

Intimate Partner Violence among LGBTQ+ and Heterosexuals in the Eastern Caribbean: A Pilot Study

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Abstract

Patriarchal and homophobic legal restrictions and societal stigma create an unsafe environment for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and more (LGBTQ+) survivors of intimate partner violence (IPV) in the Eastern Caribbean. This pilot study investigated IPV through an online survey and found that LGBTQ+ and heterosexual participants experienced IPV at about the same rate. A higher percentage of GBQ males had experienced physical and verbal violence compared to LBQ females. This research suggests patterns that are worth investigating with a larger LGBTQ+ sample. Suggestions for future research and recommendations for screening and support services for LGBTQ+ survivors of IPV in the Eastern Caribbean are included.

Key Words: Intimate Partner Violence (IPV), interpersonal violence, Lesbian, Gay, Bisexual, Transgender (LGBT), Eastern Caribbean, domestic violence, St. Lucia.

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Introduction

Intimate Partner Violence (IPV) is understudied in the Eastern Caribbean and there are even fewer studies of IPV among lesbian, gay, bisexual, transgender, queer³, and individuals of other sexual minorities (LGBTQ+) in the region. Homophobic laws and intolerance towards the LGTBQ+ population make it difficult to study rates of IPV in this population and determine how their experiences and access to support is impacted. The study of IPV among LGBTQ+ individuals within the Caribbean context is valuable to tailor screening and resources and avoid consequences ranging from emotional to physical trauma (Black 2011; Houston and McKirnan 2007; Pemberton and Joseph 2018; Smith *et al.* 2017).

Intimate partner violence (IPV) plagues countries throughout the world, with a global prevalence of physical and sexual violence of 30% among current or previously partnered women (WHO *et al.* 2013). Studies have found that IPV experience is higher among LGBTQ+ populations, with some research indicating that the frequency was higher in couples with at least one male partner (Canan *et al.* 2021; Goldberg and Meyer 2013; Li *et al.* 2021; Messinger 2017). In the largest study to date on LGBTQ+ IPV, Donovan and Barnes (2020) found that approximately 40% of male and female respondents in the United Kingdom (UK) had experienced physical violence by an intimate partner, and a clear majority had experienced it in the context of a same-sex relationship. Messinger (2010) found that among female same-sex couples, there were higher rates of IPV compared to opposite-sex couples; in fact, all forms of IPV were twice as prevalent among lesbians, gay men, and bisexuals. In Stoddard *et al.* (2009) lesbians reported equal rates of abuse as compared to heterosexual women. A study conducted in Barbados, Jamaica, and Trinidad and Tobago found that three (3) out of every four (4) men and women had experienced violence, with the most common perpetrator being an intimate partner (Franc *et al.* 2008). Franc *et al.* (2008) also found an inverse relationship between IPV and victim age, with more experience of violence among those 15–18 years old compared to those ages 27–30 years old. The relationship between age and IPV in the Eastern Caribbean suggests higher rates among younger women, as well with a survey of women in Trinidad and Tobago finding that those aged 1–64 had the highest rates of violence (Pemberton and Joseph 2018). While there is data on IPV among LGBTQ+ and within the Caribbean separately, little data is available on rates of IPV among LGBTQ+ within the Caribbean.

³ Not fitting cultural norms around sexuality and/or gender identity/expression, non-heterosexual (Unitarian Universalist Association).

The vast majority of current IPV research includes heteronormative assumptions about relationships. Even the largest study of IPV in the Caribbean did not ask about sexual orientation (Pemberton and Joseph 2018; Williams *et al.* 2020). This omission may reflect the misconception that IPV between same-gender partners is a case of “mutual-battering” and thus less serious (McClennen *et al.* 2002). Nixon and King (2013) discuss the concept of heteropatriarchy within the Caribbean and how it not only places women, but also gender and sexual minorities, in subordinate positions. Currently, many Caribbean countries such as Guyana, Dominica, Jamaica, St. Vincent and Grenadines still criminalise same-sex relationships through anti-Gay or “anti-buggery” laws (OutRight Action International 2020; Thompson 2023). These laws originate from the time of British colonialism, with possible consequences ranging from arrest and harassment to execution (OutRight Action International 2020; Thompson 2023). In the past few years, many Caribbean countries have decriminalised same-sex sexual practices, including St. Kitts and Nevis, Trinidad and Tobago, Antigua and Barbuda, and Barbados (Thompson 2023). These decisions mark progress in the region given that in 2013 a Caribbean Development Research Services (CADRES) survey showed that in Trinidad and Tobago and Barbados there was over 50% in support of anti-sodomy laws (Griffith 2013). In St. Lucia, a verdict has not yet been reached on the case of decriminalising same-sex relationships; however, a 2013 CADRES report on public attitudes showed that 43% of participants were not supportive of equal rights for homosexuals. This report showed that 68% of participants recognised that violence against sexual minorities was discriminatory; however, the majority did not see it as the government's responsibility to protect LGBT citizens (CADRES 2013). Despite this, in March 2022 the Domestic Violence Act was passed in St. Lucia, allowing for the protection of individuals in same-sex relationships who experience domestic violence (Thompson 2022 and 2023). Even in Caribbean countries that have decriminalised same-sex relationships, there is still a lack of societal support for LGBTQ+ citizens, whose sexuality can make them a target for violence (Haynes and DeShong 2017; Kumar 2021).

Homophobia in the Caribbean has been linked to religious influences, colonialism, neoliberal globalisation, and adherence to patriarchal gender norms (Andrew 2020; Jackman 2019; Nixon and King 2013; Wahab 2018; Williams *et al.* 2020). The CADRES 2013 report in Saint Lucia highlighted religion as the most common source of teaching about human sexuality and was a key influence in individuals' perceptions of homosexuals. Historically, religion has been used as a tool by colonialists to exert control over populations, in the Caribbean; this also entailed enforcing laws against homosexual relationships or sexual conduct (Ghisyawan 2022). The legacy of colonialism remains when it comes to laws and attitudes towards homosexuals in the Caribbean, with religious leaders using the presence of these long-standing anti-sodomy laws as proof of homosexuality's immorality

(Ghisiyawan 2022). Even in countries such as Guyana and Trinidad and Tobago with more diversity in religion, Christian beliefs still influence policies (Jackman 2016). Beyond religion, media and music also reflect and influence cultural standards. The media is biased toward majority opinion and as such, countries with anti-LGBT laws may use sensational stories to reinforce negative stereotypes (Jackman 2016). Popular music genres in the Caribbean, such as reggae and dancehall, commonly express violence toward sexual minorities in their lyrics (Jackman 2016). In areas where homosexual status is legal, there are socioeconomic and gender barriers to sexual expression. In Trinidad and Tobago, even queer spaces tend to cater to middle to upper-class gay males with those not fitting into these demographics facing discrimination or feeling uncomfortable in the space (Ghisiyawan 2022). Lastly, the association of men-who-have-sex-with-men (MSMs) with HIV and AIDS leads to further stigma against gay and bisexual men (Gill 2018).

