# Addressing Chronic Violence from a Gendered Perspective

Fostering People-Centered Approaches at the National Level

# CASE STUDY: JAMAICA

Assessing the existence, implementation and impact of gender-based violence legislative frameworks on the lives of marginalized populations in Jamaica

This case study is part of the Addressing Chronic Violence from a Gendered Perspective: Fostering People-Centered Approaches at the National Level report created by the Women PeaceMakers program.

# Addressing gendered chronic violence

Violence has traditionally been viewed through the lens of armed conflict or specific, concrete violent incidents. However, it is necessary to understand that violence may be a chronic phenomenon— a persistent, deeply ingrained aggression affecting daily lives. Women and marginalized gender groups experience a particular type of chronic violence, stemming from deeply rooted patriarchal structures. These experiences, while diverse, share a common thread: they are manifestations of systemic oppression and inequality, from domestic violence to broader societal discrimination.

The report makes the case for reconceptualizing violence in the Women, Peace and Security (WPS) and gender equality fields, building upon feminist conceptions of the continuum of violence to recognize that societal structures, systemic discrimination and even pervasive cultural norms can be sources of violence. Multidimensional strategies, inclusive policies and a global commitment are needed to elevate women's roles across sectors, from community development to high-level peace negotiations. Understanding the deep intricacies of violence can serve as the bedrock for constructing sustainable, equitable peace.

The report is co-created as part of the Women PeaceMakers Fellowship, led by the voices and perspectives of the 2022-2023 Women PeaceMaker Fellows. The report drew from the lived realities of women peacebuilders and their partners, and from experts working in the Women, Peace and Security and violence reduction fields. The full report provides both an international analysis and context-specific case studies.

Since 2002, the Kroc IPJ has hosted the Women PeaceMakers Fellowship program. The Fellowship offers a unique opportunity for women peacebuilders to engage in a cycle of learning, practice, research and participation that strengthens peacebuilding partnerships. The Women PeaceMakers Fellowship facilitates impactful collaborations between women peacebuilders from conflict-affected communities and international partner organizations. The Fellows also co-create research intended to shape the peacebuilding field and highlight good practices for peacebuilding design and implementation. This case study was created as part of this process and is also featured in the full *Addressing Chronic Violence from a Gendered Perspective: Fostering People-Centered Approaches at the National Level* report.

In this case study, Woman PeaceMaker Fellow Nattecia N. Bohardsingh specifically assesses how the existence and implementation of gender-based violence (GBV) laws in Jamaica affect marginalized populations, including not only women but also LGBTQ+ persons. Bohardsingh's case study critically analyzes Jamaica's legislative measures in combatting GBV, particularly within the framework of chronic violence.





Jamaica Case Study: Leveraging national comprehensive legislative frameworks to end gender-based

**CASE STUDY** 

By Nattecia N. Bohardsingh, with the support of Patrick N. Lalor

Assessing the existence, implementation and impact of gender-based violence legislative frameworks on the lives of marginalized populations in Jamaica



#### **Context**

This case study offers an intersectional analysis of the role of legislation in Jamaica in the elimination of gender-based violence (GBV), which is seen to be a manifestation of chronic violence. "Chronic violence" in this context is used to characterize the crisis of escalating social violence manifesting in a society as sustained violence, recording across several spaces including schools, communities, households and other private and public spaces.<sup>2</sup> As Tani Adams writes, "[i]n Mexico, Colombia, Central America, the Caribbean and elsewhere in Latin America, people are riveted by spiraling social violence and the threats it poses to democracy." Jamaica has one of the highest rates of reported violent crime in the Western Hemisphere, with some communities affected by violence for decades. For years, the country has been grappling with sustained reported violence, 5 which includes violence against women, girls and other marginalized populations from various age groups.<sup>6</sup> These violent practices include murder, shooting, rape, sexual assaults and other physical and bodily harm. While the majority of violent crimes are committed in the context of organized and semi-organized gang violence, usually between and among young men,<sup>7</sup> violence is constantly perpetrated against women, girls and other marginalized populations in the country. Jamaica is seen to have one of the highest rates of intimate partner violence globally,8 and according to the UN Office on Drugs and Crime (UNODC), has the second highest rate of femicide in the world.9



