Homophobic and transphobic violence against youth: The Jamaican context

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ABSTRACT

Jamaican LGBTI youth face tragic disparities, the level of which warrants immediate legislative attention. Jamaica has been characterized as one of the most homophobic and transphobic societies globally. Therefore, LGBTI youth routinely experience widespread discrimination and hostility at from the very social institutions (i.e. family, school, community and government) from which they would expect nurturance, care and protection. Also troubling is the fact that despite the country being a signatory to numerous United Nations human rights agreements, there are no legal protections against the discrimination they face. Considering the wealth of empirical evidence on the dire effects of homophobia and transphobia on youth's well-being, a serious and urgent public health undertaking is necessary to address the homophobia and transphobia and their assumed deleterious outcomes for youth in that context. Comprehensive society-wide measures are obligatory to prevent and reduce the risk of victimization of all youth, but particularly LGBTI youth.

Introduction

The United Nations defines homophobia/transphobia as the fear, discomfort, intolerance, or hatred of homosexuals, transgender and other people perceived to transgress from gender norms (UNESCO, 2016). Violence is the ‘intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation’ (Krug, Mercy, Dahlberg, & Zwi, 2002, p. 5). Globally, an estimated 1.4 billion children and youth in the under 17 years-age cohort experience violence against them annually in various spheres of their lives (Hills et al., 2016). Violence includes behaviours such as bullying, harassment, physical and sexual assault, and even death. Besides its potential tragic effects, violence against children and youth carries an enormous emotional, social and economic burden to society (UNESCO, 2016; United Nations Human Rights Council [UNHRC], 2015; UNICEF, 2014). Therefore, it constitutes a serious public health issue and critical breach of human rights as laid out under the several United Nations Convention on human rights (Human Rights Watch, 2014; UNESCO, 2016; UNICEF, 2014).

According to the UNHRC (2015), ‘All human beings, irrespective of their sexual orientation and gender identity, are entitled to enjoy the protection of international human rights law….’ (p. 4). However, worldwide, compared to their non-LGBTI peers, LGBTI youth encounter a higher prevalence of violence...
against them (UNESCO, 2016; UNHRC, 2015). [Globally], hundreds of people have been killed and thousands more injured in brutal, violent attacks … and countless more have been denied access to healthcare, housing, employment and other basic human rights based on their sexual orientation or gender identity (UNHRC, 2015, para. 4). Further, the UNHRC report underscored the fact that in 76 countries, homosexuality and gender identity and gender expression are criminalized and, in many states, punishable by death. In the United States, the FBI’s [Federal Bureau of Investigation] hate crimes statistics for 2015 showed that violence motivated by homophobia and transphobia registered the third highest incidence of hate crimes – behind race and religion (Federal Bureau of Investigation [FBI], 2015).

The purpose of the current article is to summarize the literature on the potential problematic social factors that put LGBTI children and youth for violence against them in the Jamaica context. Consistent with global trends, violence against LGBTI people in Jamaica goes largely underreported and undocumented (Amnesty International, 2015; Human Rights Watch, 2014; J-FLAG, 2016). According to Hills et al. (2016), because violence against children does not normally come to the attention of authorities, incidences such as child sexual victimization is 30 times higher than official reports and physical abuse numbers are 75 times higher than official reports. Additionally, because of the sparse local LGBTI data are not disaggregate on the basis of age, the number of youth who may identify as LGBTI in Jamaica is unknown (UNESCO, 2016). Also, empirical information on the psychosocial repercussions of being an LGBTI youth in Jamaica is lacking. Hence, what is assumed about that group is largely speculative and anecdotal. Moreover, much of the local discussion about LGBTI youth takes place within the context of the news media (e.g. newspapers, broadcast news, talk shows, social media) and against the background of their own stereotypic and biased perspectives (Allyn, 2012; Human Rights Watch, 2014). Far less is written about or addressed in the academic literature. To help clarify the developmental concerns of Jamaican LGBTI children and youth, the current article highlights the potential risk factors in various local settings (e.g. home, school and community) that have been identified in the empirical literature as indicators of adverse outcomes for youth, particularly LGBTI youth. To this end, a background of the Jamaican context and a summary of the relevant literature, albeit mainly from industrialized societies, on the prevalence, scope, and associated outcomes of homophobic and transphobic violence is presented. Pursuant to that, the potential correlates of violence against LGBTI youth in Jamaica are identified and contextualized. Finally, the need for empirical research and the implications of homophobic and transphobic violence are discussed within the context of the Jamaican setting.