In the Caribbean, IPV has been linked to men's underemployment, lower educational attainment, and earlier entrance into the workforce compared to women (Franc *et al.* 2008; Jeremiah *et al.* 2013; Pemberton and Joseph 2018). For boys in Jamaica, Chevannes (2001) highlighted that one marker for the transition to manhood was earning an income; boys are often pulled out of school early to work while girls are encouraged to continue to higher schooling. Some studies report higher educational or occupational attainment of women as a means of creating division and triggering violence within heterosexual relationships as men try to reestablish dominance and power (Hosein 2019). IPV is thus rationalised through traditional gender roles and historical ideals of male ownership over females (DeShong 2011). Roles are learned early on through gender-specific chores and from watching older community members of the same gender (Chevannes 2001). Gender roles assign men independence within relationships that is not afforded to women; IPV can thus be used to restrict women to domestic and sexual responsibilities to their partners (DeShong 2011; DeShong 2020; Hosein 2019). Patriarchal norms are further reinforced by religion and economic divisions between men and women, creating an environment of gendered behaviour that normalises violence within relationships and silences survivors of IPV (Hosein 2019; Jeremiah *et al.* 2017; Pemberton and Joseph 2018). Perpetrators often place blame on their victims for the violence perpetrated against them, justifying their violence as a means of policing women's sexuality or as an appropriate response to suspected infidelity (DeShong 2011).

Few studies have considered the stressors in LGBTQ+ relationships and how survivor experiences are impacted by societal gender expectations and homophobia. Li *et al.* (2022) point out that within LGBTQ+ relationships, discrimination based on sexual orientation is an intermittent stressor while internalised homophobia is an ongoing source of stress which may trigger violence against a partner. However, Li

et al. (2022) also suggest that external stressors, like discrimination based on sexual orientation, may lower the frequency of IPV among LGBTQ+ through high levels of commitment to the relationship in response to societal unacceptance. While in non-Caribbean cultures being open about one's sexuality may afford one more freedom, within the Caribbean context this might lead to alienation from support systems (Ghisyawan 2022). Consequently, silence about one's homosexuality is used as a tool to maintain relationships with non-accepting family and friends; however, this consequently suppresses disclosure of any IPV they may experience while in a homosexual relationship (Ghisyawan 2022).

Within the Caribbean, LGBQ women may make their appearance follow expected gender stereotypes to avoid the discrimination associated with appearing as a "cauxin", a deprecating term for masculine-appearing LBQ women (Kumar 2021). A similar strategy of feminisation is utilised by females in same-sex relationships in Trinidad and Tobago and Barbados who can face discrimination if they present as gender non-conforming or display affection towards their partner in public (Ghisyawan 2022). Moreover, heteronormative gender stereotypes play a part in the dismissal of IPV reports by lesbians due to the view that only men can be perpetrators of IPV (Little and Terrance 2010). For women who love women in Guyana, Kumar (2022) discusses how the social construction of gender and power in relationships is shaped by the historical context of slavery, indentured servitude, and colonialism. Due to this history, gender prescriptions and violence in same-sex female relationships can be a means of establishing a hierarchy within the relationship or asserting space within the heteronormative society (Kumar, 2022).

In research on IPV among LGBTQ+ relationships, the focus tends to be on female-identifying survivors of IPV, and there is less research on male experiences of IPV. Similar to lesbian and bisexual women, heteronormative gender stereotypes create barriers for GBQ male survivors of IPV. Gender role expectations place males in a position of dominance within relationships while being a victim of IPV places one in a subordinate role and clashes with this expectation (Hosein 2020). Specifically sexual assault is often described as "de-masculinising" for males, allowing abuse to go on unaddressed (McClennen *et al.* 2002, Ghisyawan 2022). Gay men face the additional obstacles of homophobia and "outing" in reporting to authorities or medical professionals (McClennen *et al.* 2002). Although engagement in anal intercourse is not limited to gay males, unprotected, receptive anal intercourse has the highest risk of exposure to HIV (Gill 2018). Therefore, the inability to speak out about assault experiences out of fear of homophobic discrimination means that individuals are at risk of not receiving proper medical care for injuries or HIV and related sexually transmitted illnesses. Moreover, the general assumption that only women can be victims of IPV may discourage gay men from accessing resources for IPV survivors (Houston and McKirnan 2007).

The lack of research on IPV in the LGBTQ+ in the Eastern Caribbean adds to the invisibility of the problem and exacerbates the difficulty of survivors in the region getting appropriate help. This has implications for the availability of screening and resources for these victims. A pilot study would provide initial insight into LGBTQ+ experiences of IPV in the Eastern Caribbean and provide recommendations for future studies, ultimately improving screening and tailoring resources to the needs of this marginalised population.

Methods

A survey was created using a combination of standardised measures and questions adapted to the Caribbean context. Questions about experiences of intimate partner violence were derived from the WHO Multi-Country Study on Women's Health and Domestic Violence Against Women questionnaire (WHO 2003), Conflict Tactics Scale (Straus *et al.* 1996), Women's Experience with Battering Scale (Smith *et al.* 1995), and Sexual Experiences Survey (Koss and Oros 1982). Questions on disability were derived from the Model Disability Survey (WHO 2017).

A draft of the questionnaire was circulated to key personnel in the three participating organisations, the Eastern Caribbean Alliance for Diversity and Equality, Inc. (ECADE),⁴ Raise Your Voice Saint Lucia Inc. (RYVSL),⁵ and United and Strong Inc.,⁶ as well as relevant government agencies in Saint Lucia, to ensure gender and sexual orientation inclusivity, cultural sensitivity in the language of the survey, comprehension, and brevity. The survey was reviewed and approved by the Institutional Review Boards (IRB) of Quinnipiac University in Hamden, Connecticut, and the Sir Arthur Lewis Community College in Castries, St. Lucia.

