

RESEARCH BRIEF

INTIMATE PARTNER
VIOLENCE IN FIVE
CARICOM COUNTRIES:
FINDINGS FROM
NATIONAL PREVALENCE
SURVEYS ON VIOLENCE
AGAINST WOMEN



MAY 2020



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INTRODUCTION

VIOLENCE AGAINST WOMEN AND GIRLS (VAWG)

Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women and girls, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

INTIMATE PARTNER VIOLENCE (IPV)

Any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Examples of types of behaviour are acts of physical violence, sexual violence, emotional (psychological) abuse, and controlling behaviours.

Violence against women and girls (VAWG) is a pervasive violation of human rights, a global health problem and a challenge for sustainable human development. The 2030 Agenda for Sustainable Development identifies the elimination of VAWG as a crucial priority for achieving gender equality and sustainable development.² The 2030 Agenda builds on existing international frameworks that address VAWG, particularly the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the agreed conclusions of the Commission on the Status of Women at its fifty-seventh session.³

Globally, 35 per cent of women have experienced either physical violence and/or sexual violence by an intimate partner and/or sexual violence by a non-partner in their lifetime.⁴ More specifically, 30 per cent of ever-partnered women experienced physical and/or sexual violence by an intimate partner in their lifetime, and 7 per cent experienced sexual violence by a non-partner in their lifetime.⁵ In 2017, the United Nations Office on Drugs and Crime (UNODC) documented that worldwide, almost 6 out of 10 or 58 per cent of women intentionally killed are murdered by an intimate partner or other family member.⁶

Prevalence of VAWG in the Caribbean is among the highest in the world. VAWG has proven to be so entrenched and normalized that both men and women have a high tolerance for its

manifestations, particularly when perpetrated in the context of intimate partner relationships.⁷ Data from a variety of sources confirm that even young people hold these views, raising concerns about the intergenerational transmission of VAWG.⁸

VAWG is both a cause and consequence of gender inequality and is recognized as a major obstacle to women and girls' enjoyment of all human rights, and their full participation in society and the economy. Subsequently, efforts to eliminate VAWG requires a comprehensive understanding of the interplay of accepted norms and attitudes towards gender roles and what it means to be a woman or man in society, as well as factors that shape these understandings. By reinforcing notions of female subordination and male domination, VAWG undermines women's position in Caribbean societies and perpetuates dangerous stereotypes of manhood.⁹ Notwithstanding national legislative and programmatic responses to VAWG, women across the Caribbean continue to face significant threats to life, safety and well-being in their homes and intimate relationships, as well as in communities and public spaces.¹⁰

From 2016 to 2019, five CARICOM Member States – Grenada, Guyana, Jamaica, Suriname, and Trinidad and Tobago – conducted Women's Health Surveys.¹¹ These surveys were a collaborative project between Governments, the United Nations

Entity for Gender Equality and the Empowerment of Women (UN Women), the United Nations Development Programme (UNDP), the United States Agency for International Development (USAID), the Caribbean Development Bank (CDB), and the Inter-American Development Bank (IDB). The impetus for this collaboration came from a decision of the CARICOM Council for Human and Social Development in 2014, to pilot a CARICOM model of national prevalence surveys on VAWG. The Council advised that the long-tested global model for population-based studies, pioneered by the World Health Organization (WHO), should be adapted for the Caribbean context.¹² In Grenada, Guyana and Jamaica, Women's Health Surveys were implemented by National Statistics Offices,

and in Suriname and Trinidad and Tobago private survey firms were contracted by the IDB.

Against this background, this research brief focuses on the prevalence of intimate partner violence (IPV) for each of the five countries where data was collected – both lifetime and current prevalence rates of IPV. The focus is on IPV because it is one of the most common types of VAWG.¹³ This brief also focuses on the causes and consequences of IPV, including risk factors associated with physical and/or sexual IPV at both the national and regional levels. Findings presented in this research brief can serve to inform regional and national efforts to develop VAWG prevention and response plans in CARICOM.



METHODOLOGY

Population-based household surveys were administered to representative samples of women and girls aged 15-64 in Jamaica in 2016, Trinidad and Tobago in 2017, and Grenada, Guyana and Suriname in 2018. A multi-stage cluster sampling design was used to select individual women and girls for inclusion in the cross-sectional survey. A systematic sampling strategy was used for household selection. Within each household, all eligible women and girls were listed and a random number generator was used to select the final respondent. For comparison purposes, the same methodology was used for each of the five countries.

Ethical and Safety Guidelines

All research activities were planned and carried out in accordance with WHO recommendations for conducting safe and ethical research on VAWG.¹⁴ In each country, research plans were approved by the administrative body tasked with approval of human subject research in that country.

Measures

Ever-partnered women¹⁵ aged 15-64 were asked about their experiences of IPV by a current or former husband/partner. Ever-partnered women were asked if they ever experienced a series of specific acts of physical, sexual and psychological violence by a current or former husband/partner, and if they experienced such acts in the 12 months prior to the survey. Participants were also asked if they ever experienced specific acts of economic violence by a current or former husband/partner (see Annex A).

Data Analysis

Descriptive statistics were used to calculate the prevalence of four types of IPV – physical, sexual, psychological and economic violence. The prevalence of **lifetime IPV** is defined as the proportion of ever-partnered women aged 15-64 who reported that they experienced one or more defined acts of violence by a current or former partner at least once in their lifetime. The

PHYSICAL VIOLENCE – being slapped; having something thrown at them; being pushed, cornered, or pulled by the hair; punched or hit with something that could cause injury; kicked, dragged, or beaten; choked, or intentionally burned; or being threatened by or assaulted using a gun, knife or any other weapon.

SEXUAL VIOLENCE – being forced to have sexual relations without consent by using threats, physical restraint or inflicting pain; having sexual relations with a partner out of fear of retaliation; or being forced to do a sexual act the female partner finds to be humiliating or degrading.

PSYCHOLOGICAL (EMOTIONAL) VIOLENCE – being insulted or made to feel bad about oneself; being disparaged or humiliated in front of others; having things done to intentionally scare or intimidate her, or verbally threatening to physically hurt her or someone important to the female partner.

ECONOMIC VIOLENCE – being prohibited from getting a job, working, negotiating, selling, gaining income, participating in activities that could earn income; taking earnings by force; or being denied money for household expenses even when the partner has money for other things such as alcohol and cigarettes.

prevalence of **current IPV** is the proportion of ever-partnered women aged 15-64 who reported at least one act of violence during the 12 months preceding the interview.

Descriptive, bivariate and multivariate analyses were conducted to examine the factors associated with physical and/or sexual IPV.¹⁶ To identify IPV risk factors, different key variables were compiled in the following thematic areas: women's characteristics; husband's/partner's

characteristics; relationship dynamics; gender attitudes; community support for women; and exposure to violence during childhood. The thematic areas and variables were selected based on the Ecological Model to understand IPV adapted by Heise.¹⁷

For country-specific sampling and response rates, ethical and safety considerations, and data analysis see the individual country survey reports listed at the end of this research brief.

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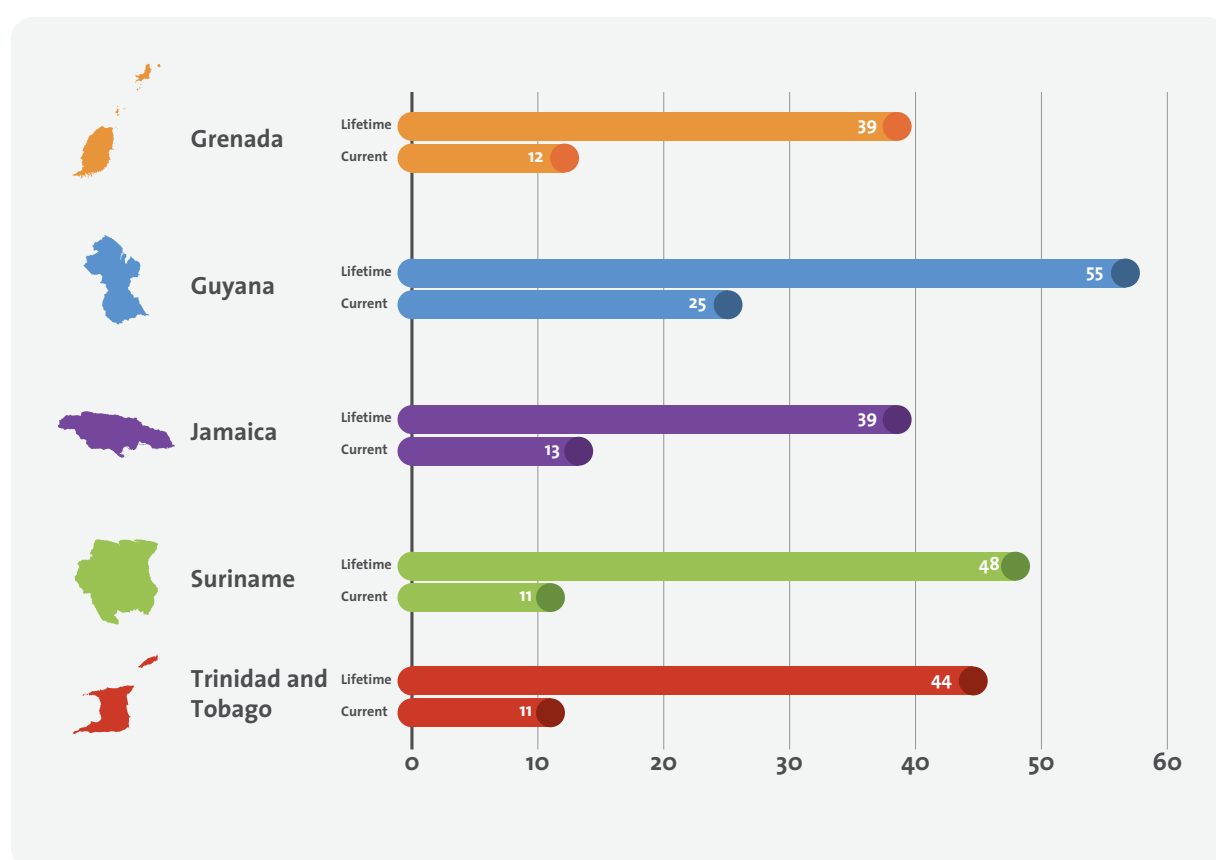
RESEARCH FINDINGS

Prevalence of Intimate Partner Violence (Lifetime and Current)

Across the five countries, on average, nearly 1 out of 2 or 46 per cent of ever-partnered women aged 15-64 have experienced one or more of the four types of IPV in their lifetime (physical, sexual, psychological and/or economic violence) and 14 per cent have experienced one or more of the three types of current IPV (physical, sexual and

psychological violence).¹⁸ Lifetime prevalence rates among women who have experienced any of the four types of IPV vary by country from 55 per cent in Guyana, 48 per cent in Suriname, 44 per cent in Trinidad and Tobago, and 39 per cent in Grenada and Jamaica. Current prevalence rates among women who have experienced any of the three types of IPV were highest in Guyana at 20 per cent and lowest in Grenada at 11 per cent (Figure 1).

