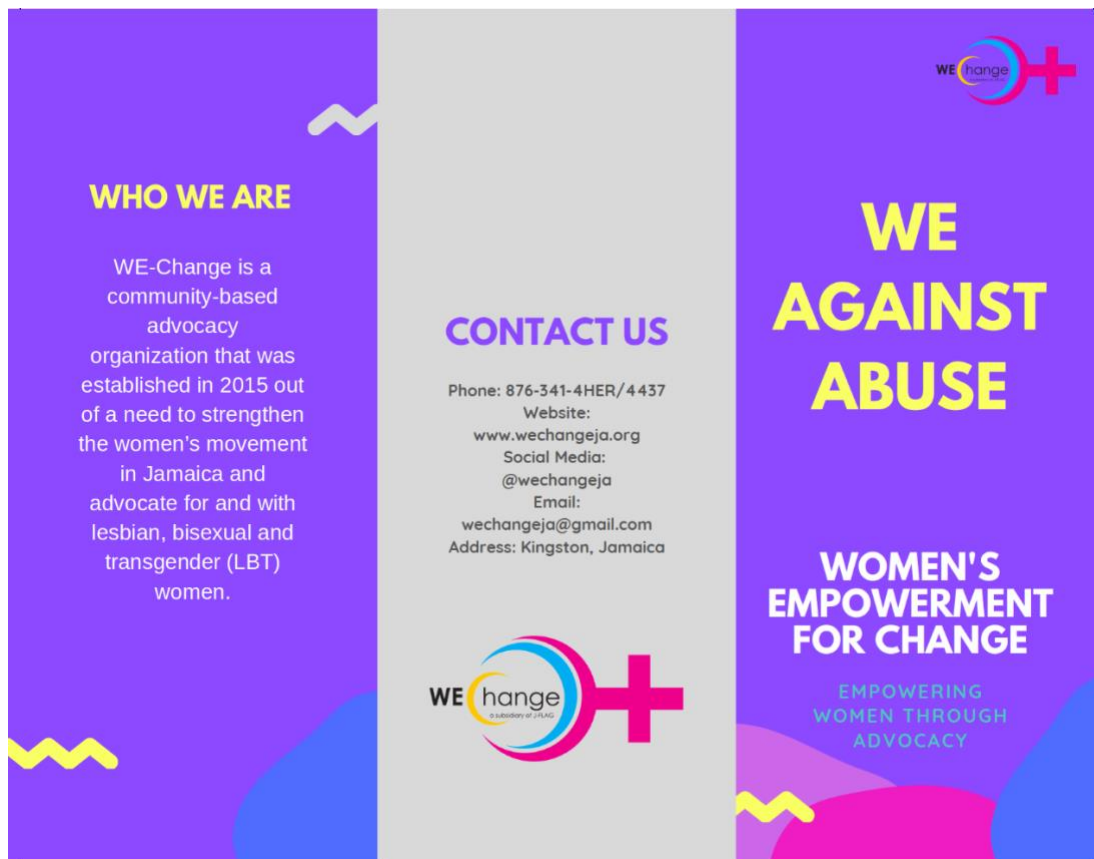
Barriers
- Do you think LBT women who may be victims of IPV within a same-sex relationship find it difficult to leave the relationship? If yes, why?
- What are the main issues victims of IPV within same-sex female relationships face when trying to leave abusive relationships?
- Are there external barriers which LBT women in abusive same-sex relationships may face when trying to seek assistance? If yes, what do you think they are.

- Are there internal barriers which LBT women in abusive same-sex relationships may face when trying to seek assistance? If yes, what do you think they are.
- What types of difficulties do you think female perpetrators of IPV may face when attempting to seek help?
- What types of difficulties do you think female victims of IPV may face when attempting to seek help?

Is there anything else about IPV in same-sex female relationships in Jamaica that you'd like to share with me?

APPENDIX C: RESOURCES SHARED WITH PARTICIPANTS AFTER INTERVIEW

Informational Brochure Side 1

WHO WE ARE

WE-Change is a community-based advocacy organization that was established in 2015 out of a need to strengthen the women's movement in Jamaica and advocate for and with lesbian, bisexual and transgender (LBT) women.

