

Women's Health Survey 2016

Jamaica

FINAL Report

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EXECUTIVE SUMMARY

Introduction

Although Jamaica's comprehensive legislative environment protects the rights of women and girls, they continue to suffer high rates of sexual victimization. Indeed, "gender-based violence presents one of the greatest impediments to women's well-being and their right to equal citizenship" (Robinson, 2004). Violence against women and girls is driven by the intersection of cultural, economic, social and political factors, which undermine women's position in Jamaican society and reinforce the notion of female subordination and male domination. Entrenched notions of male and female roles and entitlements in society undergird this violence, signalling that efforts to eliminate it must be multi-pronged, focusing on psychosocial interventions as well as legal and policy actions.

This is the first report to provide a comprehensive examination of the nature and prevalence of violence against women and girls in Jamaica. It examines women's lifetime and most recent experiences of both intimate partner and non-partner violence and abuse. The report examines abuse in multiple dimensions, both sexual and non-sexual, including economic coercion. The data collected for this report allows for an understanding of the factors that may be associated with violence against women and girls, the impact of violence on women's physical and mental health and various coping strategies that women have employed in response to abuse. The report also discusses women's attitudes towards gender roles and a general profile of the perpetrators of abuse.

Socioeconomic and Legal Context

In 2015, Jamaica ranked 94th of 188 countries in the United Nations Development Programme's (UNDP) Human Development Index (HDI), placing it in the high human development category. Jamaica has also performed commendably on the Gender Development Index (GDI), which sex disaggregates performance on the HDI by looking at gender inequalities in achievement in three basic dimensions of human development: health, education and command over economic resources. The 2016 female HDI value for Jamaica was 0.719, in contrast to 0.738 for males; Jamaica's 2016 GDI value was 0.975. This suggests that the socioeconomic gap between women and men in Jamaica, as measured by these indices, is minimal.

The country is party to seven of the nine core international human rights instruments and has passed local legislation to complement the protections offered by these conventions. These international and local instruments cover a range of human rights issues, including children's rights, child prostitution, trafficking in persons, child pornography, sexual assault and sexual discrimination.

Despite this legislative environment, violence against women remains widespread; women and girls continue to suffer a high rate of sexual victimization. Jamaica's Beijing+20 report notes that the high incidence of gender-based violence and violence against women remain major

obstacles to the achievement of gender equality, women's empowerment and national development (BGA, 2016).

Research Objectives and Methodology

This study was specifically designed to collect information on women's health and their experiences of violence in Jamaica. It consists of quantitative and qualitative components; the report presents findings from both.

The study's main objectives were to:

- Obtain reliable estimates of the prevalence of intimate partner and non-partner violence against women;
- Determine associations between intimate partner violence against women and a range of health and other outcomes;
- Identify factors that may either protect or put women at risk of intimate partner violence;
- Document how women cope with intimate partner violence, including the strategies and services used;
- Gain an understanding of how social contexts and cultural norms drive intimate partner violence and other types of violence against women; and
- Make the data available for formulating policies, legislation and programmes to intervene in and to eradicate violence against women.

A combination of quantitative and qualitative methods was used to collect the data, including a household survey, in-depth interviews and focus group sessions. The household survey resulted in 1,340 respondents, with a household response rate of 85.5 per cent and an individual response rate of 65.9 per cent (1,069 respondents).¹ The questionnaire covered, *inter alia*, general and reproductive health; attitudes towards gender roles; experiences with intimate partner violence; impacts and coping with intimate partner violence; and experiences with non-partner violence.

Twenty focus group sessions were conducted around five themes. Themes explored include the roots and dynamics of intergenerational violence and lifetime abuse, the influence of socioeconomic contexts and diverse cultures on the experience and understanding of abuse, and how intimate partner violence is complicated by other forms of violence. Interviewees were comprised of representatives from the Dispute Resolution Foundation, the Victim Support Unit, the Centre for the Investigation of Sexual Offences and Child Abuse, the Peace Management Initiative, the Women's Centre, the Citizen Security and Justice Programme, the Jamaica Constabulary Force, the Pregnancy Resource Centre, the University of the West Indies, Women's Media Watch, and also included service providers, humanitarian personnel, police,

¹ The 'household response rate' reflects the interviewer's success in introducing the survey to a household and randomly selecting an eligible female; the 'individual response rate' is the ratio of completed interviews to eligible women in the household.

community leaders, representatives of women's organizations, perpetrators, victim-perpetrators, social workers and counselling psychologists.

Demographics

The survey targeted women between 15 and 64 years old. The majority of respondents (66.6 per cent) were between 25 and 54 years old. A majority, 64.7 per cent, was educated up to the secondary level. In terms of employment, 56.8 per cent were in wage employment or self-employment. Almost two-thirds (64.7 per cent) of women were in a relationship with a male partner.

Findings

Attitudes towards gender roles and intimate partner violence

There were mixed views about the roles of women and men in the family. Conservative values featured strongly in some areas, while in others women had a positive attitude towards gender equality. Over three-quarters of women (77.4 per cent) agreed with a statement that it is natural (God-intended) that a man should be the head of his family; 70.2 per cent agreed that a woman's main role is to take care of the home; approximately one-third (32.2 per cent) agreed that a wife should obey her husband even if she disagrees with him; and 31.4 per cent believed that a wife is obligated to have sex with her husband whenever he wants (except when she is sick or menstruating).

The views of Jamaican women regarding gender roles present an interesting picture. Some traditional beliefs about the respective roles of women and men are deeply entrenched in Jamaican culture, even among women with more contemporary views of gender roles. This underscores the nuances and complexity of beliefs about gender roles. While women embrace positive beliefs (e.g. that authority in the home should be shared and that women should be able to spend their own money) and reject the more coercive ideas of sexual obligation and obedience to their partners, they continue to believe that men are the natural heads of families and that it is a woman's responsibility to take care of her home.

Of the attitudes towards intimate partner violence canvassed, the largest proportion of women agreed that violence between husbands and wives is a private matter. Further, 15.8 per cent felt that female rape victims had contributed in some way to being raped. Attitudes towards intimate partner violence were significantly correlated to location (rural/urban), age, level of education, union status and age at first union.

While most women have rejected many traditional views of the appropriate roles for women and men in society and are prepared to challenge social norms, the data suggests that some groups that are potentially more disempowered (such as adolescents, women with low education attainment and women who began living with a male partner in childhood) were more likely to have patriarchal understandings and beliefs about gender roles, violence against women and intimate partner violence.

Intimate partner violence

The report presents findings on the prevalence of different forms of violence and abuse against Jamaican women by their male partners. This includes physical, sexual, emotional and economic abuse. It reports on data collected from women who have ever been in an intimate relationship with a male partner. Two measures are used: lifetime prevalence and current prevalence. Lifetime prevalence refers to the percentage of women who have experienced intimate partner violence at any time. Current prevalence is a subset of lifetime prevalence; it refers to the percentage of women who have experienced intimate partner violence within the previous 12 months.

One 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. There was no significant difference across rural and urban areas or by union status. However, women who had entered into a live-in partner relationship at an early age (under 19 years) had a higher prevalence of lifetime intimate partner physical violence — 45.0 per cent compared with 24.5 per cent for those who had entered into such relationships at age 19 years and older. Respondents who had cohabited at a younger age also had a higher rate of current physical abuse, at 16.0 per cent versus 5.9 per cent nationally. Women who have been pregnant were significantly more likely to experience physical abuse by their male partner (27.4 per cent) than women who have never been pregnant (11.3 per cent).

Although the prevalence of intimate partner physical violence was higher among women with lower levels of education than among those with higher levels, 19.3 per cent of women with the highest levels of education had been victims of intimate partner physical violence at some point in their lives. Acts of violence included slapping, beating with fists, pushing and kicking to attacking with a weapon (or threatening to do so).

Severe acts of violence (such as hitting with fists or an object, kicking, dragging, choking or burning) were experienced by 18.2 per cent of respondents. This was not correlated to the women's area of residence, union status, source of income or employment status. However, the higher the education level of women, the less likely they are to experience either moderate or severe intimate partner physical violence. Among women who were abused, those with the lowest level of education had the highest prevalence of moderate intimate partner physical violence (11.9 per cent), with 20.9 per cent experiencing severe intimate partner physical violence. Women with a tertiary level of education had the lowest prevalence at both levels.

Some 5.1 per cent of women experienced physical violence while pregnant, with little difference between rural and urban areas — 4.7 per cent and 5.4 per cent, respectively. For 86.8 per cent of these women, the perpetrator was the father of the child. For 12.7 per cent of those women, the father of the child had not beaten the woman prior to her becoming pregnant. For more than 20.0 per cent of women who were beaten during pregnancy, the beating involved kicking or punching in the abdomen.

The qualitative study found that women who have endured abuse for an extended period of time may train themselves (or are trained to) tolerate or even trivialize some forms of violence against women. Women have their own measures of what constitutes severe, moderate or mild forms of abuse/violence; some of these subjective gradations defy what some onlookers — particularly persons unfamiliar with Jamaican subcultural contexts — may regard as rational and acceptable.

The data presented in this study shows that intimate partner violence affects more than one in every four women in Jamaica. Women are at risk for both physical and sexual violence by an intimate partner, with young women under 30 years old being particularly at risk. Women who are poorly educated, those who are economically vulnerable and those who began living with a man as minors were shown to be more consistently at risk for a range of violence and abuse. The data raises concerns about the vulnerability of women who have been pregnant, revealing that women's risk of violence increases with pregnancy. The reasons for this are unclear, warranting further investigation.

Men's use of alcohol or recreational drugs increased women's risk of physical and/or sexual violence and establishes that women whose partners behave in controlling ways are at significantly increased risk of intimate partner violence. These findings are consistent with international research on violence against women.

While the survey did not find statistically significant relationships between women's attitudes regarding gender norms and intimate partner violence, the qualitative findings affirm that violence against women is abetted by cultural beliefs and practices, such as defining masculinity in relation to power and domination ('natural head') and intergenerational violence, which propagate contexts in which violence against women is buoyed.

Impact of partner violence on women's health and well-being and their children

The data shows that intimate partner violence has grave consequences for women's physiological and psychological health. Women who are abused have poorer general health and are more likely to suffer from depression and consider suicide than women who have never been abused. The danger that intimate partner violence poses to the children of battered women is particularly profound. These children are more likely to drop out of school at a young age and face all the risks that flow from this and early exposure to violence.

Women's responses and coping strategies

Women who face physical and sexual partner violence in Jamaica have found several ways to cope with and challenge this violence. Though some remain silent, the majority (80 per cent) do not. They tell their friends, family and neighbours about their experiences with intimate partner violence. Though they speak to members of their personal support system, most women do not formally seek help from institutions or agencies that can provide this help. The data suggests that women may only seek help from the police when they are severely injured; almost half of those who went to the police were satisfied with the help they received. The data revealed that women do not choose to seek help for intimate partner abuse from religious organizations,

social service institutions or women's groups; they instead choose to seek help from their personal networks. Worryingly, of those who sought help from any source, 39.1 per cent reported receiving no help. Some 71.5 per cent of women who experienced physical or partner violence fought back.

The study found that approximately one-half (50.4 per cent) of abused women indicated that they have never left home; for many women, leaving is one of the last responses to violence. Most leave because they are overwhelmed by the violence or because they were badly injured. In many cases, women return, sometimes to leave again. Women sometimes return out of concern for their children and a desire to keep their families together or because they have forgiven their abusers. Women's experiences underscore the complexities women face when trying to cope with and terminate abusive intimate partner relationships.

Sexual violence against women by others (non-partners)

Over one-fifth (23.0 per cent) of women had been sexually abused by men other than their partners and, for 3.0 per cent, this happened within the 12 months prior to the interview. One in four women (24.0 per cent) reported being sexually harassed during their lifetime; 13.0 per cent reported this happening within the 12 months prior to the interview.

Friends or acquaintances were reported as the perpetrator by 43.2 per cent of respondents, and family members other than parents or siblings by 15.0 per cent. People unknown to the victim were the perpetrator for 23.1 per cent of women who reported non-partner sexual violence.

Some 15.0 per cent of respondents reported experiencing sexual touching by a non-partner; one in 10 respondents had been forced to have sexual intercourse by a non-partner; 12.0 per cent of women have had men attempt to forcibly have sex with them. Women who first lived with a man when they were minors reported a higher prevalence of sexual violence (29.4 per cent) than women whose first cohabiting relationship began when they were older (21.9 per cent).

One-fifth of Jamaican women reported being sexually abused before reaching 18 years of age. The main perpetrators were friends or acquaintances (22.9 per cent), strangers (16.5 per cent) and family members other than parents or siblings (15.9 per cent).

Women who reported ever having had sex were asked to indicate the age at which they first had sex. Of these women, 52.2 per cent had their first sexual intercourse between the ages 15 and 17 years, while 34.1 per cent had their first sexual experience at 18 years or older. Close to 14.0 per cent of respondents had their first sexual experience before the age of 15 years. Under Jamaican law, the age of consent is 16 years old; any sexual intercourse with a girl under that age is considered statutory rape. Among the women who reported their age at first sex to be below age 15, almost one-third (32.8 per cent) reported that this experience was forced.

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This report provides evidence that violence against women in Jamaica is widespread. More than one in every four Jamaican women between the ages of 15 and 64 years of age will, over their lifetime, experience intimate partner physical and/or sexual violence. Further, a similar proportion of women experience non-partner sexual violence. The data shows that some groups of women have are victimized by intimate partners at a far higher rate than others, as some sociodemographic characteristics heighten women's vulnerability to intimate partner violence. At particular risk are women with no or only primary level education, women who have been pregnant and women who began cohabiting with a male partner when they were minors.

Although the survey found many interesting statistically significant relationships across sociodemographic groups, the absence of these relationships also tells a story about the universality of women's experiences. In several instances, age, education, employment status, union status or living in rural or urban areas made no difference to the experience.

Chapter 1 Overview of Violence against Women in Jamaica

1. Introduction

Although Jamaica's comprehensive legislative environment protects the rights of women and girls, they continue to suffer high rates of sexual victimization. Indeed, "gender-based violence presents one of the greatest impediments to women's well-being and their right to equal citizenship" (Robinson, 2004). Violence against women and girls is driven by the intersection of cultural, economic, social and political factors, which undermine women's position in Jamaican society and reinforce the notion of female subordination and male domination. Entrenched notions of male and female roles and entitlements in society undergird this violence, signalling that efforts to eliminate it must be multi-pronged, focusing on psychosocial interventions as well as legal and policy actions.

This is the first report to provide a comprehensive examination of the nature and prevalence of violence against women and girls in Jamaica. It examines women's lifetime and most recent experiences of both intimate partner and non-partner violence and abuse. The report examines abuse in multiple dimensions, both sexual and non-sexual, including economic coercion. The data collected for this report allows for an understanding of the factors that may be associated with violence against women and girls, the impact of violence on women's physical and mental health and various coping strategies that women have employed in response to abuse. The report also discusses women's attitudes towards gender roles and provides a general profile of the perpetrators of abuse.

1.1. Demographic and Socioeconomic Profile of Jamaica

Jamaica has a population of 2,717,991² (51 per cent of whom are women), the largest population in the English-speaking Caribbean. The population is a young one; the median age is 25.6 years old. According to 2016 estimates, the life expectancy of the overall population is 73.6 years (approximately 75.3 years for females and 72 years for males).³ The Jamaican population is undergoing what is described as a 'demographic transition' (PIOJ, 2015, p.20.2). This means that the population structure is changing; it is moving away from one with a high proportion of children to one in which the elderly is the fastest growing segment,⁴ and that the proportion of children is declining while the working age population is expanding (ibid.). This is the result of changing mortality and fertility patterns, driven by improvements in health care, improved education and economic opportunities for women and changes in culture and beliefs. These are areas that are significantly affected by movements towards gender equality.

The country has moved up the ranking in the United Nations Development Programme's (UNDP) Human Development Index (HDI). The country is now ranked in the high human

² http://statinja.gov.jm/demo_socialstats/population.aspx

³ http://www.indexmundi.com/jamaica/demographics_profile.html

⁴ Increasing by 29.8 per cent in the last two decades.

development category, at 94th of 188 countries in 2016.⁵ This is in keeping with significant declines in the prevalence of poverty in the last twenty years, although this rate of decline slowed in 2007/08 when the fragile Jamaican economy was undermined by the world economic recession.⁶ The increase in poverty particularly affected female-headed households and those in the rural areas (PIOJ, 2014).⁷ Female-headed households are generally larger and include more children, women and the elderly, and also have a lower mean consumption than compared with households headed by men.⁸ The larger number of dependents makes female-headed households more vulnerable to the effects of negative external stimuli, such as economic downturns and high inflation.

Jamaica has performed commendably on the Gender Development Index (GDI), which sex disaggregates performance on the HDI by looking at gender inequalities in achievement in three basic dimensions of human development: health, education and command over economic resources. The 2016 female HDI value for Jamaica was 0.719, in contrast with 0.738 for males; Jamaica's 2016 GDI value was 0.975. This suggests that the socioeconomic gap between women and men in Jamaica, as measured by these indices, is minimal.

Notwithstanding GDI performance, the Labour Force Survey has consistently shown that women in Jamaica have lower rates of labour force participation than men⁹ and that they experience higher rates of unemployment (16.9 per cent compared to 9.5 per cent for men in 2016) (STATIN, 2016). Despite this lower labour market participation rate and higher rate of unemployment, women bring higher levels of qualifications and skills to the labour market than men (ibid).

Nonetheless, gender-based differentials in wages persist in Jamaica. The 2016 Global Gender Gap Report showed that Jamaican women were earning approximately 63 cents for every dollar earned by a man for similar work (World Economic Forum 2016).¹⁰ This was an improvement over 2015 when the value was 60 per cent. This situation exists even though since 1975 the Equal Pay for Men and Women Act has mandated that men and women must be paid equally for work of equal value. Further, although there are no formal or legal barriers to women's entry to any occupational group, *de facto* barriers do exist. These barriers are primarily driven by social norms, which dictate the occupational activities considered 'appropriate' for men and women. The result is clear sex segregation across the labour force, with women dominating some occupational groups and men others.

⁵ <http://hdr.undp.org/en/countries/profiles/JAM>

⁶ The prevalence rose from 9.9 per cent in 2007 to 17.6 by 2010, moving up to 19.9 per cent in 2012.

⁷ <https://info.undp.org/docs/pdc/Documents/JAM/Comprehensive%20Assessment%20of%20Jamaica%20Progress%20Towards%20the%20MDG.pdf>

⁸ In 2012, male-headed households' total consumption expenditure was 24.7 per cent higher than that of female-headed households.

⁹ In 2016, the female labour force participation rate was 58.7 per cent, compared with 71.2 per cent for men.

¹⁰ The indicator used by the World Economic Forum is "wage equality for similar work."

Young women experience the highest rate of unemployment in Jamaica; in 2016, 35.7 per cent of young women (20 to 24 years old)¹¹ were unemployed. This creates a context in which their vulnerabilities are increased and they are more exposed to threats of poverty and exploitation. Almost half the females aged 15 to 24 who are sexually active were coerced into having sex at the time of their first sexual encounter (Serbanescu, Ruiz and Suchdev, 2010). Where young women cannot choose when to have sex, they are likely to be powerless to make decisions about contraception methods, including condom use. This reproductive health environment has important implications for girls' pregnancy planning and timing and their vulnerability to sexually transmitted infections, including HIV. The unmet need for contraception among adolescents aged 15 to 19 years has been declining, falling from 7.1 per cent to 3.4 per cent in the decade between 1997 and 2008 (ibid.). This is paralleled by a decline in the teenage fertility rate from 112 in 1000 to 72 in 1000 over the last 10 years.¹² While falling, this rate is nonetheless one of the highest in Latin American and the Caribbean (UNFPA, 2013).

1.2. Legislative Environment

The country is party to seven of the nine core international human rights instruments, including the Convention on the Elimination of Discrimination against Women (CEDAW), and has passed local legislation to complement the rights protections that these international conventions offer. Jamaica ratified the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography in 2011. In 2009, Jamaica passed The Child Pornography (Prevention) Act and the Sexual Offences Act, which address child pornography and child prostitution respectively (HRC Report 2014). Jamaica is also a party to the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, known as the Convention of Belem Do Para. Trafficking in Persons was criminalized in 2007 under the Trafficking in Persons (Prevention, Suppression and Punishment) Act.

There is no clear discrimination in Jamaican law against women and girls.¹³ This non-discriminatory approach has also been extended to men and boys (who now have the same protection against sexual assault and a right to spousal maintenance). The Charter of Rights and Freedoms in the Jamaican Constitution grants explicit protection against discrimination based on sex. In addition to the introduction of this explicit constitutional protection, other legislative additions and amendments in the last decade have improved legal protections for women and girls in areas ranging from property rights to sexual victimization. However, there is some

¹¹ 56 per cent of girls in the 14 to 19 age cohort who are in the labour force are unemployed. However, this group's participation rate is 8.5 per cent, the lowest of all the age groups captured in the survey. The participation rate of women in the 20 to 24 cohort is 62.1 per cent.

¹² The age of first sex for girls has increased over the last twenty years, standing at 16.1 years in 2008 (for which data is last available).

¹³ Jamaican law is comprised of the Constitution, 'ordinary' Acts of Parliament and the provisions of international treaties to which Jamaica is a party. In the area of gender equality, these international treaties include The Universal Declaration of Human Rights, the Convention on the Elimination of Discrimination against Women (CEDAW), the Declaration of Elimination of Violence against Women and the Inter-American Convention on Prevention, Punishment and Eradication of Violence against Women (the Convention of Belem Do Para).

concern (Manjoo, 2016) about the adequacy of the legal protections in some areas of specific concern to women, such as sexual harassment at the workplace and gender-based violence.

The 2009 introduction of and 2011 revisions to the Sexual Offences Act have created new sexual offences for the protection of girls and boys and women and men. These include the criminalization of sexual touching, sexual grooming and procuring a minor for sex. The Act has also recognized marital rape as a criminal offence (S.5), although women in “intact” marriages cannot make a claim of rape against their husbands; it is deemed that the consent to sexual relations is ongoing. This treatment of marital rape in the law enforces the archaic concept of irrevocable consent as long as a woman has not taken steps to disrupt the marital relationship. Other prescribed conditions, including where consent is “extorted by physical assault or threats or fear of physical assault to the wife or to a third person” (s. 5(2)), only apply where there is a formal separation agreement or protection order, or where divorce proceedings have begun (s.5 (3)). The husband’s undisclosed knowledge that he is suffering from a sexually transmitted disease is a grounds for revocation of consent, and hence a premise upon which to make a claim of marital rape (S.5 (3)).

The Sexual Offences Act created the offence of Grievous Sexual Assault, which includes non-consensual sexual acts, including touching, anal and oral sex. The charge can apply to either female or male victims. Coerced anal penetration is not recognized as rape under the Act,¹⁴ although it can carry the same penalty as rape (S.6).¹⁵ The age of consent is recognized as 16 years, applying to both girls and boys (S.4). This is an advance on previous legal provisions, which recognized an age of consent only for girls. Incest is also recognized as a gender-neutral offence, offering boys and men protection from female relatives.¹⁶ The Act has also removed the possibility of a women’s sexual history being used to undermine her claim (UNDP, 2014). Given its range of provisions and protections, as well as stronger penalties for sexual offences, the Act has significantly fortified the protective environment against sexual crimes for women and men, as well as girls and boys, but it will require further revision to ensure the maximum protection against all forms of gender-based violence.

The Domestic Violence Act (1994, amended in 2004), provides redress and protection to persons affected by domestic violence. The Act itself, however, does not define domestic violence, leading to uncertainty about how to interpret crime statistics. There is no provision in the Act that distinguishes intimate partner violence from general intra-family violence. However, the Act acknowledges the sensitivity of sexual violence and seeks to preserve the dignity of victims by authorizing the judge to remove the public from the courtroom when such

¹⁴ Sexual intercourse is defined under S.2 of the Act as “the penetration of the vagina of one person by the penis of another person.”