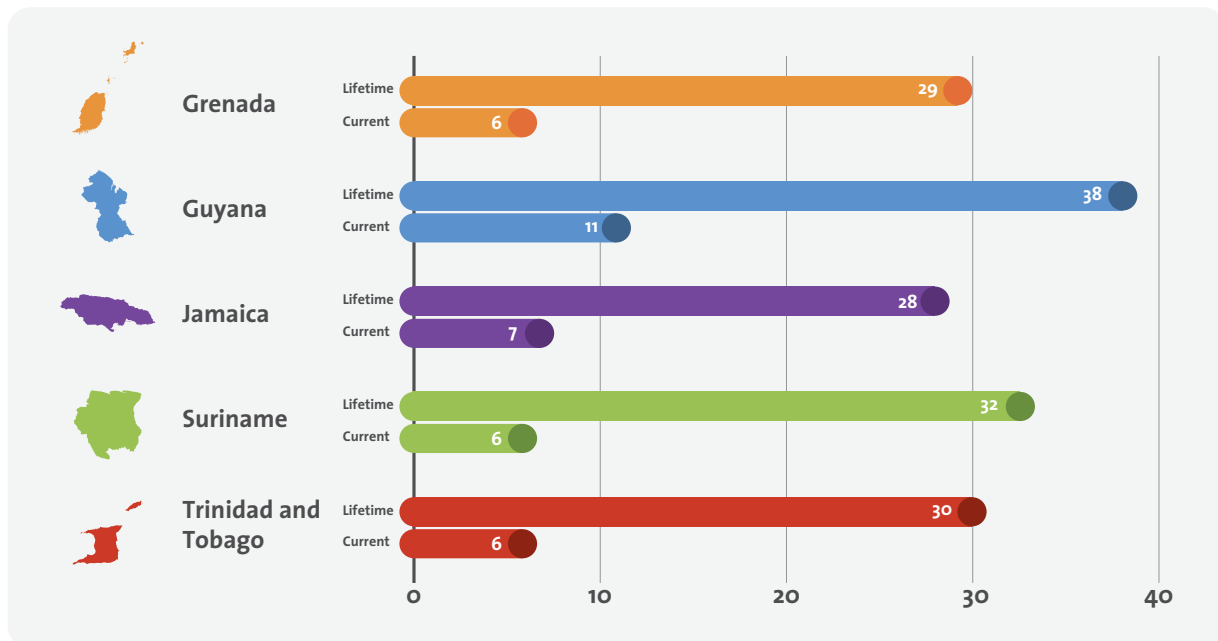
FIGURE 1:
Lifetime and Current Rates of Any Kind of IPV



More specifically, across the five countries, on average, nearly 1 out of 3 or 32 per cent of ever-partnered women aged 15-64 have experienced physical and/or sexual IPV in their lifetime and 7 per cent experienced physical and/or sexual IPV in the 12 months prior to the survey. Lifetime prevalence rates of physical and/or sexual IPV

vary by country from 38 per cent in Guyana, 32 per cent in Suriname, 30 per cent in Trinidad and Tobago, 29 per cent in Grenada and 28 per cent in Jamaica. Current prevalence rates for physical and/or sexual IPV were 11 per cent in Guyana, 7 per cent in Jamaica, and 6 per cent in Grenada, Suriname and Trinidad and Tobago (Figure 2).

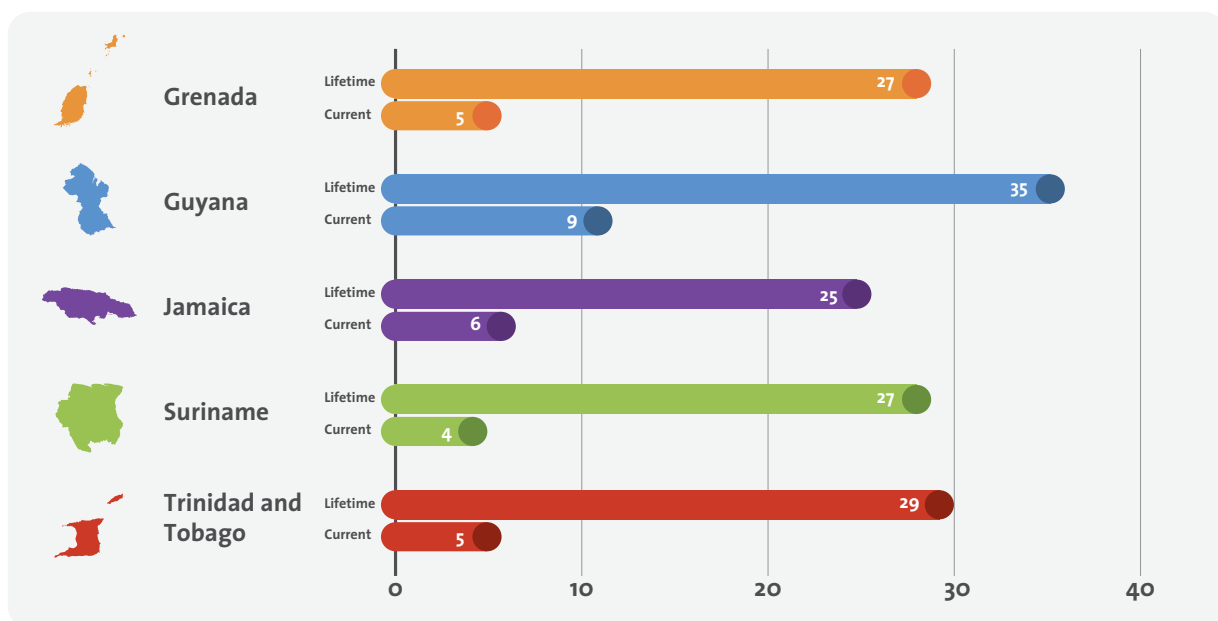
FIGURE 2:
Lifetime and Current Physical and/or Sexual IPV



In terms of physical violence, across the five countries, on average, more than 1 out of 4 or 29 per cent of ever-partnered women aged 15-64 have experienced physical IPV in their lifetime and 6 per cent experienced physical IPV in the 12 months prior to the survey. Lifetime prevalence rates of

physical IPV were highest in Guyana at 35 per cent and lowest in Jamaica at 25 per cent; whereas current physical IPV prevalence rates were highest in Guyana at 9 per cent and lowest in Suriname at 4 per cent (Figure 3).

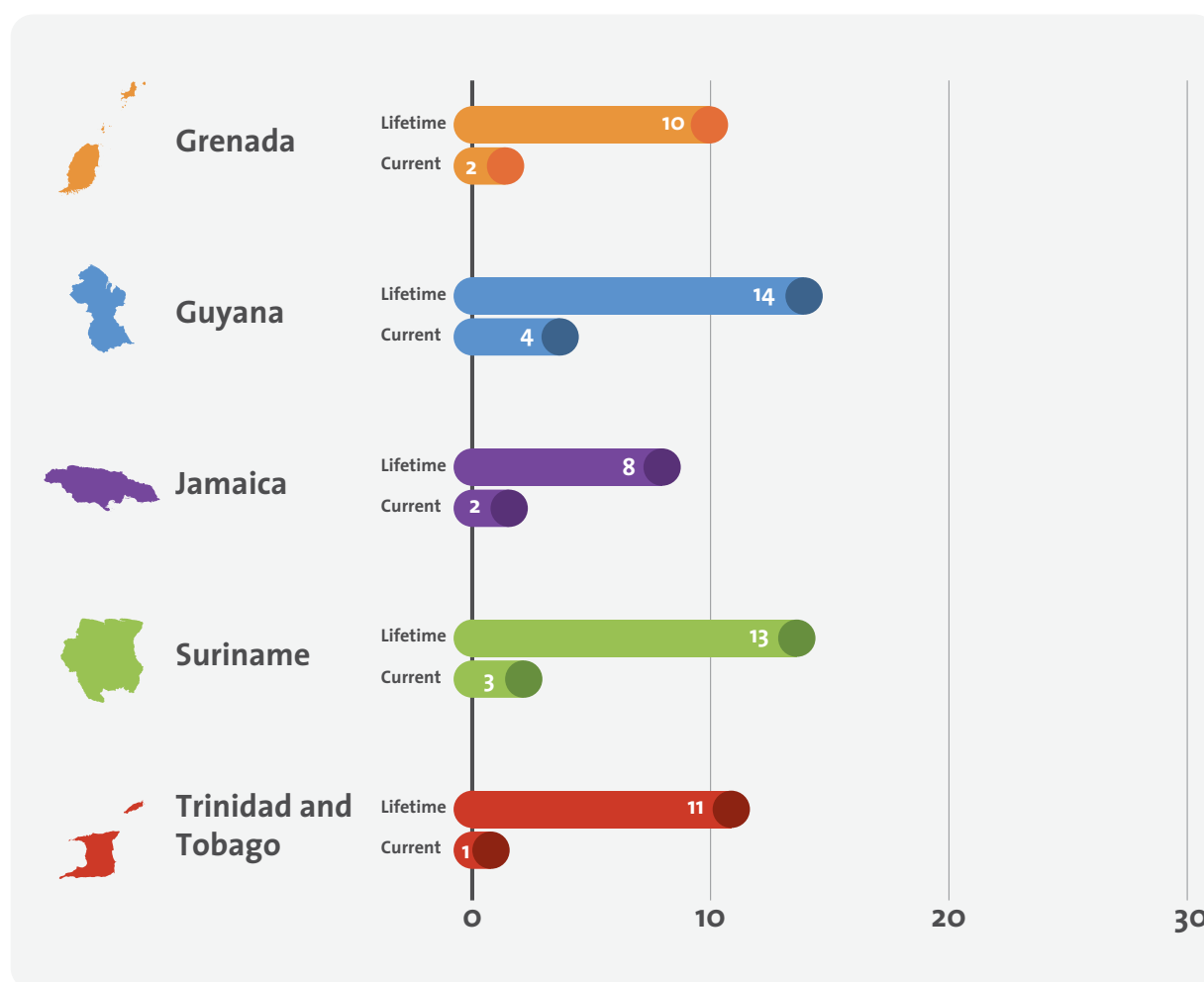
FIGURE 3:
Lifetime and Current Physical IPV



In terms of sexual violence, across the five countries, on average, 11 per cent of ever-partnered women aged 15-64 have experienced sexual IPV in their lifetime and 2 per cent were currently experiencing sexual IPV.¹⁹ Prevalence rates of lifetime sexual IPV vary by country from

14 per cent in Guyana, 13 per cent in Suriname, 11 per cent in Trinidad and Tobago, 10 per cent in Grenada and 8 per cent in Jamaica. Current sexual IPV rates were highest in Guyana at 4 per cent and lowest in Trinidad and Tobago at 1 per cent (Figure 4).

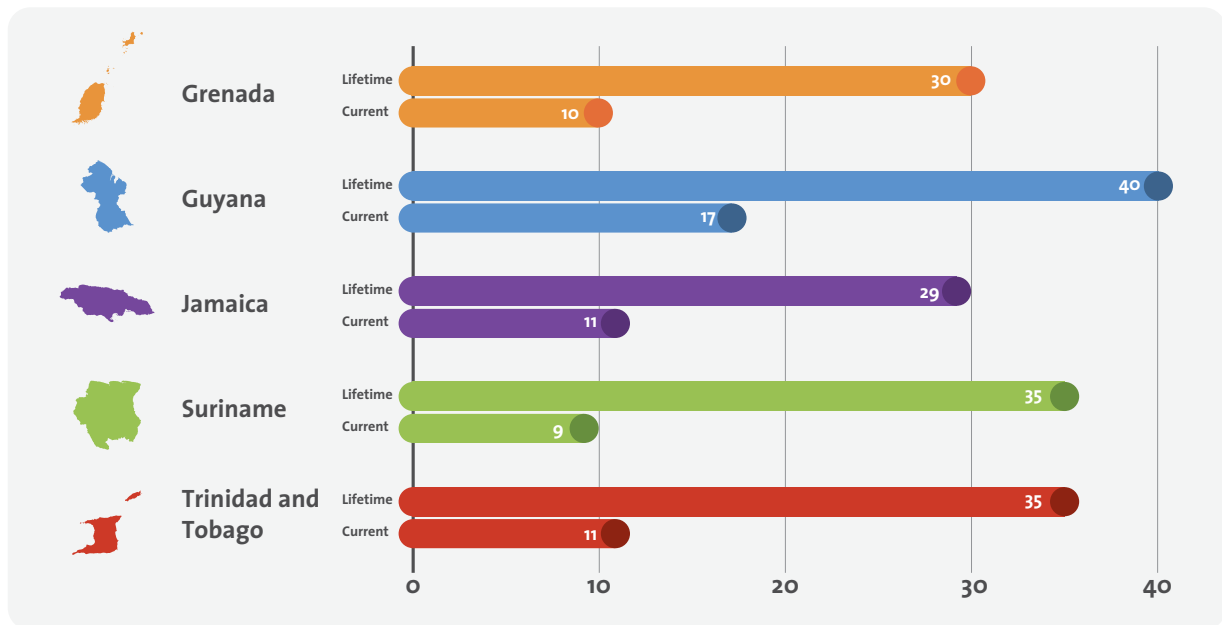
FIGURE 4:
Lifetime and Current Sexual IPV



The most prevalent form of IPV is psychological violence. Across the five countries, on average, as many as 1 out of 3 or 34 per cent of ever-partnered women aged 15-64 have experienced psychological IPV in their lifetime and 12 per cent experienced psychological IPV in the 12 months prior to the survey. Lifetime prevalence rates

of psychological IPV vary by country from 40 per cent in Guyana, 35 per cent in Suriname and Trinidad and Tobago, 30 per cent in Grenada and 29 per cent in Jamaica. Current prevalence rates of psychological IPV vary from a high of 17 per cent in Guyana to a low of 9 per cent in Suriname (Figure 5).