CONTACT US

Phone: 876-341-4HER/4437
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www.wechangeja.org
Social Media:
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Address: Kingston, Jamaica

WE AGAINST ABUSE

WOMEN'S EMPOWERMENT FOR CHANGE

EMPOWERING WOMEN THROUGH ADVOCACY

Informational Brochure Side 2

Intimate Partner Violence (IPV)

IPV is a pattern of behaviour in which one partner exerts power and control over the other by using physical, emotional, financial and/or sexual abuse. IPV is common and could happen to anyone regardless of sexual orientation, gender identity, social status, education etc.

IPV can happen to anyone.
IPV can happen in any type of relationship.

43% of women in same sex relationships have experienced abuse by an intimate partner in their lifetime - CDC, 2011

DYNAMICS OF IPV

Abusive partners use different strategies to gain and maintain power and control in the relationship

PHYSICAL ABUSE

Pushing, shoving, slapping, kicking, damagaing property, controlling medicaion or hormones, coercing substance abuse

EMOTIONAL/ PSYCHOLOGICAL ABUSE

Name-calling, justifying abuse, threats to 'out' partner, stalking, excessive possessiveness, isolating partner from family and friends

FINANCIAL ABUSE

Controlling partner's funds or limiting partner's access to funds, preventing partner from working or studying, expecting 'obedience' in exchange for money or gifts

SEXUAL ABUSE

Pursuing sexual activity when partner cannot or does not consent, forcing partner to perform sexual acts in exchange for food, shelter etc., forcing partner into sex work, forcing partner to have sex without protection.

Barriers for Leaving

- Fear
- Economic dependency
- Homophobia/Transphobia
- Isolation
- Nowhere to go
- Mixed feelings
- Disabilities or medical needs

HOW TO HELP

There are ways in which you could help someone who is being abused by their partner:

- Recognize that the person may not be ready to leave the relationship
- Listen without judging
- Provide options, not advice
- Connect them to resources:

JFLAG Violence HOTLINE:
(876) 875-6130

WE-Change Support Group:
(876) 341-4HER/4437

Call card

Need a safe space?

WE- Change Support Group

(876) 341-4HER/4437

APPENDIX D: PARTICIPANT DEMOGRAPHICS

	Pseudonym	Age	Gender identity	Sexual orientation
1	Tia	26	Cisgender woman	Lesbian
2	Maria	19	Cisgender woman	Bisexual
3	Shanice	23	Transgender woman	Straight
4	Syd	25	Transgender woman	Straight
5	Sonia	20	Transgender woman	Straight
6	Ladybird	40	Transgender woman	Straight
7	Patrice	24	Transgender woman	Straight
8	Lydia	23	Gender non-binary	Polysexual
9	AJ	22	Gender non-binary	Queer
10	Alicia	21	Cisgender woman	Pansexual
11	Jackie	25	Cisgender woman	Bisexual
12	Chelsi	29	Cisgender woman	Lesbian
13	Tracy	25	Cisgender woman	Bisexual/Queer

APPENDIX E: CATEGORIES AND THEMES FROM CODING PROCESS

As discussed in Chapter 3, Table 1 displays the sixteen categories which arose from the data post focused coding. Table 2 displays the ten themes and their respective sub-themes which arose from the data post axial coding.

Table 1

Cultural norms facilitating IPV	Financial and emotional dependence on partners	Homophobia and transphobia	Cycles of abuse
Gender role performance leads to IPV	Unwillingness to use support services after experiencing IPV	IPV not seen as an issue by service providers	Justice system impacting IPV
Resources used by victims and perpetrators	Role of support systems in leaving abusive relationships	Invalidation of LBTQ relationships	Gender expectations in LBTQ relationships
IPV justifiable in some instances	Perceptions and experiences with mental health	Infidelity in LBTQ relationships	Lack of safe spaces in Jamaica for LBTQ people

Table 2

1	**Cultural Norms** - influence of art - normalization of violence - IPV as a private vs public issue
2	**Cycles of Abuse** - childhood physical punishment - past abuse
3	**Dependence** - emotional dependence - financial dependence - support systems
4	**Discrimination, Stigma** - invalidation of queer relationships - perceptions of LGBTQ community - transphobia & homophobia
5	**Gender Issues** - fulfilling gender expectations - heteronormativity
6	**IPV Resources**
7	**Mental Health** - Alternatives to therapy - Effects of IPV - Experiences with Mental Health services - Perceptions of Mental Health services
8	**Perceptions of IPV in LBTQ relationships**
9	**Socio economic issues in LBTQ relationships**
10	**Types of IPV** - Emotional IPV - Financial IPV - Acceptable vs non-acceptable IPV - Sexual IPV

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