In this respect, GBV refers to those harmful acts of violence directed at an individual or a group of individuals based on their gender and is often rooted in gender inequality, the abuse of power and harmful societal norms. Although the term is mainly used to underscore structural, gender-based power inequalities that place women and girls at risk for multiple forms of violence, it also covers targeted instances of violence against men, boys and people of different sexual orientations and gender identities. This violence manifests in various forms, including domestic violence (physical, sexual, financial, emotional, verbal); sexual assault; trafficking in persons; child abuse; sexual harassment; and, acts or threats of sexual, physical or psychological violence occurring in and around schools, perpetrated as a result of gender norms and stereotypes. The known consequences of experiencing GBV include death, injury, HIV infection, unwanted pregnancies/miscarriages, post-traumatic stress disorder (PTSD), suicidal thoughts, negative self-perceptions and insecurities.

GBV is recognized as one of the most pervasive human rights violations globally.<sup>13</sup> It affects people's lived realities differently based on intersecting identities and has significant impacts on a country's ability to attain its human development goals. According to the United Nations Population Fund,

Gender Based Violence is a problem across the Caribbean region. Intimate partner violence, domestic violence, sexual violence among others are the most common forms of Gender Based Violence in the Caribbean region. Recent studies conducted in Grenada, Guyana, Jamaica, Suriname and Trinidad and Tobago indicate that 27-40 percent of women reported to have experienced violence at the hands of their partners.<sup>14</sup>

Further, in a survey of the situation in Jamaica, it was concluded that: "[o]ne in four women (25.2 per cent) has experienced physical violence by a male partner and 7.7 per cent has been sexually abused by their male partner. Lifetime prevalence of intimate physical and/or sexual violence was 27.8 per cent." 15

The Parliament of Jamaica has taken steps to adopt and implement legislative, policy and other measures towards dealing with the problem of GBV in the society. Of note was the launch of the *National Strategic Action Plan to Eliminate Gender-Based Violence (NSAP-GBV) 2017-2027*, with strategic priorities towards prevention, protection, intervention and legal procedures, along with protocols for data collection. However, there is still no legislative follow-up to the strategic initiative to enact a general national legislation to deal with GBV in all its manifestations and ways in which it affects various populations. Current GBV laws are still organized in a piecemeal fashion, and at the advocacy level, the focus is often on violence against women (VAW), because the phenomenon is deemed to be harsher on women and girls in the society. However, there are concerns that discourses around GBV in the Caribbean often fail to recognize GBV outside of heteronormative framings that ultimately exclude the experiences of transgender, intersex and non-binary people, for whom gender is central to their experience of violence.

The *Domestic Violence Act* (DVA),<sup>19</sup> which was enacted to provide protection to victims of physical and mental abuse from persons they reside with, or relate to on an intimate or familial level also does not currently take into account the intimate partner violence which occurs outside of heterosexual unions and therefore excludes from remedy some persons who may experience violence in the domestic setting. Namely, according to the Interpretation Section of the DVA:

"spouse" includes (a) a woman who cohabits with a man as if she were in law his wife; (b) a man who cohabits with a woman as if he were in law her husband; (c) a former spouse"

"visiting relationship" means a relationship between a man and a woman who do not share a common residence..."20

The DVA is also seen to be limited in scope in its jurisdiction and protection mechanisms. Although the Act offers remedies such as Protection Orders and Occupation Orders, it lacks proper mechanisms to follow through with these remedies if and when they are granted. There are also concerns about the lack of adequate resources to support the intention of the law. According to retired Deputy Commissioner of Police Novelette Grant in an interview with the *Jamaica Observer* in 2020,

[T]here is no refuge for people who are living in a house with a man who is abusing her, or a man who is living in a house whose life is miserable. Where can you go? That is the dilemma. Everybody saying people should leave, but leave and go where? The current legislation is weak; the current social services not adequate.<sup>21</sup>

In addition, legislations that deal with other forms of violence, such as physical and sexual violence, <sup>22</sup> are not gender-responsive and therefore do not take into consideration all parts of the population that may be at increased risk of violence based on their real or perceived sexual orientation, gender, type of work, HIV status and disabilities.