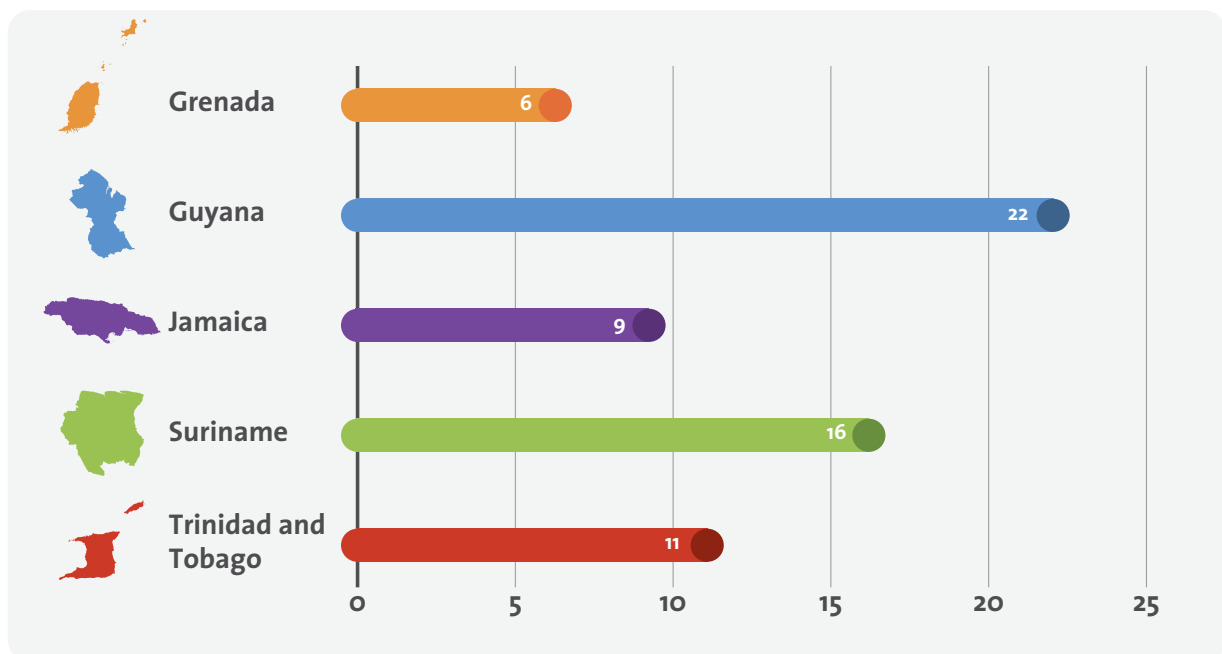
FIGURE 5:
Lifetime and Current Psychological/Emotional IPV



Finally, across the five countries, on average, 13 per cent of ever-partnered women aged 15-64 have experienced economic IPV in their lifetime. Economic IPV rates vary from 22 per cent in

Guyana, 16 per cent in Suriname, 11 per cent in Trinidad and Tobago, 9 per cent in Jamaica and 6 per cent in Grenada (Figure 6).

FIGURE 6:
Economic | Lifetime Prevalence of IPV



Risk Factors for Intimate Partner Violence

Survey data from the five countries were analysed to understand the risk factors²⁰ for IPV at the regional level, as well as how risk factors for IPV vary across each of the five countries.²¹ As previously mentioned, IPV risk factors were compiled into the following thematic areas: women's characteristics; husband's/partner's characteristics; relationship dynamics; gender attitudes; community support for women; and exposure to violence during childhood. Bear in mind, findings presented in the sections that follow show statistical association or correlation, but not causation.²² Associations that were not statistically significant are not shown in the analysis.

Regional Level Risk Factors

At the regional level, five-country analysis found that ever-partnered women aged 15-64 who were in relationships with men who had attitudes and behaviours that reinforce men's dominant position over women and perpetuate gender inequality were more likely to have experienced lifetime and current IPV.²³ Behaviours intended to control women's bodies, autonomy and contact with others are also strongly correlated with an increased experience of IPV. Characteristics of men's attitudes and behaviours that perpetuate men's dominant position over women were measured as men having controlling behaviours, engaging in extramarital or outside relationships with other women, and engaging in a fight with another man (see Annex Tables 1 and 2).²⁴

Most notable, women whose husbands/partners exhibited three or more controlling behaviours were nearly four times more likely to have experienced physical and/or sexual IPV in their lifetime, and nearly six times more likely to have

experienced IPV in the 12 months prior to the survey, compared to women whose husbands/partners did not exhibit controlling behaviours. Women whose husbands/partners had extramarital or outside relationships with other women were nearly two times more likely to have experienced lifetime and current physical and/or sexual IPV. In addition, women, whose husbands/partners got in a fight with another man, were nearly two times more likely to have experienced lifetime and current IPV.

In terms of relationship dynamics, findings revealed that frequent arguments and lack of communication among couples were risk factors for both lifetime and current IPV. Women in relationships with frequent arguments were three times more likely to have experienced lifetime and current physical and/or sexual IPV. In addition, women who reported they were not able to discuss their worries and feelings with their husbands/partners were nearly two times more likely to have experienced physical and/or sexual IPV in the 12 months prior to the survey. These findings seem obvious considering that incidents of IPV are often preceded by arguments or quarrels, which might act as a gateway to IPV for men who are inclined to resolve conflict with violence versus communicating with their intimate partner to come to a mutual resolution. These findings suggest that masculine characteristics that include entitlement to dominate and control women and to use violence in intimate relationships is important to understanding IPV from a regional perspective.

Furthermore, women who believed it is natural that men should be the head of the family were more likely to have experienced lifetime and current IPV, compared to women who disagreed with this statement. In addition, women who agreed that a woman's most important role is to take care of her home and family were more

likely to have experienced physical and/or sexual IPV in the 12 months prior to the survey, compared to women who disagreed with this statement. In terms of work status, women who were not working, were out of the labour force and were housewives or worked without a salary for family members, were more likely to have experienced lifetime IPV.

Analysis also found that women who married or were in a formalized union with a man at an early age, 18 years or younger, were twice as likely to have experienced lifetime IPV. In addition, women who were currently married or living with a man, but not yet married were twice as likely to have experienced lifetime IPV, and nearly three times more likely to have experienced IPV in the 12 months prior to the survey. Early marriage typically includes a husband who is older, suggesting an innate power imbalance within the relationship from the very beginning; thereby limiting women's participation in household decision-making and economic security. Early marriage also often interrupts a girl's education, solidifying her dependence and inequity in the relationship. Thus, it is not surprising that women who were married at an early age were more likely to have experienced IPV. Women living with a man outside of marriage may be at increased risk of experiencing IPV because not being in a formal relationship can result in women having fewer rights in the relationship. It is also notable that women who were ever pregnant were twice as likely to experience IPV in their lifetime.

Individual characteristics of women were also found to be associated with increased risk of experiencing physical and/or sexual IPV. Women's age was an important risk factor for lifetime and current IPV. Ever-partnered women aged 25-64 were two times more likely to have experienced physical and/or sexual IPV in their

lifetime, compared to women aged 15-24; yet, women aged 15-24 were nearly four times more likely to have experienced current physical and/or sexual IPV, compared to women aged 55-64. In addition, women aged 25-34 were nearly 3 times more likely to have experienced current IPV and women aged 35-44 were two times more likely to have experienced current IPV, compared to women aged 55-64. In general, women's risk of experiencing current IPV decreased as women's age increased. The WHO World Report on Violence and Health²⁵ revealed that among demographic factors, young age is consistently found to be linked to IPV.

A husband's/partner's education and use of alcohol were also risk factors for IPV. In particular, women whose husbands/partners had no education or a primary education were at increased risk of experiencing lifetime IPV. In addition, women whose husbands/partners drank alcohol at least once a week were more likely to have experienced lifetime IPV, and nearly two times more likely to have experienced current IPV.

Finally, the five-country analysis demonstrates the importance of intergenerational transmission of IPV in the Caribbean. The intergenerational transmission of domestic violence paradigm suggests that violence is learned in childhood and transmitted across generations; thus, exposure to domestic violence in childhood is an important predictor for IPV in adulthood.²⁶ In other words, women were nearly twice as likely to experience lifetime and current IPV in adulthood if they witnessed violence against their mothers in childhood. Also, women who were beaten as a child and/or insulted or humiliated as a child by a parent/caregiver were more likely to experience lifetime and current IPV in adulthood. Similarly, men exposed to domestic violence in childhood were more likely to become batterers or

perpetrators of domestic violence in adulthood. It is notable that being the victim of domestic violence in childhood and/or witnessing one's mother being beaten by a husband/male partner are important predictors of IPV in adulthood. Across the five countries, for both women and their husbands/partners, exposure to domestic violence in childhood as witnesses and/or victims was associated with IPV in adulthood.

Country-Specific Risk Factors

GRENADA

Grenada is located in the West Indies in the Caribbean Sea at the southern end of the Grenadines island chain, northwest of Trinidad and Tobago, northeast of Venezuela and southwest of Saint Vincent and the Grenadines. Grenada consists of the island of Grenada and two smaller islands – Carriacou and Petite Martinique – which lie to the north of the main island. Grenada has an estimated population of 106,669 according to the 2011 Census. Grenada's population consists mostly of people of African descent (82.4 per cent), with the next largest group being of mixed race (13.3 per cent). In 2019, Grenada ranked 78 out of 189 countries on UNDP's Human Development Index (HDI) and Gender Development Index (GDI).²⁷ For the most part, Grenadian women have always actively participated in the labour force; however, men continue to do better than women in the labour market.²⁸

Grenada has committed itself to protecting the rights of women and girls by enacting national legislation, some going back many years. For instance, the Employment Act of 1999 defines sexual harassment in the workplace and the Labour Code 2016 contains provision to address sexual harassment. In addition, the Domestic Violence Act 2010, the Child Protection and

Adoption Act 2010, and the Criminal Code 1990 and Amendments 2012 provide legal protections to women and girls against gender-based violence. The Education (Amendment) Act 2012 also covers issues related to sexual abuse of students. Implementation and enforcement of laws, however, are often deficient. In many cases the necessary policies, plans, resources, protocols and reporting mechanisms to operationalize legislation are not put in place, or not until several years later. Given the many obstacles in implementing existing laws, VAWG survivors seeking redress through State mechanisms or the court face many challenges.²⁹

Grenada has undertaken a number of initiatives to address VAWG. They have focused primarily on the implementation of laws, policies and procedures using a multi-sectoral approach. In 2010, Grenada established the Child Protection Authority (CPA) to address all matters related to children in need of care and protection, this includes children who witness domestic violence or who are victims of sexual abuse. More recently, a Special Victims Units (SVU) was established within the Royal Grenada Police Force, with a hotline launched in September 2018. The SVU focuses specifically on sexual offenses, domestic violence and child abuse. In addition, the government provides financial support to two prominent NGOs that provide services to VAWG survivors in Grenada.³⁰

In Grenada, ever-partnered women aged 15-64 who were in relationships with men who had attitudes and behaviours that reinforce men's dominant position over women and perpetuate gender inequality were more likely to have experienced both lifetime and current IPV; this was found to be the most important risk factor for experiencing physical and/or sexual IPV. Ever-partnered women aged 15-64 who reported their husbands/partners exhibited controlling behaviours, engaged in extramarital or outside

relationships with other women, and/or got in a fight with another man were more likely to have experienced both lifetime and current physical and/or sexual IPV (see Annex Tables 3 and 4).

Ever-partnered women whose husbands/partners exhibited three or more controlling behaviours were nearly four times likely to have experienced physical and/or sexual IPV in their lifetime and 10 times more likely to have experienced current IPV, compared to women whose partners did not exhibit controlling behaviours (see Figure 7). In addition, ever-partnered women whose husbands/partners engaged in extramarital or outside relationships with other women were nearly two times more likely to have experienced physical and/or sexual IPV in their lifetime, and three times more likely to have experienced current IPV. Also, women whose husbands/partners got into a fight with another man were three times more likely to have experienced physical and/or sexual IPV in the 12 months prior to the survey.