The survey was distributed online through Qualtrics to allow for privacy and protection of LGBTQ+ individuals and in respect of physical distancing protocols during the COVID-19 pandemic in 2020. All survey questions were closed-ended except for the final question which allowed for participant comments. Close-ended questions were intended to create an easier basis of comparison among diverse participant experiences, while the final open-ended question allowed participants to voice any additional information they wanted to share. Given the uptick in online surveys during the COVID-19 pandemic, close-ended questions were intended to create a shorter questionnaire to encourage completion among participants with an

⁴ ECADE is a regional human rights hub representing Eastern Caribbean LGBTQ+ communities.

⁵ RYVSL is a dedicated ally that advocates for justice for women and children who are survivors of gender-based violence in St. Lucia.

⁶ United and Strong, Inc. is an organisation that focuses on LGBTQ+ human rights.

increased survey burden. Participants were required to be 18 years of age or older, English-speaking, without intellectual disability, and to identify as being from or currently living in the Eastern Caribbean. Intellectual disability was established by a participant responding 3 or higher to the question: “How much difficulty do you have remembering or concentrating?” within the Model Disability (WHO 2017). Heterosexual participants were included with the intention of drawing comparisons to LGBT experiences, but also to allow comparison to other studies. Participation was optional at each point of the survey, and no identifying information was collected. Participants were not compensated. The survey was launched online on August 10, 2020, through email and the social media platforms of the participating organisations, including Facebook and Twitter. The survey remained open until September 20, 2020, with four reminders to complete the survey sent via email and social media platforms. A total of 58 participants completed the survey. Data analysis was completed using SPSS.

Results

Among the 58 participants who completed the survey (see Table 1), the majority (93.1%) were currently living in the Caribbean, of which (69.0%) resided in St. Lucia with the remaining living in 12 different countries.⁷ Most participants identified as cis-females (82.8%), (17.2%) as cis-males, one participant as trans-female, and one participant did not identify their current sex (Table 2). There were no trans males who completed the survey. Participant ages ranged from 18 to 75 with a mean age of 37.6 years of age and a fairly even distribution across the following age brackets, 18–25 (31.0%), 26–40 (34.5%), and 41–75 (34.5%) years of age (Table 2). Half of the participants identified as heterosexual, while approximately (45.0%) were LGBQ (19.0% bisexual, 13.8% lesbian, 6.9% gay, and 5.2% queer) and 5% of participants did not identify themselves by their orientation (Table 2). Overall, heterosexual participants were slightly older than LGBQ participants with an average age of 41.4 compared to 33.1 years old, respectively. Participants had a wide range of educational backgrounds with the majority obtaining a degree of higher education, (67.2%) attended community college, university, or a post-graduate program (Table 2). A small percentage (3.4%) attended up to primary school, approximately a quarter completed up to secondary school, and (3.4%) completed technical school. Most participants (89.7%) were currently, or had previously been, in an intimate relationship. Most of the sample was single (63.8%), composed of individuals who were never married or were divorced. The remaining (36.2%) were either married or in a common-law marriage (Table 2). Overall, (41.4%) of participants were currently living with an intimate

⁷ Antigua, Barbados, Dominica, England, Grenada, Jamaica, St. Kitts and Nevis, Toronto, Trinidad and Tobago, US Virgin Islands, USA.

partner. The majority of those married (77.8%) or in a common-law marriage (80%), currently live with an intimate partner, and of those who are single or divorced, less than a third currently live with an intimate partner (30.8% and 25%, respectively, see Table 2).

Approximately 8 out of every 10 survey participants reported experiencing at least some type of violence (physical, verbal, or controlling) in their lifetime (Figure 1). Physical violence was experienced by most participants, impacting (73.1%) of the sample. Most participants (64.7%) had experienced verbal violence, while a little over a third (36.0%) had experienced controlling violence (Figure 1).

To explore the potential connection between sexual orientation and different types of intimate violence in this sample, correlation coefficients were calculated for the whole sample, then within categories of sexual orientation. A positive association was found between experiences of physical and verbal violence ($r = .557$, $p < 0.01$), with over half of the participants (58.8%) experiencing both (Figure 1 and Table 3). This relationship was stronger for heterosexual participants ($r = .631$, $p < 0.01$) compared to LGBQ participants ($r = .527$, $p < 0.01$) (Table 3). A moderately positive association was found between controlling behaviours and verbal violence ($r = .476$, $p < 0.01$) with (30.5%) of participants experiencing both (Figure 1 and Table 3). This association was fairly strong among heterosexual participants but not significant for LGBQ participants ($r = .530$, $p < 0.01$), and was not found to be significant for LGBQ participants, ($r = .365$) (Table 3). There was a positive relationship between physical and controlling violence ($r = .468$, $p < 0.01$) with (30.5%) of participants experiencing both (Figure 1 and Table 3). This association was slightly stronger among LGBQ participants ($r = .497$, $p < 0.05$) as compared to heterosexual participants ($r = .437$, $p < 0.05$) (Table 3).

Cross-tabular analysis suggested that LGBQ participants in the sample experienced a slightly higher proportion of violence overall (80% vs 75%), however, this difference was not significant (Figure 2). There were few differences between LGBQ and heterosexual participants in terms of experiences of physical violence by an intimate partner – (72.0% to 70.8%) respectively. Greater margins of difference between LGBQ and heterosexual participants were found among experiences of verbal violence (68.0% vs 60.9%) and controlling behaviours (37.5% vs 30.4%), (Figure 2). Controlling for gender, no significant difference was found between experiences of violence among lesbian, gay, or queer females (70.6%) compared to heterosexual females (73.9%), $p = 0.816$. This remained true even when evaluating those in the age group that reported the highest levels of violence ages 26–40 with (100%) of LGBQ and (83.3%) of heterosexual female participants reporting violence, $p = 0.261$.

Controlling for sexual orientation, differences in experiences of violence among female and male heterosexual participants were not significant (Table 4). However, these differences were difficult to detect among heterosexual participants due to there being only one male heterosexual participant. Among LGBQ participants, a larger percentage of male participants reported experiencing any type of violence (100%) compared to female participants (66.7%), but this difference was not statistically significant ($p=0.107$). However, when breaking the analysis down into different types of violence, GBQ males were significantly more likely than LBQ females to have experienced physical violence (100% vs 55.6%, respectively), $p=0.044$ as well as verbal violence (100% vs 50%, respectively), $p=0.026$ (Table 4). No significant difference was found between GBQ males and LBQ females in terms of experiences of controlling violence, (42.9% vs 27.8%, respectively), $p=0.591$ (Table 4).