# Methodology

The central research question that this case study sought to address is as follows: How does the existence and implementation of GBV laws in Jamaica affect marginalized populations in the country? The specific research objectives were to:

- Interrogate the institutional and structural issues that contribute to GBV in the Jamaican society.
- Interrogate the experiences and/or perceptions of GBV in marginalized communities.
- Explore preventative and support mechanisms against GBV in marginalized communities.
- Identify the shortfalls of the current piecemeal legislative approach to dealing with GBV.
- Advance proposals towards strengthening the legislative framework to eliminate GBV in Jamaican society.

Data collection for this research relied on in-depth interviews with two groups of participants: members of marginalized populations who have experienced GBV and experts from the fields of law, academia, civil society and religious leadership. The researcher conducted seven interviews with experts and ten interviews with members of marginalized groups – persons living with HIV (PLHIV), members of the LGBTQ+community, sex workers (SW) and persons living with a disability (PLD) from five parishes across the island of Jamaica (Kingston, Saint Andrew, Saint Catherine, Saint Ann and Saint James). Some participants from the marginalized groups identified as belonging to two or more of the listed populations and have contributed perspectives from all the populations that they identify with. These respondents were between the ages of 18 and 49.

The expert participants included the following profiles:

- 1. Father Sean Major Campbell, clergyman with over 30 years' experience in Jamaica and the Cayman Islands with a particular focus on human rights work and advocacy.
- 2. Joy Crawford, the Co-Founder/Development & Training Director at Eve for Life, a non-governmental organization (NGO) in Jamaica with a primary focus on creating the space for young women who are vulnerable to HIV/AIDS, teenage pregnancy, child sexual abuse and exploitation, incest, rape and GBV.
- 3. Dr. Natasha Mortley, a sociologist (by training), gender scholar/expert/researcher and the current Research Fellow at the Institute for Gender and Development Studies, University of the West Indies Regional Headquarters, whose work includes studies on men and masculinities in Jamaica and Trinidad.



- 4. Latoya Thomas, an attorney-at-law in Jamaica who currently provides legal support in cases of human rights violations for marginalized population in her capacity as Legal Support Officer at Jamaica AIDS Support for Life (JASL).
- 5. Marilyn Thompson, a social worker at Jamaica AIDS Support for Life with decades of experience working on projects dealing with GBV.
- 6. Carol Watson Williams, a social research consultant who has worked broadly on gender, development and social policy and was the National Coordinator for the first violence against women and girls (VAWG) prevalence survey conducted in Jamaica.
- 7. Jade Williams, an attorney-at-law in Jamaica who currently provides legal services and training on issues related to the human rights of marginalized populations in her capacity as Policy Specialist at Jamaicans For Justice (JFJ).

The interviews were conducted in English, but some interviewees gave their responses in Jamaican Patois, and this was reciprocated by the interviewer and replicated throughout all the groups. Some potential participants from marginalized groups gave consent but were not able to participate in the interview process due to their own personal circumstances. Some women participants experienced challenges meeting with the researcher because of their roles as caregivers and/or breadwinners. On two occasions, the interviews had to be rescheduled due to the fact that the participants still lived with the perpetrators and would not be able to leave the home to come to the interview site and/or were not able to conduct interviews online during the times when the perpetrator was at home.

Some of these challenges were foreseeable, as the researcher had previous work experience as a lawyer and legal support officer for marginalized populations from all the groups interviewed and has had experiences in conducting data collection in instances where adequate protection and mechanisms had to be put in place in the interest and wellbeing of participants. In those regards, the in-person interviews and some online interviews were conducted at safe and familiar sites with the help of a "gatekeeper" to ensure comfort and privacy. In the publication of findings, steps were taken to use pseudonyms or initials where possible to preserve the identity of participants, and in several cases, some interviewees were kept completely anonymous. The researcher's work in human rights advocacy and activism for marginalized populations allowed for good rapport between participants and the researcher, which made it easy to identify the needs of the participants before and during a given session. This assisted with progressing, postponing or cancelling interviews when it was assessed to be in the best interest of the participants to do so.