In terms of relationship dynamics, frequent arguments among couples emerged as an indicator of both lifetime and current IPV in Grenada. Ever-partnered women who reported frequent arguments with their husbands/partners were twice as likely to have experienced physical and/or sexual IPV in their lifetime, and five times more likely to have experienced IPV in the 12 months prior to the survey, compared to women who rarely or never argued or quarreled with their husbands/partners.

In Grenada, being in a current relationship whether married, living with a man (but not married) or in a regular partnership, but living apart was a risk factor for experiencing IPV. Each of these groups of women were more likely to have experienced IPV, compared to women who were not currently in a marriage/partnership at the time of the survey. Women who had a husband/partner but were living apart from him, were eight times more likely to have experienced physical and/or sexual violence in the 12 months prior to the survey.

FIGURE 7:
GRENADA | Highest Risk Factor for Experiencing IPV



Women's age and level of education were also associated with IPV. In terms of age, women aged 15-24 and aged 35-44 were three times more likely to ever experience IPV, compared to women aged 55-64. In terms of education, women with higher educational attainment, such as a university education, were less likely to have experienced physical and/or sexual IPV; whereas women who had no education or a primary education were twice as likely to have experienced physical and/or sexual IPV in their lifetime. Women's higher education may reduce their risk of experiencing IPV by delaying their involvement in a formal intimate relationship, such as marriage, and increase their opportunities for economic and professional autonomy that allows them to enter into a marriage/partnership more intentionally and leave those that have warning signs, such as controlling behaviours, before IPV occurs.

In Grenada a husband's/partner's work status was also a risk for women experiencing IPV.

Ever-partnered women aged 15-64 whose husbands/partners were unemployed, not working or out of the work force were two times more likely to have experienced lifetime IPV, compared to women whose husbands/partners were working at the time of the survey.

Finally, in Grenada, women's exposure to domestic violence in childhood was a predictor of experiencing IPV in adulthood. Ever-partnered women who were insulted or humiliated by a parent/caregiver during childhood were two times more likely to have experienced physical and/or sexual IPV in adulthood. In addition, women who witnessed acts of violence against their mother during childhood were nearly twice as likely to have experienced physical and/or sexual IPV in the 12 months prior to the survey. It is also notable that women who reported that their husbands/partners were beaten as a child were nearly three times more likely experience current IPV.

FIGURE 8:
GRENADA | Risk Factors for IPV



GUYANA

Guyana is on the northern Atlantic coast of South America, bordered by Venezuela to the west, Suriname to the east and Brazil to the south. Despite being located in Latin America, Guyana is considered a Caribbean nation culturally and politically. This background is due to its history as a British colony and its political ties to former British colonial islands in the Caribbean archipelago (Guyana is also the only English-speaking country on the continent).³¹ In 2019, Guyana ranked 123 out of 189 countries on UNDP's HDI and on the GDI.³²

Guyana has a population of 746,955 according to the 2012 census. Guyana has a substantial youth population, with 30 per cent of the population below the age of 15. Approximately 90 per cent of the population resides in the coastal region. Much of this area is the centre of economic trade and traditional agricultural livelihoods, a legacy of the colonial economic system. Guyana lags behind other Caribbean countries in specific indicators

such as labour participation and income-earned metrics.³³

Recognizing the extensive individual, cultural and economic harms associated with VAWG and the benefits that will accrue from eliminating it, Guyana has made addressing VAWG an ongoing priority issue. The Government of Guyana has undertaken legal reforms in line with international recommendations and put in place mechanisms to provide support services to victims of violence, established a crisis centre and shelter, trained the police and raised awareness of the issue among ministers, the judiciary, the magistracy, parliamentarians and the general public.³⁴

In Guyana, ever-partnered women aged 15-64 who were in relationships with men who had attitudes and behaviours that reinforce men's dominant position over women and perpetuate gender inequality were more likely to have experienced lifetime and current IPV; this was found to be the most important risk factor for experiencing

FIGURE 9:
GUYANA | Highest Risk Factor for Experiencing IPV



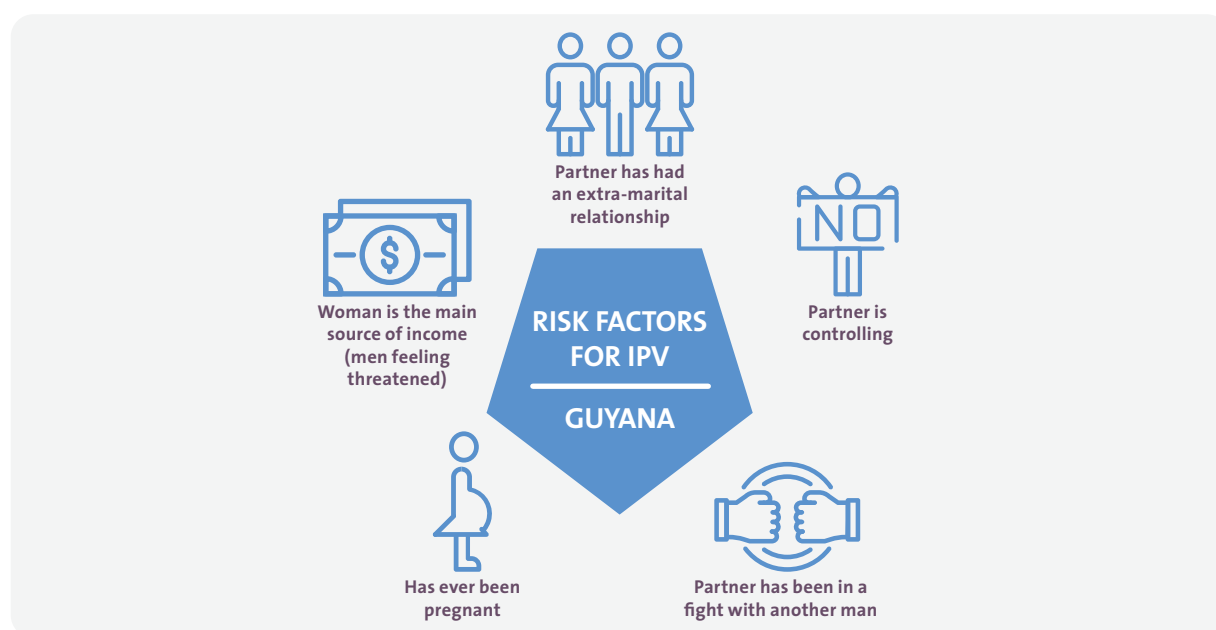
physical and/or sexual IPV. Most notable is that women who reported their husbands/partners exhibited three or more controlling behaviours were nearly four times more likely to have experienced IPV in their lifetime, and nearly six times more likely to have experienced IPV in the 12 months prior to the survey, compared to women whose husbands/partners did not exhibit controlling behaviours (Figure 9). Controlling behaviours that were correlated with IPV included: prohibiting her from meeting friends; expecting her to ask his permission before seeking health care for herself or children; frequently accusing her of being unfaithful; and checking her phone to see with who she communicates (see Annex Tables 5 and 6).

Women who reported their husbands/partners engaged in extramarital or outside relationships with other women were nearly three times more likely to have experienced physical and/or sexual IPV in their lifetime. In addition, women who reported their husbands/partners got in a fight with another man were two times more likely to

have experienced lifetime and current physical and/or sexual IPV. It was also found that women whose husbands/partners do not discuss their feelings with them were nearly three times more likely to have experienced lifetime IPV and twice as likely to experience current IPV.

In Guyana, intergenerational transmission of domestic violence is an important risk factor for IPV; exposure to domestic violence in childhood, as victims and/or witnesses, is an important predictor of IPV in adulthood. Findings show that women who witnessed acts of violence against their mother during childhood were nearly two times more likely to have experienced physical and/or sexual IPV in their lifetime. In addition, women who were beaten as a child were nearly twice as likely to experience current physical and/or sexual IPV. Similarly, women who reported their husbands/partners witnessed acts of violence against their mothers during childhood were two times more likely to have experienced lifetime and current IPV.

FIGURE 10:
GUYANA | Risk Factors for IPV



Another important factor associated with lifetime experiences of IPV was women's main source of income. Women whose main source of income was from their own work were three times more likely to have experienced physical and/or sexual in their lifetime, compared to women whose main income came from their husbands/partners. This finding, however, did not relate to experiences of current IPV. It may be that men who are not the main breadwinner of the household may feel that they have lost economic control within the household and feel that their masculinity is threatened; thus, they use IPV as a means to reinstate their masculinity within the relationship and household. Therefore, women's economic empowerment, coupled with a loss of economic control by their husbands/partners could be a trigger for men to perpetrate IPV. There have been a number of studies that have found associations between women's economic empowerment and IPV, however, the results are mixed and context dependent.³⁵ When considering the aforementioned findings, it is important to do so in relation to women's current marital status, as women whose main source of income is from their own work may be separated or divorced from their abusive husbands/partners and living economically independent.

It was also found that women who had ever been pregnant were three times more likely to have experienced physical and/or sexual IPV in their lifetime, and women who were older than their husbands/partners were nearly twice as likely to have experienced lifetime IPV.

JAMAICA

Jamaica is located in the Caribbean Sea, south of Cuba, west of Hispaniola and north-west of the British Overseas Territory of the Cayman Islands. Jamaica is the third largest island of the Greater Antilles and the Caribbean. According

to the 2011 census, Jamaica has a population of 2,697,983; the largest population in the English-speaking Caribbean. The Jamaican population is undergoing a so-called 'demographic transition' as the population is changing and moving away from one with a high proportion of children to one in which the working age is expanding and the elderly is the fastest growing segment of the population. This is the result of changing mortality and fertility patterns, driven by improvements in health care, education and economic opportunities for women. These are areas that are significantly affected by movements towards gender equality. In 2019, Jamaica ranked 96 out of 189 on UNDP's HDI and GDI.

Over the past decade, Jamaica has passed legislation to combat violence against women and children. The Domestic Violence Act (1994, amended in 2004) exists to provide redress and protection to persons affected by domestic violence, and the Child Care and Protection Act imposes a mandatory requirement on citizens to report suspected or known acts of child abuse. In 2009, Jamaica passed the Child Pornography (Prevention) Act and the Sexual Offences Act which created new sexual offences, including criminalization of marital rape and non-consensual sexual acts. The National Strategic Action Plan against Gender-Based Violence proposes that VAWG be dealt with through actions on several fronts, all of which are designed to eradicate institutional and systemic barriers to the elimination of VAWG by focusing on the root causes and prevalence of VAWG. In the last decade, legislative additions and amendments have improved legal protections for women and girls, ranging from property rights to sexual victimization. Still, however, there are some concerns about the adequacy of legal protections for VAWG, including sexual harassment in the workplace.

In Jamaica, as in the other countries, women aged 15-64 who are in relationships with men who have attitudes and behaviours that reinforce men's dominant position over women and perpetuate gender inequality are more likely to have experienced both lifetime and current IPV. More specifically, women whose husbands/partners exhibited three or more controlling behaviours, got in a fight with another man, had extramarital or outside relationships with other women, and used recreational drugs at least once a week were two times more likely to have experienced physical and/or sexual IPV in their lifetime. In addition, women who reported their husbands/partners engaged in extramarital or outside relationships with other women were nearly four times more likely to have experienced current IPV. It is also notable that women who reported their husbands got in a fight with another man were twice as likely to have experienced current IPV (see Annex Tables 7 and 8).

In terms of relationship dynamics, findings suggest that frequent arguments among couples is associated with women's risk of experiencing physical and/or sexual IPV in their lifetime. In particular, women who had frequent arguments with their husbands/partners were 17.5 times more likely to experience physical and/or sexual IPV in their lifetime, compared to women who never argued or quarreled with their husbands/partners (Figure 11). Bear in mind, arguments often precede IPV, but do not cause IPV. This finding demonstrates the need for programming for boys and men to develop skills for conflict resolution in intimate relationships that do not involve using violence.