¹⁵ Under S.6, the court has discretion in sentencing for grievous sexual assault; in some instances sentences can be for a maximum of three years, and in others (e.g. rape), the sentence can be 15 years to life.

¹⁶ With the exception of grievous sexual assault and sexual grooming, none of the offences under this act apply to same-sex violations.

matters are being heard.¹⁷ The 2004 amendment also gives common-law spouses the same protections afforded to legally married persons.

The Child Care and Protection Act has strengthened the environment in which sexual abuse of children is addressed. The Act imposes a mandatory requirement on citizens to report suspected or known acts of child abuse (including — but not limited to — sexual abuse). This has brought the high incidence of abuse of children, especially of girls, out of the shadows. Consequently, the number of cases of sexual abuse reported to the Office of the Children's Registry (OCR) has increased from 121 in 2007 to 3,806 in 2015. Of these, 90 per cent involved girl children.¹⁸

In addition to the offences created under the Sexual Offences Act, Jamaica has also passed the Trafficking in Persons (Prevention, Suppression and Punishment) Act (2007; amended in 2013), and the Child Pornography (Prevention) Act in 2009. Under the latter, the previously common-law crime of child pornography was given legislative standing and provides protection for girls and boys against this exploitation.

Despite these changes in the legislative environment, violence against women remains widespread, and women and girls continue to suffer a high rate of sexual victimization. Indeed, Jamaica's Beijing+20 report notes that high incidences of gender-based violence and violence against women remain major obstacles in the achievement of gender equality, women's empowerment and national development (BGA, 2016).

1.3. Violence against Women in Jamaica

The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life"¹⁹ (UN General Assembly, 1993). The international community recognizes violence against women as a fundamental violation of human rights, embodying not only physical violence but also emotional, sexual and physical assault, verbal abuse, humiliation, stalking and sexual harassment by former and current intimate partners. This affects women of all ages, socioeconomic strata and educational backgrounds.

Crime has been identified as "the main public safety issue for Jamaicans and a significant threat to the country's human and economic development" (Harriott and Jones, 2016). Though declining since 2010, Jamaica's violent crime rate is still higher than global and regional levels. Between 2009 and 2013, homicides declined by 30.2 per cent, shootings by 25.8 per cent and robberies by 12.5 per cent (ibid.). Murder of women, or femicide, declined by 15 per cent, but

¹⁷ For additional information, see <http://caribbean.unwomen.org/en/caribbean-gender-portal/caribbean-gbv-law-portal/gbv-developments-in-the-law#sthash.uIPxvly3.dpuf>

¹⁸ <http://www.ocr.gov.jm/index.php/statistics/2015-stats>

¹⁹ <http://www.who.int/mediacentre/factsheets/fs239/en/>

as a proportion of all homicides the rate remained stable at 10 per cent. Rape was an exception to this trend; it increased by 20.5 per cent over the same period.

Jamaica has no reliable estimate of the prevalence of violence against women, including intimate partner violence. The statistics²⁰ do not allow an examination of intimate partner violence as a discrete category of interest. This obfuscation of the data presents problems in assessing the extent of the problem and in efforts to design effective strategies to address gender-based violence (intimate partner violence in particular). Only 15.4 per cent of women who were victims of gender-based violence reported the matter to the police (UNDP, 2012). Although women in the lower socioeconomic groups were marginally more at risk of violence, victims represented a wide cross-section of socioeconomic and demographic groups (ibid.).

Violence in the home is commonplace in Jamaica. According to the Reproductive Health Survey Jamaica 2008,²¹ 18 per cent of women reported that they had witnessed violence between their parents; 61.2 per cent reported that they experienced physical violence by a parent or step-parent before age 15. Overall, 12 per cent of Jamaican women reported having been physically forced to have sexual intercourse at some time in their life. The majority of perpetrators were known to the women, including current or previous partners (36 per cent), acquaintances (20 per cent), boyfriends or ex-boyfriends (18 per cent), and relatives (10 per cent). Only one in eight (12 per cent) women who have ever been raped reported having been raped by a stranger, indicating the strong association between sexual violence and a pre-existing relationship between victim and perpetrator.

Half of the women sampled in the Reproductive Health Survey reported forced intercourse prior to age 20, and two-thirds before age 25. Intimate partner violence inflicted by a current or ex-spouse was the most common form of violence against Jamaican women, regardless of age, education or socioeconomic background: 35 per cent reported lifetime experiences while 17 per cent reported experiencing at least one of three types of intimate partner violence. The three strongest risk predictors were childhood experience of violence, controlling behaviour of a husband/partner and alcohol use by the perpetrator. These factors also increased vulnerability to HIV/AIDS and other sexually transmitted infections (Harriott and Jones, 2016, p.27).

Recent institutional data from hospital sources²² show that between 2013 and 2014, 2,975 patients were treated for injuries resulting from assaults. Of this amount, 2,677 were women and girls, 1,765 being girls, between 10 and 19 years old.

²⁰ Using administrative data to measure domestic violence in Jamaica is difficult, as there is no definition of 'domestic violence' in the Domestic Violence Act or in the Violence Against the Person Act (Harriott and Jones, 2016, p.26), and hence the police use varying definitions which can include violence between person who are related, or living in the same house.

²¹ <http://jnfpb.org/assets/2008%20Final%20Report%20Jamaica.pdf>

²² The Ministry of Health's provisional Hospital Monthly Statistics Report, quoted in the National Strategic Action Plan Against GBV (unpublished, Bureau of Gender Affairs, 2016).

1.4.Gaps and Response

The Government of Jamaica has identified serious gaps in its institutional capacity to monitor and address gender-based violence. Chief among these gaps are data deficiencies. As noted by the Organization of American States (OAS, 2011) in the comments on Jamaica's fulfilment of the Convention of Belem Do Para, there is little or no data on the number of:

- Women who are victims of violence each year by age, marital status, type of violence and geographic location;
- Cases of violence against women that were prosecuted as compared to the total number of complaints of violence against women;
- Convictions for violence against women as compared to the total number of complaints;
- Women victims of femicide²³ each year by age, marital status and geographical location; or
- Convictions for femicide as compared to the total number of cases recorded.

In identifying these gaps, the Organization of American States report noted "a concerted effort must be made to collect all available data on violence against women in Jamaica," and that the country, through its National Machinery, "should be engaged in conducting studies on the dynamics of violence against women." It also called on the Government of Jamaica to take steps to develop a National Plan of Action against gender-based violence, which has been done.

The National Strategic Action Plan against Gender-based Violence addresses gender-based violence in its "multiple, interrelated and sometimes recurring forms," recognizing that gender-based violence exists on a continuum of "physical, sexual, psychological/emotional, economic abuse and exploitation." The Action Plan, therefore, proposes that the issue is dealt with through actions on several fronts, all of which are designed to eradicate institutional and systemic barriers to the elimination of gender-based violence, focusing on root causes and its prevalence.

As such, the Draft National Strategic Action Plan has five Strategic Priority Areas:

1. Prevention;
2. Protection;
3. Investigations, prosecution and enforcement of court orders;
4. Enforcement of victim's rights to compensation, reparation and redress; and
5. Protocols for coordination of the National Strategic Action Plan and data management systems.

Cumulatively, actions in these areas are expected to create an environment in which gender-based violence is eliminated, or at the very least, significantly reduced. Preventive actions target root causes and include training and behaviour change interventions designed to re-programme the cultural practices away from acceptance and tolerance of gender-based

²³ Jamaican law does not currently recognize 'femicide' as a distinct crime.

violence, to one in which there are significant social, cultural and legal disincentives to violence against women and girls. Improving protective capacity and actions, such as expanding services available to victims and improving investigations, prosecution and enforcement, are also expected to help reduce the prevalence of gender-based violence. The Plan also recognizes the importance of data in the movement to eliminate gender-based violence. It is that Strategic Action Area that this study supports.

Chapter 2 : Research Objectives and Methodology

This study was specifically designed to collect information on women's health and their experiences of violence in Jamaica. It consists of quantitative and qualitative components; findings from both are presented in this report.

The main objectives of the study were to:

- Obtain reliable estimates of the prevalence of intimate partner and non-partner violence against women;
- Determine the association between intimate partner violence against women and a range of health and other outcomes;
- Identify factors that may either protect or put women at risk of intimate partner violence;
- Document how women cope with intimate partner violence, including the strategies and services used;
- Gain an understanding of how social contexts and cultural norms drive intimate partner violence and other types of violence against women; and
- Make the data available for formulating policies, legislation and programmes of intervention eradicate violence against women.

2. The Quantitative Component: The Women's Health Survey

The Jamaica Women's Health Survey was conducted by the Statistical Institute of Jamaica, with technical and financial support from the UN Women Multi-Country Office – Caribbean and the Inter-American Development Bank.²⁴ The survey is the pilot for the first nationally-led Prevalence Study on gender-based violence in the Caribbean Community (CARICOM). The survey is modelled on the original World Health Organization (WHO) global method for assessing the prevalence of gender-based violence. The WHO model is an internationally

²⁴ Inter-American Development Bank funding was provided through the Phase III of the Government of Jamaica's Citizen Security and Justice Programme (CSJP III).

recognized methodology, with protocols for providing a comprehensive picture of the actual number of women who have experienced violence, the types of violence and the frequency of the violence. With appropriate modifications to this WHO model, The CARICOM model was developed and implemented in Jamaica.

The survey will also increase national capacity and collaborations among researchers and civil society groups in collecting and assessing data relating to violence against women.

2.1. Sampling

The sample design for the Women’s Health Survey is a multi-stage probability sampling design. The first stage is a selection of geographical areas called enumeration districts from all 14 parishes. An enumeration district is defined as an independent geographic area developed for the purpose of data collection. It is comprised of between 100 and 150 dwellings and is used as the primary sampling unit. At the first stage, primary sampling units were selected with probability proportionate to size where the measure of size is determined by the dwelling count of enumeration districts obtained from the Jamaica 2011 Population and Housing Census.

The second stage of sampling is the selection of households from each of the enumeration districts that were selected in the first stage in a listing operation. From this list, 15 households were selected for the survey using systematic sampling with a random start.

The third stage of sampling is the ultimate unit of analysis for the survey and involved the selection of the target population. In this stage, all eligible women in the selected household were listed and one chosen at random to be interviewed using the Kish Selection Grid.

Target Population

The target population for the survey was comprised of female residents, aged 15 to 64 years old, who were usual residents of the household and were living in private dwelling units at the time of the survey. Excluded from the survey were non-private dwellings, including group dwellings (e.g. military camps, mental institutions, hospitals and prisons).

Sample Size

The sample size was selected to ensure that a representative sample of households, inclusive of a sub-sample of households in communities that are currently a part of the Citizen Security and Justice Programme,²⁵ were covered by the survey. A total of 2,145 households were selected in the sample (see Table 1).

Table 1: Households Selected by Region and Parish

	Number of Selected Households
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²⁵ The Citizen Security and Justice Programme is an intervention aimed at reducing crime and violence in high-crime communities across Jamaica. This Programme expressed a special interest in collecting data on gender-based violence in their target communities, and hence a special sub-sample from those communities was included in the Women’s Health Survey.

Women's Health Survey Jamaica

October 24, 2017

Parish	Urban	Rural	CITIZENS' SECURITY AND JUSTICE PROGRAMME	Total
Clarendon	45	105	0	150
Hanover	30	60	0	90
Kingston	75	0	60	135
Manchester	45	90	0	135
Portland	30	45	0	75
St. Andrew	240	45	135	420
St. Ann	30	90	0	120
St. Catherine	240	90	15	345
St. Elizabeth	30	90	0	120
St. James	75	60	15	150
St. Mary	30	60	0	90
St. Thomas	30	60	0	90
Trelawny	30	45	0	75
Westmoreland	30	90	30	150
ALL	960	930	255	2,145

2.2. Questionnaire

The questionnaire used for the survey is an adapted version of the 'WHO Multi-country Study Questionnaire on Women's Health and Life Experiences'. The questionnaire's 11 sections are designed to obtain details about the respondent. The sections cover areas such as her community, general and reproductive health, financial autonomy, children, partner, experiences of intimate partner and non-partner violence and the impact of intimate partner violence on her life. It also explores the coping mechanisms women use in responding to gender-based violence (See Table 2).

Table 2: Questionnaire Sections and Description

Section	Description
Administration	Identification, Interviewer's visits
Household Selection	Selection of eligible woman for an interview
Household Questionnaire	Household facilities and durable goods found in the household
Section 1	Respondent and Her Community
Section 2	General Health
Section 3	Reproductive Health
Section 4	Children
Section 5	Current or Most Recent Husband/Partner
Section 6	Attitudes Towards Gender Roles
Section 7	Respondent and Her Husband/Partner

Section 8	Injuries
Section 9	Impact and Coping
Section 10	Other Experiences
Section 12	Completion of Interview

In addition to the questions asked, each respondent was shown a picture depicting a smiling face and a crying face. This allowed the respondent to indicate, without having to reveal to the interviewer, whether or not they had experienced sexual abuse in childhood, i.e., before the age of 18 years.

2.3. Training of Interviewers

Guided by the WHO methodology, the survey used only female interviewers and supervisors for the fieldwork. A total of 57 women, selected from among all of the parishes, were trained as field workers for the survey. The women were recruited via a combination of newspaper advertisements and referrals. In considering applicants for the interviewing position, the applicants' basic skills and personality traits were assessed. Only women who had high levels of reading skills, appeared to be open-minded, motivated, honest and believed capable of building rapport with the respondents were considered.

The training took place over a period of three weeks. It was conducted by researchers from the Global Women's Institute, George Washington University in the US, with assistance from the Statistical Institute of Jamaica and the UN Women Project Coordinator. The Global Women's Institute team took the substantive lead in developing the tools and adopted the methodology for the training, in accordance with the WHO multi-country study. This ensured that all methodological and ethical considerations were reflected in the conduct of the survey. The WHO course materials included the Training Facilitators Manual, the Question-by-Question Explanation of the Questionnaire and specific procedural manuals for interviewers and supervisors.

The mode of data collection for the survey was Computer Assisted Personal Interview with the use of tablet computers; two days were devoted to the training on the use of the tablets.

The trainees also participated in a one-day field exercise during which they were placed in groups and, accompanied by experienced field staff from the Statistical Institute of Jamaica, asked to conduct interviews in residential areas close to the training facility. Their main assignment was to use the tablet computer to interview an eligible woman who was available in any of the households. After the field exercise, a debriefing was conducted in which the interviewers were given the opportunity to relate their field experiences. A final evaluation in the form of a case study was given to assess the trainees' competence in completing the questionnaire.

Of the 57 women who participated in the training, 38 were selected as interviewers and 16 as supervisors (three were not selected). The selection was based on the assessments that were

done in class, the field exercise, a written assessment, participation, understanding of the materials and the recommendation of the trainers.

Supervisors participated in an additional one-day training, which covered topics related to data quality monitoring and their role in the field. They were also provided with a Supervisors Manual developed by Global Women's Institute, which was used as a reference for the duration of the survey.

2.4.Data Collection

Data collection for the survey was done using the Computer Assisted Personal Interview method, using tablet computers instead of paper questionnaires. One of the advantages of this method was the elimination of the data entry process, which allowed for the timely availability of the data.

Data collection for the survey commenced in all 14 parishes within two weeks of the completion of training. Although initially scheduled to last for eight weeks, the time allotted for data collection was eventually extended to 15 weeks.²⁶ The first two days of data collection consisted of distributing supplies to field staff, familiarizing supervisors with their assigned interviewers and issuing assignments. The supervisors also used the period to locate and show the interviewers enumeration district boundaries. During the data collection period, supervisors met with their assigned interviewers on a regular basis at the field offices (at least once per week) and in the field.

Interviewers uploaded completed questionnaires to the Statistical Institute of Jamaica's server on a weekly basis at the respective field offices. The supervisors had online access to check and verify their respective interviewers' work before the questionnaires were categorized as checked and then uploaded to the main database in the central office. One person from the Statistical Institute of Jamaica's Information and Technology Division was assigned to monitor and resolve any issues experienced by field staff while using the tablet computers.

2.4.1. Ethical Considerations in Data Collection

In keeping with the ethical standards established by the WHO Model (WHO, 2001), interviewers were trained in the application of and adherence to strict ethical standards during data collection. These standards ensured that respondents were treated with respect, assured of confidentiality and safety, empowered to refuse to participate or to complete the survey and provided with information on available services for women who have experienced violence in the event of need.

The interviewers obtained verbal consent from each respondent and assured each respondent that her responses would be kept confidential. The women were also informed that

²⁶ The pace of data collection was affected by several factors, including violence in some sample communities. Data collection had to be suspended in some volatile communities, resuming only when it was safe to continue.

participation in the survey was voluntary and that they were free to refuse to answer questions or withdraw at any point during the interview. After warning participants about sensitive questions at the beginning of the section on violence, interviewers sought permission to continue the interview.

The interviewers were instructed in maintaining confidentiality and conducting interviews in a private, non-judgemental manner. Strategies employed included:

- Interviewers were not allowed to do interviews in the communities in which they resided;
- Interviewers were instructed to ensure that interviews took place in a private setting, and trained in strategies to handle interruptions during the interview. In cases where the husband or partner wanted to know the nature of the interview, interviewers were trained to change the topic, for example by asking a different question or postponing the interview to another time;
- Interviewers were given the names and telephone numbers of service providers that could offer support to women who have experienced violence. The names and telephone numbers of these organizations were printed and shared with all respondents, whether or not they reported experiences of violence.

The survey's ethical standards also considered the interviewers' well-being. Counsellors were enlisted as part of the extended support available to the interviewers, and interviewers were provided with information on how to contact a counsellor if needed. At the end of the first and second weeks of fieldwork, meetings were held with interviewers to discuss, *inter alia*, how they were being affected by the experiences that were being shared by the respondents.

2.5. Quality Control Procedures

To ensure that the data met quality standards, supervisors were responsible for monitoring the performance of the interviewers as the survey progressed. However, due to the sensitive nature of some of the questions, while in the field the supervisor only sat in on an interview up through the section on health and well-being. Each interviewer was observed during the first two days of fieldwork, and consistent errors were noted and corrected.

Supervisors were also responsible for conducting a number of quality control interviews, using a short supervisor's questionnaire. Supervisors completed a questionnaire for two randomly selected households assigned to each interviewer. The supervisors administered the questionnaire once the interviewers had completed their interviews. When returning to the household selected, the supervisor explained to the household that the supervisor's questionnaire was being conducted to check on the quality of the interviewer's work and to clarify certain issues. After the interview, the supervisor provided feedback to the interviewer, noting good points and addressing any problems identified.

Quality checks were conducted during the second and third weeks of data collection. These meetings were held with supervisors and interviewers in all the parishes, and feedback was

given on the progress of the fieldwork and any issues and challenges faced by the teams. The questionnaires completed by the interviewers were checked for completeness and consistency. Where errors were found, the relevant interviewers were informed and steps were taken to ensure that the errors were not repeated. These meetings also gave supervisors and interviewers the opportunity to speak about their experiences in the field and to discuss how to solve some of the problems they encountered.

2.6. Survey Response

Given the nature of the survey, proxy interviews were not accepted for unavailable respondents. As a result, as many as three attempts were made to contact every selected individual. The interviewers were therefore instructed to stagger their visits over different times of day during the week in order to maximize the chances of making contact with respondents, thus improving the response rate for the survey. Two response rates are calculated for the survey: the household response rate and the individual response rate.

2.6.1. Household Response Rate

The survey household response rate is based on the interviewer's success in introducing the survey to a household and randomly selecting an eligible female (15 – 64 years old) to be interviewed. The household response rate is calculated as the ratio of the completed interviews out of the total number of households sampled, minus those that were empty, destroyed or not found.

$$\frac{\text{Completed Household Interviews}}{\text{Households in Sample} - (\text{empty} + \text{destroyed} + \text{not found})}$$

From a sample size of 2,145 households, 578 households were not contacted by the interviewer. Of the 1,567 households that were contacted, 1,340 completed the household section of the questionnaire resulting in a household response rate of 85.5 per cent for the survey.

2.6.2. Individual Response Rate

The individual response rate is calculated from the households that had eligible women.²⁷ It is calculated as

$$\text{Individual Response Rate} = \frac{\text{Completed interviews}}{\text{Eligible women in household}}$$

²⁷ Using the response rate calculation recommended by the American Association for Public Opinion Research, it is assumed that the proportion of eligible household from all those with unknown eligibility is the same proportion as those in which the interviewers were able to contact and whose eligibility could be determined. In instances where the interviewers failed to make contact with members of the household after three visits or if they were unable to locate the dwelling from the address given, then these would not be included in the calculation.

Of the households that were contacted, 1,185 had eligible women, 1,069 of whom completed questionnaires. Using the same proportion of the contacted households with eligible women, a total of 437 households were estimated to have eligible women from the 578 that were not contacted. This brings the eligible total to 1,622 and a response rate of 65.9 per cent for the individual women in the survey.

2.6.3. Weighting

The sample design for the survey was not self-weighting. As a result, separate weights were calculated for each of the parishes to accomplish the following objectives:

- Compensating for differential probabilities of selection for households and persons;
- Reducing biases occurring because non-respondents may have different characteristics from respondents; and
- Adjusting for under-coverage in the sample frame and in the conduct of the main survey.

As part of this process, a sampling design weight, a non-response weight for both households and individuals and a post-stratification weight were applied to the dataset to ensure that the sample was representative of the target population.

2.7. The Qualitative Component

The qualitative research component was meant to ensure depth rather than breadth of response. Researchers worked with the Citizen Security and Justice Programme, the Peace Management Initiative, Women's Centre, community workers and other gatekeepers to invite groups of girls and women for focus group discussions. One focus group was convened with middle- and upper-class youth. However, despite repeated attempts it was otherwise impossible to convene groups with middle- and upper-class women. Persons were reluctant to speak in a group setting as they did not wish to be thought to be associated with violence against women; however, four consented to personal interviews.

Respondents came from rural and urban communities in St James, Kingston and St Andrew. As the urban and rural dynamics across Kingston and St James vary substantially, the research team concluded that this choice of parishes would allow for rich analysis of the influence of contexts and changes in contexts on gender relations, broadly, and violence against women, specifically.

Twenty focus groups were convened to examine the following themes:

1. The roots to and dynamics of intergenerational abuse;
2. The roots to and dynamics of lifetime abuse;

3. The influence of contexts, including their diverse cultures and subcultures, on understandings and experiences of abuse;
4. The severity of levels of abuse across communities that are complicated by other forms of violence; and
5. Intimate partner violence as a contributor to other forms of violence.

These themes were chosen to contextualize the data collected from the survey, which explored issues of intergenerational violence and the impact on intimate partner violence, attitudes of women and men to intimate partner violence and the factors that contribute to violence against women.

Across focus groups, respondents were asked to indicate whether they were willing to be personally interviewed. One consenting interviewee was randomly drawn from each focus group to participate in more in-depth discussions on experiences with intimate partner violence. Additional interviews were conducted with three upper-income women. Interviewers used life stories to further delve into the themes.

Interviews with service providers, humanitarian personnel, police, community leaders, representatives of women's organizations, perpetrators, victim-perpetrators and social workers were structured to explore the outlined themes. Interviewees were comprised of representatives from the Centre for the Investigation of Sexual Offences and Child Abuse, the Citizen Security and Justice Programme, the Dispute Resolution Foundation, the Jamaica Constabulary Force, the Peace Management Initiative, the Pregnancy Resource Centre, the University of the West Indies, the Victim Support Unit, the Women's Centre, Women's Media Watch and selected counselling psychologists.