### Gendered manifestations of chronic violence

GBV is a manifestation of chronic violence, which, according to Adams, "undermines social relations and provokes perverse social behavior that is naturalized among vulnerable groups and becomes a perverse norm that can be transmitted intergenerationally." It is gleaned from the findings that GBV is manifested on a population-by-population basis and some of the expert interviewees (especially civil society leaders) were keen on highlighting the specified elements that required attention in order to end GBV. Joy Crawford from Eve for Life highlighted the ongoing role of patriarchy in the lives of young girls, which creates further issues for their development. According to Crawford:

For young girls, emotional pressure of what a girl looks like starts in the home, churches. Questions surrounding her role as a girl: is she doing female work in terms of washing cooking cleaning. The responsibilities to the brothers and younger siblings, etc. The question of is she submissive to the males in the family, etc are widely considered. Any girl child who goes out of that norm could experience emotional and physical violence. The girl child becomes open to sexual violence and/or financial violence. Gender inequality and power relations play a major role in violence.<sup>25</sup>

Respondents from marginalized populations listed stigma, discrimination, economic dependence and financial needs as some of the factors that made them or people in their community more likely to experience GBV. This was highlighted as a reality for PLHIV, sex workers, LGBTQ+ persons and physically and mentally disabled persons. For sex workers, gendered violence is seen to manifest in the home, in the community (on the streets), during sex work and even when reporting GBV to the police. Keisha, a respondent from the sex worker population in Kingston, highlighted 20 years of abuse in a 25-year relationship and also recounted murder and violence against her colleagues on the streets. Stigma and discrimination were seen to be the driving force behind sustained violence against persons based on their HIV status. GBV was seen to be a consequence of living with HIV. Four interviewees from the Kingston, Saint Catherine, Saint Ann and Saint James regions saw their HIV statuses as the vehicle to the violence they encountered from partners, families, clients, the police and the general community. These respondents highlighted that the stigma and discrimination led to isolation and in some respects significantly impacted their health and ability to seek help.

In the introductory stages of the interviews, participants were asked to identify the most common forms of GBV in their community. When asked this question, all participants indicated that intimate partner violence<sup>32</sup> (physical, sexual and emotional abuse or controlling behaviors by an intimate partner) was the most common form of GBV in Jamaica. In this respect, intimate partner violence includes both heterosexual and same-sex partnerships. Child abuse was also highlighted as a form of GBV that needs attention. According to T.L., a disabled participant from Saint Ann who is both a survivor and a GBV case/community worker in the parish, since the start of 2023 she has encountered at least four cases of child abuse, along with women who have been beaten by their partners.<sup>33</sup>

When participants were asked about the perpetrators of GBV, men were identified as the perpetrators and women were identified as the victims or survivors of GBV. This identification of "men" and "women" was not limited to the gender normative constructs present in the *Domestic Violence Act* but were represented based on how GBV was actually manifested in their lives and work. It was highlighted that in same-sex relationships, the violence is usually perpetrated by the person who is perceived as more masculine and holds the power and/or the financial means in the relationship. According to a transgender woman from the parish of Saint Catherine who was interviewed for the study, she has stayed in her abusive relationship for nine years (including at the time of the interview) because of her lack of power in the relationship and the lack of alternative housing and other financial opportunities, which she indicates is the general reality of transgender women in Jamaica.<sup>34</sup>

# Gendered impact and/or responses to chronic violence

# Support and preventative mechanisms

Preventing and responding to GBV requires that services be made available and accessible to victims and survivors. Joy Crawford explained that according to her years of experience, there are multiple ways to support survivors, especially vulnerable women and girls.<sup>35</sup> She highlighted that survivors' help-seeking behavior for instances of GBV varies and is subjective to the type of violence encountered.<sup>36</sup> Contrary to popular belief, some experts highlighted that the church, women's organizations and family members are places where victims and survivors are least likely to seek support. The church in particular was highlighted as one of the main proponents of anti-LGBTQ+ rights sentiments in the country and standing in opposition to the realization of the constitutionally guaranteed fundamental rights and freedoms of all Jamaicans.<sup>37</sup> According to Father Sean Major Campbell, in his experience as a religious leader, human rights advocate and counsellor:

Not all vulnerable population go to seek help because gender roles matter...the one who is feminine presenting is often the victim and in our cultural context, how does that individual go to the police to say my lover is beating me? How does that person go to the church which is a big stakeholder in counselling work...the church who will condemn them... and they definitely will not call family members.<sup>38</sup>