Results indicated that a higher proportion of participants 26–40 years old had experienced all three forms of violence as compared to those younger 18–25 or older 41–75 (Table 5). For instance, in terms of experiences of any type of violence, (95%) of those ages 26–40 reported experiencing some type of violence compared to only (62.5%) of those 18–25 and (75%) of those 41–75, $p=0.054$ (Table 5). Those between the ages of 26–40 were twice as likely as those 18–25 and around 1.5 times as likely as those ages 41–75 to have experienced verbal violence, $p=0.033$ (Table 5). Participants 26–40 years old were 2–3 times as likely to have experienced controlling behaviours compared to those aged 18–25 or 41–75, $p=0.040$ (Table 5).

Analyses of experiences of violence in heterosexual participants showed no significant difference across age brackets (Table 5); however, among LGBQ participants, experiences of violence were twice as common among the ages of 26–40 compared to those aged 18–25, and 1.5 times more prevalent than in those aged 41–75, $p=0.009$ (Table 5). There was no significant difference in the percentage of experiences of physical violence across age brackets among LGBQ participants. LGBQ participants 26–40 years old experienced more verbal violence (91.7%) than the entire sample (85%) or heterosexual participants (83.3%) of this same age group (Table 5). LGBQ participants 26–40 years old experienced more verbal violence than LGBQ participants younger (18–25) or older (41–75), $p=0.035$ (Table 5). The 26–40 age group had 2–6 times as many participants who experienced controlling violence compared to the younger and older age groups, $p=0.04$ (Table 5).

Finally, male intimate partners were found to be the most common IPV perpetrators, with (55.3%) of participants facing violence by a male intimate partner, however, this was not statistically significant, $p=0.533$.

Discussion

This pilot study highlights the experiences of physical violence, verbal violence and controlling behaviours among lesbian, gay, bisexual, queer (LGBQ), and heterosexual individuals in the Eastern Caribbean. Rates of violence were examined and stratified by sexual orientation, gender, and age of participants. Most participants, regardless of sexual orientation, reported experiencing violence from an intimate partner with all three forms of violence experienced at higher rates than the world average for IPV among partnered women (WHO *et al.* 2013). Physical violence was the most common form of violence experienced, followed by verbal violence and then controlling behaviours.

Correlations between the types of violence experienced suggest the need for additional research to confirm or deny their validity. Regardless of sexual orientation, those who experienced physical violence were more likely to have experienced verbal violence and those who experienced verbal violence were more likely to experience controlling behaviours. This is consistent with research suggesting that physical violence against a partner is often part of a larger pattern of violence, including verbal and controlling abuse, intended to exert coercive control over the victim (Stark 2007). There were stronger correlations between verbal and physical violence among heterosexual participants as compared to LGBQ participants, suggesting the increased likelihood of verbal violence occurring if physical violence is present, and vice versa. Perhaps, this relationship reflects the influence of patriarchal power differentials in male-female relationships (DeShong 2011 and 2020; Hosein 2019 and 2020). On the other hand, the correlation between physical violence and controlling behaviours found for all participants was stronger among LGBQ participants compared to heterosexual participants. This difference may be reflective of the stronger levels of commitment in LGBQ relationships that is contributed to by external discrimination and may then yield to higher susceptibility to controlling behaviors (Li *et al.* 2022). These results may also be reflective of the influence of heterosexual gender roles on same-sex relationships with violence used as a tool to assert power in a society where their sexuality is oppressed (Kumar 2022). These correlations suggest that the LGBQ participants were just as likely to experience all three types of violence as the heterosexual participants. Rates of IPV among same-sex relationships in the Caribbean may not be reflective of reality due to discrimination against LGBT individuals and common assumptions that it is a heterosexual phenomenon (Kumar 2022). Survivors may be less willing to share certain aspects of their experience of IPV; therefore, there is a need to screen for multiple forms of violence when one form of violence is reported. Verbal violence and controlling behaviors may not present with the same visible signs as physical violence, but they have a clear impact on survivors (Smith *et al.* 2017). The misconception that IPV looks a certain way or affects certain

demographics impacts the ability of survivors to recognise their own experiences of violence and seek resources (Kumar 2022).

Among female participants, no difference in IPV experiences was found between LBQ women compared to heterosexual women, contradicting previous research that suggested IPV is mainly perpetrated by males and does not occur in lesbian relationships (Little and Terrance 2010; Stoddard *et al.* 2009). Internalised homophobia and minority stress that is created by heteronormative gender norms and discrimination may contribute to the rate of violence among LBQ women (Li *et al.* 2022). Subordinate gender roles within the Caribbean and heteronormative stereotypes of IPV may further deter females in same-sex relationships from disclosing their experiences of IPV and contribute to the perceived lower rates of IPV (Hosein 2020; Little and Terrance 2010). For example, Kumar (2022) found that females in same-sex relationships in Georgetown, Guyana may be unaware of resources for IPV victims in their area while those who were aware may be hesitant to utilise them for fear of being outed or discriminated against. Stereotypical gender roles also contribute to the dismissal of IPV in female same-sex relationships by healthcare and service providers due to the assumption that true violence cannot occur between women (Kumar 2022). These assumptions and internalised gender roles also impact victims in altering their ability to realise that what they are experiencing is actually IPV (Kumar 2022). If LGBQ survivors of IPV in the Eastern Caribbean do not associate controlling behaviour with physical violence, they may dismiss these behaviours and place themselves at risk of further violence.

Among LGBQ participants, males were more likely than females to experience physical and verbal violence, although no difference was detected in terms of controlling behaviours. This may be due to sampling error, but the lack of research on male victimisation in the Caribbean and the obstacles of de-masculinisation and “outing” that gay men have in reporting makes this finding difficult to dismiss (Hosein 2020; McClennen *et al.* 2002). Most resources for survivors of IPV are typically for women, particularly heterosexual women, therefore, gay, bisexual, and transgender men and lesbians who are subjected to IPV may feel that there is no place for them to report without risking exposure to more violence (Houston and Mckirnan 2007; McClennen *et al.* 2002). This suggests a need for further research on the impact of IPV on males, specifically GBT males, to gauge resource needs among this population.