Early marriage was also identified as an important risk factor for experiencing current and lifetime physical and/or sexual IPV in Jamaica. Women whose first marriage or formalized union occurred at the age of 18 or younger were nearly two times more likely to have experienced lifetime

FIGURE 11:

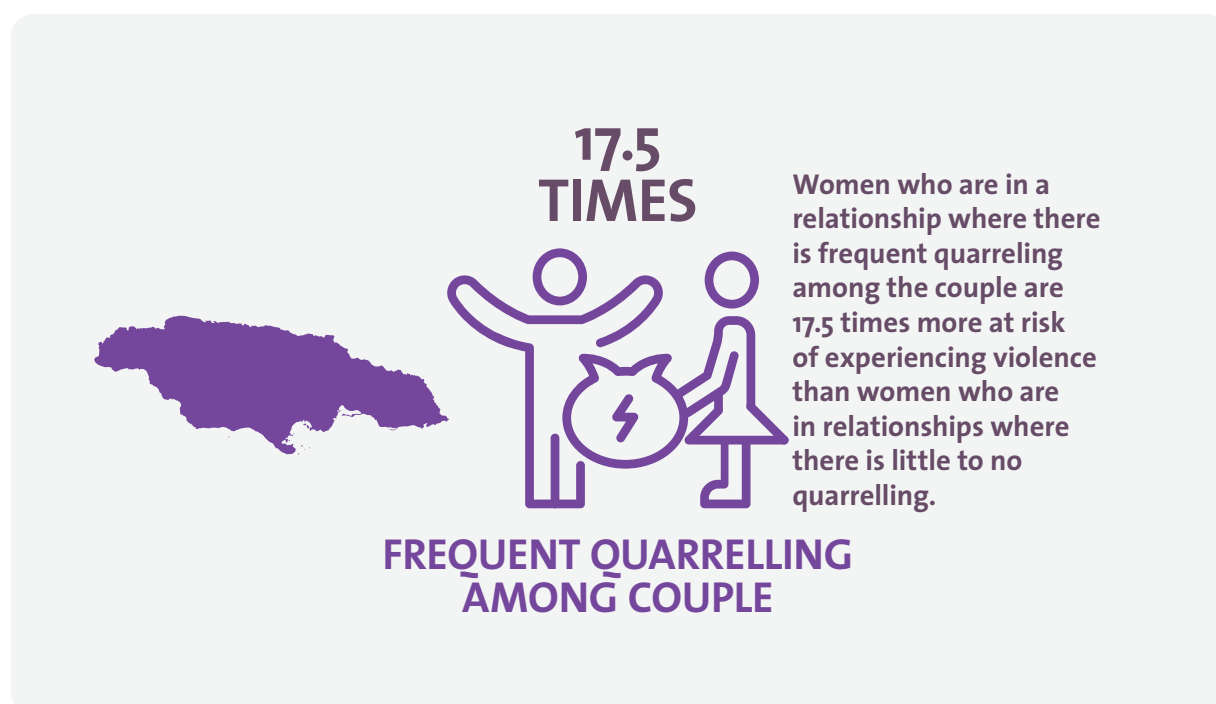
JAMAICA | Highest Risk Factor for Experiencing IPV

FIGURE 12:
JAMAICA | Risk Factors for IPV



and current IPV, compared to women whose first marriage or formalized union occurred at the age of 19 or older. It is also notable that women aged 15-24 were nearly 11 times more likely to experience physical and/or sexual IPV in the 12 months prior to the survey, compared to women age 65 and older.

Similar to other Caribbean countries, witnessing domestic violence in childhood is an important risk factor for women's experiences of physical and/or sexual IPV in adulthood. In particular, women who witnessed violence against their mother during their childhood were twice as likely to experience IPV in their lifetime and in the 12 months prior to the survey. In addition, women who reported they were beaten as a child and insulted or humiliated by a parent/caregiver during childhood were nearly twice as likely to ever experience IPV in adulthood.

SURINAME

Suriname lies on the north-eastern part of South America, bordered by the Atlantic Ocean to the north, Guyana to the west, French Guiana to the east, and Brazil to the south. According to the 2012 census, Suriname has an estimated population of 541,638. Approximately 90 per cent of the population lives in the coastal area, and 72 per cent lives in a 30-kilometer radius around the capital of Paramaribo. As a result of colonial historic developments, Suriname consists of various ethnic groups that continue to speak their own languages and enjoy the culture of their native countries. Most Surinamese are bilingual or multilingual, although Dutch is the official language and Sranan Tongo is the common language.³⁶

Currently, Suriname's economy is dominated by the mining industry, with oil and gold accounting for approximately 85 per cent of exports and 27 per cent of government revenues. The worldwide drop in international commodity prices and the cessation of alumina mining in Suriname significantly reduced government revenue and national income during the past few years. In 2019, Suriname ranked 98 out of 189 countries on UNDP's HDI and GDI.³⁷ Rankings for Suriname with respect to participation of women in political and decision-making positions are very low.³⁸

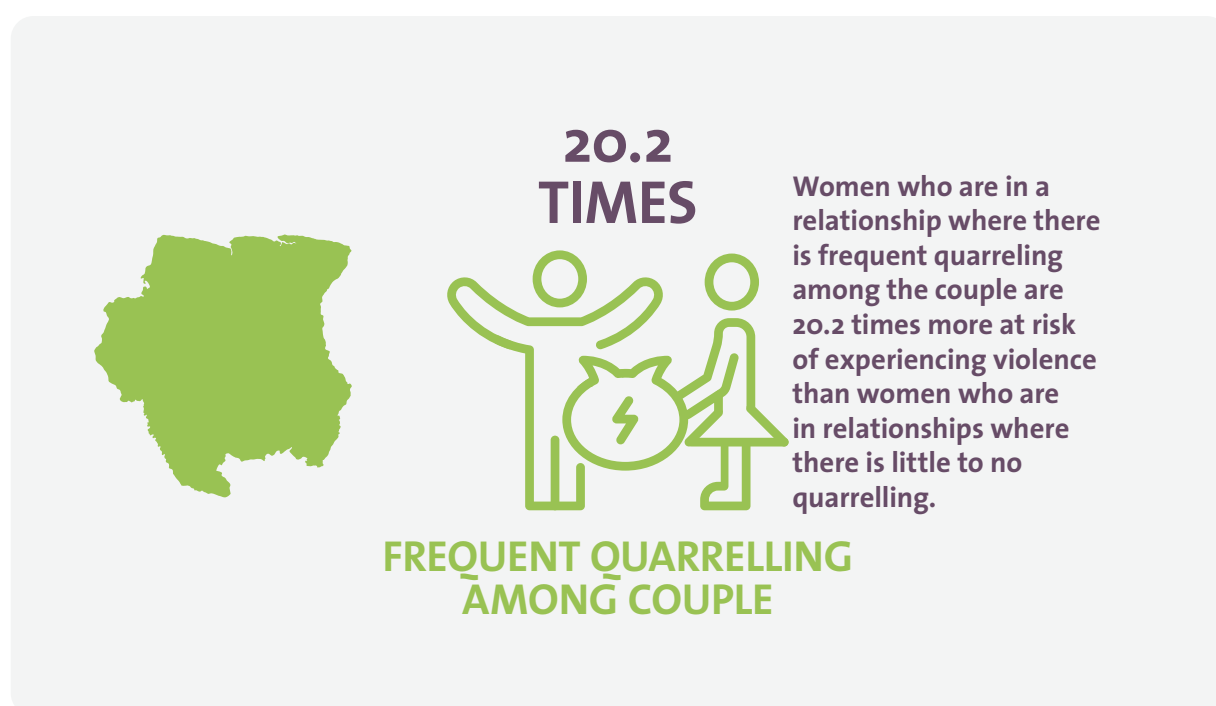
Over the past decade, Suriname has adopted laws that provide specific protections against VAWG, including the 2009 Domestic Violence Act and the 2012 Law against Stalking. In addition, following revisions of the Penal Code in 2009, rape within marriage was defined as a criminal offense. Implementation of these laws, however, has been hindered by lack of training and tools at the operational level to ensure proper recording and

tracking of cases, lack of social services to support VAWG survivors, and inefficient and ineffective criminal justice systems to hold perpetrators accountable.³⁹

In Suriname, as in other Caribbean countries, analysis suggests that women aged 15-64 who are in relationships with men who have attitudes and behaviours that reinforce men's dominant position over women and perpetuate gender inequality are more likely to have experienced both lifetime and current IPV. In particular, women who were in relationships with men who exhibited three or more controlling behaviours were three times more likely to have experienced physical and/or sexual IPV in their lifetime, and six times more likely to have experienced current IPV, compared to women whose husband did not exhibit controlling behaviours (see Annex Tables 9 and 10).

Analysis of relationship dynamics found that frequent arguments was the main factor

FIGURE 13:
SURINAME | Highest Risk Factor for Experiencing IPV



associated with lifetime and current IPV for women in Suriname. Women who reported frequent arguments with their husbands/partners were 20 times more likely to have experienced physical and/or sexual IPV in their lifetime, and 35 times more likely to have experienced current IPV (Figure 13). Incidents of IPV are often preceded by arguments or quarrels, which might act as a gateway to IPV for men who feel entitled to maintain control over their female partners and to resolve conflict with violence. These behaviours are supported by attitudes that reinforce men's dominant position over women. Women who believed it is natural that men should be the head of the family were twice as likely to have experienced lifetime IPV and four times more likely to experience current IPV, compared to women who disagreed with this statement. In addition, women who agreed that a man is justified in beating his wife if she argues with him, were five times more likely to have experienced physical and/or sexual IPV in the 12 months prior to the survey.

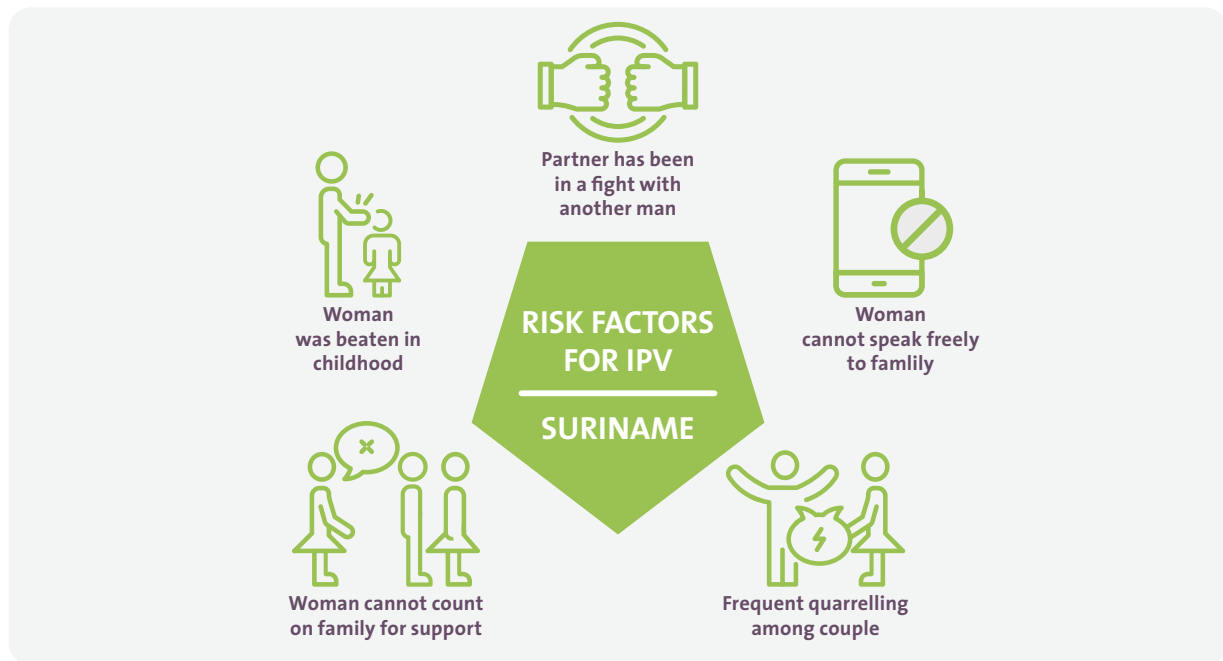
Analysis also found that women whose marriage or formalized union occurred at age 18 or younger were nearly twice as likely as those who married at the age of 19 or older to have experienced IPV in their lifetime. As previously mentioned, early marriage typically includes a husband who is older, suggesting an innate power imbalance within the relationship from the very beginning; thereby limiting women's participation in household decision-making and economic security. Early marriage also often interrupts a girl's education, solidifying her dependence and inequity in the relationship. Thus, it is not surprising that women who were married at an early age were more likely to have experienced IPV. At the same time, however, women who were older than their husbands/partners were twice as likely to experience IPV in their lifetime, compared

to women whose husbands/partners were four to eight years older. Women who are older than their husbands/partners may have higher expectations of autonomy and decision-making power in the relationship and may challenge their husbands/partners' identity as the head of household and authority figure in the family. For these reasons, women who are older than their husbands/partners may be at higher risk of experiencing IPV.