The majority of the respondents from marginalized groups indicated that they feel safest going to an NGO for guidance and support around medical and legislative remedies. They cited a fear of stigma and discrimination when deciding where and how to seek health and legal redress for instances of GBV. Although some are aware that the police or health facilities will be part of the response, they express comfort in NGO spaces as first responders. The majority maintained a lack of trust in the police to assist with instances of intimate partner violence due to the perceived incapacity of the police to deal with their matters without prejudice. Bless, a woman living with HIV from the parish of Saint Catherine who has experienced GBV, indicated that:

Well, for me I don't trust the police station, so I would not go there. I would rather go to Jamaica AIDS Support for Life to make a complaint. Sometime you go to the police station and most time they can't do nothing about it and even so it does not make sense.<sup>39</sup>

Also, according to Keisha, another respondent from the Kingston area who identified as a sex worker:

I live with my babyfather for 25 years...I take him up as a good babyfather but afterwards ...me and him start war constantly until it all reach a court house. When the judge decide she ago lock him up mi haffi beg fi him and cry cree...and when mi cry cree and tell the judge say him change...just because mi noh have anybody else fi finance di kids dem...di man come back and beat mi next week.<sup>40</sup>

She explained in Patois that she was sure she could not have gone back to the police station to report the perpetrator again because:

Di police dem woulda run mi wey, because mi beg fi him...so at the end a di day mi just have to live wid it [the beating] and know say Father God wi take care of it.41

Her situation lasted for 20 years. She recalled that the violence only stopped when she had a major operation in the hospital and the perpetrator seem to take pity on her and stopped the violence against her.

When participants were asked to explain what they had done or what persons usually do to protect themselves from instances of GBV, some respondents from the marginalized populations<sup>42</sup> expressed the fear of "fighting back" when attacked by perpetrators or calling the police due to the other implications attached to such actions. Some of the respondents<sup>43</sup> indicated that they were totally dependent on the male perpetrator for financial support and therefore could not put any physical protective systems in place. Other respondents<sup>44</sup> highlighted the inability to protect themselves from sexual violence and, in the case of PLHIV, from unprotected sex, which could lead to HIV transmission and/or interruption of their viral levels. Marilyn Thompson, the social worker at Jamaica AIDS Support for Life, indicated that protective mechanisms, especially for women looking to leave ongoing violence, are not always about fighting back, but include educational advancement, which enables women to get jobs and creates independence to support their ability to leave.<sup>45</sup>

## Awareness of existing rights and protection mechanisms

When asked about awareness around the laws, policies and the authorities to protect persons from GBV, all participants were aware that laws and policies existed to prevent or protect from GBV, but some respondents from the marginalized populations<sup>46</sup> were unable to identify the names of any laws or whether in actuality they provide remedy.

The expert participants had particular concerns about the insufficiency of the laws to cover the broad scope of GBV.<sup>47</sup> Of particular note was the *Domestic Violence Act*, which is the primary legislation that currently addresses some forms of GBV. Some expert respondents contends that the DVA in its scope does not offer sufficient remedy to persons in all types of unions and concluded that expanding the understanding of GBV beyond VAW will embolden the need for comprehensive legislative framings to address all victims of GBV.<sup>48</sup>According to Jade Williams, policy and advocacy specialist at Jamaicans for Justice, the laws and policies in Jamaica, including the *Domestic Violence Act*, should be strengthened. In particular, the implementation of order of occupation and orders of protection should be strengthened to better ensure the safety and security of survivors.<sup>49</sup> Williams highlighted that "the survivors have to serve the Order or ask police who are not bound to assist," which means that there is a risk to a survivor who will have to interact with a perpetrator to serve an order from the courts. In such instances, this further revictimizes survivors and can lead to them not pursuing the matter out of fear.

The dismissive attitudes of police officers towards male and female survivors were also highlighted as a deterrent to the application of the Act, even though police have a general mandate to deal with all instances of violence, gendered or otherwise. Overall, all participants were aware of the role of the police to serve and protect in instances of disputes but had varied responses based on their own experiences with the police or their area of work. The role of the police as first responders in instances of GBV is seen to be an important step to achieve redress and therefore will determine the outcome for survivors and the effectiveness of the various mechanisms. As reported in 2020 by the *Jamaica Observer*, women and other groups are constantly turned away from police stations by the police without any opportunity of redress.<sup>50</sup>