Participants within the 26–40 age range reported the highest rates of IPV, mirroring the findings of Pemberton and Joseph (2018). However, since this survey was restricted to participants 18 years and over, it is not possible to know if a younger sample would have had a higher rate, as suggested by Franc *et al.* (2008). Differences in rates of violence across ages were not detected among heterosexual

participants alone; however, among LGBQ participants, those between the ages of 26 and 40 were again found to have the highest rates of violence. The persistence of this pattern among LGBQ participants may be related to the age of “coming out” impacting their vulnerability to IPV. Understanding risk factors associated with age and sexual orientation may offer both insights into screening for IPV and grounds for further research. If younger LGB individuals are, indeed, at higher risk for IPV, then increasing the safety of identifying oneself as gay, lesbian, or bisexual, would also heighten the chances of preventing or intervening in IPV earlier.

Limitations

Due to the sensitive nature of the study, the survey was limited to those 18 years and older. Although it was clear that the survey should be conducted online, this presented some challenges in data collection. First, conducting the survey online limited the ability of individuals without internet access to complete the survey. Second, the survey was only available in English, creating a barrier for any individual who may not be proficient enough to understand the questions. Additionally, if an individual typically uses a public source of the internet this may not have allotted them the necessary privacy to answer sensitive questions. Those with the internet at home may have been living with their abuser, limiting their privacy and safety to complete the survey. Beyond physical privacy, individuals may have hesitated to fill out the survey for fear of discrimination based on sexual orientation. Finally, the use of mainly close-ended questions may have limited our understanding of individual participants’ experiences of intimate partner violence by not allowing them the opportunity to share using their own words.

Those who experienced violence may have been more likely to complete the survey, adding an element of selection bias (Greenacre 2016). Difficulty reaching a marginalised population such as the LGBTQ+ within the Eastern Caribbean, due to homophobia and fear of “outing,” may have contributed to the small sample size. LGBTQ+ individuals in Caribbean society are often faced with discrimination and a lack of social acceptance, which may have made individuals hesitant to fill out a survey that highlighted their sexual orientation or collected information that reflects negatively on them. Highlighting experiences of IPV may be seen to reflect negatively on LGBTQ relationships and further used as a tool to discriminate against individuals. Although the research team intended to encourage participation by distributing the survey via pro-LGBTQ+ platforms and by not collecting identifying information, the sensitive nature of IPV intersecting with the stigma of LGBTQ+ identity and anti-LGBTQ laws that still remain in certain areas of the Caribbean may have hindered participation by the most vulnerable in this population out of fear of outing, discrimination, or legal or economic repercussions.

Furthermore, the small sample size (58) limited researchers' ability to draw generalisable conclusions. In terms of demographics, there were approximately equal numbers of heterosexual and LGBQ individuals overall; however, heterosexuals were overall the most represented sexual orientation in this study. The small sample sizes did not allow for comparisons between separate sexual orientation categories (e.g., lesbian vs bisexual) within the LGBQ sample against the heterosexual group. It is unclear how grouping the non-heterosexual participants impacted data analysis and the patterns presented in this study. In terms of other demographics, overall, the LGBQ sample did not differ from the heterosexual group significantly other than that the heterosexual participants were, on average, older, and this may have impacted the number of IPV experiences given that they theoretically had more time to experience violence. Given the smaller sample sizes overall, when further stratifying participants by gender or age in addition to sexual orientation, this resulted in even smaller groups of comparison and may have impacted significance and thus limits our ability to generalise the results. Furthermore, with only one response from a transgender individual, researchers were unable to extend the analysis to include the experience of transgender individuals alone.

Future Research

In future research, surveys should be made available both online and in-person, in a secure and confidential location, to ensure adequate representation of those who may have limited access to the internet or lack a private area to complete the survey. Surveys should be made available in the other major languages of the Caribbean, such as Creole and French, to eliminate English proficiency as a barrier to participation. A larger sample would also provide more insight into these patterns and allow for a comparison of separate sexualities under the LGBTQ umbrella against the experiences of heterosexual individuals. Furthermore, surveying both partners in a same-sex relationship would be beneficial, as Li *et al.* (2021) suggest that violence is often bidirectional. In addition, researchers could purposefully recruit participants from the transgender community to have a representative sample and allow the extension of analysis to include trans-IPV experiences in this region.

The patterns between experiences of IPV and sexual orientation, gender, and age require further investigation to identify high-risk populations, such as younger age groups. Targeting high-risk groups would allow for tailored IPV screening to identify the greatest number of IPV survivors with limited resources. Further research would aid in highlighting the IPV experiences of marginalised survivors that do not fit the stereotypical idea of who is an IPV survivor, such as men, sexual minorities, and gender minorities. Correlations between types of violence experienced can aid in creating screening tools that can identify different types of

abuse, especially those, such as verbal abuse or controlling behaviours, that are less apparent due to the lack of physical injuries.

Future research should further explore the relationship between sexual orientation and reporting of IPV in the Eastern Caribbean. Knowing reporting barriers and who these individuals report to can allow for targeting of screening and training towards certain survivor advocacy groups, civilians, healthcare practitioners, police, etc. It may be interesting to explore how one's HIV status impacts reporting given the stigma that HIV-positive individuals may face. In addition, more research on the influence of religion, culture, and/or societal support on LGBTQ+ individuals' experiences and reporting of IPV in this region would illuminate unseen barriers to disclosure to authorities who could provide assistance. Nevertheless, this study represents a small step towards a more accurate understanding of the intersection of gender, sexual orientation, and intimate partner violence in the Caribbean.

Declaration of interest statement:

No potential conflict of interest was reported by the authors.