It is important to note that the definition of ‘youth’ is not consistent across countries. However, the United Nations defines a ‘child’ as anyone under 18 years, and ‘youth’ as someone between 15 and 24 years (UNESCO, 2016). For the sake of parsimony, in this article, the term ‘youth’ is used to describe anyone under 25 years old. However, where relevant, the age designation is disregarded.

Context and prevalence of homophobia and transphobia in Jamaica

Jamaica, a small (4441 sq. miles) island nation in the Caribbean, is reportedly one of the most violent societies in the world. The island’s per capita homicide rate (50/100,000) places it among the top-five highest national homicide rates in the world, with 80% of all murders in the country involving the use of firearms (OSAC, 2016). Understandably then, crime and violence is the most challenging social problem facing the nation and is blamed for the seemingly ubiquitous state of insecurity, fear, and distress under which the country’s 2.9 million population exists (OSAC, 2016). In addition to being a violent society, Jamaica has been branded one of the most virulent homophobic and transphobic countries on earth because of its low tolerance for LGBTI people (Allyn, 2012; Human Rights Watch, 2014; Rezvany, 2016). One report (Human Rights Watch, 2014), in delineating the lived reality of Jamaican LGBTI youth noted that ‘They are taunted; threatened; fired from their jobs, thrown out of their homes; beaten, stoned, raped, and even killed’ (p. 2). Moreover, because there is no legal human rights protection from discrimination against LGBTI people, crimes against them are carried out regularly with impunity (Amnesty International, 2015; Human Rights Watch, 2014; J-FLAG, 2016).
Many reasons for Jamaica’s homophobic attitudes have been forwarded, however, several sources (e.g. J-FLAG, 2015; Rezvany, 2016) have attributed the country’s anti-LGBTI sentiments to the church and its intense ‘anti-gay’ advocacy and homophobic rhetoric. In fact, 70% of Jamaicans identify as Christians, the majority of whom subscribe to the belief that ‘homosexuality’ is ungodly and immoral (Rezvany, 2016). Findings from a national study commissioned by the Jamaica Forum for Lesbians All-Sexuals and Gays [J-FLAG], the country’s only LGBTI advocacy group (J-FLAG, 2015), found that 93% of Jamaicans agreed with the statement ‘homosexuality is a sin’; 89% regarded being gay or bisexual as wrong; 87% viewed female homosexuality as wrong; and 63% indicated that they rejected the LGBTI lifestyle on moral and religious grounds. It is also significant that 61% of the sample believed that with professional help [conversion therapy] LGBTI people could become heterosexual.

Undoubtedly, those negative reactions buoyed by the country’s repressive buggery/sodomy law, a relic of British colonialism that refers to homosexuality as the ‘abominable crime of buggery’ and makes consensual sex between men a criminal act punishable in prison for up to 10 years at hard labour (Amnesty International, 2015; Human Rights Watch, 2014). In the J-FLAG (2015) study, most respondents (74%) opposed changing the buggery [male homosexuality] law and the Charter of Fundamental Rights and Freedoms to protect the LGBTI community and only 15% indicated at least some support to an amendment to the law allowing for consensual sex between adults in private.

It is also instructive that many Jamaican LGBTI youth, themselves, have come to believe that their sexual orientation or identity is sinful and abnormal. In one study (McFee & Galbraith, 2016), 10% reported that they sought psychological help because of their LGBTI status, 4% sought medical help and 11% sought spiritual help. Perhaps not surprisingly, the latter group sought help because they felt their status was sinful, aberrant, or the result of evil spirits. ‘In some cases, the desire for help came because of directives from others usually family members, while in other cases it was as a result of personally held Christian beliefs’ (p. 73).