2.8. Data Analysis

The survey data was analysed using the SPSS statistical software package. This report provides a descriptive presentation of the data, focusing on the prevalence of different types of intimate partner violence. For the descriptive analysis, the report emphasizes estimating the prevalence of violence against women and identifying the significant association between the prevalence and some explaining factors. The confidence intervals for the different types of intimate partner violence and non-partner violence are provided (see Annex __). In addition, statistical independence tests (chi-square) were calculated to identify the main factors that might significantly contribute to that prevalence. A relationship was considered statistically significant if $p < 0.05$.

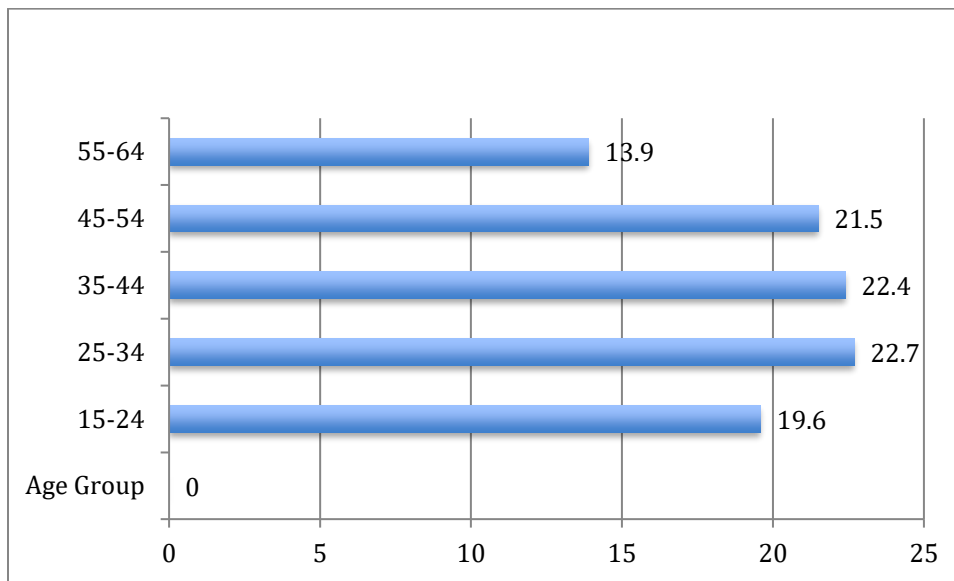
Chapter 3 : Demographics of the Respondents

The survey included women between the ages of 15 and 64 from rural and urban communities in Jamaica. A total of 1,106 people were interviewed from across the island. Of these, 54.9 per cent were from urban areas and 45.1 per cent from rural Jamaica. This chapter describes the sample and examines the extent to which it is representative of the population of Jamaican women in the target age group. In order to determine the extent to which the sample reflects the Jamaican population, the demographic characteristics of the women in the sample were compared to those of the actual population.

Age

Approximately two-thirds of respondents were aged between 25 and 54 years. Women over 55 years were the smallest percentage of the respondents, accounting for 13.9 per cent. Young women under 25 years made up 19.6 per cent of those who participated in the survey (see Figure 3.1).

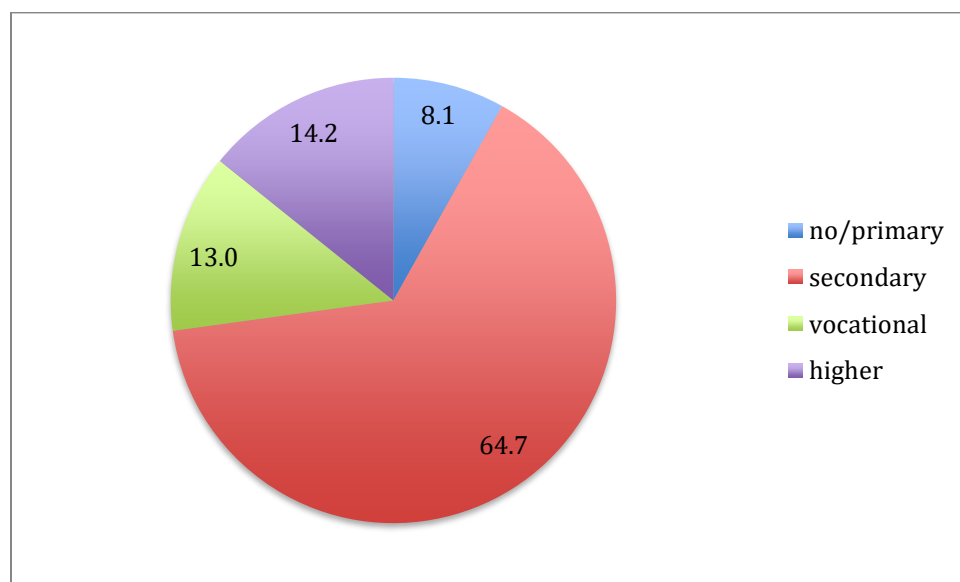
Figure 3.1 Respondents by Age, Jamaica 2016



Education

The majority, 64.7 per cent, of women were educated up to the secondary level, with 14.2 per cent having tertiary level education and 13.0 per cent having vocational education/training. Only 8.1 per cent of the women had no schooling or just a primary level of education (see Figure 3.2).

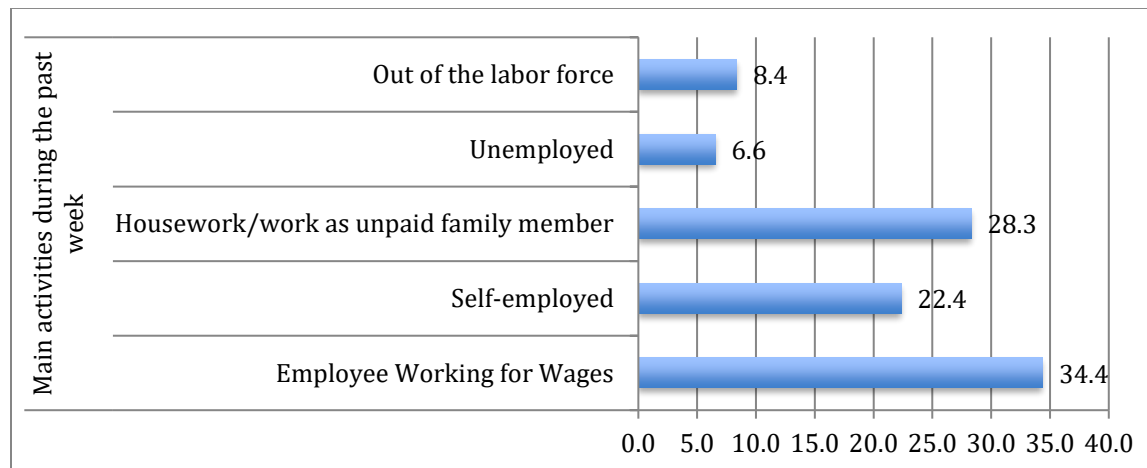
Figure 3.2: Respondents by Level of Education, Jamaica, 2016



Employment and Main Source of Income

More than half of the women (56.8 per cent) were either self-employed or were working for an organization in the public or private sector. Although only 6.6 per cent were officially unemployed, 28.3 per cent were providing unpaid services to their family, either through working in a family business or by performing household care work. A further 8.4 per cent were outside of the labour force (see Figure 3.3 and Table 3.1).

Figure 3.3: Employment Status of Respondents, Jamaica, 2016



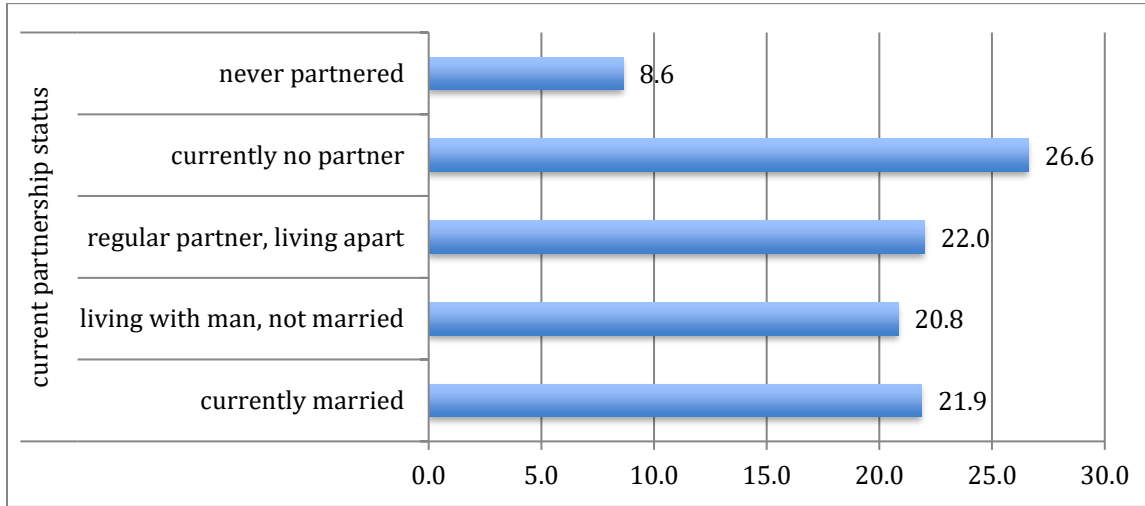
Work provided the main source of income for 38.9 per cent of women. For 57 per cent of women, the main source of income was a male partner or husband (32.2 per cent) or friends and relatives (24.8 per cent).

Union Status and Reproduction

Almost two-thirds (64.7 per cent) of women reported being in a relationship with a male partner. 22.0 per cent, had a regular partner with whom they were not living (visiting relationship), 21.9 per cent were married and 20.8 per cent were living with a man but not married. Although 26.6 per cent were not in a current relationship, only 8.6 per cent of women had never partnered in their lifetime (see Figure 3.4); 80.7 per cent of the women had been pregnant at some point in their life.

Figure 3.4 : Union Status

October 24, 2017



The average age of first pregnancy was 20.1 years, and the average number of children per woman was 2.7. For women who are married, the average age of first marriage was 28.5 years.

Chapter 4 : Attitudes towards Gender Roles and Justification for Violence against Women

This chapter presents information on women's attitudes towards gender roles and justifications for violence against women. A complex mix of sociocultural factors, which shape how women are treated in all societies, drives violence against women and girls. Understanding how women view their roles in society and their attitude towards intimate partner violence is an important first step in designing interventions to address the issue.

Respondents were asked to indicate their agreement with statements about women roles in the family and their obligations towards their partners. Some of the statements reflected traditional patriarchal attitudes towards the role of women, while others represented positive attitudes towards gender equality. Among these statements were those exploring the circumstances under which violence against women is acceptable, women's beliefs about whether (and when) a woman may refuse to have sex with her husband and sharing of authority in the home. All women were asked these questions, regardless of their experience with violence or union status or if they were ever partnered.

Women's Attitude towards Gender Roles

There were mixed views about the roles of women and men in the family. Conservative values featured strongly in some areas, while in others women had positive attitudes towards gender equality. Over three-quarters of women (77.4 per cent) agreed with a statement that it is natural (God-intended) that men should be the head of the family, and 70.2 per cent agreed that a woman's main role is to take care of her home. Less than one-third (32.2 per cent) of the respondents agreed that a wife should obey her husband even if she disagrees with him, and 31.4 per cent believed that a wife is obligated to have sex with her husband whenever he wants, except when she is sick or menstruating (see Figure 4.1).

Almost 93 per cent (92.8 per cent) agreed that women and men should share authority in the family, and 92.1 per cent agreed that a woman should be able to spend her own money (see Figure 4.2).

Figure 4.1: Women's Attitude towards Traditional Gender Roles, Jamaica, 2016

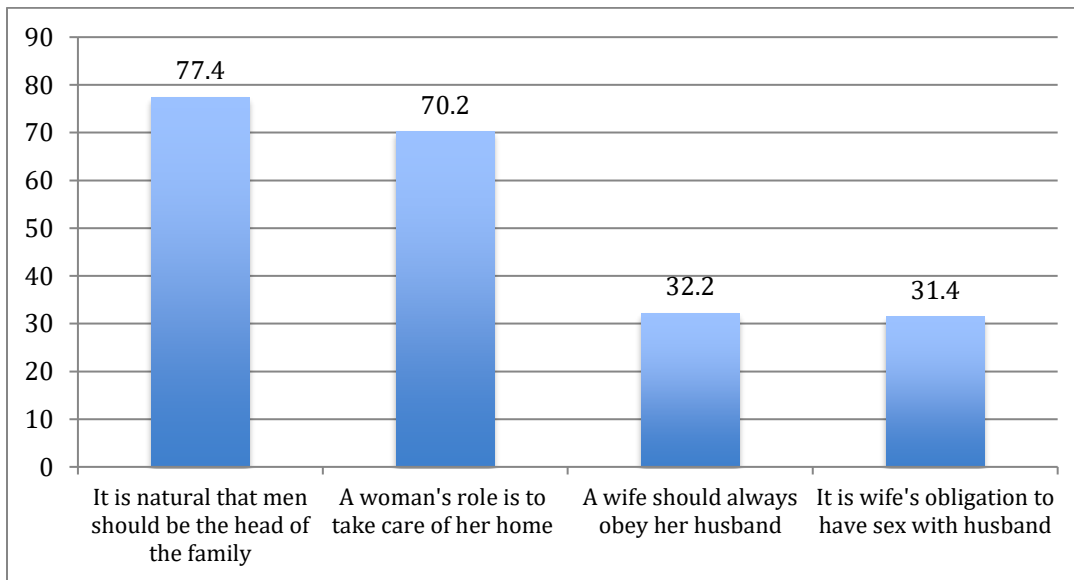
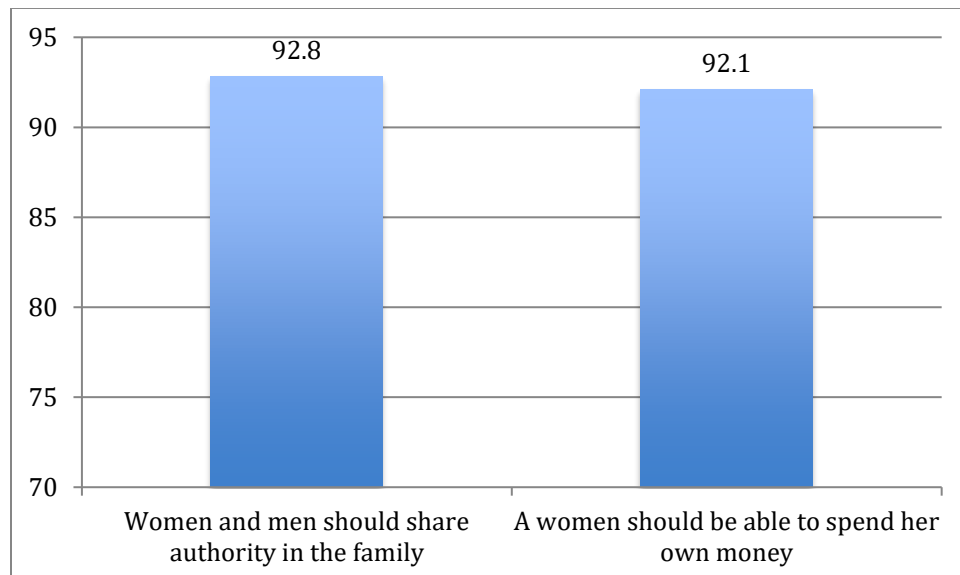


Figure 4.2: Women's Attitudes towards Contemporary Gender Roles, Jamaica, 2016



Attitude towards Gender Roles by Demographic Characteristics

When these attitudes were examined by key demographic characteristics such as age, area of residence, education and current relationship status, some significant associations were found. Age made no difference to women's attitudes towards gender roles, and whether the women lived in rural or urban areas was important only in respect to views on obeying her husband. A higher percentage of women in rural areas (35.6 per cent) believed that a woman should always obey her husband, compared to 29.5 per cent of women in urban areas.

Education also influenced women's attitudes towards gender roles. Women with higher levels of education had more liberal attitudes towards gender equality. Those with a tertiary level of education were least likely to embrace traditional roles for women, such as taking care of the home (50.9 per cent) and being obedient to their husbands (16.8 per cent). They appeared to embrace the notion of financial partnership, with a smaller proportion of highly educated women expressing the view that a woman should always be able to spend her own money (See Table 4.1). Almost half of the women with only a primary level education believed that a wife should always obey her husband, and 85.6 per cent felt it was a woman's duty to take care of their homes. Despite holding these conservative beliefs, women with a primary level of education were almost universal (94 per cent) in their view that a woman should have financial autonomy and be able to spend her own money as she pleased.

On other key attitudes, such as a man's natural entitlement to be head of the family and a wife's sexual obligation towards her husband, there were few differences across demographic groups. Women widely embraced the belief that a man was the natural head of the family regardless of age, education, partner status or where they lived. The only significant differences

were found among women who had ever been married and those who had not and by employment status. A higher percentage (82 per cent) of women who had ever been married held this view, as did a higher percentage (90.6 per cent) of unemployed women. Overall, however, more than three-quarters of women felt that men were the natural head of the family and 70 per cent believed that it was a woman's role to take care of her home. In contrast, less than one-third (31.4 per cent) of women believed that a wife had an obligation to have sex with her husband (although this view was held by 41 per cent of unemployed women), or to obey him (32.2 per cent).

Women who had entered into living arrangements with male partners when they were 18 years or younger were found to be more likely to believe that a woman's role is to take care of her home, even while being the group most likely (97.2 per cent) to believe that women should be able to spend their own money (see Table 4.1).

Jamaican women's views regarding gender roles present an interesting picture. Some traditional beliefs about the respective roles of women and men are deeply entrenched in Jamaican culture, even among women with more contemporary views of gender roles. This underscores the nuances and complexity of beliefs about gender roles. While women embrace positive beliefs — that authority in the home should be shared and that women should be able to spend their own money — and reject the more coercive ideas of sexual obligation and obedience to their partners, they continue to believe that men are the natural heads of families and that it is a woman's responsibility to take care of her home.

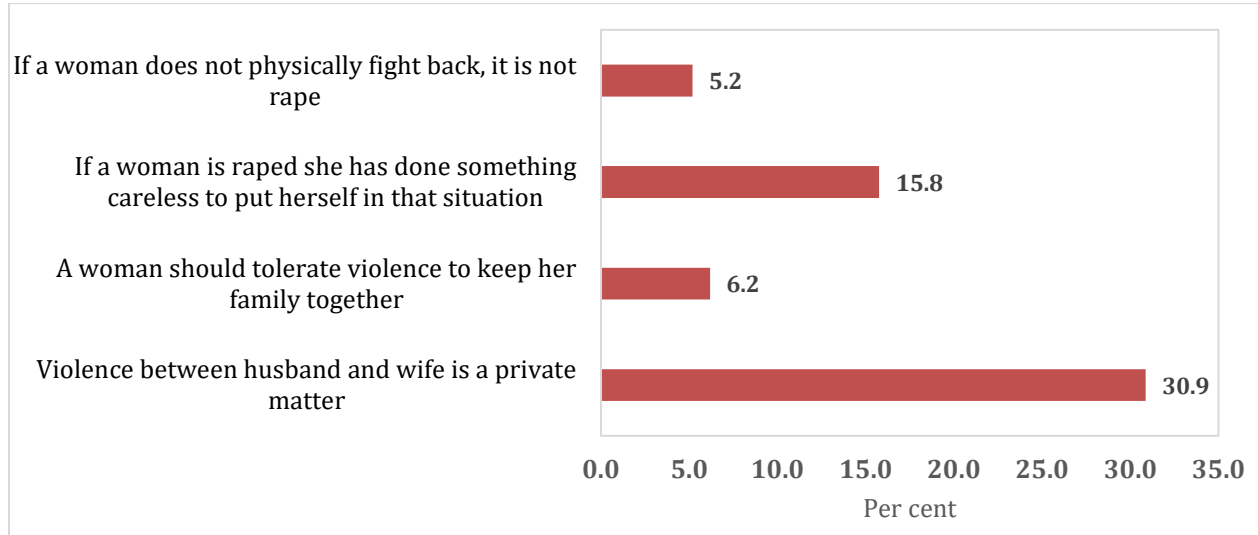
This belief that men are 'natural' leaders is reflected in the findings of the qualitative study. The findings show that some women have come to accept and actively participate in upholding unequal gender relations, which are built on historically unequal notions of women's and men's positioning and place. The findings indicate that the norm is for men in Jamaican society to be seen as aggressive, powerful, unemotional and controlling, which contributes to a social acceptance of men as dominant. Similarly, expectations of females as passive, nurturing, submissive and emotional reinforce women's roles as weak, powerless and dependent upon men. Though changing, some aspects of these stereotypes linger across the culture.

Attitudes towards Violence against Women

Women's views on the acceptability of violence against women were also explored. In order to assess women's acceptance of violence, respondents were asked to state their agreement with a series of statements relating to violence between women and men. Overall, the results showed low agreement with these statements; the majority of Jamaican women reject the notion that there are circumstances under which men can justifiably abuse women. The most agreed-to statement in this regard was that violence between husband and wife is a private matter (30.9 per cent). Only 5.2 per cent of the women agreed that if a woman does not fight back it is not rape, although 15.8 per cent agreed that a woman is raped because she may have

done something careless to put herself in that situation. Approximately 6.0 per cent agreed that a woman should tolerate violence to keep her family together (see Figure 4.3 and Table 4.2).

Figure 4.3: Attitudes towards Intimate Partner Violence, Jamaica, 2016



Women’s attitudes towards the normalization of violence against women, including intimate partner violence, differed across demographic groups. Differences were seen according to characteristics such as age, education, partner status, area of residence and age at first union.

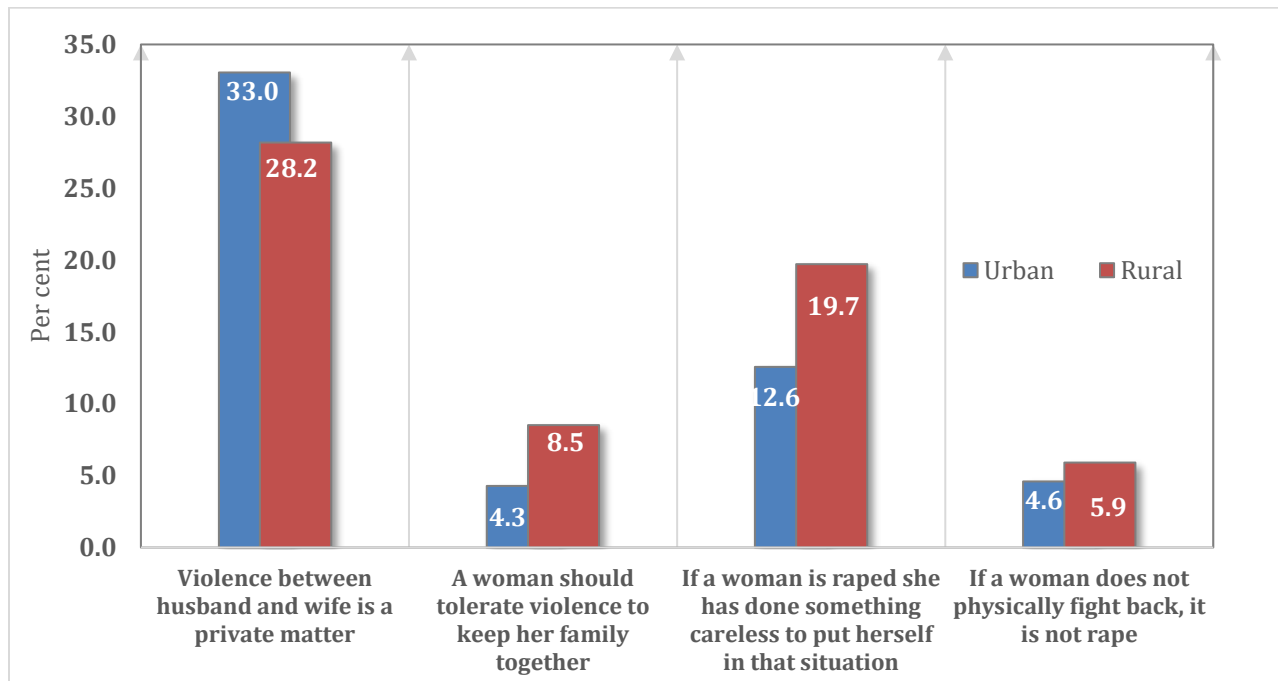
Women living in rural areas held more traditional views on violence against women. They were more likely to believe that a woman should tolerate violence to keep her family together (8.5 per cent compared to 4.3 per cent of women in urban areas), and one-fifth (19.7 per cent) believed that rape is generally the result of some careless action on the part of the victim., compared to 12.6 per cent of women living in urban areas (see Figure 4.4).