Unlike in the other Caribbean countries, in Suriname, confidence in having support available from family, friends and/or neighbours appears to serve as a protective factor from IPV; whereas women who lack support from family, friends and/or neighbours were at an increased risk of IPV. Findings revealed that women who could not count on family for support if they needed help or had a problem were nearly four times more likely to have experienced lifetime IPV, and nearly three times more likely to have experienced current IPV. In addition, women who felt they could not speak freely with their family members, except for less than once a month were three times more likely to have experienced IPV, compared to women who could speak freely with their family members once a month or more. Likewise, women who were not confident that their neighbours would assist them if someone in their family fell ill or had an accident were three times more likely have experienced lifetime IPV.

In terms of women's characteristics, women's education and main source of income were associated with IPV. Women who had a secondary education were nearly eight times more likely to have experienced physical and/or sexual IPV in the 12 months prior to the survey, compared to women with a higher education or university education. This finding suggests that educational attainment can serve as a protective factor to reduce risks of experiencing IPV.

FIGURE 14:
SURINAME | Risk Factors for IPV



In addition, women who reported their main source of income was from their own work were three times more likely to have experienced physical and/or sexual IPV in their lifetime, and women whose main source of income was financial support provided by family or friends were nearly four times more likely to experience IPV, compared to women whose main source of income was from their husband's/partner's earnings. This finding could suggest that women's economic empowerment threatens their husbands/partners' identities as the head of household; however, a lack of statistically significant association with current experiences of IPV suggests that women's economic contribution to the household may decrease triggers for IPV in some circumstances, or that economically empowered women are able to leave abusive marriages/relationships.

Finally, childhood exposure to domestic violence was also found to be an important predictor of experiencing IPV in adulthood in Suriname.

Women who were beaten in childhood by a parent/caregiver were four times more likely to have experienced physical and/or sexual IPV in adulthood, and women who witnessed violence against their mothers during childhood were three times more likely to have experienced IPV. In addition, women who reported their husbands/partners were beaten in childhood were three times more likely to have experienced lifetime and current IPV.

TRINIDAD AND TOBAGO

Trinidad and Tobago were separate territories until 1888. The twin island state achieved independence from Britain in 1962 and became a Republic in 1976. Located just a few miles from the South American continent, the country's diverse population of approximately 1.4 million inhabitants owes much of its diverse and complex culture, ethnic composition, and development to the legacy of colonialism, principally characterized

by the labour-intensive sugar cane plantation economy. Economically, Trinidad and Tobago has one of the highest growth rates per capita of any country in the Latin America and Caribbean region, primarily driven by exploitation and processing of its plentiful hydrocarbon resources.⁴⁰

The status of women in Trinidad and Tobago is comparable to that of many middle-income developing nations with respect to most social indicators, including life expectancy, maternal mortality, education, and general well-being.⁴¹ In 2019, Trinidad and Tobago ranked 63 out of 189 countries on UNDP's HDI and GDI.⁴²

The legal architecture to address VAWG in Trinidad and Tobago is robust. Key pieces of legislation have been passed, including the Domestic Violence Act of 1991, the Sexual Offences Act of 2012 and the Children Act of 2012. The Child Marriage Act of 2017 disallows legal marriage of persons under 18 years of age. Inefficacy of law enforcement and

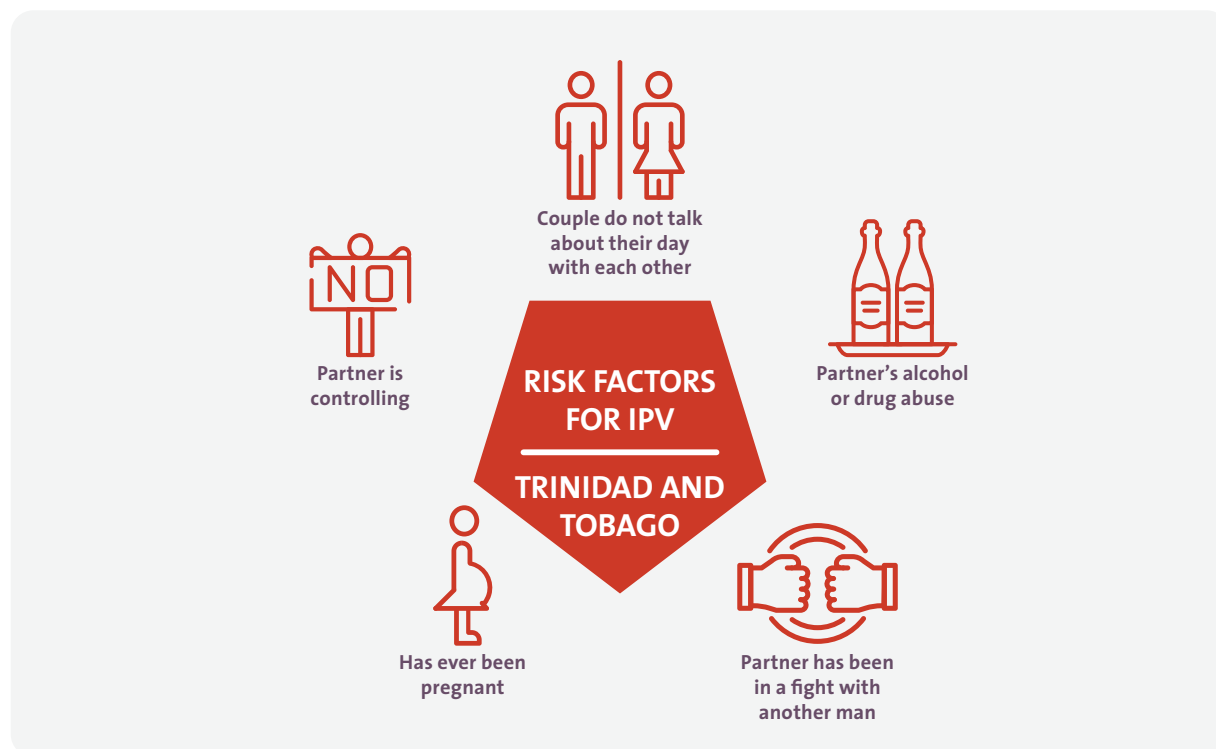
lack of trained police officers, however, continue to be major stumbling blocks for VAWG survivors. The judicial system is also plagued with inordinate delays, high costs associated with attorney and appeal fees, inconsistent bail matters and witness reliability.⁴³

In Trinidad and Tobago, similar to the other Caribbean countries, the most influential factors associated with IPV were attitudes and behaviours that reinforce men's dominant position over women and perpetuate gender inequalities, including exhibiting controlling behaviours, fighting with another man in the community, and engaging in extramarital or outside relationships with other women. Women whose husbands/partners exhibited three or more controlling behaviours (such as limiting their contact with family and friends, monitoring their phones, and/or frequently accusing them of being unfaithful) were four times more likely to have experienced

FIGURE 15:
TRINIDAD AND TOBAGO | Highest Risk Factor for Experiencing IPV



FIGURE 16:
TRINIDAD AND TOBAGO | Risk Factors for IPV



physical and/or sexual IPV in their lifetime, and nearly four times more likely to have suffered IPV in the 12 months prior to the survey, compared to women whose husbands/partners did not exhibit controlling behaviours (Figure 15). In addition, women whose husbands/partners got in a fight with other men in the community were twice as likely to experience lifetime IPV (see Annex Table 11 and 12).

Consistent with important foundational power imbalances in marriages/unions that begin when women are very young, analysis found that women whose first marriage or formalized union occurred at the age of 18 or younger were twice as likely to have experienced IPV in their lifetime, compared to women whose first marriage/union occurred at the age of 19 or older. Analysis also found that women who were ever pregnant were three times as likely to ever experience IPV. Pregnancies may act as a stressor for IPV or may be the result of

already occurring physical and/or sexual violence for individual women.

Similar to Suriname, men who seek to isolate their wives/girlfriends from their families appear to be an important risk factor for IPV in Trinidad and Tobago. For instance, women who said they did not live close enough to their family to visit often were three times more likely to experience lifetime and current IPV, compared to women who live closer to their families. In addition, women who were unable to count on their families for support when they had a problem or needed help were more likely to experience lifetime IPV, compared to women who could count on their families for support.

In Trinidad and Tobago, negative relationship dynamics also emerged as risk factors for IPV. Women who reported they did not discuss their worries or feelings with their husbands/partners

were twice as likely as to have experienced lifetime and current IPV. In addition, women who reported frequent arguments with their husbands/partners were nearly three times more likely to have experienced current IPV; and women who reported their husbands/partners used recreational drugs on a weekly basis were two times more likely to have experienced lifetime IPV.

Finally, intergenerational transmission of domestic violence is an important risk factor for IPV in Trinidad and Tobago, indicating that exposure to domestic violence in childhood is an important predictor

of IPV in adulthood. More specifically, women who were insulted and humiliated by parents/caregivers in childhood were twice as likely to have experienced lifetime IPV and nearly three times more likely to have experienced current IPV. In addition, women who witnessed domestic violence against their mother in childhood were more likely to experience physical and/or sexual IPV in their lifetime. Similarly, women who reported their husbands/partners witnessed violence against his mother in childhood were twice as likely to have experienced current IPV.



RECOMMENDATIONS

The first Multi-Country VAWG Surveys in the Caribbean have produced rich and robust data that is extremely important for policy advocacy and programme development to promote the elimination of VAWG in the region, and to support monitoring of advances related to Sustainable Development Goal (SDG) 5. For these reasons, it is recommended that the other CARICOM countries undertake similar national prevalence surveys on VAWG. It is also recommended that countries undertake periodic measurement of prevalence rates of VAWG in their countries to monitor the impact of ending VAWG initiatives and to monitor progress toward SDG 5. Best practices are to replicate a national prevalence survey on VAWG at least every five years in a country.

Results show that prevalence rates of IPV across the Caribbean are high. Governments should urgently prioritize ending VAWG initiatives in their policy agenda. In the Caribbean, as in most other regions of the world, VAWG is mainly caused by attitudes and behaviours that reinforce men's dominant position over women and perpetuate gender inequalities. Findings in this research brief show that women who are most-at-risk of experiencing physical and/or sexual IPV are those who are involved in relationships with men who exhibit three or more controlling behaviours, engage in extramarital or outside relationships with other women, fought with another man in the community and/or engage in frequent arguments with their spouse/partner. For these reasons, the main recommendation focuses on communication for development initiatives that will transform social and cultural norms, attitudes and behaviours that discriminate against women in all areas of life, including the family and home, and the workplace and community.

This analysis also revealed clear evidence of intergenerational transmission of domestic violence. Across the five countries, exposure to domestic violence in childhood as witnesses and/or victims for both women and their husbands/partners was associated with IPV in adulthood. Women who were exposed to domestic violence in childhood, including witnessing violence against their mothers, were more likely to be victims of IPV in adulthood; whereas, men who were exposed to domestic violence in childhood, particularly witnessing violence against their mothers, were more likely to become perpetrators of IPV. Given these findings, it is important to promote policies and programmes that prevent domestic violence, intimate partner violence and violence against children in the home and family.

Due to sustained efforts by women's movements, governments and other stakeholders, the issue of VAWG is now positioned as a priority on global human rights, health and development agendas. The elimination of all forms of VAWG is now part of the 2030 Agenda for Sustainable Development, and included as specific targets (i.e., targets 5.2 and 5.3) in the SDGs, providing a strong mandate for moving forward.