In a survey (McFee & Galbraith, 2016) of 316 LGBTI Jamaicans, the majority (58%) of whom were under age 25 years and highly educated), 71% per cent of gay men, 59% of lesbians, 35% of bisexuals and 29% of transgender individuals indicated that they had been harassed or discriminated against within the past year. Perhaps not surprisingly, violence against LGBTI is widely unreported, primarily because of fear of retaliation and mistrust of security forces, and the criminal justice system (Human Rights Watch, 2014; J-FLAG, 2015, 2016). In McFee and Galbraith’s (2016) study, victims did not report violence against them to the authorities because they felt it was too minor (30%), the police would not be helpful (40.5%), feared homophobic response from the police (25.5%), or felt too ashamed or embarrassed (23%). Furthermore, there have been numerous reports of LGBTI people being either abused by the police or experience refusal of the authorities to investigate threats and harassment against LGBTI individuals (Human Rights Watch, 2014; J-FLAG, 2015, 2016). According to some sources, even when attacks and assaults are reported, prosecution and conviction of perpetrators are rare (Amnesty International, 2015; Human Rights Watch, 2014). In one field research, Human Rights Watch (2014) interviewed 71 Jamaican LGBTIs about their experiences with violence because of their sexual orientation or identity status. Findings indicated that there were 56 cases of documented violence, only 19 victims of which had been reported to the police. The police took formal statements in only eight cases, and only four led to arrests or prosecutions. Almost one-third (26) did not report the attack because they feared reprisal from perpetrators or feared being ‘outed.’ These dynamics may not be surprising since the security forces, being products of the homophobic environment, exude the same intolerance and found in the broader Jamaican society (Human Rights Watch, 2014). It is also worthy of note that lesbians are at particularly high risk for ‘corrective rape,’ the rape of women (by men) perceived to be not heterosexual, to ‘cure’ them of their sexual orientation; this kind of rape is also grossly underreported (Allyn, 2012; J-FLAG, 2016; Rezvany, 2016).

McFee and Galbraith (2016) examined the experiences of discrimination of Jamaican LGBTI individuals, at school, work, and in accessing services in the public and private spheres. Findings showed that LGBTIs were marginalized politically, socially and economically. Participants indicated that in addition to the pressure of having to keep their non-heterosexual orientation and identity secret to avoid social
exclusion, they ‘are denied participation in the economy, representation in the legislature, and access to spaces free from stigma and discrimination’ (p. 14). Specifically, the data suggested that being open about one’s LGBTI status was a key indicator for exclusion from the formal economy. Furthermore, the mere perception of being an LGBTI person encumbered their entry into certain establishments, purchasing or leasing homes, or purchasing goods and services. So intense was the apparent disdain of LGBTIs that many were desirous of leaving the country and seeking asylum in other countries.

Access to adequate health care has been documented as a major problem for Jamaican LGBTIs. In the McFee and Galbraith (2016) study, LGBTIs reported experiencing refusal of medical care, poor quality care, and demeaning treatment by health care staff. For example, 53% of LGBTIs reported being forced to undergo seemingly unnecessary medical or psychological testing; one in three indicated experiencing inappropriate inquiry about their sexual orientation or identity from medical staff; and 15% felt they received substandard treatment. Furthermore, transgender people face unique medical difficulties. According to J-FLAG (2016), Jamaican ‘Transgender individuals lack access to hormonal and surgical treatments for their transition process. Some, in their desperation, have begun buying hormones online and self medicating’ (p. 11), which puts them at high risk for serious medical complications and increased mortality (Human Rights Watch, 2014; J-FLAG, 2016). It is worthy of note that McFee and Gibraith’s sample consisted mainly of the ‘socioeconomic elites.’ It is logical to assume that the circumstances of their economically disadvantaged peers are much grimmer.