There were also significant differences based on age. Overall, 30.9 per cent of women believed that intimate partner violence is a private matter. However, younger women were more in agreement with this sentiment than older women. Approximately 47 per cent of the women aged 20 to 24 years, and 38.9 per cent of women in the 15 to 19 years age group held this view, compared to 21.8 per cent of women in the 40 to 44 years age group and approximately 26.5 per cent of those in the 60 to 64 years age group (See Table 4.2).

15.8 per cent of women agreed that if a woman is raped she has done something careless to put herself in that situation, more than one in four of the adolescents agreed, as did 15.4 per cent of young women between 20 and 24 years of age. With the exclusion of adolescent girls, women aged 50 years and over were more likely than any other age groups to believe that victims were in some way responsible for their rape.

Although the proportion of women who agreed that a woman should tolerate violence to keep her family together is low (6.2 per cent), women in the older age groups had the highest percentage of women who agreed; 17.1 per cent of those aged 55 to 59 and 14.2 per cent of those aged 60 to 64. Similarly, these age groups had the highest percentage (13.0 per cent and 8.1 per cent respectively) of women who agreed that if a woman does not fight back it isn't rape (see Table 4.2).

Figure 4.4: Women's Attitude towards Intimate Partner Violence by Area of Residence, Jamaica, 2016



The alignment of views between the youngest and oldest respondents is, though perhaps unexpected, understandable. Adolescent girls and young women are likely to have not sufficiently developed a sense of agency, which allows them to challenge social norms, coming to their own conclusions about what is acceptable behaviour. Women over 55 years, on the other hand, were raised in a society that widely accepted the dominance of men in intimate relationships, including his right to discipline his female partner.

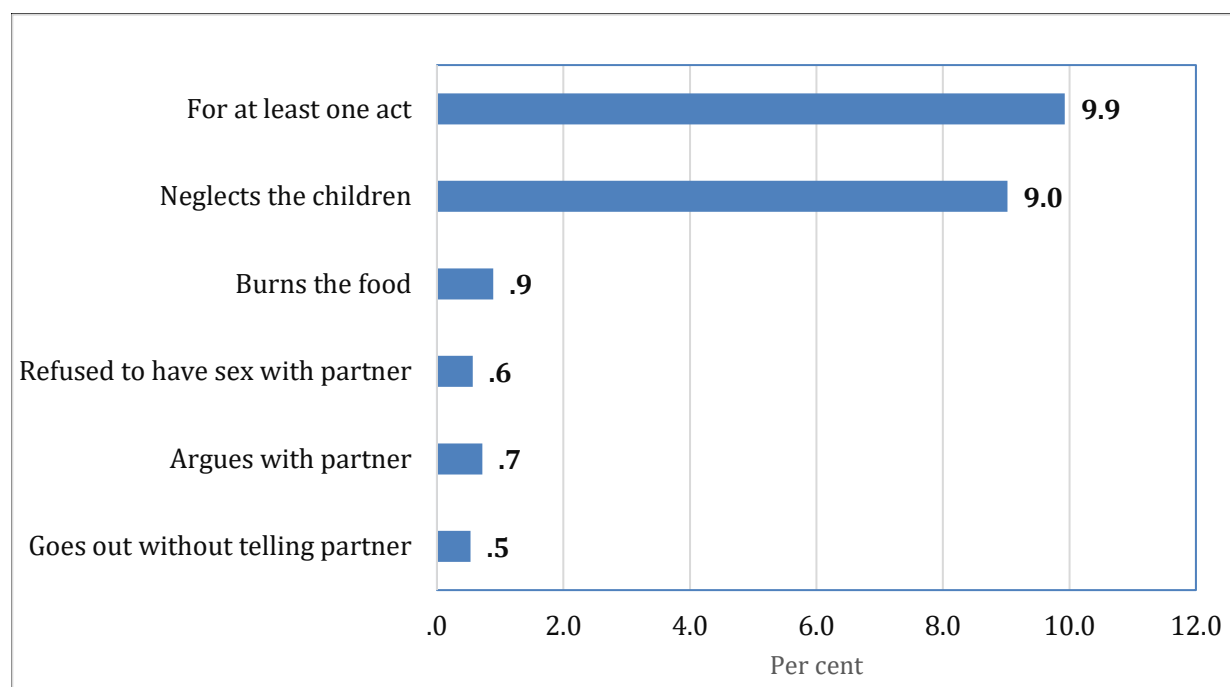
Women's level of education also influenced their attitudes towards violence against women. Women with only a primary level education were four times as likely as women with a tertiary education to believe that a rape victim was in some way responsible for being raped. Likewise, 18.3 per cent of women with only a primary level of education believed that women should tolerate violence to keep her family together, compared with 4.0 per cent of women educated to the tertiary level.

Only one-fifth (21.3 per cent) of women who had ever married felt that intimate partner violence was a private matter compared to one-third (34.0 per cent) of women who had not. Overall, women who had their first conjugal union at 18 years or younger had, as a group, the most retrogressive attitudes towards violence against women. These women were twice as likely as women who were over 19 years old when they began living with a man to believe that violence should be tolerated for the sake of family cohesion (12.2 per cent compared to 6.3 per cent). They were also more likely to believe that intimate partner violence is a private matter (40.9 per cent), and women who are raped were somehow at fault (21.4 per cent). This compares to 27.4 per cent and 14.5 per cent respectively for women who first lived with a man when they were older (see Table 4.2).

Women's perceptions on when physical violence may be justified

Using different scenarios, a number of questions were asked of women to gauge their perception of whether or not it is justified for a husband to hit his wife. For each of the scenarios presented, only a minority of the respondents was in agreement.

Figure 4.5: Women's Perceptions on when Physical Violence against Women may be Justified, Jamaica 2016.

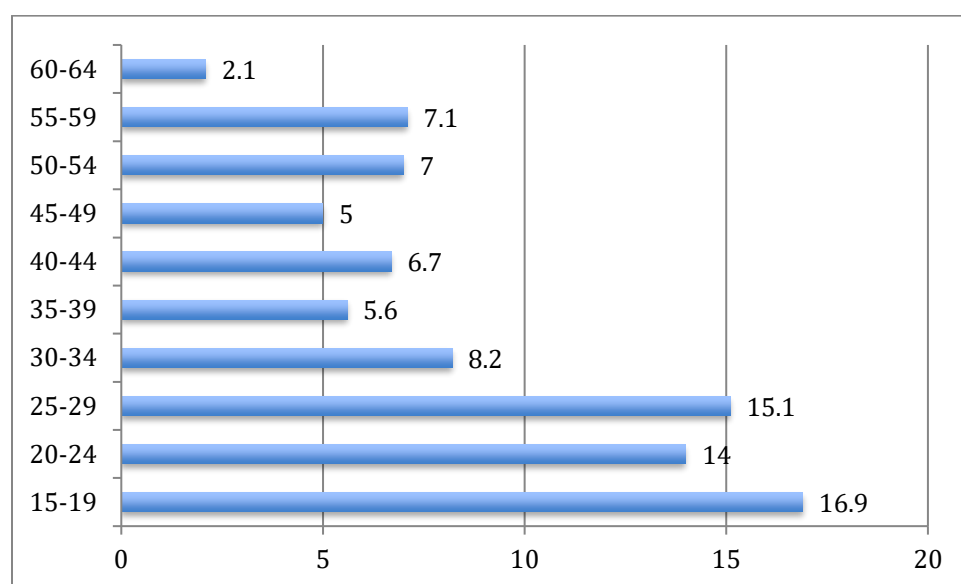


As shown in Figure 4.5, approximately 10.0 per cent of the women surveyed agreed that it was justified for a man to beat his wife for at least one act. With the exception of the 9.0 per cent who agreed that it was justified for a husband to hit his wife if she neglects the children, for all the scenarios the percentage of women who agreed was less than 1.0 per cent, ranging from 0.5 to 0.9 per cent.

Examined by age, 16.9 per cent of adolescent girls in the 15 to 19 years cohort agreed that it is justified for a husband to hit his wife if she neglects the children. Young women 20 to 29 years old were more likely to consider this justified than women over 30 years old. Approximately 14.5 per cent of these younger women believed this, compared to less than 10.0 per cent of older women. The smallest proportion of women sharing this view was in the 60 to 64 years

age group. Only 2.1 per cent of these women felt that neglect of children justified intimate partner violence (see Figure 4.6 and Table 4.3).

Figure 4.6 : Percentage of Women who Agree that Intimate Partner Violence is Justified if a Woman Neglects Children, by Age of Respondent, Jamaica 2016



Women who were currently married were least likely to believe that intimate partner violence was ever justified. Only 4.6 per cent of married women felt that there was at least one situation under which intimate partner violence was warranted. This can be compared to the 12.9 per cent of women who were living with a man and the 12.3 per cent of women who were in visiting relationships. Women who had never been in an intimate relationship with a man were three times as likely as married women to think that there were conditions under which intimate partner violence was justifiable. Women who were unemployed (10.6 per cent), those outside of the labour force (17.3 per cent) and women working in homes or as an unpaid family worker (12.7 per cent) agreed that intimate partner violence was justified under some circumstances (see Table 4.3).

These findings suggest that economic vulnerability influences how women view intimate partner violence. Women who were able to support themselves with income from their own work were least likely to consider violence against women by male partners as justified. Only 6.3 per cent of economically autonomous women thought that neglect of children justifies a woman being beaten, compared with 13.1 per cent of women who depended on friends and relatives as their main source of income and 9.4 per cent of those who depended on their partner for financial support.

October 24, 2017

Consistent with other data reported in this chapter, women who had lived with a man by the time they were 18 years old held more patriarchal views of intimate partner violence than women who were older at the time they first lived with a male partner. Women who first cohabited with a man at an early age were twice as likely (15 per cent) to believe that there are situations that justify intimate partner violence compared to women who were older (7.4 per cent) when they first lived with a male partner.

While most women have rejected many of the traditional views of the appropriate roles for women and men in society and are prepared to challenge social norms, the data suggests that groups that are potentially more disempowered, such as adolescents, women with low education attainment and women who began living with a male partner in childhood, were more likely to have patriarchal understandings and beliefs about gender roles, violence against women and intimate partner violence.

Chapter 5 : Intimate Partner Violence: Violence against Women by Partners.

This chapter presents the findings on the prevalence of different forms violence and abuse against Jamaican women by their male partners. This includes physical, sexual, emotional and economic abuse. It reports on data collected from the women who have ever been in an intimate relationship with a male partner. Two measures are used: lifetime prevalence and current prevalence. Lifetime prevalence refers to the percentage of ever-partnered women who have ever experienced intimate partner violence; current prevalence refers to the proportion of ever-partnered women who have experienced intimate partner violence within the last 12 months. Current prevalence is, therefore, a subset of lifetime prevalence.

The chapter also presents findings from communities in the Citizens' Security and Justice Programme, which were included in the survey in an attempt to understand whether women's experiences with violence in high-crime communities differed from that of women elsewhere in the country. It also presents data on the demographic characteristics of women's partners and how these characteristics influence intimate partner violence prevalence. The latter sections examine relationships between beliefs regarding gender roles, the normalization and justification of violence against women and actual prevalence of intimate partner violence.

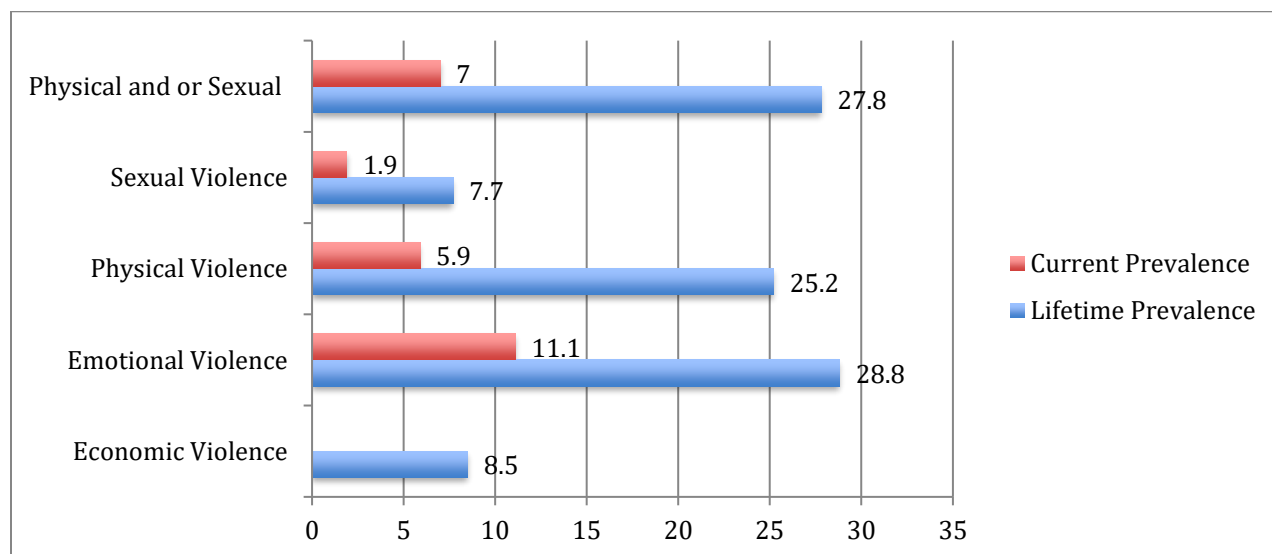
The data presented represents the experiences of women who have ever had a male partner.

National Prevalence: Lifetime Prevalence of Physical and Sexual Violence, Economic and Emotional Abuse

One in every four Jamaican women (25.2 per cent) has experienced physical violence by a male partner, and 7.7 per cent have been sexually abused by a male partner (see Figure 5.1). Lifetime prevalence of intimate partner physical and/or sexual violence against Jamaican women is 27.8 per cent. Almost three in ten (28.8 per cent) women have suffered emotional abuse, and 8.5 per cent of Jamaican women report having experienced economic abuse.

Women living in rural and urban areas reported similar experiences with intimate partner violence. Although there was a higher rate of prevalence of lifetime physical and sexual violence among women in Citizens' Security and Justice Programme communities (32.9 per cent), this was not statistically significant (see Table 5.1).

Figure 5.1 : National Lifetime and Current Prevalence by type of Violence and Abuse



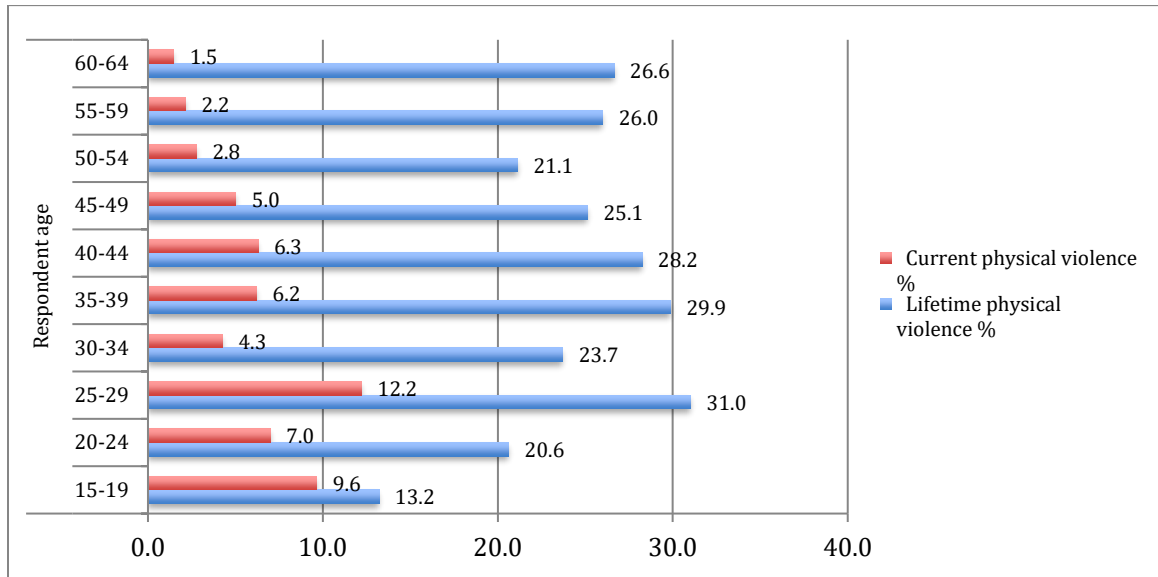
Intimate Partner Physical Violence

Lifetime prevalence of intimate partner physical violence refers to the percentage of women who report being hit, slapped, kicked, beaten or burnt or have been threatened or injured with a weapon by a male partner at least once in their lifetime. Lifetime prevalence of physical partner violence was 25.2 per cent; current prevalence was 5.9 per cent (see Table 5.2). Area of residence was not correlated to the prevalence of intimate partner physical violence.

Women in the 15 to 24 years of age cohort, not surprisingly, have a lower lifetime prevalence of intimate partner physical violence (13.2 per cent) than older women. This low prevalence is largely due to their relative inexperience with intimate partner relationships over their short lifespan.²⁸ Almost one-third (31.0 per cent) of women in the 25 to 29 years of age cohort have experienced intimate partner physical violence, making them the group with the highest lifetime prevalence. Women in that age group also had the highest current prevalence, with 12.2 per cent having experienced intimate partner physical violence in the last year. This rate was twice the national rate (5.9 per cent) of current intimate partner physical violence. Women aged 15 to 19 years also had rates of current intimate partner physical violence well above the national rate (9.6 per cent). In accordance with global trends, the prevalence of current physical partner violence is lowest among women aged 50 to 64 years (see Figure 5.2 and Table 5.2).

²⁸ Though not statistically significant, these differences by age are noteworthy.

Figure 5.2: Lifetime and Current Prevalence of Intimate Partner Physical violence by Age, Jamaica 2016



Lifetime prevalence of intimate partner physical violence was highest among women with a primary level of education. One in three of those women had experienced intimate partner physical violence over their lifetime (see Table 5.2). This is significantly higher than the prevalence among women educated at the tertiary level. Nonetheless, one-fifth (19.3 per cent) of the most highly educated women have also suffered intimate partner physical violence over their lifetime. For women with secondary and vocational education, one in four had been physically abused by an intimate partner at some point in their life.

There was no significant relationship between women’s experiences of intimate partner physical violence and their union status. However, women who have ever been pregnant were significantly more likely to experience physical abuse by their male partner (27.4 per cent) than women who had never been pregnant (11.3 per cent). This was also true for women who had early cohabiting relationship with a man, 45.0 per cent of whom had experienced intimate partner physical violence, compared to 24.5 per cent of women who first lived with a man when they were 19 years or older. These early cohabiters also had the highest rate of current physical abuse, 16.0 per cent, more than two and a half times the national rate of 5.9 per cent (see Table 5.2).

Acts of Intimate Partner Physical Violence

The acts of physical partner violence that women most commonly experience include being slapped (19.7 per cent), beaten with fists (14.7 per cent) and being pushed (14.3 per cent). 7.6

per cent report being kicked and 7.7 per cent report being threatened with or actually attacked with a weapon (see Table 5.3).

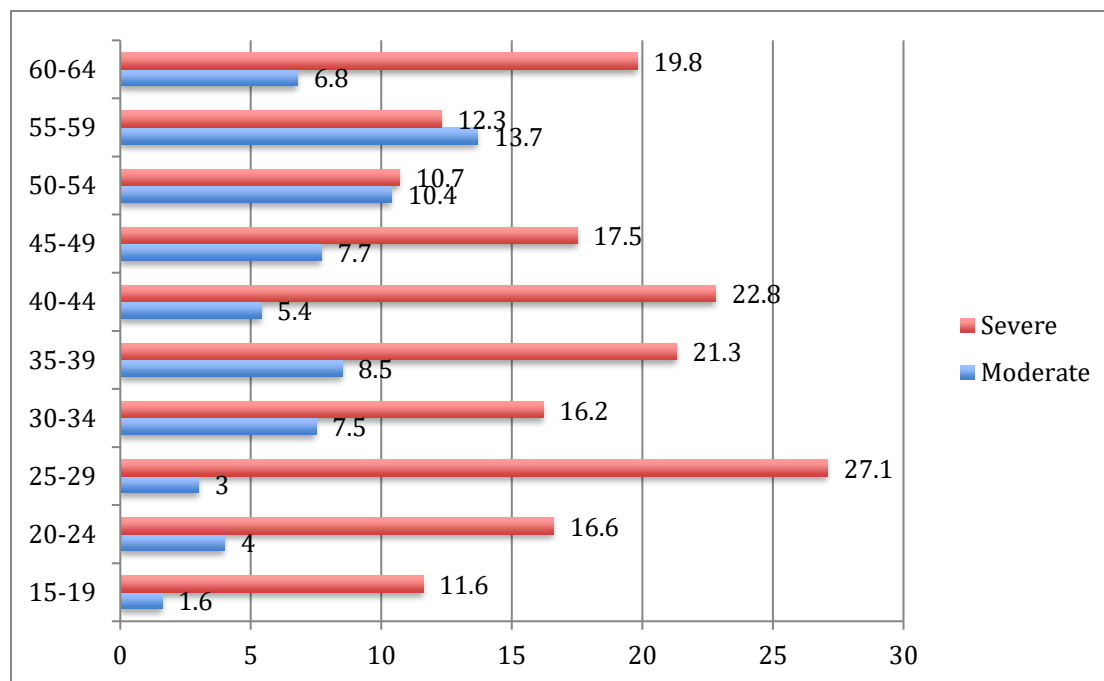
Severity of intimate partner physical violence

To further understand the experiences women have had with intimate partner physical violence, the acts of violence were categorized by severity. Women who were slapped, pushed or shoved were considered as having experienced moderate violence. Women who were hit with a fist or any object, kicked or dragged, choked or burned or had a weapon used on them (or were threatened with a weapon) were categorized as having experienced severe violence.

Moderate violence was experienced by 7.0 per cent of women; 18.2 per cent had been subjected to severe violence. There were no differences in the severity of violence based on area of residence, union status, source of income or employment status.

The severity of intimate partner physical violence differed by age, education level, having been pregnant and being an early cohabiter. One-fifth of the oldest women had experienced severe intimate partner physical violence, compared with 11.6 per cent of adolescent girls and 27.1 per cent of women 25 to 29 years old (see Table 5.4 and Figure 5.3).