UN Women's *A Framework to Underpin Action to Prevent Violence Against Women (2015)* and WHO's *RESPECT women: Preventing violence against women – a framework aimed primarily at policy-makers (2019)*⁴⁴ consists of a set of action-oriented steps and strategies that enables policymakers, service providers, justice officials and health implementers to design, plan, implement, monitor and evaluate interventions and programmes aimed at preventing and ending VAWG. WHO's *RESPECT women: Preventing violence against women – a framework aimed primarily at policy-makers* offers seven strategies to prevent VAWG;

R	RELATIONSHIP SKILLS STRENGTHENED This refers to strategies to improve skills in interpersonal communication, conflict management and shared decision-making.
E	EMPOWERMENT OF WOMEN This refers to economic and social empowerment strategies including those that build skills in self-efficacy, assertiveness, negotiation, and self-confidence.
S	SERVICES ENSURED This refers to a range of services including health, police, legal, and social services for survivors of violence.
P	POVERTY REDUCED This refers to strategies targeted to women or the household, whose primary aim is to alleviate poverty.
E	ENVIRONMENTS MADE SAFE This refers to efforts to create safe schools, public spaces and work environments, among others.
C	CHILD AND ADOLESCENT ABUSE PREVENTED This includes strategies that establish nurturing family relationships.
T	TRANSFORMED ATTITUDES, BELIEFS AND NORMS This refers to strategies that challenge harmful gender attitudes, beliefs, norms and stereotypes.

RESPECT women: Preventing violence against women – a framework aimed primarily at policy-makers, World Health Organization, 2019.

the strategies are summarized as R.E.S.P.E.C.T, with each letter representing one strategy (Box 1).

These publications also call for strengthening enabling environments, which include:⁴⁵

- building political commitment from leaders and policymakers;
- investing in and supporting the work of women's organizations;
- strengthening policies, laws and institutions to address violence against women and promote gender equality; and

- allocating resources to programmes, research and capacity-building of health, education, law enforcement, and social services.

Good practices for ending VAWG initiatives include: long-term investment; working with all community actors; improving coordination across sectors and governmental and nongovernmental organizations; dedicating special attention to behaviour change campaigns and information and communication materials; and using evidence-based methods that support behaviour and social change.⁴⁶

Individual Country Reports

The Guyana Women's Health and Life Experiences Survey Report 2019

Hosted by UN Women

<https://caribbean.unwomen.org/en/materials/publications/2019/11/guyana-womens-health-and-life-experiences-survey-report>

Jamaica: Women's Health Survey 2016

Hosted by the Inter-American Development Bank

<https://publications.iadb.org/en/womens-health-survey-2016-jamaica-final-report>

National Women's Health Survey for Suriname 2018

Hosted by the Inter-American Development Bank

<https://publications.iadb.org/en/national-womens-health-survey-suriname>

National Women's Health Survey for Trinidad and Tobago 2017

Hosted by the Inter-American Development Bank

<https://publications.iadb.org/en/national-womens-health-survey-trinidad-and-tobago-final-report>

Note: As of the publishing date of this research brief, the Grenada country report is not publicly available.

Resource Materials

RESPECT Women: Preventing violence against women – a framework aimed primarily at policy-makers, World Health Organization, 2019.

<https://www.unwomen.org/en/digital-library/publications/2019/05/respect-women-preventing-violence-against-women>

A Framework to Underpin Action to Prevent Violence Against Women, UN Women, 2015.

<https://www.unwomen.org/en/digital-library/publications/2015/11/prevention-framework>

Annex A:

Example of Survey Questions Related to Specific Acts of IPV and Controlling Behaviours

703	<p>I am now going to ask you about some situations that are true for many women. Does your current or most recent husband/partner generally do any of the following?</p> <p>a) Stops you from meeting your female/friends</p> <p>b) Tries to limit contact with your family of birth</p> <p>c) Insists on knowing where you are at all times</p> <p>d) Gets jealous or angry if you talk with another man</p> <p>e) Frequently accuses you of being unfaithful</p> <p>f) Expects you to ask his permission before seeking health care for yourself</p> <p>g) Does not trust you with any money</p> <p>h) Checks your cellphone logs/messages to see who you have called or messaged/who has called or messaged you</p>	<table> <tr> <th></th><th>YES</th><th>NO</th></tr> <tr> <td>a) SEEING FRIENDS</td><td>1</td><td>2</td></tr> <tr> <td>b) CONTACT FAMILY</td><td>1</td><td>2</td></tr> <tr> <td>c) WANTS TO KNOW</td><td>1</td><td>2</td></tr> <tr> <td>d) JEALOUS OR ANGRY</td><td>1</td><td>2</td></tr> <tr> <td>e) SUSPICIOUS</td><td>1</td><td>2</td></tr> <tr> <td>f) HEALTH CARE</td><td>1</td><td>2</td></tr> <tr> <td>g) MONEY</td><td>1</td><td>2</td></tr> <tr> <td>h) CELLPHONE</td><td>1</td><td>2</td></tr> </table>		YES	NO	a) SEEING FRIENDS	1	2	b) CONTACT FAMILY	1	2	c) WANTS TO KNOW	1	2	d) JEALOUS OR ANGRY	1	2	e) SUSPICIOUS	1	2	f) HEALTH CARE	1	2	g) MONEY	1	2	h) CELLPHONE	1	2
	YES	NO																											
a) SEEING FRIENDS	1	2																											
b) CONTACT FAMILY	1	2																											
c) WANTS TO KNOW	1	2																											
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e) SUSPICIOUS	1	2																											
f) HEALTH CARE	1	2																											
g) MONEY	1	2																											
h) CELLPHONE	1	2																											
703N	<p>Does your current or most recent husband/partner generally do any of the following?</p> <p>i) Prohibits you from getting a job, going to work, trading, earning money or participating in income generation projects?</p> <p>j) Takes your earnings from you against your will?</p> <p>k) Refuses to give you money you needed for household expenses even when he has money for other things (such as alcohol and cigarettes)?</p>	<table> <tr> <th></th><th>YES</th><th>NO</th></tr> <tr> <td>i) PROHIBITED WORK</td><td>1</td><td>2</td></tr> <tr> <td>j) TAKEN EARNINGS</td><td>1</td><td>2</td></tr> <tr> <td>k) REFUSED MONEY</td><td>1</td><td>2</td></tr> </table>		YES	NO	i) PROHIBITED WORK	1	2	j) TAKEN EARNINGS	1	2	k) REFUSED MONEY	1	2															
	YES	NO																											
i) PROHIBITED WORK	1	2																											
j) TAKEN EARNINGS	1	2																											
k) REFUSED MONEY	1	2																											

704	<p>The next questions are about things that happen to many women, and that your current partner, or any other partner may have done to you.</p> <p>Has your <u>current</u> husband/ partner, or <u>any other partner</u> ever</p> <p>a) Insulted you or made you feel bad about yourself?</p> <p>b) Belittled or humiliated you in front of other people?</p> <p>c) Done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)?</p> <p>d) Verbally threatened to hurt you or someone you care about?</p>	<p>A) (If YES continue with B. If NO skip to next item)</p> <p>YES NO 1 2</p>	<p>B) Has this happened in the <u>past 12 months</u>? (If YES ask C and D. If NO ask D only)</p> <p>YES NO 1 2</p>	<p>C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times?</p> <p>ONE FEW MANY 1 2 3</p>	<p>D) Did this happen <u>before the past 12 months</u>? IF YES: would you say that this has happened once, a few times or many times?</p> <p>NO ONE FEW MANY 0 1 2 3</p>
705	<p>Has he or any other partner ever....</p> <p>a) Slapped you or thrown something at you that could hurt you?</p> <p>b) Pushed you or shoved you or pulled your hair?</p>	<p>A) (If YES continue with B. If NO skip to next item)</p> <p>YES NO 1 2</p>	<p>B) Has this happened in the <u>past 12 months</u>? (If YES ask C and D. If NO ask D only)</p> <p>YES NO 1 2</p>	<p>C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times?</p> <p>ONE FEW MANY 1 2 3</p>	<p>D) Did this happen <u>before the past 12 months</u>? IF YES: would you say that this has happened once, a few times or many times?</p> <p>NO ONE FEW MANY 0 1 2 3</p>

		A) (If YES continue with B. If NO skip to next item)	B) Has this happened in the past 12 months? (If YES ask C and D. If NO ask D only)	C) In the past 12 months would you say that this has happened once, a few times or many times?	D) Did this happen before the past 12 months? IF YES: would you say that this has happened once, a few times or many times?
	c) Hit you with his fist or with something else that could hurt you?	YES NO 1 2	YES NO 1 2	ONE FEW MANY 1 2 3	NO ONE FEW MANY 0 1 2 3
	d) Kicked you, dragged you or beaten you up?	1 2	1 2	1 2 3	0 1 2 3
	e) Choked or burnt you on purpose?	1 2	1 2	1 2 3	0 1 2 3
	f) Threatened you with or actually used a gun, knife or other weapon against you?	1 2	1 2	1 2 3	0 1 2 3
706		A) (If YES continue with B. If NO skip to next item)	B) Has this happened in the past 12 months? (If YES ask C and D. If NO ask D only)	C) In the past 12 months would you say that this has happened once, a few times or many times?	D) Did this happen before the past 12 months? IF YES: would you say that this has happened once, a few times or many times?
	a) Did your current partner or any other partner ever force you to have sexual intercourse when you did not want to, for example by threatening you or holding you down? IF NECESSARY: We define sexual intercourse as vaginal, oral or anal penetration.	YES NO 1 2	YES NO 1 2	ONE FEW MANY 1 2 3	NO ONE FEW MANY 0 1 2 3

	b) Did you ever have sexual intercourse when you did not want to because you were afraid of what your current partner or any other partner might do if you refused? For example, because you were intimidated by him or afraid, he would hurt you?	YES NO 1 2	YES NO 1 2	ONE FEW MANY 1 2 3	NO ONE FEW MANY 0 1 2 3
	c) Did your current partner or any other partner ever force you to do anything else sexual that you did not want or that you found degrading or humiliating?	YES NO 1 2	YES NO 1 2	ONE FEW MANY 1 2 3	NO ONE FEW MANY 0 1 2 3

Annex B:

More Detailed Explanation of Data Analyses

First, descriptive analyses were carried out using cross tabulation between explanatory variables and dependent variables (physical and/or sexual lifetime and current IPV). The percentage of cases involved in IPV for each variable and the test of significance (Chi-square statistics) were used to find associations between variables. A 5% significance level was used to assess the presence of a true association.

Second, bivariate analyses were conducted to confirm the relationship between the explanatory variables and dependent variable. Wald tests were used to test the significance of the associations between the variables and the outcome. Crude Odds Ratios (COR) and their 95% confidence intervals were obtained for each variable of interest.

Third, a step-by-step hierarchal multivariate logistic regression analysis was used to examine these relationships while controlling for other factors. Two multivariate models were built. For the first model (Model 1), variables were adjusted only by other variables of the same thematic group. Adjusted Odds Ratio (AOR) and 95% confidence intervals were obtained. Due to the strong multicollinearity between some variables and the existence of highly redundant factors, only those independent variables that appeared to have strong independent effects on the dependent variables (lifetime and current IPV) were retained in the final model (Model 2). The AOR and their 95% confidence intervals were obtained. The COR and AOR of Models 1 and 2 were compared. The Wald Test was used to test whether individual coefficients differed from zero. All the final tables can be found in Annex C.

This process was conducted both at the country level (separately for each of the five countries) and at the regional level (Caribbean regional level) using a combined dataset of all variables of interest with an added country identifier. All data weighting from individual country reports was preserved in the combined dataset. Bear in mind, the combined dataset cannot be considered regionally representative. Variables not included in the explanation of findings were not found to be statistically significant at any level.