Associated outcomes of homophobia and transphobia

A robust body of literature has linked homophobia and transphobia to plethora of adverse psychosocial outcomes for LGBTI individuals. For example, King et al.’s (2008) meta-analysis of 24 pertinent studies from North America, Europe and Australasia, LGBTIs (including high school students) showed a significantly higher lifetime prevalence of mental health disorders and negative health behaviours than their non-LGBTI peers. In that analysis, compared to heterosexuals, LGBTIs overall exhibited a two to three times prevalence of major depression, two-fold risk of suicidality, twice the risk of alcohol dependency and three times the risk of drug dependency. Gay and bisexual males were more than six times as likely to have attempted suicide in their lifetime as heterosexual males. A national study of high school students in the United States (Kann et al., 2016) found similar health disparities between sexual minority youth and their heterosexual peers. LGBTI youth reported a higher prevalence of sadness and hopelessness (60% vs. 26%), having considered suicide (43% vs. 15%), and attempted suicide (38% vs. 12%) over the past 12 months. Additionally, LGBTI youth were up to five times more likely, than their non-LGBTI peers, to report using illegal drugs. They also reported significantly higher rates of sexual abuse, forced sexual intercourse and risky sexual behaviours than their heterosexual peers. In a study of college students (Przedworski et al., 2015), compared to their heterosexual peers, LGBTIs reported a higher prevalence of overall stressful life events, post-traumatic stress and social phobia. LGBTI men also reported a greater incidence of bulimia and panic attacks than heterosexual men. Even more pronounced are findings linking homophobia and premature death. Hatzenbuehler, Bellatorre, and Muenning’s (2014) study, although not limited to youth, is instructive. Those researchers found that LGBTI individuals (aged 18 + years) residing in highly homophobic communities, compared to those in low prejudiced communities, died an average of 12 years younger, had a 25% higher risk of cardiovascular-related cause of death, and had over three times higher rates of homicide and violence-related death. Also worrisome is the finding that LGBTI individuals in more homophobic localities died of suicide an average of 18 years earlier than peers who experienced less prejudicial environments.

Taken together, disproportionately higher rates of morbidity and premature mortality for LGBTI individuals when compared to their non-LGBTI peers may be due to the stress of coping with the disadvantaged status of being LGBTI individuals. King et al. (2008) maintained that the strongest explanation for the disproportionate burden of poor health outcomes of LGBTI people rests in the negative attitudes and prejudices that are characteristic of the ‘unsympathetic society’ in which they reside.
Based on interviews with Jamaican LGBTIs, Allyn (2012) likened the adverse consequences to ‘all the costs of living under a terrorist regime; living with the fear of exposure, rejection, and violent attack’ (p. 6). Allyn (2012) also suspected mental health difficulties similar to those reported in international empirical research. These included depression, anxiety, self-doubt, self-hatred, and suicidal ideation. In White, Barnaby, Swaby, and Sandfort’s (2010) study, two thirds of Jamaican LGBTI participants (aged 16 + years) disclosed major depression and substance use disorders.

LGBTI youth experience in the home

The high rates of family rejection present a serious problem for LGBTI children and youth globally. For example, 51% of LGBTI youth experience prejudice and inequity in their families, many of whom are placed in foster care, juvenile detention, or on the streets because their sexual orientation or gender identity (UNESCO, 2016). Similar to the global situation, family rejection of LGBTI youth is common in Jamaica. Even a cursory search of the internet produces a plethora of writings and documentaries about the plight of Jamaican LGBTI youth, many of which present youth themselves recounting their abusive and traumatic home circumstances. According to some sources (e.g. Human Rights Watch, 2014; J-FLAG, 2016), when youth are perceived to be LGBTI – or disclose their LGBTI status – it is common practice for them to be ‘thrown’ out of their homes and left abandoned on the streets. Those who are not ‘thrown’ out of their homes are often ‘totally ostracized’ within it, a dynamic that would be considered child neglect or abuse in advanced societies (Allyn, 2012). Allyn contended that within the Jamaican context ‘… ostracization is not only a rational response to a socially contagious sin, it can also be seen as a compassionate response’ (p. 4) on the part of parents when compared to being beaten, ‘kicked’ out of the house, or even killed (Allyn, 2012).

It is important to note that with no support systems in place in a violently homophobic society, displaced youth are forced into alternate means of survival and regularly exploited by others (Human Rights Watch, 2014; J-FLAG, 2016). In one study (Human Rights Watch, 2014), an 18-year-old LGBTI described his experience of having been abandoned and exiled by his family and community thus: ‘If I don’t go on the road to sell my body, I don’t eat’ (p. 46). In describing the dilemma of LGBTI youth evicted from their homes, J-FLAG (2016) stated:

Homeless LGBT individuals live in abandoned buildings, open lots and gullies. They are forced to move frequently, both to avoid the threat of violence and because the authorities constantly chase them away from the places where they have settled. [They] do not have access to such basic necessities as running water, proper bathroom facilities, [or] a place to shower … (p. 13).