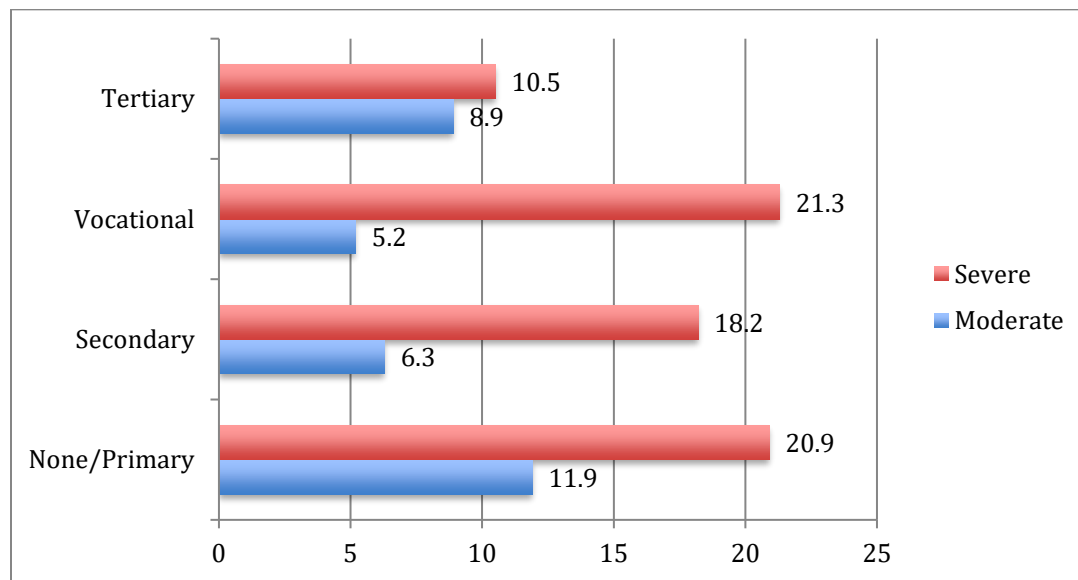
Figure 5.3: Prevalence of Intimate Partner Physical Violence by Severity and Age of Women, Jamaica, 2016



The higher the education level of women, the less likely they are to experience either moderate or severe intimate partner physical violence. Women with the lowest level of education had the

highest prevalence of moderate intimate partner physical violence (11.9 per cent) with 20.9 per cent experiencing severe intimate partner physical violence (see Figure 5.4). Tertiary educated women had the lowest prevalence at both levels.

Figure 5.4: Prevalence of Intimate Partner Physical Violence by Severity and Education of Women, Jamaica, 2016.



Women who were 18 years or younger when they first lived with a man were twice as likely to experience severe violence as women who were older when they entered into a residential union with a man. More than one-third of these women (34.2 per cent) suffered severe violence, compared to 17.2 per cent of those who first lived with a man at age 19 years or older. The data (see Table 5.4) also shows that women who have been pregnant are also more likely to have been subjected to severe violence (19.9 per cent) than women who have never been pregnant (7.2 per cent).

The qualitative study also found that women who have endured a lifetime of abuse are more likely to train themselves (or are trained to) tolerate or even trivialize some forms of violence against women. In other terms, women have their own measures of what constitutes severe, moderate or mild forms of abuse or violence; some of these subjective gradations defy what some onlookers — particularly persons unfamiliar with the Jamaican subcultural contexts — may regard as rational and acceptable.

Physical Violence during Pregnancy

The study also assesses physical violence during pregnancy. The WHO 'Intimate Partner Violence During Pregnancy' report notes that physical violence during pregnancy is detrimental to the health of both the mother and child and is associated "with fatal and non-fatal adverse health outcomes for the pregnant woman and her baby due to the direct trauma of abuse to a pregnant woman's body, as well as the physiological effects of stress from current or past abuse on fetal growth and development." Women were asked if they had experienced violence during pregnancy and whether these violent acts involved being punched or kicked in the abdomen.

The study found that 5.1 per cent of Jamaican women experienced physical violence while pregnant (of women who experienced physical violence while pregnant, 4.7 per cent were in rural areas and 5.4 per cent were in urban centres). The perpetrator was the father of the child in 86.8 per cent of the cases. In 74.1 per cent of those instances, the same man had beaten the woman prior to her pregnancy. Almost half of the women who suffered this experience; 47.2 per cent were beaten by their current or most recent partner. Over 20 per cent of these women were kicked or punched in the abdomen during pregnancy. For 35.9 per cent of these women, the beating worsened during pregnancy (see Table 5.5). Women who were early cohabiters were twice as likely to be beaten in pregnancy as women who were not; 12.6 per cent, compared to 6.0 per cent (see Table 5.6). This was the only demographic group for which the study found a significant relationship; the prevalence of physical violence during pregnancy was not correlated to age, area of residence, education, employment or union status.

Lifetime and Current Prevalence of Intimate Partner Sexual Violence

Lifetime prevalence of intimate partner sexual violence refers to the percentage of women who report that they have been forced to have sexual intercourse²⁹ by their male partner. This includes situations where they were threatened or held down. Women who report that they have had sexual intercourse because they were afraid of what their male partner may do are also included in this definition, as are women who have been forced to engage in sexual acts they found humiliating or degrading.

The prevalence of lifetime intimate partner sexual violence was 7.7 per cent. The current prevalence was 1.9 per cent. There were no differences in experiences across sociodemographic groups, with the exception of women who were early cohabiters. For those women, both lifetime and current sexual partner violence were higher than among those women who began cohabiting with a man when they were over 18 years old (see Table 5.2).

It is important to note that while the prevalence of physical violence was lower for young women 15 to 24 years of age, the prevalence of sexual violence for this age group is higher (9.6 per cent) than the national prevalence. This means that while, as a group, their experience of physical violence is lower, young women are more vulnerable to sexual violence.

²⁹ The study defines sexual intercourse as vaginal, oral or anal penetration.

The most prevalent act of intimate partner sexual violence is being physically forced to have sex (6.7 per cent); 4.2 per cent had sex with their partner because of fear, and 1.4 per cent were forced to engage in sexual activities they found degrading or humiliating (see Tables 4 and 5.3).

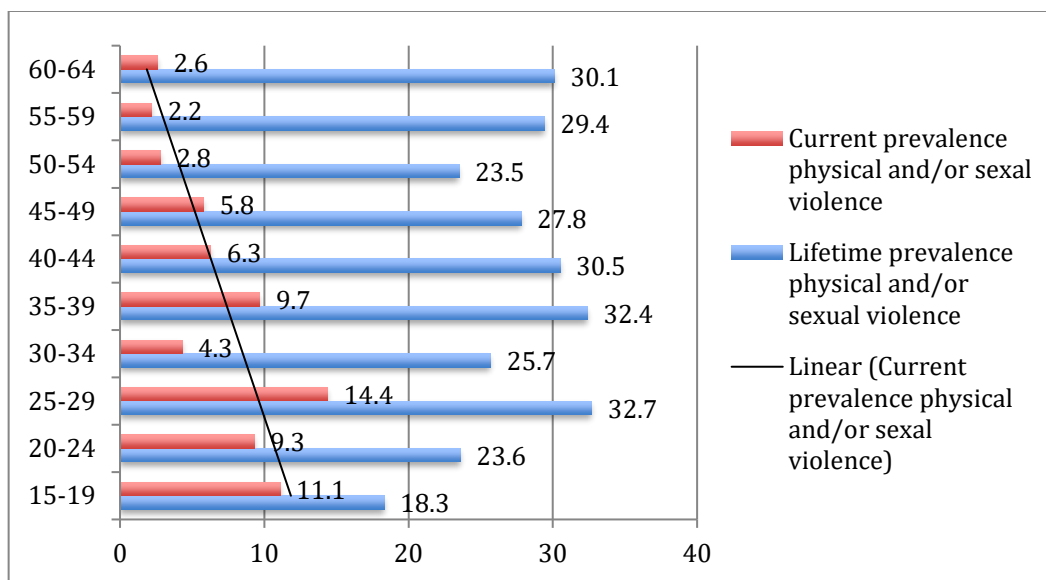
Table 4: Prevalence of Reported Acts of Intimate Partner Sexual Violence, Jamaica 2016.

Reported acts of sexual violence by a partner	Ever (%)	Last 12 months (%)
Physically forced to have sex	6.7	5.4
Had sex out of fear	4.2	3.1
Forced to engage in degrading sexual acts	1.4	1.1

Physical and/or Sexual Violence

The combined lifetime prevalence of physical and sexual violence was 27.8 per cent; current prevalence was 7.0 per cent. There were significant differences in current prevalence among women of different ages. Current prevalence declines with age. Adolescent girls and women 25 to 29 years old had the highest rates of current physical and/or sexual violence, with rates of 11.1 per cent and 14.4 per cent respectively (see Figure 5.5). The rate of current intimate partner violence is lowest among older women. Women who have ever been pregnant also have a higher prevalence than women who have not been pregnant (30.0 per cent compared with 14.3 per cent). Early cohabiters are at significantly greater risk for physical and/or sexual violence than other women, with 46.8 per cent having lifetime experience with intimate partner violence (see Table 5.2).

Figure 5.5: Lifetime and Current Prevalence of Physical and/or Sexual Violence by Age of Women, Jamaica, 2016



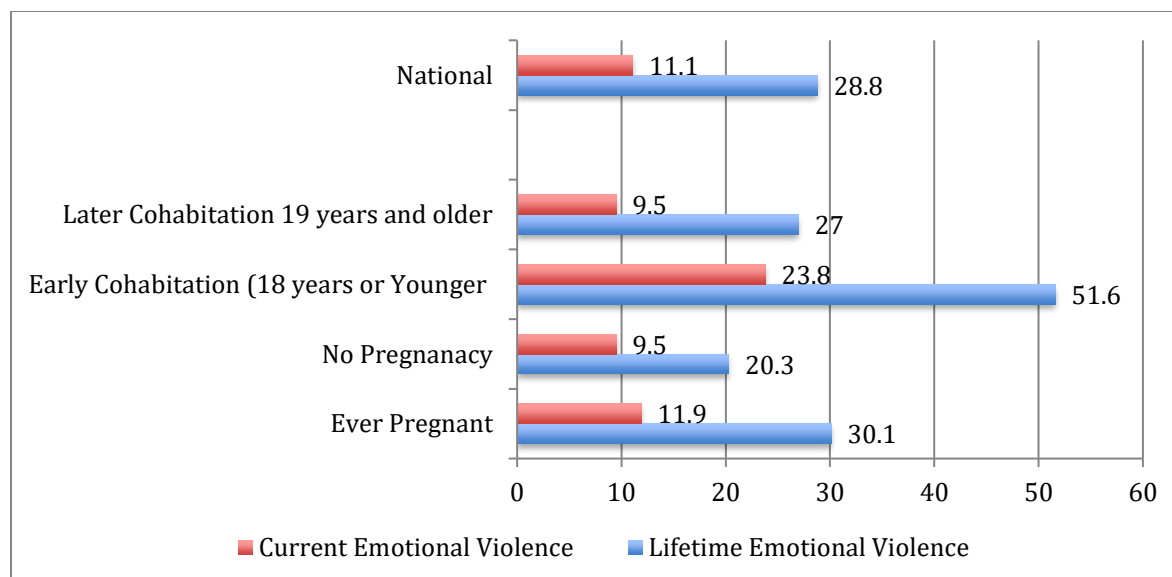
Emotional Abuse and Controlling Behaviours

For this survey, emotional abuse occurs when women are insulted, belittled, humiliated or intimidated by a male partner. This category also includes women who experienced verbal threats to them or someone they care about.

Lifetime prevalence of emotional abuse was 28.8 per cent; current prevalence was 11.1 per cent. The prevalence of lifetime emotional abuse was similar for women of all ages, employment and union status and areas of residence (see Table 5.7). Over 70 per cent of women had not experienced any form of emotional abuse by their male partners. As with other types of abuse reported in this chapter, women who had ever been pregnant and those who lived with a male partner at an early age had a higher prevalence of lifetime emotional abuse than other women. Lifetime prevalence among women who have been pregnant was 30.1 per cent, compared with 20.3 per cent among nulliparous women. More than half (51.6 per cent) of the women who entered into a residential relationship by 18 years of age had suffered lifetime emotional abuse, in contrast to 27.0 per cent of women who were older when they first lived with a male partner.

The rate of current emotional abuse for early cohabiters was two times the national rate (see Figure 5.6 and Table 5.7). Economic vulnerability was also associated with current emotional abuse; 15.7 per cent of women whose primary source of income was support from a husband or partner reported current emotional abuse.

Figure 5.6: Lifetime and Current Prevalence of Partner Emotional Violence by Experience of Pregnancy and Age at which she First Lived with a Man, Jamaica, 2016.



Women were asked about the acts of emotional abuse that they had experienced. Almost one-quarter of women had been insulted or made to feel bad about themselves by a male partner in her lifetime. Women also reported having been humiliated and belittled (lifetime 13.6 per cent, current 4.2 per cent), and scared and intimidated and verbally threatened with violence against themselves or a loved one (see Table 5.3).

Controlling Behaviours

Intimate partner violence, and in particular emotional abuse, is closely linked to controlling behaviours such as persistent jealousy and accusations of infidelity, acts to restrain access to friends and family and policing communications with others. Research has shown that women who report controlling behaviours by their partners are more likely to experience intimate partner violence (Fawson 2015). Women were asked about the types of controlling behaviours, if any, displayed by their male partners. Almost half (47.3 per cent) ever-partnered Jamaican women have been subject to at least one controlling behaviour by a male partner; 17.2 per cent experienced three or more of these behaviours (see Table 5.9).

There were significant differences across a range of sociodemographic characteristics. By age, this experience was most common among women in the 35 to 39 years age group; 61.8 per cent of these women had experienced at least one controlling behaviour by a male partner, as did 54.3 per cent of women in the 20 to 24 years age group (see Table 5.8). Consistent with their vulnerability to intimate partner violence, 57.6 per cent of women whose highest level of education was primarily experienced at least one controlling behaviour by a male partner, as did 61.7 per cent of early cohabiters. For tertiary educated women, 34.7 per cent had this experience. Having been pregnant was also associated with the experience of controlling

behaviours; this was experienced by half of women (49.4 per cent) who had been pregnant, as against 34.3 per cent of nulliparous women.

The controlling behaviour that was most experienced were men getting angry or jealous if the women spoke to other men. This was experienced by almost one-third of women (32.3 per cent). Approximately one-quarter of women reported that their partner insists on knowing where they are at all times (24.8 per cent). Women (18.3 per cent) were also frequently accused of being unfaithful, and 15.2 per cent of women reported not being trusted with any money. Only 7.1 per cent of women reported that male partners attempted to keep them from their friends, and 3.6 per cent reported that male partners attempted to keep them from their family (see Table 5).

Table 5: Prevalence of Different Types of Controlling Behaviours by Partners, Jamaica 2016

Types of Controlling Behaviour	Total (%)
Expects to ask permission before seeking medical help for self	2.4
Limits contact with family of birth	3.6
Not permitted to meet female friends	7.1
Checks cellphone	10.3
Not trusted with money	15.2
Frequent accusations of being unfaithful	18.3
Insists on knowing whereabouts	24.8
Jealous or angry if talks to another man	32.3

Economic Abuse

Jamaican women have limited experience with economic abuse. Economic abuse in this study refers to women being prevented from earning an income, having their earnings taken away or being refused money by a partner on whom they were financially dependent. Only 8.5 per cent of women have lifetime experience with economic abuse (see Table 5.10), with few differences across demographic groups. Lifetime prevalence was highest for economically dependent women (12.6 per cent for those who work primarily in the home and 17.9 per cent for women with no clear source of income), and women who lived with a man at an early age (16.1 per cent). Women who were self-employed had the lowest prevalence of economic abuse (4.5 per cent).

The most prevalent act was men refusing to give women money (6.0 per cent), with prevalence highest among women who are dependent on social services and others for an income (14.5 per cent) and early cohabiters (12.5 per cent).

Silence as Violence among the Middle and Upper Classes (Moncrieffe, 2017)

Financial dependence on males exists in middle- and upper-class neighbourhoods. Here, women may have greater flexibility to find alternate options where abuse occurs. However, reports indicate that financial, emotional, psychological, sexual and physical violence are not uncommon in these higher social classes.

We asked psychologists who work with women from these social classes to comment on the scale and depth of violence across these groups. Several observations speak to how this category of girls and women are socialized to accept violence against women. There are many middle/upper class girls and women who experience violence but fail to recognize it for what it is. Emotional and mental violence is common among the middle and upper classes. There, emotional violence is used as a psychological tool. Further, girls and women are called a variety of names and get used to it. Middle- and upper-class women normally attend when they have reached a stage of terrible depression. Problems of overweight and promiscuity are often associated with a history of violence against women.

Therefore, women and girls from the middle and upper classes are socialized to observe norms of silence, which allow for the perpetuation of violence against women.

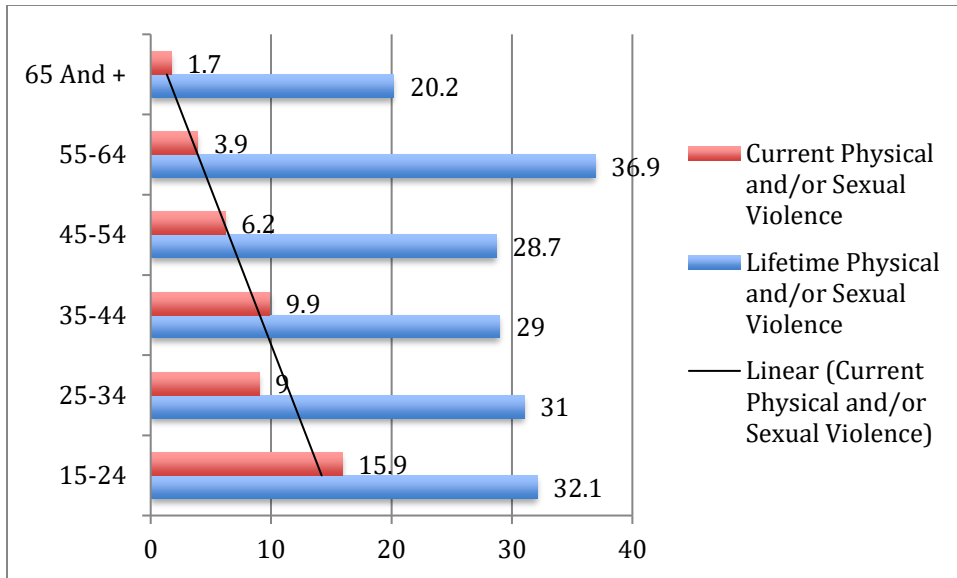
The Perpetrators

This section presents the profile of the perpetrators of intimate partner violence against Jamaican women who have ever partnered and presents comparisons of intimate partner violence across sociodemographic characteristics of the perpetrators. The section also explores the partners' use of alcohol and recreational drugs and their involvement outside of their primary relationship. The section also looks at relationships between partners' controlling behaviours and the prevalence of intimate partner violence (the data was collected from survey respondents about their current or most recent partner).

Research has shown that men who physically or sexually assault their intimate partners generally have particular characteristics. They are more likely to have witnessed violence between their parents or used recreational drugs or alcohol (Hotaling & Sugarman, 1986), experienced child abuse (Wekerle & Wolfe, 1998), or were raised with strong patriarchal values (Fagot, Loerber & Reid, 1998).

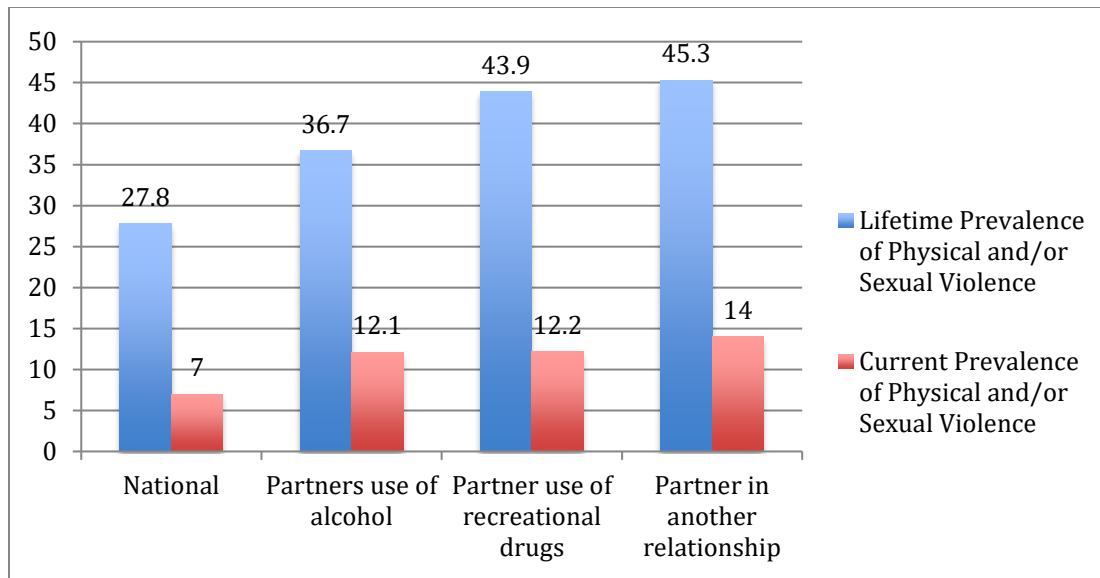
This study found that the age of the partners was significantly correlated to the current prevalence of physical and/or sexual violence against women but not to lifetime prevalence. Women with younger partners had the highest prevalence of current intimate partner violence (see Figure 5.7), although women with partners in the 55 to 64 years cohort reported the highest prevalence of lifetime abuse (36.9 per cent).

Figure 5.7 Lifetime and Current Prevalence of Partner Violence based on Partners' Age, Jamaica, 2016.



While the study found no relationship between intimate partner violence among women and partner characteristics such as education, employment status or being older or younger than the women, there were differences based on partners' use of alcohol and recreational drugs. Women whose partners used alcohol at least once per week had a lifetime physical and/or sexual violence prevalence of 36.7 per cent and a current prevalence of 12.1 per cent. Partner use of recreational drugs at least once per week increased lifetime prevalence of violence among women to 43.9 per cent (see Figure 5.8 and Table 5.11).

Figure 5.8: Lifetime and Current Prevalence of Physical and/or Sexual Violence among Women by Selected Partner Behaviours (%), Jamaica, 2016.



Male and Female Socialization and Violence in Jamaica (Moncrieffe, 2017)

Researchers consulted noted psychologists and consulted work from other experts in order to garner their views on how women and girls and boys and men are taught to assume differential roles as victims and perpetrators of violence.

Boys who grow up in contexts of domestic violence are likely to be emasculated in the process, as they feel they are incapable of protecting their mothers. They might attack their fathers, but they also resent their mothers for accepting the conditions. They witness their mothers' self esteem being destroyed, which has an increasingly deleterious effect on who they think women are. Eventually, they come to accept the dominant patriarchal view of women as passive, submissive, weak and incapable. Psychologists confirm that to compound matters, across Jamaican families, young boys suffer considerably, particularly at the hands of frustrated single mothers.

Further, the peer group virtually replaces the mother and father as the controlling agents, or, if not an entire substitute, a countervailing force. It is, principally within these peer groups that boys construct meanings of manhood. From these 'cells'; boys learn, for example, to value "the gun as a symbol of young male identity."

It is important to recall that, historically, unsupervised young boys were socialized to hate and harm through association with rival political parties and community dons.

Little concrete research has been done on the socialization of males in the middle and upper classes. However, personal interviews with survivors of violence against women and feedback from key experts indicate that males in these contexts are not immune to many of the conventional expectations of the Jamaica man. This helps to explain the persistence of violence against women and girls in its various forms.

Intimate Partner Violence and Gender Roles and the Justification and Normalization of Violence

Although research on intimate partner violence and violence against women has linked attitudes to gender roles and the prevalence of intimate partner violence, this study did not confirm this relationship in Jamaica. Women's attitude towards gender roles did not correlate

to their rate of physical and sexual victimization (see Table 5.12). It is important to note that this study looked at the women's attitudes towards gender roles only; the attitudes of their partners were not examined. Some studies have shown that it is the men's perceptions of gender roles that are related to the level of intimate partner violence more than women's attitudes (Herrero, Torres, Rodríguez and Juarros-Basterretxea, 2017).