## Institutional and structural issues and shortfalls in the laws

Both the expert interviewees and members of marginalized populations agreed that legislation does not provide protection or support without effective implementation and support mechanisms. In particular, Dr. Natasha Mortley, a research fellow at the Institute for Gender & Development Studies, explained that stigma and discrimination – especially among people of higher socioeconomic status – lead survivors, particularly queer women, to fear ridicule if they report their experiences of GBV. People living with disabilities also face barriers to reporting because of a frequent lack of evidence and communication issues.<sup>51</sup> Mortley emphasized that seeking care can be difficult because Jamaica does not "have a culture of therapy", especially for men and when. Additionally, persons simply do not trust the legal and justice system, highlighting the need "to bring back trust in the legal and justice system."<sup>52</sup>

Overwhelmingly, interviewees from marginalized populations reported that they do not have faith in the current laws of Jamaica to address GBV appropriately. However, the gender experts in academia offer further explanations of the lack of faith in the current laws by suggesting that the problem is, in fact, not with the law itself, but with its application, as suggested by Watson Williams.<sup>53</sup> She believes there are certain nuisances and that sometimes the issue comes from there being no gendered understanding of GBV in the application of the laws.<sup>54</sup> Mortley also pointed out that the laws are changing, but it is not just about changing the laws; it is about changing the system.<sup>55</sup> She explained that "we need a justice system that is more responsive" and that duty bearers, such as judges, magistrates and lawyers, need training on gender and human rights issues to gain sensitivity and awareness.<sup>56</sup>



### Conclusion and recommendations

Gaps, in particular intersectional gaps, in the implementation of GBV laws in Jamaica further inequalities and cycles of sustained and unreported violence, especially for marginalized populations. The need for gender-responsive legislations to deal with pervasive issues that impact the human rights and dignity of all Jamaicans is critical. The *Domestic Violence Act* is found to be limited in scope in its jurisdiction and protection, and there is an urgent need to enact a general national legislation to address all forms of GBV. The findings suggest that the issues faced by marginalized population are usually compounded when the policies already operationalized by Parliament are not enforced or are obscured by prejudicial and discriminatory conduct by some law enforcement officers, health care service providers and officials in the justice system. Civil society organizations that create spaces for marginalized populations are overwhelmingly seen as the first responders in the nation. Due to the trust that marginalized groups have in these organizations, it may be beneficial for state agencies to work closely with civil society on best practices towards the elimination of GBV in Jamaican society. Although there are efforts on the part of the government to create and review legislations, an opportunity exists to move from paper to action in creating a more equitable, just and violence-free society for all Jamaicans. There is a need for an education campaign on GBV, tailored to the needs of all members of society. There is also an opportunity to reshape the police's role to better serve as a mechanism of prevention and protection.

The following are recommendations for improving legislative frameworks, access to justice and wellbeing:

#### Recommendations for the Government and the Parliament

- Enact all-encompassing, more inclusive and gender-transformative GBV legislation that deals with all forms of GBV affecting the various populations in society.
- Conduct legislative review towards more gender-responsive remedies.
- Broaden the definition of the protection and preventive mechanisms available to offer more protection to persons from marginalized groups who are not protected under the current *Domestic Violence Act*.
- Implement policy and training initiatives to break the cycle of stigma and discrimination meted out in the health care sectors, law enforcement agencies and the justice system against persons living with HIV; sex workers; persons from the LGBTQ+ communities; people living with disabilities and other inadequately served populations.
- Initiate awareness-raising campaigns and trainings for community members on their rights according to Jamaican law.
- Conduct audits on the government's first response mechanisms to understand GBV response in practice compared to theory.
- Conduct audits on the legal and criminal justice systems to ensure effective case management and remedies.
- Work with the NGO sector to center the voices and experiences of marginalized in policy processes.

#### Recommendations for the community leaders and the general community

- Embark on community sensitization/learning initiatives to break cycle of stigma and discrimination meted out to persons living with HIV; sex workers; persons from the LGBTQ+ communities, people living with disabilities and other inadequately served populations in the community.
- Work towards preventing and ultimately ending all instances of GBV in the community against persons based on their real or perceived HIV status and sexual orientation.
- Embark on targeted community interventions and/or campaigns to address the issues surrounding cultural and social norms to end GBV.
- End the culture of silence as it relates to intimate partner violence in the various communities' island-wide.
- Embark on community initiatives that are inclusive and beneficial to all members of the community regardless of race, class, sexual orientation and other status.

# **Endnotes**

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