References

- Andrew, Jennan P. 2020. "Intimate Partner Violence in LBTQ Relationships in Jamaica." Master's Thesis, Ohio University.
- Black, Michele C. 2011. "Intimate Partner Violence and Adverse Health Consequences." *American Journal of Lifestyle Medicine* 5(5): 428-439.
doi:10.1177/1559827611410265.
- Canan, Sasha N., Kristen N. Jozkowski, Jacquelyn D. Wiersma-Mosley, Mindy Bradley, and Heather Blunt-Vinti. 2021. "Differences in Lesbian, Bisexual, and Heterosexual Women's Experiences of Sexual Assault and Rape in a National U.S. Sample." *Journal of Interpersonal Violence* 36(19-20): 9100-9120.
- Caribbean Development Research Services (CADRES). 2013. Public Attitudes on Gender Inequality, Sexual and Reproductive Health and Discrimination Saint Lucia.
- Chevannes, Barry. 2001. *Learning to Be a Man: Culture, Socialization and Gender Identity in Five Caribbean Communities*. Kingston: The University of the West Indies Press.
- DeShong, Halimah. 2011. "Gender, Sexuality and Sexual Violence: A Feminist Analysis of Vincentian Women's Experiences in Violent Heterosexual Relationships." *Journal of Eastern Caribbean Studies* 36(2): 63-96.
- DeShong, Halimah. 2020. Women's Health and Life Experience: A Qualitative Research Report on Violence Against Women in Grenada. *UN Women*.
- Donovan, Catherine, and Rebecca Barnes. 2020. *Queering Narratives of Domestic Violence and Abuse*. London: Palgrave Macmillan.
- Franc, Elsie L., Maureen Samms-Vaughan, Ian Hambleton, Kristin Fox, and Dennis Brown. 2008. "Interpersonal Violence in Three Caribbean Countries: Barbados, Jamaica, and Trinidad and Tobago". *Revista Panamericana De Salud Pública* 24(6).

- Ghisiyawan, Krystal N. 2022. *Erotic Cartographies: Decolonization and the Queer Caribbean Imagination*. New Brunswick: Rutgers University Press.
- Gill, Lyndon K. 2018. *Erotic Islands: Art and Activism in the Queer Caribbean*. Durham and London: Duke University Press.
- Goldberg, Naomi G. and Ilan H. Meyer. 2013. "Sexual Orientation Disparities in History of Intimate Partner Violence: Results from the California Health Interview Survey." *Journal of Interpersonal Violence* 28(5): 1109-1118.
- Greenacre, Zerrin A. 2016. "The Importance of Selection Bias in Internet Surveys." *Open Journal of Statistics* 6 (3): 397-404.
- Griffith, Alana D. and Peter Wickham. 2013. "Attitudes Towards Homosexuals in Trinidad and Tobago and the Southern Caribbean." *Caribbean Sexualities*. <https://www.caribbeansexualities.org/2017/07/11/attitudes-towards-homosexuals-in-trinidad-and-tobago-and-the-southern-caribbean/>.
- Haynes, Tonya and Halimah DeShong. 2017. "Queering Feminist Approaches to Gender-based Violence in the Anglophone Caribbean." *Social and Economic Studies* 66(1/2): 105-131.
- Hosein, Gabrielle. 2019. "Masculinism, Male Marginalisation and Intimate Partner Backlash in Trinidad and Tobago." *Caribbean Journal of Criminology* 1(4): April, 90-122.
- Hosein, Gabrielle, Tricia Basdeo-Gobin and Linda R. Gény. 2020. "Gender Mainstreaming in National Sustainable Development Planning in the Caribbean", *Studies and Perspectives series-ECLAC Subregional Headquarters for the Caribbean*, No. 87 (LC/TS.2020/2-LC/CAR/TS.2019/10), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC).
- Houston, Eric and David J. McKirnan. 2007. "Intimate Partner Abuse among Gay and Bisexual Men: Risk Correlates and Health Outcomes." *Journal of Urban Health* 84(5): 681-690.
- Jackman, Mahalia. 2016. "Living in Sodom's Shadow: Essays on Attitudes Towards Gay Men and Lesbians in the Commonwealth Caribbean." PhD diss., Cathie Marsh Institute for Social Research School of Social Sciences, 2016, 61-84.
- Jackman, Mahalia. 2019. "Religion, Contact, and Ambivalent Attitudes Toward the Rights of Gays and Lesbians in Barbados". *Journal of Homosexuality*.
- Jeremiah, Rohan D., Camille R. Quinn, and Jicinta M. Alexis. 2017. "Exposing the Culture of Silence: Inhibiting Factors in the Prevention, Treatment, and Mitigation of Sexual Abuse in the Eastern Caribbean." *Child Abuse & Neglect* 66:53-63.
- Jeremiah, Rohan D., Gamache, P.E., Hegamin-Younger, C. 2013. "Beyond Behavioral Adjustments: How Old Determinants of Contemporary Caribbean Masculinities Thwart Efforts to Eliminate Domestic Violence". *International Journal of Men's Health*, 12(3): 228-244.
- Koss, Mary P. and Cheryl J. Oros. 1982. "Sexual Experiences Survey: A Research Instrument Investigating Sexual Aggression And Victimization." *PsycTESTS Dataset*.
- Kumar, Preity. 2021. The Cauxin-femme Binary: Femme Performativity as a Response to Violence in Guyana. *Journal of Lesbian Studies*. 25(2): 89-106.
- Kumar, Preity. 2022. Reclaiming Power Women Loving Women and Intimate Partner Violence in Guyana. *Journal of Indentureship* 2(2):6-32.