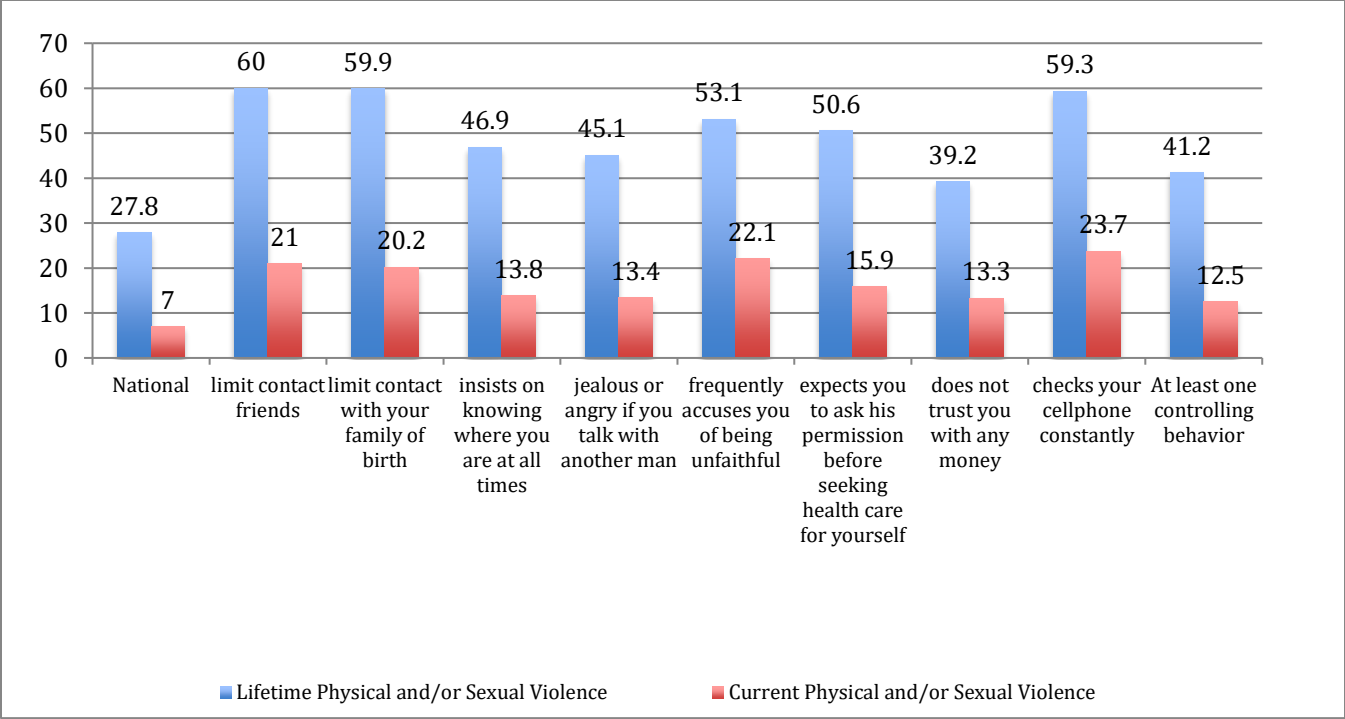
Attitudes towards the normalization of violence were correlated to lifetime prevalence of emotional violence (see Table 5.13), not to other forms of intimate partner violence. Justification of violence was not related to any form of intimate partner violence (see Table 5.14).

Intimate Partner Violence and Controlling Behaviours

Consistent with international research (Antai, 2011; Beck and Raghavan, 2010), controlling behaviours were closely related to the prevalence of all forms of intimate partner violence (see Table 5.15). Women who were subject to controlling behaviours by their partners had significantly higher rates of intimate partner violence than other women. Lifetime physical and/or sexual violence was 41.2 per cent for women who had experienced at least one controlling behaviour by a partner (the national prevalence is 27.8 per cent).

Similarly, there were significant differences in current prevalence (see Figure 5.9). Women whose partners limited their contact with their family (59.9 per cent) and who were frequently accused of infidelity (53.1 per cent) experienced the highest level of physical and/or sexual violence.

Figure 5.9: Lifetime and Current Prevalence of Physical and/or Sexual Violence by Partners' Controlling Behaviours

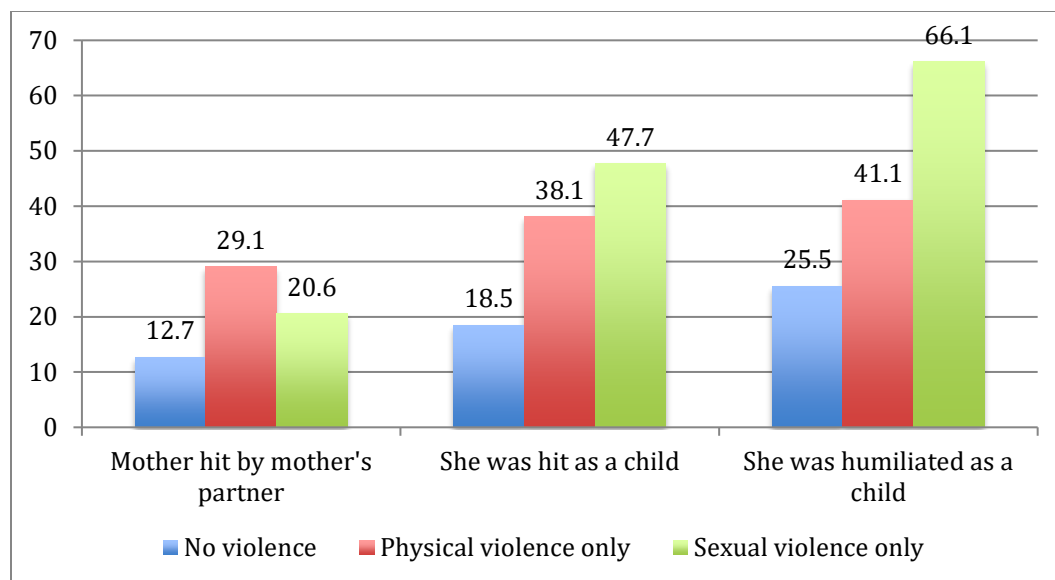


Intimate partner violence and Intergenerational Violence

Exposure to violence as a child is positively correlated to the risk of intimate partner violence. This exposure could be witnessing violence, particularly parents, as a child or experiencing violence in childhood. This survey asked women if they or their partners had ever witnessed their mothers being a victim of partner violence when they were children and if they and their partners had been beaten during childhood. The survey asked women if they had ever been humiliated as children in order to test the association between emotional abuse and intimate partner violence experience.

The findings show that intergenerational violence is a significant predictor of women’s experience with intimate partner violence in adulthood (see Table 5.16). In all scenarios, there were statistically significant differences between women who had experienced physical violence and sexual violence and those who had not. Only 12.7 per cent of women who never experienced partner violence had seen their mother beaten. This compares with 29.1 per cent of women who experienced partner physical violence in their lifetime, 20.6 per cent of whom have experienced sexual violence, and 31.4 per cent who experienced both physical and sexual violence (see Figure 5.10).

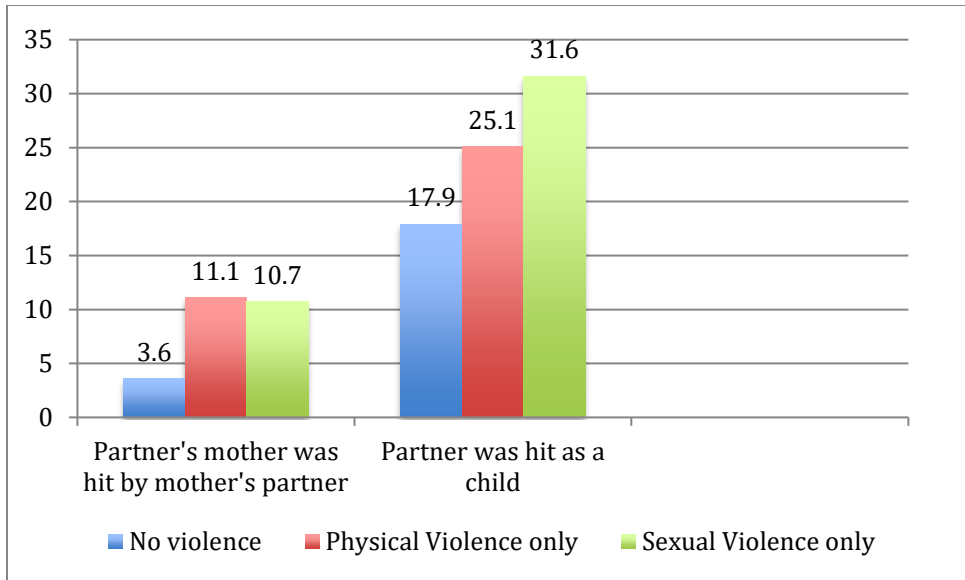
Figure 5.10: Violence in Childhood and Women’s Experience of Physical and Sexual, Jamaica 2016



Prevalence rates for intimate partner violence were also high among women who were beaten as children. Almost half, 47.7 per cent, of women who experienced intimate partner sexual violence had been beaten as children, as were 38.1 per cent of women who were physically abused by their partners. Comparatively, only 18.5 per cent of women who had never been abused were hit during childhood. Being humiliated or insulted as a child was also correlated to lifetime experience with intimate partner violence (see Figure 5.10).

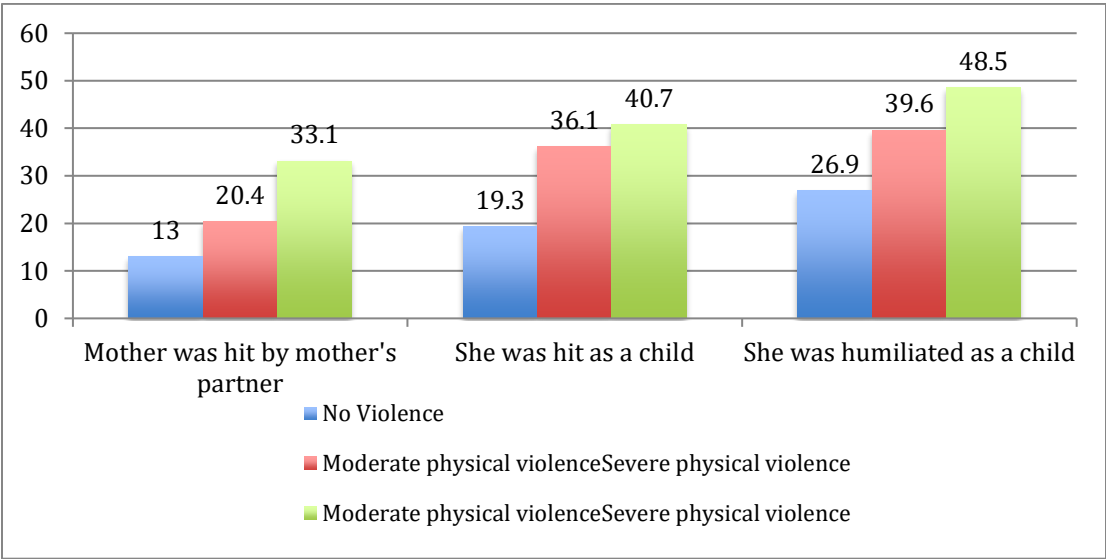
This study found that men who experienced violence in childhood grow up to abuse their intimate partners in adulthood. Women partnered with men who had witnessed their mothers being abused and who were themselves beaten as children had higher rates of intimate partner violence than women whose partners had no childhood experience of violence. Of women who had never been abused, 3.6 per cent had partners who had witnessed their own mothers being beaten; 17.9 per cent had partners who were hit as a child. This is in contrast to women who had suffered either physical or sexual partner violence, or both (see Figure 5.11 and Table 5.16). Abused women were in intimate relationships with men who were significantly more likely to have witnessed or experienced childhood abuse themselves.

Figure 5.11: Partner Childhood Experience of Violence and Prevalence of Physical and Sexual Violence against Women, Jamaica, 2016



Childhood experiences of violence were not only correlated to the experience of violence, but also to the severity of the violence. Women with severe experiences of lifetime physical violence were more likely to have been hit or humiliated or had seen their mother beaten while they were children (see Figure 5.12 and Table 5.16). Witnessing abuse of her mother was the factor that made the most significant difference to the severity of a woman’s experience with violence; 20.4 per cent of these women experienced moderate violence, and 33.1 per cent were severely beaten and physically abused.

Figure 5.12: Childhood Violence and Severity of Physical Violence Experienced by Women, Jamaica, 2016



Intergenerational Violence

An interviewee described her mother's verbal and physical abuse, which resulted from the interviewee's expression of greater love for her father. She recounts living with her boyfriend at age 16 years and then discovering that he had got someone else pregnant. She smashed his house and he responded by "giving her one box." [hit her across the face with his open hand]. On returning home, she realized that her grandmother was in a similar situation. As she saw it: "Old Old grandmother was having problems at home; she was having relationship problems and was getting beat up. I said to myself, look how me a young girl and come home and see my granny a get beat up."

The qualitative study found that aspects of the belief system embraced by some Jamaicans support the types of abuse described in this chapter. It found "wide acceptance, including among females, that 'proper men' should be 'rough', and as one human rights activist interviewed for the study noted, this culture — don, bad bwoy [a bad boy]— is not regarded as problematic but is highly celebrated and justified" (Moncrieffe, 2017).

Among the perspectives gathered from the group discussions were views on sexuality that incorporate women as objects, undermines intimacy and features mechanical sexual relations. Moncrieffe relates one counsellor's explanation of the features and consequences of what she describes as unhealthy sexuality:

"We are not a very healthy sexual society. We don't learn intimacy... It is all force. When a child witnesses a parent having sex, that's not intimacy. There is no tenderness. Sex is just mechanical. Children are not taught about sexuality, to love their bodies. They are taught that sex is dirty, slackness and rudeness" (Moncrieffe, 2017,p.41).

A strong aspect of the culture is the devaluation of women — including self-devaluation. This self-devaluation is reflected in comments such as: "him beat me because him love me." Views such as these were fairly common in the inner-city communities included in the study. Other examples include "when we have sex, he continues even while I am in pain. I satisfy him so that he won't have sex with other women" (Interview, April 20, 2017).

Therefore, it is not unusual for the man to assume control in decisions concerning the woman's body. Some women, in turn, embrace the 'norm' of male domination and fail to see themselves as valuable and with rights.

Young men admitted to responding violently because of envy: "it's because society is evolving. More women getting employed. Men love women to spend on them, but some don't feel good to know women make more money than them" (Focus Group, Kingston, November 4, 2016).

Notably, respondents also maintained that women expect physical violence and they, therefore, consider it necessary to supply this. "Some women feel if you don't beat them you don't love them. I give my woman some lick ... she said something I didn't like. Next day, she

come back. Sometimes because of what comes out her mouth, I give her some lick. Again and again she come back. Rough woman stay. If she does something that hurts my feeling ... it gets me ignorant. If she dis mi madda, I give her two in her belly and make she cramp up. Little more, she a call mi phone” (Focus Group, Kingston, November 4, 2016).

The data presented in this chapter shows that intimate partner violence affects more than one in every four women in Jamaica. Women are at risk for both physical and sexual violence by an intimate partner, with young women under 30 years being particularly at risk. Women who are poorly educated, those who are economically vulnerable and those who began living with a man as minors were shown to be more consistently at risk for a range of violence and abuse. The data raises concerns about the vulnerability of women who have been pregnant. Pregnancy, it shows, increases women’s risk of violence. The reasons for this are not clear, but warrant further investigation.

Men’s use of alcohol or recreational drugs correlates to a higher risk for physical and/or sexual violence. Women whose partners behave in controlling ways are at significantly increased risk of intimate partner violence. These findings are consistent with international research on violence against women. While the survey did not find statistically significant relationships between women’s attitudes regarding gender norms and intimate partner violence, the qualitative findings affirm that violence against women is coddled by cultural beliefs and practices, such as defining masculinity in relation to power and domination (‘natural head’) and intergenerational violence that propagates contexts in which violence against women is buoyed.

Chapter 6 : Impacts of Intimate Partner Violence on Women’s Health and Well-being and on their Children

This chapter examines the impacts of intimate partner violence on women’s health and well-being as reported by women who have experienced physical and/or sexual violence by their partners. It presents data on how intimate partner violence affects them physically, psychologically and economically. It looks at the direct physical result of violence, i.e., the injuries women receive from physical and/or sexual violence, and the long-term emotional impact of abuse. It also examines the ways in which women believe that the violence they experienced has affected their lives. The second section examines the impacts of violence on the well-being of the women’s children aged 5 to 12. It reports on children witnessing violence in their homes and the intergenerational nature of the intimate partner violence.

Physical Health

Physical and sexual violence affects women’s physical health in critical ways. Women who suffer physical and/or sexual violence are obviously more likely to suffer traumatic health consequences from this abuse. Research on the health consequences of intimate partner violence found that women who have suffered abuse were more likely to have a chronic medical condition and spend more time in bed than women who have never been abused (Ruiz-Perez, et al.,2007). In Australia, intimate partner violence has been ranked as a leading contributor to death, disability and illness among women ages 18 to 44 years old (Aterbury et al., 2006).

More than one in every three abused women (34.3 per cent) suffered injuries as a result of physical and/or sexual partner violence (see Table 6.1). Unemployed women (59.1 per cent) and women who were early cohabiters (49.2 per cent) had significantly higher rates of injuries than other women. For almost one in five women (18 per cent), the injury was severe enough to require medical care. These injuries were not the result of isolated attacks, as 58.7 per cent of women were injured several (47.5 per cent) or many (11.2 per cent) times (see Table 6.2).³⁰ Injuries included scratches, bruises and abrasions (61.3 per cent), broken eardrum and eye injuries (35.0 per cent), and penetrating deep cuts and gashes (21.3 per cent).

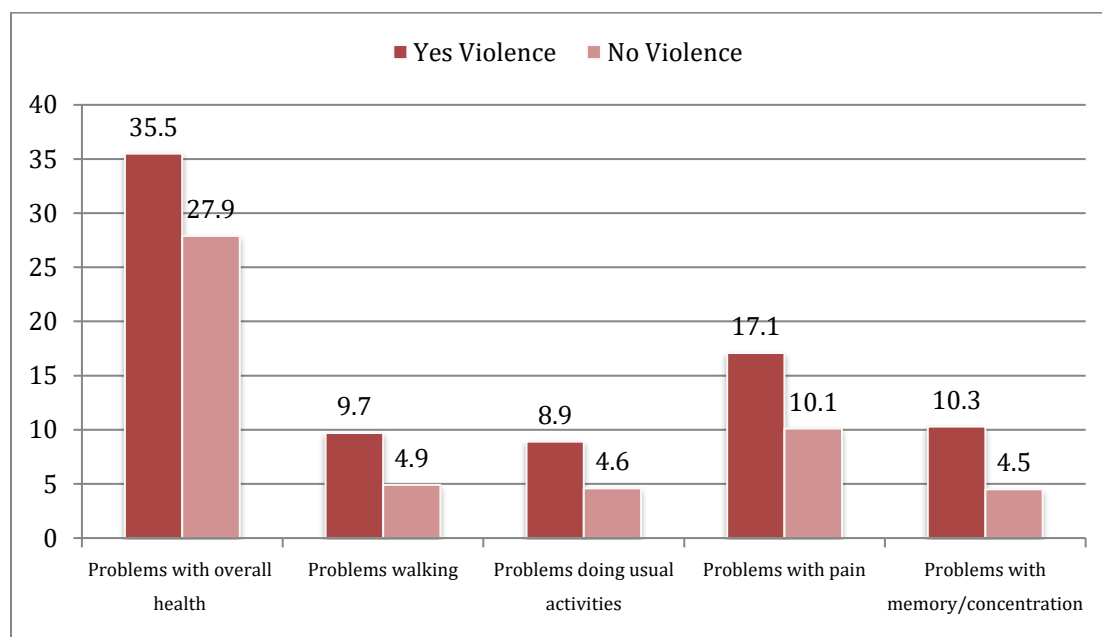
More than half of women (57.0 per cent) reported that the violence had no effect on them (see Table 6.3). This is consistent with the findings of the qualitative study, which showed that women had established their own internal protective devices to minimize and rationalize the impacts of partner violence on their lives (Moncrieffe, 2017).

Women were asked to assess the general state of their health and to report what health difficulties they were experiencing. Women who have experienced physical or sexual violence report a higher prevalence of health problems. More than one third (35.5 per cent) of women who have experienced violence report some or many problems with their overall health. This compares to 27.9 per cent of women who have not experienced physical or sexual violence (see

³⁰ ‘Several’ is defined as two to five times, and many as six or more times.

Figure 6.1 and Table 6.4). The data shows that intimate partner violence has a clear relation to women’s daily functioning; abused women were twice as likely to have problems with memory and concentration and carrying out their usual activities as women who were not abused.

Figure 6.1: Physical Health Problems Reported among Ever-partnered Women by Women’s Experience of Physical and Sexual Violence (%), Jamaica 2016

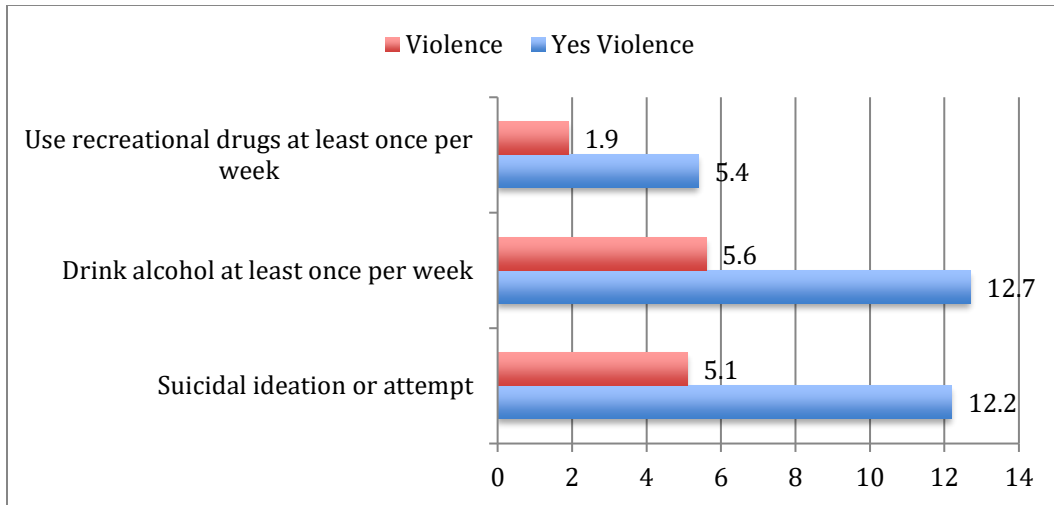


Psychological Health

Physical and sexual violence also has long-term psychological effects on women. Internationally, women who reported partner violence at least once in their life reported significantly more emotional distress, suicidal thoughts and suicidal attempts (Ellsberg et al., 2008).

The data shows that in Jamaica, women who have suffered partner abuse are more likely than other women to have behaviours associated with psychological pain. The study found that 12.2 per cent of women who have lifetime experience of physical and/or sexual violence either had thoughts of killing themselves or had attempted to do so. This is more than two times the percentage of women who had not been abused. Abused women were also more than twice as likely to drink alcohol at least once per week, and almost three times more likely to use recreational drugs at least once per week (see Figure 6.2 and Table 6.5).

Figure 6.2: Psychological Risk Factors by Women's Experience of Physical and Sexual Violence (%), Jamaica, 2016



In keeping with the greater psychological risk faced by women who have been abused by their partners, they are three times more likely to use medication for depression than women who have not been abused (see Table 6.6).