Findings from the J-FLAG (2015) study lend credence to the many anecdotal reports that Jamaican LGBTI youth faced forced eviction from their home. Almost half (47%) of Jamaicans indicated that they would not allow their gay child to reside in their household and 39% noted that they would not allow a gay child around his siblings. It is worth noting that youth from more educated and affluent families appeared to face less dire circumstances. Among employers and politicians in the study, 57 and 52% respectively indicated that they would keep their LGBTI children at home (J-FLAG, 2015). It is little wonder then, that there are documented reports of two populations of LGBTI youth in Jamaica: the rich queens and the gully queens. As the labels suggest, the rich queens are those from affluent communities, who because of their life circumstances can hide their sexuality and are be sheltered from the routine harshness and violence to which their less fortunate LGBTI peers are exposed (Andrews, 2016). Conversely, the gully queens are the impoverished homeless LGBTI youth who live in the storm drains of the inner city having ‘been fully ostracized from their families and communities and must resort to extreme measures to escape the difficulties of being gay in Jamaica’ (Andrews, 2016, p.1). According to Rezvany (2016), ‘LGBTI persons who are able to have well-paying jobs, drive high-end vehicles, live in gated communities, have few issues of homophobia …’ (para. 5). It is important to note that the overwhelming majority of Jamaican youth are not from the ‘affluent’ group.
LGBTI youth in school

As is the case in many societies, reliable data on homophobic and transphobic violence in Jamaica are lacking (UNESCO, 2016). However, considering that school is a microcosm of society and that there is pervasive homophobia in the Jamaican society, there is good reason to assume that bullying against LGBTI students would be high. Findings from the only local national study (UNICEF, 2015) of bullying in schools that could be located, hinted at such dynamics. In that study, 70% of students in grades 1–12 reported being bullied within the past year and when students were asked to provide a profile of peers most likely to be bullied, they noted, among other characteristics, those perceived as lesbian, gay, bisexual and trans-gendered. That same study referenced a school that refused intervention for LGBTI bullying because of the fear of being ‘labelled.’ More pointedly, the school climate for LGBTI students was inferred when an official representative of the Jamaica Association for Guidance Counsellors in Education noted the many guidance counsellors, particularly those of the Christian faith, are refusing to offer counselling to LGBTI students. She further contended that, ‘counsellors are not equipped to deal with these students’ (Jamaica, 2016, para. 3). It is instructive that LGBTI youth are up to four times more likely than heterosexual youth to seek counselling and are more likely to disclose their LGBTI status to school counsellors than to other school staff members (Jamaica, 2016). Research has also shown that 50% of LGBTI youth do not receive successful counselling intervention because of counsellors’ homophobic attitudes (Jamaica, 2016). Also, international studies have shown that regardless of sexual orientation and gender identity, a positive school climate, one in which students feel safe and connected, lessens the risk of problematic outcomes for students (Kann et al., 2016; UNESCO, 2016). It is instructive that in one study (Boxill et al., 2012), 50% of Jamaican LGBTI youth indicated that they became aware of homosexuality by age 14 years old. It is obvious that Jamaican LGBTI students may not be experiencing a hospitable and safe school climate.

LGBTI youth in the broader cultural setting

Jamaica’s highly intolerant attitudes and discriminatory behaviours towards LGBTIs run deep. According to Melles and Nelson (2010), the country’s cultural conventions dictate that any tolerance for sexual orientations and gender identities poses ‘a threat to deep-rooted social norms of heterosexism and heteronormativity’ (p. 1). In addition to the ecological factors noted earlier, Jamaican popular music (known as ‘dancehall’) has not been reticent in its denouncement of homosexuality via the violence-laden lyrical discourse, a dynamic that has been shown to exert a powerful influence Jamaican males’ construction of masculinity. For example, Ferguson and Iturbide’s (2013) found that dancehall music figured prominently in Jamaican adolescent boys’ construal of the male self. In that study, male adolescents’ understanding of their manhood aligned with key elements of the dancehall portrayal of masculinity: anti-gay, aggressive and unrestrained. Relatedly, as a rule, Jamaican males vigorously ‘… reject performances that might make them appear feminine, weak or unmanly. And since patriarchy, sexism and homophobia operate in tandem to frame males’ performances of their heterosexual hegemonic masculinities, they will make every attempt to avoid labels such as “fag” or “sissy,” since these perceived socially derogatory terms mark them as “failed males”. (James & Davis, 2014, p. 84).