- Li, Xiaomin, Hongjian Cao, Nan Zhou, and Roger Mills-Koonce. 2021. "Internalized Homophobia and Relationship Quality among Same-Sex Couples: The Mediating Role of Intimate Partner Violence." *Journal of Homosexuality* 68(11): 1749-1773.
- Li, Xiaomin, Melissa A. Curran, Emily Butler, W. Roger Mills-Koonce, and Hongjian Cao. 2022. "Sexual Minority Stressors and Intimate Partner Violence among Same-Sex Couples: Commitment as a Resource." *Archives of Sexual Behavior* 51: 2317-2335.
- Little, Betsi and Cheryl Terrance. 2010. "Perceptions of Domestic Violence in Lesbian Relationships: Stereotypes and Gender Role Expectations." *Journal of Homosexuality* 57(3):429-40.
- McClennen, Joan C., Anne B. Summers, and Charles Vaughan. 2002. Gay Men's Domestic Violence: Dynamics, Help-Seeking Behaviors, and Correlates." *Journal of Gay & Lesbian Social Services* 14(1):23-49.
- Messinger, Adam M. 2010. "Invisible Victims: Same-sex IPV in the National Violence against Women Survey." *Journal of Interpersonal Violence*, 26(11): 2228-2243.
- Messinger, Adam M. 2017. "LGBTQ Intimate Partner Violence: Lessons for Policy, Practice, and Research." *Oakland, CA: University of California Press.*
- Nixon, Angelique and Rosamond King. 2013. "Embodied Theories: Local Knowledge(s), Community Organizing and Feminist Methodologies in Caribbean Sexuality Studies." *Caribbean Review of Gender Studies* (7): 1-16.
- OutRight Action International. 2020. "Global LGBT Human Rights". <https://outrightinternational.org/region/caribbean>.
- Pemberton, Cecile, and Joel Joseph. 2018. "National Women's Health Survey for Trinidad And Tobago: Final Report." Washington, D.C.: Inter-American Development Bank.
- Smith, Paige H., Jo Anne L. Earp, and Robert F. DeVellis. 1995. "Women's Experiences with Battering Scale." *PsycTESTS Dataset*.
- Smith, Sharon G., Jieru Chen, Kathleen C. Basile, Leah K. Gilbert, Melissa T. Merrick, Nimesh Patel, Margie Walling, and Anurag Jain. 2017. *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report*. Atlanta, GA: National Centre for Injury Prevention and Control, Centres for Disease Control and Prevention.
- Stark, Evan. 2007. "Coercive Control: How Men Entrap Women in Personal Life." *Violence Against Women* 13(8): 885-890.
- Stoddard, Joel P., Suzanne L. Dibble, and Norman Fineman. 2009. "Sexual and Physical Abuse: A Comparison Between Lesbians and Their Heterosexual Sisters." *Journal of Homosexuality* 56(4):407-20.
- Straus, Murray A., Sherry L. Hamby, Sue Boney-McCoy, and David B. Sugarman. 1996. "Revised Conflict Tactics Scales." *PsycTESTS Dataset*.
- Thompson, Leah. 2023. "Progress in the Caribbean." *OutRight International*. <https://outrightinternational.org/insights/progress-caribbean>.
- Thompson, Leah. 2022. "St. Lucia 'Breaks the Bias' with New LGBTIQ-Inclusive Domestic Violence Act." *OutRight International*. <https://outrightinternational.org/insights/st-luciabreaksbias-new-lgbtiqinclusive-domestic-violence-act>.
- Unitarian Universalist Association. "Queer 101: Identity, Inclusion, and Resources." Accessed June 3, 2023. <https://www.uua.org/lgbtq/identity/queer>

- Wahab, Amar. 2018. "Queer Affirmations: Negotiating the Possibilities and Limits of Sexual Citizenship in Saint Lucia." in *Envisioning Global LGBT Human Rights: (Neo)colonialism, Neoliberalism, Resistance and Hope* ed. by N. Nicol, A. Jjuuko, R.J. Lusimbo, N.J. Mulé, S.Ursel, A. Wahab, and P Waugh. (London: Human Rights Consortium, Institute of Commonwealth Studies), 131-56.
- Williams, Charmaine C., Joelleann R. Forbes, Kenita Placide, and Nancy Nicol. 2020. "Religion, Hate, Love, and Advocacy for LGBT Human Rights in Saint Lucia." *Sexuality Research and Social Policy* 17(4): 729-740.
- World Health Organisation [WHO]. 2003. *WHO Multi-country Study on Women's Health and Life Experiences. Core Questionnaire, Version 10*. Geneva, Switzerland: WHO.
- World Health Organisation [WHO]. 2013. *Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence* Medicine, South African Medical Research Council.
- World Health Organisation [WHO]. 2017. "Model Disability Survey (MDS): Survey Manual." Geneva: World Health Organisation and the World Bank; 2017. License: CC BY-NC-SA 3.0 IGO.

Table 1:

Categorisation of Types of Intimate Partner Violence based on Question Response

<p>Physical: Has an intimate partner ever...</p> <p>slapped or thrown something at you that could hurt you?</p> <p>pushed you or shoved you?</p> <p>hit you with fists or with something that could hurt you?</p> <p>kicked you, dragged you, or beaten you up?</p> <p>choked you on purpose?</p> <p>burnt you on purpose?</p> <p>used a gun, knife, or other weapons against you?</p>
<p>Verbal: Has an intimate partner ever...</p> <p>threatened to use a gun, knife, or other weapons against you?</p> <p>belittled you to the extent that you felt worthless?</p>
<p>Controlling: Has an intimate partner ever...</p> <p>prevented you from having your fair share of household money?</p> <p>stopped you from seeing friends or relatives?</p>

Note. Participants were characterised as having experienced a type of violence if they answered "yes" to any of the questions within that category of violence.

Table 2:*Demographics*

Demographic	Frequency	Percentage
Sex at Birth		
Male	10	17.2
Female	48	82.8
Current Sex		
Cis-Male	8	13.8
Cis-Female	48	82.8
Trans-Male	0	0
Trans-Female	1	1.7
Unidentified	1	1.7
Sexual Orientation		
Heterosexual	29	50
LGBQ	26	44.8
Unidentified	3	5.2
Age		
18-25 years of age	18	31
26-40 years of age	20	34.5
41-75 years of age	20	34.5
Average Age	37.59	
Level of Education		
Primary School	2	3.4
Secondary School	15	25.9
Technical School	2	3.4
Community College	21	36.2
University	13	22.4
Post-Graduate	5	8.6
Marital Status		
Married or Common Law/ Cohabitation	21	36.2
Single (Never Married) or Divorced	37	63.8
Single/Divorced Currently in an Intimate Relationship		
Single*	18	62.1
Divorced	4	80
Currently Living with an Intimate Partner		
Married*	7	77.8
Common Law	8	80
Single*	8	30.8
Divorced*	1	25
Total*	24	43.1
Current Residence		
Within the Caribbean	54	93.1
Outside the Caribbean	4	6.9

*Missing responses

Table 3:*Association Matrix for Combinations of Violence*

	1	2	3
All Participants			
1. Physical Violence			
2. Verbal Violence	0.557**		
3. Controlling Violence	0.468**	0.476**	
LGBQ Participants Only			
1. Physical Violence			
2. Verbal Violence	0.527**		
3. Controlling Violence	0.497*	0.365	
Heterosexual Participants only			
1. Physical Violence			
2. Verbal Violence	0.631**		
3. Controlling Violence	0.437*	0.530**	

* Association is significant at the 0.05 level (2-tailed)

** Association is significant at the 0.01 level (2-tailed)

Table 4:*Experiences of Violence Across Gender Identity*

Type of Violence	Sexual Orientation	Gender	Frequency	Percentage	p-value
Any Violence	Heterosexual	Male	0	0	0.555
		Female*	17	63	
	LGBQ	Male	7	100	0.107
		Female	12	66.7	
Physical Violence	Heterosexual	Male	0	0	0.512
		Female*	16	59.3	
	LGBQ	Male	7	100	0.044
		Female	10	55.6	
Verbal Violence	Heterosexual	Male	0	0	0.202
		Female*	14	51.9	
	LGBQ	Male	7	100	0.026
		Female	9	50	
Controlling Violence	Heterosexual	Male	0	0	0.499
		Female*	7	25.9	
	LGBQ	Male	3	42.9	0.591
		Female	5	27.8	

*Our sample contained a trans-female who identified as heterosexual and therefore is included in this classification.