Economic Impacts

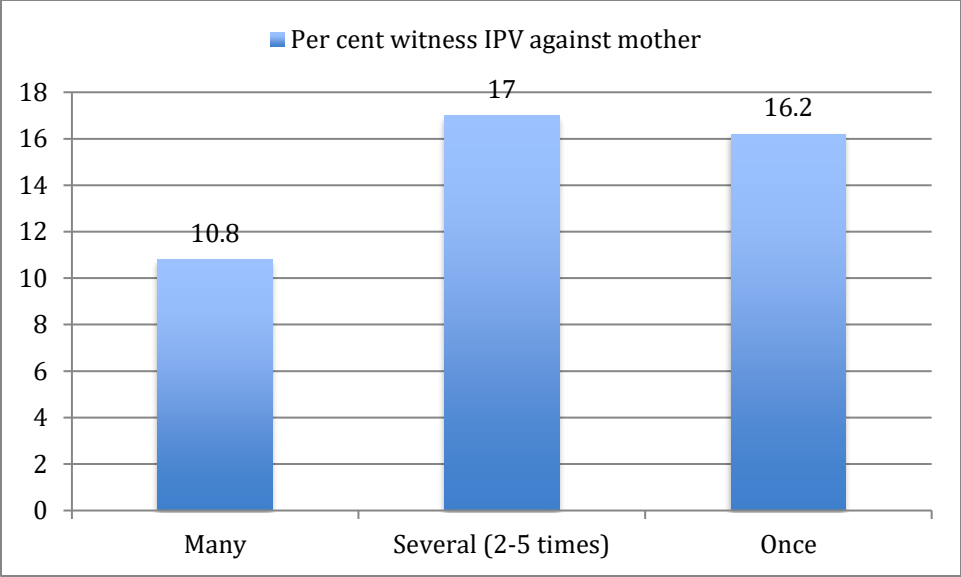
Almost a half of the women (48.5 per cent) reported that the violence they experienced did not disrupt their work in any way. However, 20 per cent of women reported that the violence they experienced left them unable to concentrate on their work, and 14.9 per cent reported that their partners have disrupted their work. Small, statistically insignificant percentages of women said the violence left them unable to work as they needed sick leave and that it caused them to lose confidence in their own abilities (see Table 6.7).

Impact of Intimate Partner Violence against Women on their Children aged 5 to 12 years

Exposure to intimate partner violence has been linked to a variety of mental health problems and adverse outcomes in children. Children exposed to intimate partner violence have been shown to suffer from post-traumatic stress, anxiety and depression in childhood and as adults (Lang and Stover, 2008).

Overall, 44.0 per cent of the children of women who have experienced violence have witnessed this abuse. In one in ten cases, the children have repeatedly been exposed to this violence against their mothers (see Figure 6.3).

Figure 6.3 Percentage of Children Witnessing Violence against their Mothers by Number of Times Violence was Seen, Jamaica, 2016



No differences were seen across sociodemographic groups. This means that children’s exposure to violence is not mitigated by their mother’s education, her employment status, union status or where she resides (see Table 6.8). Children in households in which there is intimate partner violence are equally exposed to this abuse.

The survey asked women about the well-being of their children; whether their children, aged 5 to 12 years, had problems such as bedwetting, nightmares, aggression, being withdrawn or had ever run away from home. Data was also collected on progress at schools, specifically whether the child had to repeat a grade or had to drop out of school. Children of women who experience partner physical and/or sexual violence were four times more likely to drop out of school than children of women who had not (see Table 6.9). The findings reaffirmed that violence suffered by women have long-term implications for the well-being of their children. There were no differences seen in the other behaviours investigated by the study.

The data has established that intimate partner violence has grave consequences for women’s physiological and psychological health. Women who are abused have poorer general health and are more likely to suffer from depression and consider suicide than women who have never been abused. Most profound is the danger that intimate partner violence poses to the children of abused women. These children are more likely to drop out of school at a young age and face all the risks that flow from this and early exposure to violence.

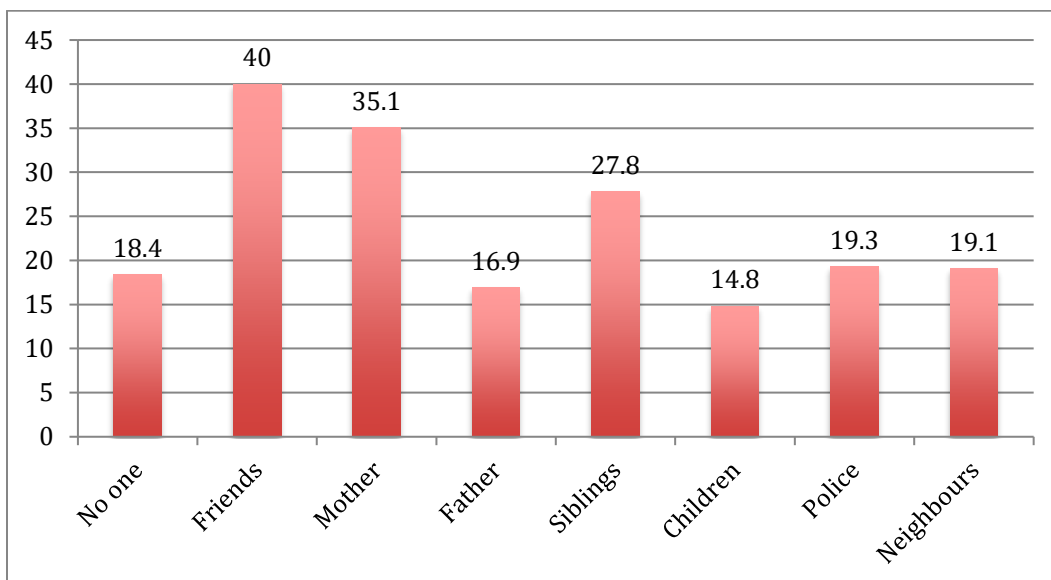
Chapter 7 : Women’s Responses and Coping Strategies

This chapter explores the coping strategies adopted by Jamaican women who have been subjected to intimate partner violence. The women were asked a series of questions to investigate whether they told anyone about the violence, whom they told, where they sought help, whether they received help and if they ever retaliated or left the home as a result of the violence. Multiple-response questions, for which respondents were allowed to give more than one answer, were used to collect this information.

Disclosure: If, and whom women tell

Almost one-fifth of women who experienced physical or sexual partner violence remained silent; 18.4 per cent told no one about the violence (see Table 7.1). Among those who told someone about the violence, the majority (see Figure 7.1) confided in friends (40.0 per cent), and less than 20 per cent (19.3 per cent) reported the abuse to the police. More than one-third of women confided in their mother (35.1 per cent), 27.8 per cent told siblings and 19.1 per cent confided in neighbours.

Figure 7.1: Individuals or Organizations Abused Women Told about the Physical or Sexual Partner Violence they have Experienced, Jamaica 2016



Women in urban areas were more likely to seek support from friends (48.6 per cent) than women in rural areas (29.0 per cent).

Citizens' Security and Justice Programme Communities

Of interest, though not statistically significant, is that in Citizens' Security and Justice Programme Communities, only 12.0 per cent of women kept silent about their abuse. Over half of the women living in these communities told their friends about the violence they experienced; 40.7 per cent told their mothers, and 31.3 per cent shared with their neighbours.

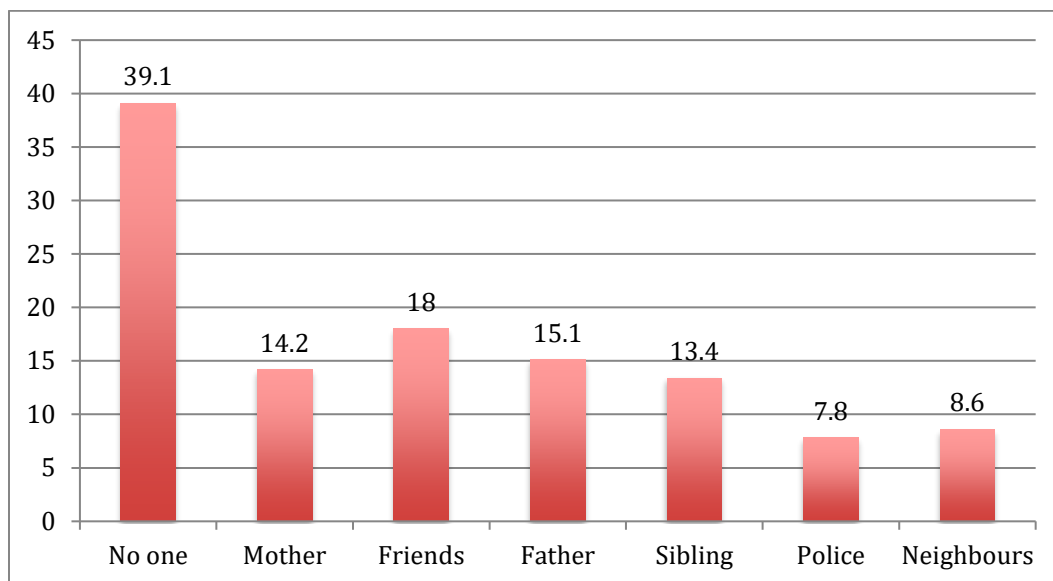
Of note, 27.0 per cent reported the violence to the police. This perhaps reflects the severity of the violence experienced.

Help

The abused women were asked if they ever sought and received help, and if so, from whom. Although the majority of women tell someone of their abuse, this does not translate into seeking help. Almost two-thirds (63.0 per cent) of the women sought no help (see Table 7.2). For those who tried to get assistance, they turned to the police (32.1 per cent) or the health care system (11.8 per cent). Women also turned to the court system (5.3 per cent). Very few women sought help from the formal social services, with women in rural areas being more likely to do so.

Worryingly, over one-third (39.1 per cent) of the women who sought help indicated that they received no help. Among those who received help (see Figure 26 and Table 7.3), the majority received help from their friends (18.0 per cent) and family members: fathers (15.1 per cent), mother (14.2 per cent) and siblings (13.4 per cent). Only 7.8 per cent of women received help from the police, although almost 20 per cent had reported the abuse to the police (see Table 7.3).

Figure 7.2: Percentage of Women who Received Help and from Whom, among Women Experiencing Physical or Sexual Partner Violence (%), Jamaica 2016

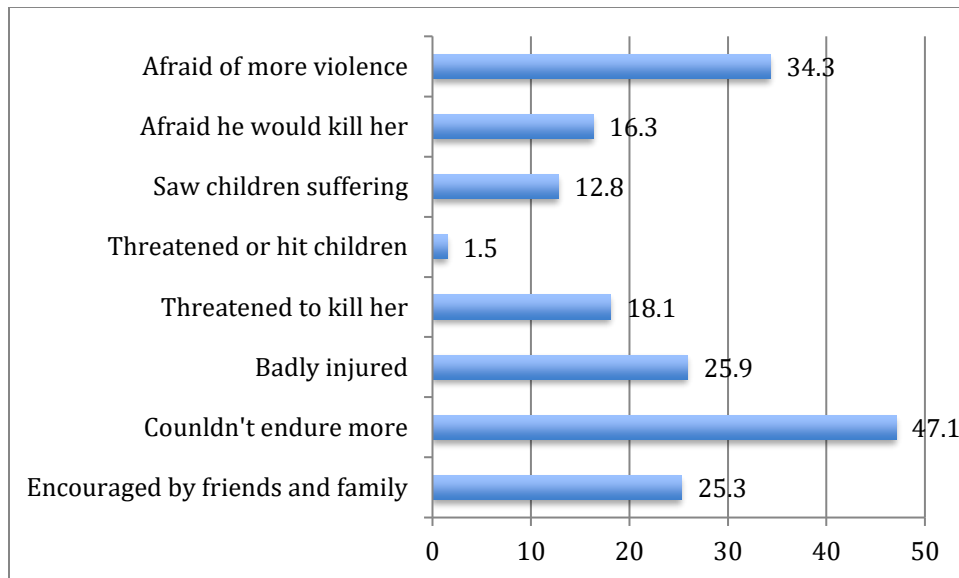


Though less than 10 per cent of women receive help from the police, almost half of those who did were satisfied with the assistance they received. One-fifth of those who got help in the public health system were satisfied. This pattern was seen in rural and urban areas, as well as in the Citizens' Security and Justice Programme Communities (see Table 7.4).

Women sought help for intimate partner violence for various reasons. Almost half (47.1 per cent) reached out for help because they were at their limit with the violence and felt they couldn't endure more (see Figure 7.3 and Table 7.5). Encouragement from friends and family motivated 25.3 per cent to seek help, and for 25.9, the trigger was being badly injured by their partner. Women in rural Jamaica were more than twice as likely to seek help after being badly injured (38.3 per cent) than women from urban communities (16.7 per cent). Concerns for the well-being of their children motivated 12.9 per cent of women to ask for assistance after experiencing intimate partner violence.

Women based their decisions to seek help on their own assessment of whether the violence they experienced was "normal." More than one-third (36.7 per cent) of women said they did not reach out for help because the "violence was normal," and they did not consider it "serious" (see Table 7.6). This supports findings from the qualitative study, which showed that for some women, partner violence is accepted and tolerated as a natural consequence of being in a relationship with a man. Some men too, seem to believe that "love is violence," and hence there is some level of violence that is normal in every intimate relationship.

Figure 7.3 Main Reasons Women Sought Help for Physical and Sexual Violence, Jamaica, 2016



Leaving

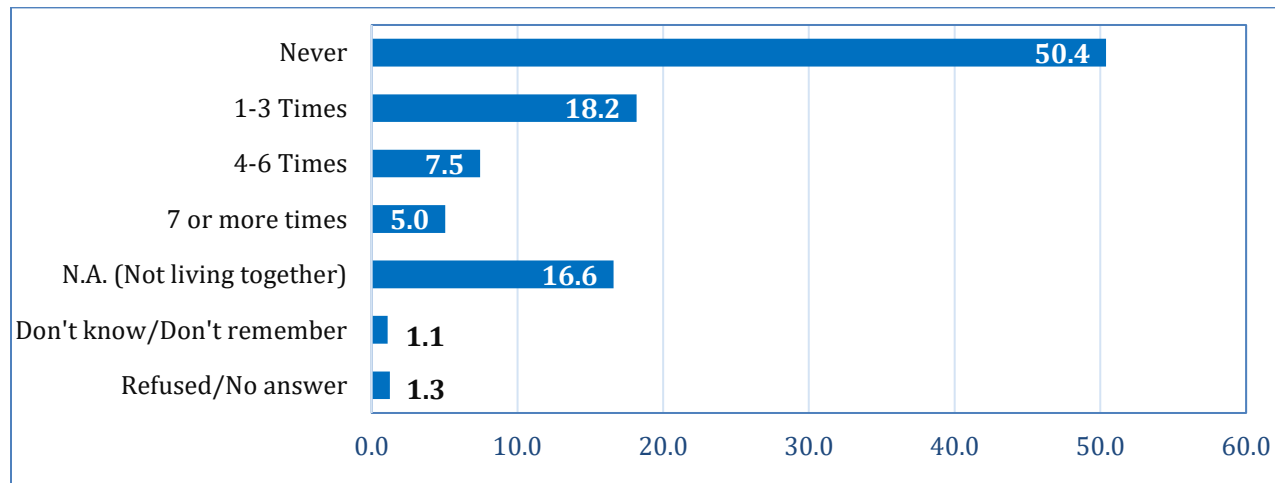
Women are not passive victims of intimate partner violence. In addition to seeking help from others, women actively attempt to address intimate partner violence in multiple ways. One way is to leave or to attempt to leave the abusive relationship. The decision to leave (and the woman's success in doing so) is influenced by several factors outside of the woman's own motivations. Studies have shown that women's decision to leave is affected by many factors, including the circumstances of the abuse and their evaluation of the options available to them (Ellsberg, Winkvist and Stenlund, 2001).

Researchers studying women's responses to intimate partner violence have found that women go through a process to extricate themselves from abusive relationships. It is often not an immediate or one-off effort that leads to the end of the relationship. Landenburger (1989) identifies a four-phase process through which women move from the start to the termination of an abusive intimate relationship. This process includes binding, enduring, disengaging and recovering phases, through which a woman passes as she interrogates, rationalizes and makes sense of her experience with violence. During binding, women rationalize or ignore the violence. They then move to enduring the violence as it worsens, recognizing it as wrong, but not yet being able to take an active stance against it. Eventually, women disengage, actively resisting the violence and seeking a way out of the relationship. Recovery comes when they have left the abuse and moved into a new phase of life.

For many women, therefore, leaving is one of the last responses to violence. In many cases, women return, sometimes to leave again. The study found that approximately one-half (50.4

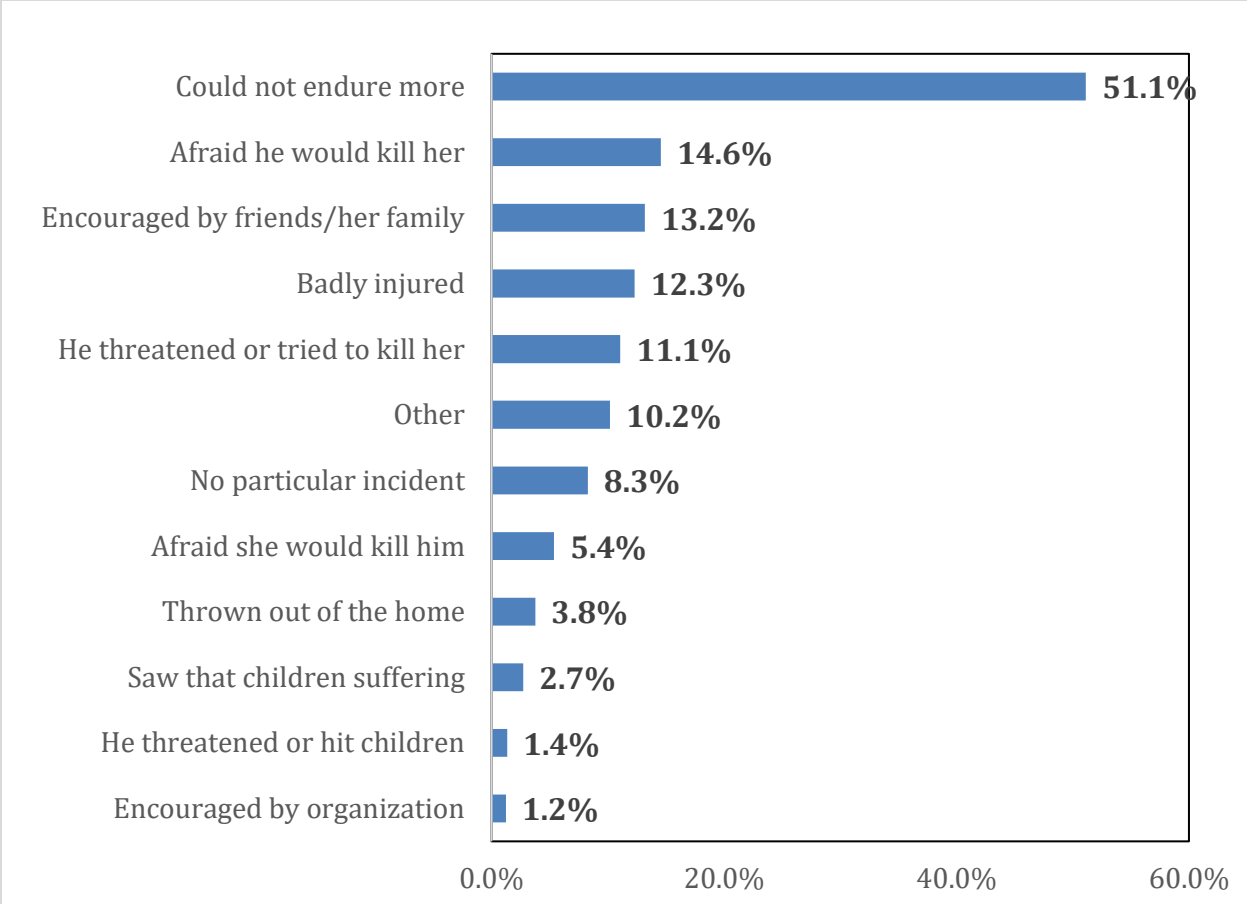
per cent) of abused women indicated that they have never left home. Less than one-fifth (18.3 per cent) left between once and three times, while 7.5 per cent left as many as four to six times (see Figure 7.4).

Figure 7.4: Percentage of Women who Experienced Physical or Sexual Partner Violence who Left Home by Number of Times they Left, Jamaica 2016



Those who indicated that they had left home were asked to state the reason for leaving the last time they did. More than one-half (51.1 per cent) reported that they left because they could not endure more violence (see Figure 7.5). Other reasons included that they were afraid their partners would kill them (14.6 per cent); that they were encouraged by friends/ family to leave (13.2 per cent); and that they were badly injured (12.3 per cent). Women in urban areas were ten times more likely than women in rural areas to leave home because they were badly injured. In urban areas, 23.3 per cent of those who left did so because of the severity of their injury, compared to 1.9 per cent of women living in rural areas (see Table 7.7).

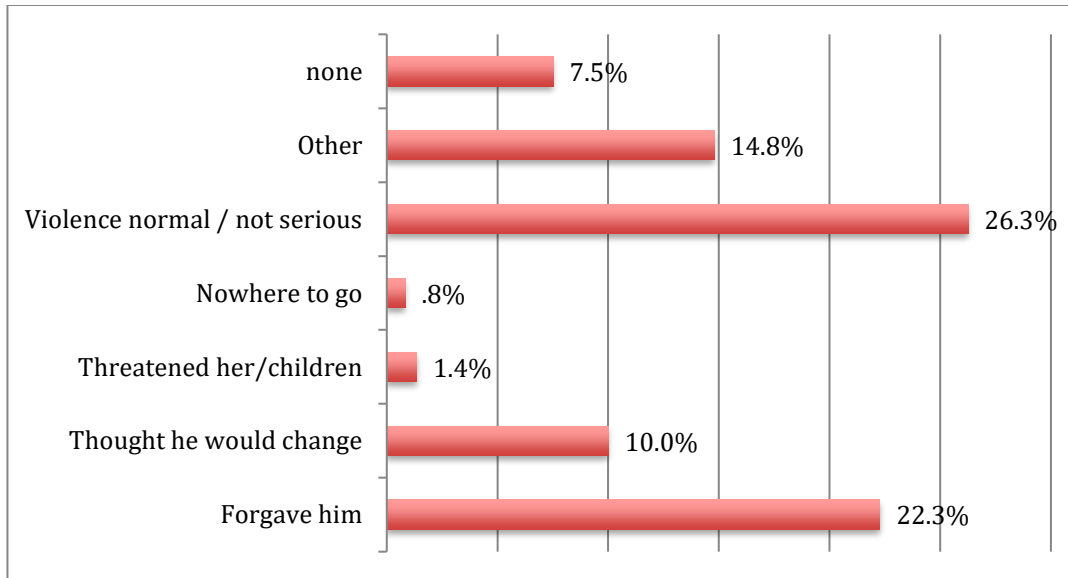
Figure 7.5: Main Reasons for Leaving Home Last Time she Left, as Mentioned by Women who Experienced Physical or Sexual Partner Violence and who Left Home, Jamaica 2016



Because leaving an abusive relationship is often a complex, non-linear process, women who leave sometimes return to the violent partner. The primary reason given for returning was “for the sake of family or children” (38.0 per cent). One quarter (25.1 per cent) of the women returned because they had forgiven their abuser and 20.8 per cent because the man asked them to return (see Table 7.8). Reasons for returning did not differ significantly between women living in rural or urban areas.

Women who experienced violence but never left home were asked why they had not left. Among the reasons given were that the violence was normal or not serious (26.3 per cent), they didn’t want to leave their children (24.2 per cent), they had forgiven the abuser (22.3 per cent) and that they loved him (19.6 per cent). Less than 10 per cent of the women stayed because they did not want to embarrass the family, and less than 1 per cent stayed because they had nowhere else to go (see Figure 7.6 and Table 7.9).