Generally, the laws of society reflect and reinforce the beliefs and values of those responsible for creating new laws and changing existing ones. Unsurprisingly, like the general population, Jamaican lawmakers show an overall negative attitude and prejudice towards LGBTIs. For example, findings from the J-FLAG (2015) survey revealed that 64% of politicians surveyed believed that homosexuality was immoral, 58% thought gay behaviour should be illegal and 64% agreed that LGBTI people could be converted to heterosexuals. Almost two-thirds (65%) would not support changes to decriminalize the current buggery laws, and 58% would not support laws to ensure equal rights to LGBTI people. It is little wonder then that government policies and laws have illustrated prejudice against LGBTI people. For example, policy-makers have consistently resisted local and international calls to decriminalize male homosexual behaviours and provide protection for LGBTI people. According to one report submitted
to the Human Rights Committee in Geneva, Switzerland, ‘Jamaica has not taken sufficient measures to respect and ensure the rights of individuals to equality and non-discrimination regardless of their real or perceived sexual orientation and gender identity’ (J-FLAG, 2016, p. 1). Specifically, the report pointed to the failure of the government to institute laws to protect LGBTIs from discrimination and bias. Even in instances where anti-discrimination constitutional provisions exist, LGBTI people are excluded. According to Human Rights Watch (2014), despite Jamaica being a signatory to several international conventions and treaties that protect human rights and prohibit discrimination, the country ‘has neither comprehensive anti-discrimination legislation, nor specific legislation prohibiting discrimination on the grounds of sexual orientation or gender identity. Serious rights abuses based on sexual orientation and gender identity continue, and justice for these crimes remains elusive’ (p. 4). Accordingly, several international and local organizations (e.g. Amnesty International, 2015; Human Rights Watch, 2014; J-FLAG, 2015, 2016; UNESCO, 2016) have provided the state with a lengthy list of recommended imperatives to tackle the dire situations of LGBTI people in Jamaica.

Discussion

The purpose of the current article is to provide an overview of life of LGBTI Jamaican youth and to present the problematic socioecological issues that put LGBTI youth at risk for adverse developmental outcomes. The local empirical literature, albeit scant, coupled with overwhelmingly anecdotal evidence, seems to indicate that homophobia and transphobia are endemic in Jamaican society. Robust international research has shown that such dynamics, invariably, lead to deleterious short and long-term social and mental health problems for LGBTI youth. Yet, relevant research is lacking in the Jamaican context. Empirical data are needed to understand the needs of LGBT youth and to provide and guide evidenced-based programmatic resources to this most vulnerable population. To date, most of the relevant data come from surveys of the population about their attitudes and beliefs about LGBTI and interviews with LGBTI youth themselves about their experiences with violence against them. Undoubtedly, while those data are invaluable for understanding the nature and impact of violence on LGBTI youth, they do not provide the rigor and reliability of random sampling and quantitative analysis (UNESCO, 2016). Furthermore, empirical investigations into the psychosocial outcomes for youth who struggle with being ‘different’ as a result of their sexual orientation and gender identity status are badly needed. While bias and discrimination present serious health dangers on their own, the complexity of factors that these youth face and endure have serious consequences to society as a whole (McFee & Galbraith, 2016). This kind of research is especially crucial to understanding LGBTI homeless youth. Their circumstances and functioning may be quite different from their peers who are impoverished and homeless but not LGBTI. LGBTI homeless youth might therefore have developmental exigencies quite different from their similarly disadvantaged heterosexual peers.