Table 5:*Experiences of Violence Across Sexual Orientation and Age Brackets*

Type of Violence	Age Bracket	Frequency	Percentage	p-value
Any Violence				
Heterosexual	18-25	5	83.3	0.641
	26-40	5	83.3	
	41-75	8	66.7	
LGBQ	18-25	5	50.0	0.009
	26-40	12	100.0	
	41-75	3	75.0	
Total*	18-25	10	62.5	0.054
	26-40	19	95	
	41-75	12	75	
Physical Violence				
Heterosexual	18-25	5	83.3	0.404
	26-40	5	83.3	
	41-75	7	58.3	
LGBQ	18-25	5	50.0	0.093
	26-40	11	91.7	
	41-75	2	50.0	
Total*	18-25	10	62.5	0.094
	26-40	18	90	
	41-75	10	62.5	
Verbal Violence				
Heterosexual	18-25	3	50.0	0.416
	26-40	5	83.3	
	41-75	6	54.5	
LGBQ	18-25	4	40.0	0.035
	26-40	11	91.7	
	41-75	2	50.0	
Total*	18-25	7	43.8	0.033
	26-40	17	85	
	41-75	9	60	
Controlling Violence				
Heterosexual	18-25	3	50.0	0.103
	26-40	3	50.0	
	41-75	1	9.1	

LGBQ	18-25	1	10.0	0.040
	26-40	7	58.3	
	41-75	1	25.0	
Total*	18-25	4	25	0.040
	26-40	11	57.9	
	41-75	3	20	

*Including individuals who did not identify their sexual orientation

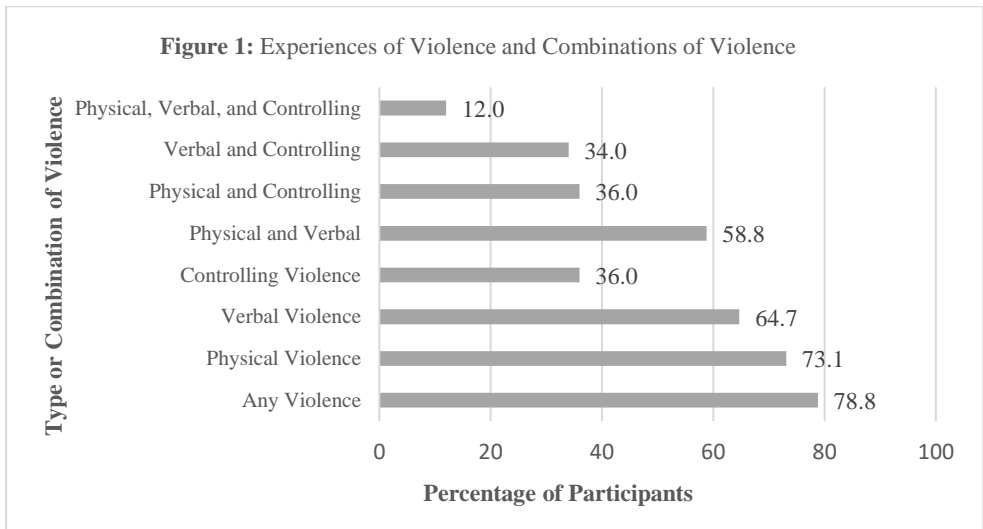


Figure 1. Comparison of the number of experiences of each type of violence and combinations of the types of violence across all participants.

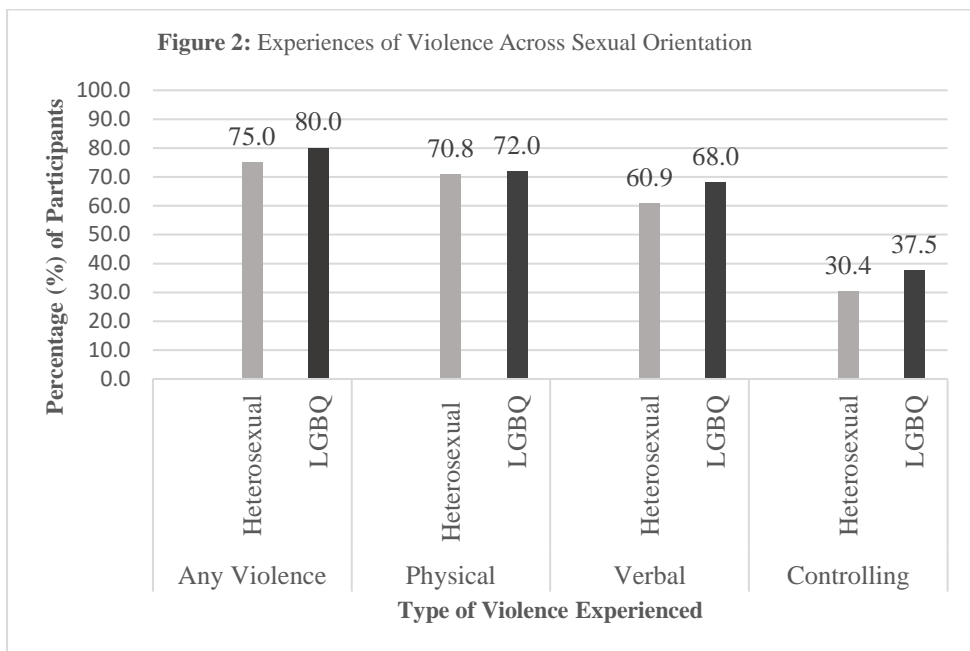


Figure 2. Comparison of heterosexual and LGBQ participants in experiences of any violence and each type of violence assessed in the study (physical, verbal, and controlling behaviors).