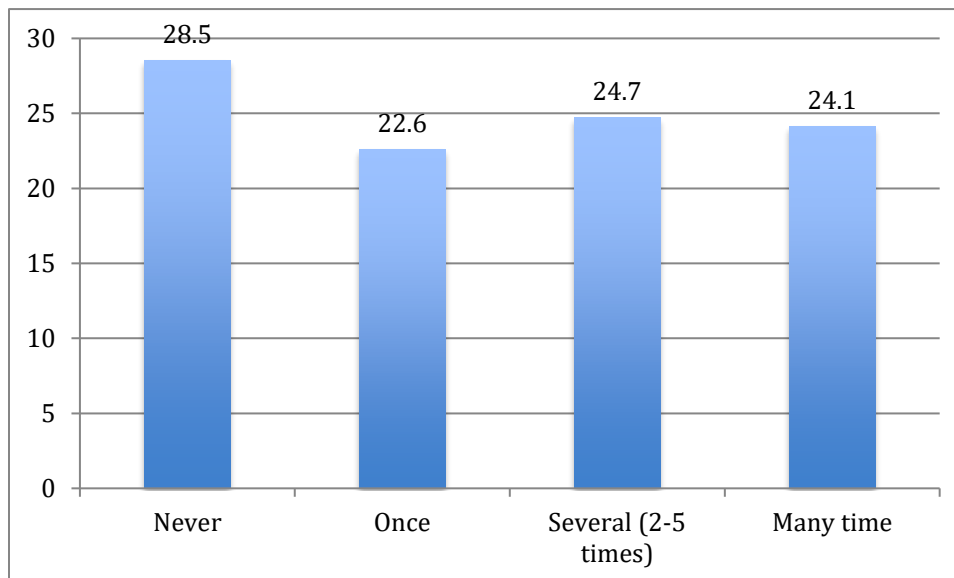
Figure 7.6: Main Reasons for not Leaving Home, by Women who Experienced Physical or Sexual Partner Violence and who Never Left Home, Jamaica 2016



Retaliation/ Fight Back

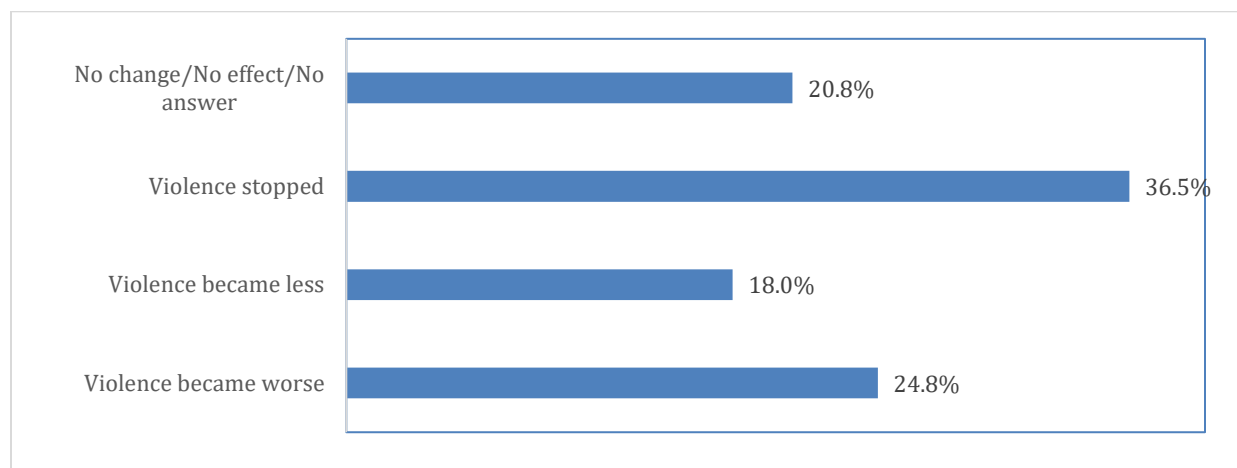
Some women actively resist violence in their intimate relationships. Among the women who have experienced physical or partner violence, 71.5 per cent reported that they have retaliated. Approximately 23 per cent (22.6 per cent) fought back only once, while over 40 per cent (48.8 per cent) indicated that they had fought back two or more times (see Figure 7.7 and Table 7.10).

Figure 7.7: Retaliation/Fighting Back, among Women Reporting Physical Partner Violence (%), Jamaica 2016



Of the women who indicated that they have ever retaliated, 20.8 per cent felt the retaliation was futile. Among the women who stated that fighting back was effective, the majority (36.5 per cent) said the violence stopped and 18 per cent stated that the violence became less after the retaliation. However, approximately one-quarter (24.8 per cent) of the women felt the violence became worse (see Figure 7.8).

Figure 7.8: Effect of Fighting Back among Women who ever Fought Back because of Physical Partner Violence, Jamaica 2016



Women who face physical and sexual partner violence in Jamaica have found several ways to cope with and challenge this violence. Though some remain silent, the majority does not. They tell their friends, family and neighbours about their experiences with intimate partner violence. Though they speak to members of their personal support system, most women do not formally seek help from the institutions and agencies that can provide this help. The data suggests that women may only seek help from the police when they are severely injured. However, less than half of those who went to the police were satisfied with the help they received. Religious organizations, social service institutions and women's groups were not places where women chose to seek help for intimate partner abuse. Women's response was to turn to their own personal networks for assistance.

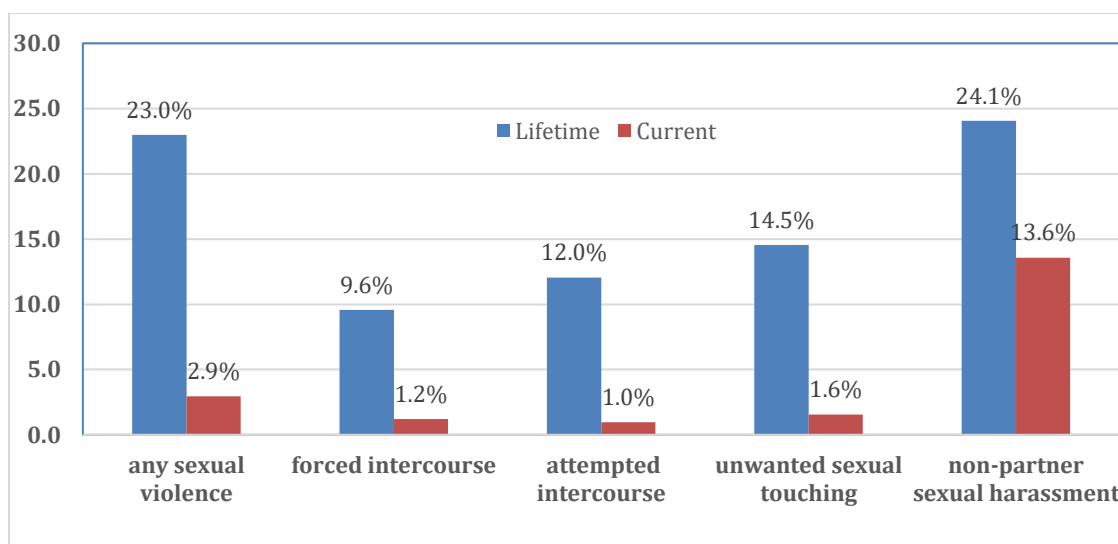
Women either do not leave or return to abusive relationships for diverse reasons. They return out of concern for their children and a desire to keep their families together, or because they have forgiven their abusers. Most leave because they are overwhelmed by the violence or because they were badly injured. The experiences of women underscore the complexities women face when trying to cope with and terminate abusive intimate partner relationships.

Chapter 8 : Sexual Violence against Women by Others (Non-Partners)

This chapter presents the findings on sexual violence against women by non-partners since the age of 15 (lifetime) and in the past 12 months. Women’s experience of child³¹ sexual abuse by non-partners is also explored. Non-partner sexual violence was measured by asking respondents if any male person except the husband/male partner ever forced them into sexual intercourse. Force includes threatening them, holding them down or putting them in a situation where they could not say no. These questions were asked of all women in the survey, including those who have never had a male partner.

Over one-fifth (23.0 per cent) of the Jamaican women surveyed have been sexually abused by men other than their partners. For 3.0 per cent, this happened in the 12 months prior to the interview (see Figure 8.1 and Table 8.1). Sexual harassment affected approximately one of every four women; 24 per cent reported being sexually harassed at some point in their lives. For 13 per cent, this happened in the 12 months prior to the interview. Women have also experienced sexual touching (lifetime 15 per cent, current 1.6 per cent). Approximately one in every 10 respondents had been forced to have sexual intercourse by a non-partner, and 12.0 per cent of women had men attempt to forcibly have sex with them.

Figure 8-1: Prevalence of Lifetime and Current Sexual Violence by Non-partners, Jamaica, 2016.



³¹ Abuse experienced before the age of 18 years.

There were no statistically significant relationships across most sociodemographic groups. However, the prevalence of sexual violence was significantly correlated to the age at which women first lived with a man; women who cohabited with a man when they were minors had a higher prevalence (29.4 per cent) than women whose first cohabiting relationship began when they were older (21.9 per cent).

Perpetrators of non-partner violence as reported by women who experienced sexual violence include non-family members, and in some instances, family members. As shown in Table 8.2, the majority (86.5 per cent) of women who experienced non-partner sexual violence had one perpetrator; 9.9 per cent had more than one perpetrator in a lifetime.

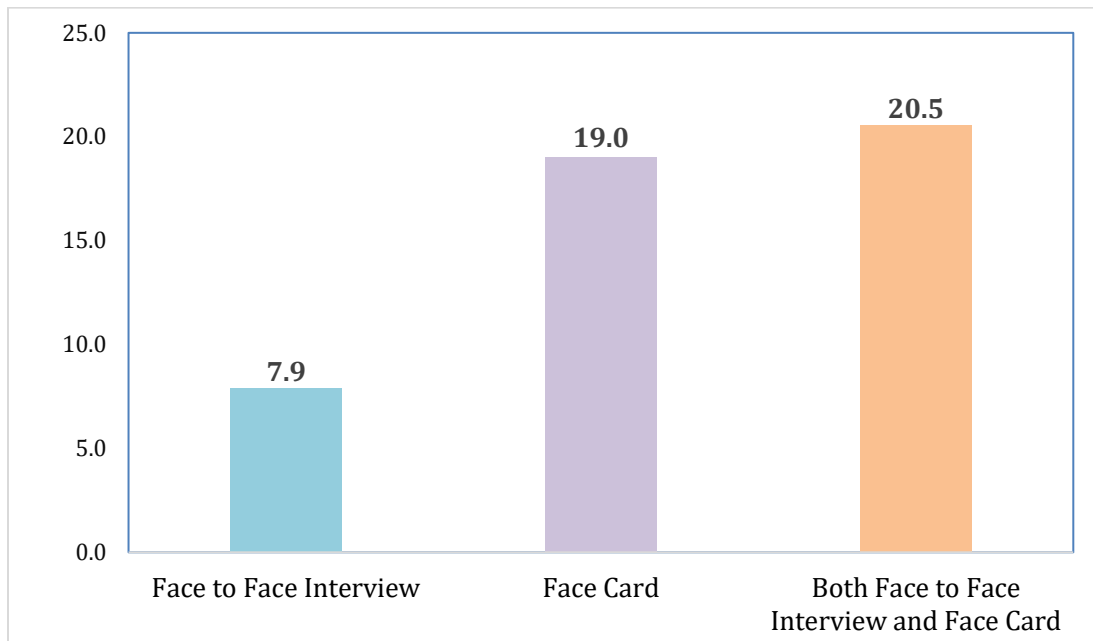
Most women know the perpetrator of non-partner sexual violence. Friends and acquaintances were reported as the main perpetrators (43.2 per cent), and family members other than parents or siblings committed the assault in 15 per cent of the cases (see Table 8.2). Complete strangers were responsible for 23.1 per cent of non-partner sexual violence committed against women.

Sexual abuse before age 18

The survey explored sexual violence in childhood by asking women whether anyone had ever touched them sexually against their will or made them do something sexual that they did not want to do before the age of 18. Due to the highly sensitive nature of the question, two different approaches were utilized to gain a response. In the first approach, respondents were asked the question directly (face-to-face). In the second approach, respondents were given a card that displayed pictures of a happy and a sad face. Respondents were then asked to privately put a mark below the sad face if, before they were 18 years old, someone had touched them sexually against their will or made them do something sexual that they didn't want to. If this had never happened, they were asked to put a mark below the happy face. To ensure confidentiality, respondents were also instructed to fold it and place it in an envelope. The interviewer did not see the response.

One-fifth of Jamaican women reported being sexually abused as children (see Figure 8.2). The face card method revealed a higher prevalence of child sexual abuse (19.0 per cent) than the face-to-face question (7.9 per cent).

Figure 8.2 Prevalence of Child Sexual Abuse among all Interviewed Women, Jamaica 2016



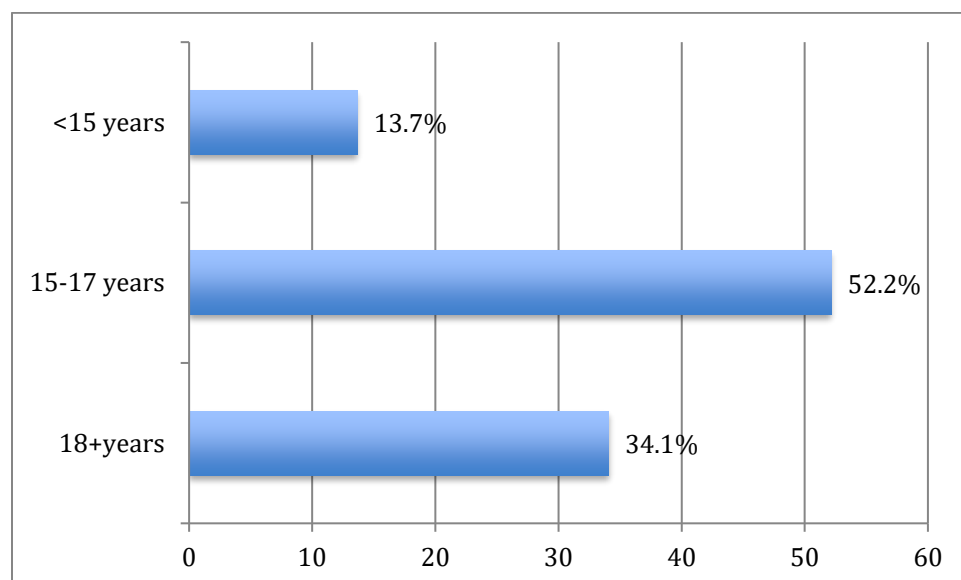
There were no statistically significant relationships between experience with child abuse and sociodemographic group. Women were equally victimized regardless of education, age, employment status or union status.

Among women who experienced childhood sexual abuse, the majority (69.6 per cent) reported having one perpetrator; 12.6 per cent reported having more than one (see Table 8.3). The main perpetrators of violence against girls were friends or acquaintances (22.9 per cent), complete strangers (16.5 per cent) and family members other than parents or siblings (15.9 per cent).

Age at first Sex

Women who reported ever having had sex were asked to indicate the age at which they first had sex. Of these women, 52.2 per cent had their first sexual intercourse between the ages 15 and 17 years, while 34.1 per cent had their first sexual experience at 18 years or older (see Figure 8.3 and Table 8.4). Close to 14.0 per cent of the respondents had their first sexual experience before the age of 15 years. Under Jamaican law, the age of consent is 16 years old, and any sexual intercourse with a girl under that age is statutory rape.

Figure 8.3: Prevalence of Age of First Sexual Intercourse, as Reported by Interviewed Women who Reported to Have Ever Had Sex, Jamaica 2016



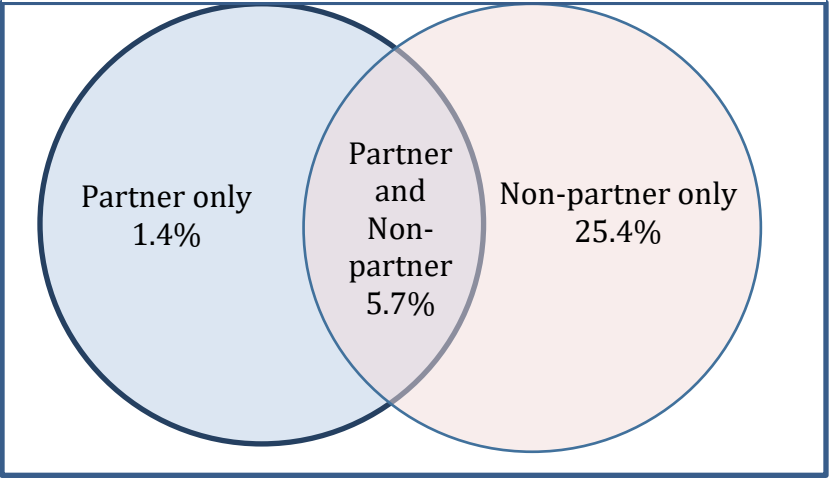
The nature of first sexual experience, among women who ever had sex, was also explored to garner an understanding of whether the first sexual experience was wanted or not. Women were asked whether the experience was something that they wanted to happen, whether they did not really want it but were cajoled into it, or if they were forced to do it.

The majority of respondents (62.3 per cent) indicated that they wanted to have sex at their first sexual encounter (see Table 8.5). However, 24.9 per cent stated that they never wanted to but were cajoled into it, while 7.3 per cent indicated that they were forced to have sex.

Among the women who reported their age at first sex to be below age 15, almost one-third (32.8 per cent) reported that this experience was forced. Almost three quarters of women who had their first sexual experience at 18 or 19 years and over reported that the experience was wanted (74.0 per cent and 72.1 per cent respectively; see Table 8.5).

A comparison of partner and non-partner violence among women who reported that they had experienced sexual violence revealed that 32.4 per cent of women had experienced partner and/or non-partner sexual violence. Of the 32.4 per cent, 25.4 per cent reported that the sexual violence was perpetrated by non-partners only. For 1.5 per cent of the women, the sexual violence was committed by partners only. For 5.7 per cent, the women had been assaulted by both partners and non-partners (see Figure 8.4).

Figure 8-4 Percentage of Women who Experienced Sexual Violence by Partners and Non-partners



Conclusion and Recommendations

This study is the first attempt in Jamaica to apply international standards to data collection on violence against women, particularly intimate partner violence. The use of the WHO model and the standardized questionnaire with globally accepted indicators allows us to compare these results with other countries and to periodically repeat the study to monitor changes over time.

Together, the survey and qualitative data provide important information on women's experiences of violence across sociodemographic groups and allow us to more fully understand the factors that are related to violence against women and some of the issues that drive this form of victimization of Jamaican women. Additionally, the study represents a significant step in filling the data gaps that have plagued efforts to combat violence against women in Jamaica. Specifically, it responds to concerns about data deficiency expressed by the Organization of American States in comments on Jamaica's fulfilment of the Convention of Belem Do Para.³²

This report provides evidence that violence against women in Jamaica is widespread. More than one in every four Jamaican women between the ages of 15 years and 64 years of age will, over their lifetime, experience intimate partner physical and/or sexual violence. Further, a similar proportion of women will experience non-partner sexual violence. The data shows that some groups of women are victimized by intimate partners at a far higher rate than others, as certain sociodemographic characteristics heighten women's vulnerability to intimate partner violence. At particular risk are women with either no or only a primary level of education, women who have been pregnant and women who began cohabiting with a male partner when they were minors.

Although the survey found many interesting statistically significant relationships across sociodemographic groups, the absence of these relationships also tells a story about the universality of women's experiences. In several instances, age, education, employment status, union status or living in rural or urban areas made no difference to the experience. For example, children witnessing violence against their mothers in their homes is not mitigated by any sociodemographic characteristic. Children across all groups are equally vulnerable.

Intimate partner violence affects women and their children. It affects women's physical and mental health and is shown to increase the likelihood that a child of an abused woman will drop out of school at an early age. The findings support international work, which links intimate partner violence with intergenerational violence. Intimate partner violence thrives in an environment where children are continuously exposed to violence, either as witnesses or victims. The data shows that women whose male partners were exposed to violence in

³² See discussion in Chapter 1.

childhood had a higher rate of intimate partner violence victimization than other women. Women's exposure to childhood violence also increases the likelihood of experiencing intimate partner violence in adulthood. The stories of women, girls and men collected in the qualitative report confirm this intergenerational relationship.

The study also established a significant link between a range of partner controlling behaviours and intimate partner violence. These behaviours are often the early warning signal of a partner's potential to abuse or intent to harm. Partner's use of alcohol or recreational drugs has also been established as being linked to the prevalence of intimate partner violence experienced by women.

Almost two-thirds of women who experience intimate partner violence do not seek help, although 81.6 per cent tell someone about their experience. Only in severe cases do they go to the police or the health system, and rarely do they use the available formal social services. When women seek help, they turn to their own social network: friends, family and neighbours. Institutions such as the church are not seen as places from which to seek assistance.

The level of sexual violence against women by non-partners is high in Jamaica. Almost one in every four women in the study age group has experienced sexual violence in some form. The data shows that women are more likely to suffer physical violence at the hands of their intimate partners, and sexual violence from non-partners. Non-partner perpetrators, in the majority of cases, are known to the victim.

Childhood sexual abuse is real for almost one-fifth of Jamaican women. Girls are mostly abused by someone known to them: a friend or acquaintance. Left to choose, the majority of women have their first sexual experience after the age of 15 years. Young teenager girls enter into sexual activity reluctantly.

Recommendations

The findings of this study provide a platform upon which policies and programmes to tackle violence against women can be developed. While not establishing causation — it doesn't tell us the causes of violence against women or intimate partner violence — it shows relationships between some key variables and women's experiences with violence and abuse. Based on the findings the following recommendations are made:

1. Activities to implement the National Action Plan on Gender-based Violence should be guided by the data presented in this study. Among the priority areas of the plan is the

prevention of violence against women and the protection of victims of violence against women. The study data can be used to guide activities in both these critical areas. The findings on partner behaviours and key sociodemographic characteristics that are associated with intimate partner violence can be used to drive the behaviour change and communications campaigns that will be implemented under the Plan. Additionally, the study tells us where women seek help and where they do not. This information can guide thinking about how services to protect victims should be designed and located for maximum effect.

2. Although the majority of women who are abused seek no help, women who have been severely injured due to intimate partner violence are likely to seek assistance from the police or the public health system. This indicates that these two institutions are at the forefront of the efforts to protect women from violence. As such, persons working in these areas should be specially equipped to understand and address the needs of victims of violence against women. It is therefore important that staff in these facilities are trained in how to identify a victim of violence against women, make appropriate referrals and reports and follow up where needed.
3. Even when women seek help, about one-third do not get any assistance. This suggests the need for wide-scale training of potential service providers in a range of institutions such as faith-based organizations and women's groups on how to assist women when they come forward to seek help in such instances.
4. As far as possible, counselling centres and shelters for women who suffer intimate partner violence should be established in each parish. Leaving an abusive relationship is complex. Some women leave and return multiple times before finally ending the relationship; others never leave. It is important, however, for women to have a space where they (and their children) can get counselling on a consistent basis or can live if necessary. These centres can be established in partnership with civil society.
5. Women speak about their experiences with intimate partner violence. This suggests that, for most women, the need to share is greater than any stigma that may be associated with the experience. Nonetheless, national-level efforts should be made to de-stigmatise experiences of intimate partner violence. A structured and sustained behaviour change campaign is needed to continue the shift in thinking around gender norms and roles and to create a society in which violence against women, including intimate partner violence, is openly rejected and firmly addressed.
6. Data collection around the issues covered in this study should become routine. Efforts should be made to secure funding for the periodic implementation of the survey to provide data to monitor and guide interventions under the NSPGBV.

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