Research on homophobic and transphobic bullying in Jamaican schools is badly needed. However, because same-sex relation is outlawed, legal restrictions make it extremely difficult to gather data on homophobic and transphobic violence in educational settings (UNESCO, 2016). Further, based on Jamaica’s homophobic culture, it can be assumed that violence against LGBTI students is prevalence in schools. According to some sources (e.g. UNESCO, 2016), LGBTI students need effective educational response to violence (e.g. bullying) against them and one way to address such violence is to provide a safe learning environment for all students, but to LGBTIs in particular. A cordial and welcoming climate for will undoubtedly lessen the risk of school dropout and its accompanying negative consequences.

Undeniably, the reported widespread persecution against LGBTI youth in Jamaica merit a profound shift to protecting the human rights of LGBTI youth at all levels of society. Furthermore, the fact that the majority of homophobic violence goes undocumented suggests a critical need for systematic data collection regarding the numbers of LGBTI youth and their particular needs within the Jamaican society. Allyn (2012) maintained that the lack of accurate data regarding the prevalence rates of perpetration and victimization are problematic, primarily because most of what is assumed emanates from news stories of crimes against LGBTI. However, ‘the majority of “gay lynchings” never make the news’ (p. 2).
Additionally, despite the evidence of pervasive violence against LGBTI people, accurate hate crimes statistics against the group have been elusive, primarily because victims are fearful of further discrimination, persecution and of their sexual orientation becoming public (Human Rights Watch, 2014; J-FLAG, 2016). Furthermore, because most official reports of violence do not disaggregate data based on victims’ sexual orientation or gender identity status, it is unclear what percentage of crimes in Jamaica is homophobia or transphobia motivated.

The fact that the assumptions about LGBTI youth are extrapolated from research undertaken elsewhere is problematic. While extrapolation can be helpful, it can also be imprudent because specific cultural nuances of the particular society are neglected. For example, much of the relevant LGBTI research emanates from developed countries, particularly the United States (U.S.). However, in the U.S., homosexuality is lawful and hence legal protections are in place to lessen the likelihood of hate crimes against LGBTI people. Also, there is growing tolerance and support among the general U.S. population for LGBTI relationships and same-sex marriages are legal. In a recent Pew Research Center poll (Pew Research Center, 2016), 55% of the U.S. sample supported same-sex marriage compared to the 45% who supported it in 2011. However, the opposite trend is evident in Jamaica. In 2015, 60% of Jamaicans indicated a ‘dislike’ for homosexual relationships. This is in comparison to 46% in 2012 and 40% in 2011 who expressed those homophobic sentiments (J-FLAG, 2015). Therefore, despite continued homophobia in the U.S., families and communities tend to be more tolerant than in the Jamaican context. Furthermore, the U.S. has laws in place to protect children from child abuse and neglect. Therefore, within the U.S., children and youth regardless of their sexual orientation and gender identity have institutional systems and structures to protect and support them. In addition, in the U.S., there are openly LGBTI influential people (e.g. professionals, legislators) that may serve as role models to youth.

Given what is known about the deleterious effect of homophobia and transphobia on aetiological development, it can be assumed that like their peers who face persistent homophobia and transphobia, Jamaican LGBTI youth are unbearably stressed and traumatized by the accumulated effects of victimization at all levels of society (Allyn, 2012). Dynamics like those have led the United Nations (e.g. UNESCO, 2016; UNHRC, 2015) to implore governments to accelerate efforts to protect LGBTI youth against all forms of discrimination and human rights violations. Specifically, that body underscored the following imperatives for member states: enact hate crimes legislation; decriminalize homosexuality; conduct prompt and thorough investigations of hate-motivated violence; collect and publish systematic data on human rights violations; provide sensitivity training for law enforcement, judges, health care workers and school officials. The United Nations also formally recommends that its member states ban ‘conversion therapy’; grant refugee/asylum; and support public education campaigns that counter negative attitudes and stereotypic portrayals of LGBTI persons (UNHRC, 2015). Indisputably, legislative action is needed to protect LGBTI youth in the Jamaican context.

Notes
1. These laws forbid anal intercourse and all male homosexual conduct.
2. Sexual orientation and gender identity are excluded as protected classes from Jamaica’s Charter of Fundamental Rights and Freedoms.

Disclosure statement
No potential conflict of interest was reported by the author.

Notes on contributor
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