Annex C:

Multivariate Tables

Annex Table 1: Factors associated with lifetime physical and/or sexual IPV, five country analysis						
			Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
Women's age (10-year age groups)						
15-24 years	1.0		1.0		1.0	
25-34 years	1.4***	1.2–1.7	1.5***	1.2–1.9	1.4**	1.1–1.8
35-44 years	1.6***	1.3–1.9	1.7***	1.4–2.1	1.7***	1.3–2.2
45-54 years	1.4***	1.2–1.7	1.5***	1.2–1.9	1.6***	1.2–2.0
55-64 years	1.5***	1.2–1.8	1.5***	1.2–1.9	1.7***	1.3–2.3
Women's educational attainment						
Beyond secondary education	1.0		1.0		1.0	
None/primary education	1.6***	1.3–1.9	1.4***	1.2–1.7	1.0	0.8–1.3
Secondary education	1.4***	1.2–1.6	1.3***	1.1–1.5	1.1	0.9–1.9
Work status						
Working	1.0		1.0		1.0	
Not working	1.2*	1.0–1.5	1.2*	1.0–1.5	1.3**	1.0–1.7
Housework/work as unpaid family member	0.9	0.7–1.2	1.1	0.8–1.4	1.4*	1.0–1.9
Out of the labour force	1.3**	1.0–1.5	1.3**	1.1–1.6	1.5**	1.2–1.9
Current marriage/partnership status						
Not married/partnered	1.0		1.0		1.0	
Currently married	1.6***	1.4–1.9	1.9***	1.6–2.3	1.7***	1.4–2.1
Living with a man, not married	1.3**	1.0–1.5	2.1***	1.6–2.7	2.1***	1.6–2.7
Regular partner, living apart	1.4***	1.2–1.6	1.8***	1.6–2.2	1.4***	1.2–1.7
Age at first union						
19 or older	1.0		1.0		1.0	
18 or younger	1.8***	1.6–2.1	1.8***	1.5–2.1	1.9***	1.5–2.4
Has ever been pregnant						
No	1.0		1.0		1.0	
Yes	2.5***	2.1–3.0	2.3***	1.9–2.9	1.9***	1.5–2.4
Husband/Partner's educational attainment						
Beyond secondary	1.0		1.0		1.0	
None/primary	1.6***	1.4–1.9	1.3**	1.1–1.6	1.2*	1.0–1.5
Secondary	1.3***	1.1–1.5	1.1	0.9–1.3	1.0	0.9–1.2
Husband/partner drinks alcohol at least once a week						
No	1.0		1.0		1.0	
Yes	2.1***	1.8–2.3	1.5***	1.3–1.7	1.3***	1.1–1.5
Husband/partner has been in a fight with another man						
No	1.0		1.0		1.0	
Yes	3.3***	2.8–4.0	2.0***	1.7–2.5	1.7***	1.4–2.1

			Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
Husband/partner has had extramarital/outside relationships						
No	1.0		1.0		1.0	
Yes	2.9***	2.5–3.3	2.2***	1.9–2.6	1.7***	1.5–2.0
No. controlling behaviours engaged in by husband/partner						
None	1.0		1.0		1.0	
1	1.7***	1.4–2.0	1.6***	1.4–1.8	1.4***	1.2–1.6
2	3.0***	2.5–3.5	2.7***	2.2–3.2	2.0***	1.7–2.5
3 or more	6.1***	5.2–7.2	5.0***	4.3–6.0	3.7***	3.0–4.4
Couple discusses things that happen to him during the day						
Yes	1.0		1.0		1.0	
No	1.4***	1.2–1.5	1.2**	1.0–1.4	1.0	0.9–1.3
Frequency of arguments among couple						
Rarely	1.0		1.0		1.0	
Sometimes	1.7***	1.5–2.0	1.7***	1.5–2.0	1.3***	1.1–1.5
Often	6.5***	5.5–7.7	6.4***	5.4–7.6	3.2***	2.6–3.9
A woman's most important role is to take care of her home (women's attitude)						
No	1.0		1.0		1.0	
Yes	1.4***	1.2–1.6	1.3***	1.1–1.5	1.1	1.0–1.3
It is natural that men should be the head of the family (women's attitude)						
No	1.0		1.0		1.0	
Yes	1.3***	1.2–1.5	1.2**	1.1–1.4	1.4***	1.2–1.6
If someone fell ill in the community, people would try to help						
Yes	1.0		1.0		1.0	
No	1.4***	1.2–1.6	1.3**	1.1–1.5	1.3*	1.1–1.5
She is able to speak freely with a member of her family						
Daily or weekly	1.0		1.0		1.0	
At least once a month	1.4***	1.2–1.6	1.3**	1.1–1.5	1.2*	1.0–1.4
If she has a problem or needs help, she can count on her family for support						
Yes	1.0		1.0		1.0	
No	1.4***	1.2–1.6	1.4**	1.2–1.6	1.3**	1.1–1.5
As a child, she witnessed violence against her mother						
No	1.0		1.0		1.0	
Yes	2.1***	1.9–2.4	1.7***	1.5–1.9	1.5***	1.3–1.8
She was beaten as a child						
No	1.0		1.0		1.0	
Yes	2.2***	2.0–2.6	1.6***	1.3–1.8	1.4***	1.2–1.6
She was insulted or humiliated as a child						
No	1.0		1.0		1.0	
Yes	2.2***	1.9–2.5	1.6***	1.4–1.8	1.6***	1.3–1.8

			Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
As a child, husband/partner witnessed violence against his mother						
No	1.0		1.0		1.0	
Yes	2.7***	2.2–3.2	2.1***	1.7–2.5	1.5**	1.2–1.9
Husband/partner was beaten as a child						
No	1.0		1.0		1.0	
Yes	2.0***	1.8–2.4	1.4***	1.2–1.7	1.2*	1.0–1.4

*** p < .001; ** p < .05; * p < .10

Annex Table 2: Factors associated with current physical and/or sexual IPV, five country analysis						
			Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
Women's age (10-year age groups)						
55–64 years	1.0		1.0		1.0	
15–24 years	3.6***	2.4–5.4	4.4***	2.8–6.9	3.7***	2.3–6.0
25–34 years	3.2***	2.2–4.7	3.3***	2.2–4.9	3.0***	1.9–4.7
35–44 years	2.3***	1.6–3.5	2.3***	1.5–3.5	2.3***	1.4–3.6
45–54 years	1.3	0.9–2.1	1.3	0.8–2.0	1.2	0.8–2.0
Women's educational attainment						
Beyond secondary education	1.0		1.0		1.0	
None/primary education	1.3*	1.0–1.8	1.6**	1.1–2.2	1.1	0.7–1.6
Secondary education	1.7***	1.3–2.2	1.5**	1.2–2.0	1.2	0.9–1.7
Current marriage/partnership						
Not currently married/partnered	1.0		1.0		1.0	
Currently married	1.3*	1.0–1.7	1.1	0.8–1.5	2.8***	0.8–1.4
Living with a man, not married	2.3***	1.8–3.1	1.5**	1.1–2.1	2.9***	0.5–1.0
Regular partner, but living apart	1.7**	1.2–2.4	1.3	0.9–2.0	1.9**	0.2–0.4
Age at first marriage/union						
19 or older	1.0		1.0		1.0	
18 or younger	1.7***	1.3–2.2	1.5**	1.1–2.1	1.1	0.8–1.5
Race/Ethnicity						
African	1.0		1.0		1.0	
East Indian	1.0	0.8–1.3	1.0	0.7–1.2	0.8*	0.6–1.0
Indigenous/Other	1.4*	1.0–1.9	1.2	0.8–1.6	0.8	0.5–1.1
Mixed	1.8***	1.3–2.3	1.6**	1.2–2.1	1.3	0.8–1.6
Has ever been pregnant						
No	1.0		1.0		1.0	
Yes	1.5**	1.1–2.1	2.0***	1.4–2.8	1.2	0.9–1.8
Husband/partner drinks alcohol at least once a week						
No	1.0		1.0		1.0	
Yes	2.9***	2.4–3.6	2.1***	1.7–2.6	1.6***	1.3–2.0

			Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
Husband/partner has been in fight with another man						
No	1.0		1.0		1.0	
Yes	4.4***	3.5–5.5	2.6***	2.0–3.4	1.5**	1.1–1.9
Husband/partner has had extramarital/outside relationships						
No	1.0		1.0		1.0	
Yes	3.2***	2.7–4.0	2.6***	2.6–3.3	1.8***	1.4–2.4
No. controlling behaviours engaged in by husband/partner						
None	1.0		1.0		1.0	
1	2.3***	1.6–3.3	2.1***	1.4–3.0	1.7**	1.2–2.5
2	5.6***	4.0–7.9	4.8***	3.4–6.7	3.2***	2.2–4.6
3 or more	12.2***	9.1–16.5	8.1***	5.9–11.1	5.8***	4.2–8.2
Couple discusses her worries and feelings						
Yes	1.0		1.0		1.0	
No	1.9***	1.5–2.4	1.6***	1.3–2.0	1.8***	1.4–2.3
Frequency of arguments among couples						
Rarely	1.0		1.0		1.0	
Sometimes	2.3***	1.8–3.0	1.7***	1.3–2.2	1.4**	1.1–1.8
Often	7.6***	5.9–9.9	3.4***	2.6–4.5	3.0***	2.2–4.0
A woman's most important role is to take care of her home (women's attitude)						
No	1.0		1.0		1.0	
Yes	1.8***	1.4–2.2	1.7***	1.3–2.1	1.4**	1.1–1.8
It is natural that men should be the head of the family (women's attitude)						
No	1.0		1.0		1.0	
Yes	1.5**	1.2–1.9	1.3**	1.0–1.7	1.5**	1.1–2.0
A man is justified in hitting his wife if she neglects the children (women's attitudes)						
No	1.0		1.0		1.0	
Yes	1.9***	1.5–2.4	1.7***	1.3–2.1	1.2	0.9–1.6
If someone fell ill in the community, people would try to help						
Yes	1.0		1.0		1.0	
No	1.6***	1.3–2.1	1.6**	1.2–2.0	1.4**	1.1–1.9
She is able to speak freely with a member of her family						
Daily or weekly	1.0		1.0		1.0	
At least once a month	1.6***	1.3–2.0	1.5**	1.2–1.9	1.4**	1.1–1.9
If she needs help or has a problem, she can count on her family for support						
Yes	1.0		1.0		1.0	
No	1.5**	1.2–1.9	1.3*	1.0–1.6	1.1	0.8–1.5
As a child, she witnessed violence against her mother						
No	1.0		1.0		1.0	
Yes	2.7***	2.3–3.3	2.1***	1.7–2.6	1.7***	1.4–2.2

	Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
She was insulted or humiliated as a child				
No	1.0		1.0	
Yes	2.2***	1.8–2.7	1.7***	1.4–2.1
As a child, husband/partner witnessed violence against his mother				
No	1.0		1.0	
Yes	3.7***	2.9–4.7	2.3***	1.8–3.0
Husband/partner was beaten as a child				
No	1.0		1.0	
Yes	3.2***	2.6–4.0	2.2***	1.8–2.8

*** p < .001; ** p < .05; * p < .10

Annex Table 3: Factors associated with lifetime physical and/or sexual IPV, Grenada

	Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
Women's educational attainment				
Higher education (university, vocational)	1.0		1.0	
None/primary education	2.2***	1.5–3.0	2.4***	1.6–3.7
Secondary education	1.6**	1.1–2.2	1.7**	1.1–2.7
Husband/partner's work status				
Working	1.0		1.0	
Not working	1.7**	1.1–2.7	1.6**	1.0–2.6
Out of the work force	2.8***	1.8–4.4	2.3***	1.4–3.7
Husband/partner has engaged in outside relationships				
No	1.0		1.0	
Yes	2.7***	1.8–3.9	2.2***	1.4–3.3
No. controlling behaviours engaged in by husband/partner				
No	1.0		1.0	
1	2.5***	1.7–3.7	1.4	0.9–2.4
2	4.1***	2.6–6.6	2.8***	1.6–5.0
3 or more	4.7***	3.3–6.7	5.6***	3.3–9.6
Frequency of arguments among couple				
Rarely/never	1.0		1.0	
Sometimes	1.9***	1.4–2.6	1.9***	1.4–2.6
Often	6.2***	4.1–9.5	6.2***	4.1–9.5
A woman's most important role is to take care of her home (women's attitude)				
Disagree	1.0		1.0	
Agree	1.3**	1.0–1.8	1.3**	1.0–1.8
Woman was insulted/humiliated as a child				
No	1.0		1.0	
Yes	2.0***	1.5–2.7	1.6**	1.1–2.3

*** p < .001; ** p < .05; * p < .10

Annex Table 4: Factors associated with current physical and/or sexual IPV, Grenada

			Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
Women's age (10-year age groups)						
55-64 years	1.0		1.0		1.0	
15-24 years	2.7	0.9-7.7	2.7*	0.9-8.1	3.0*	0.9-10.5
25-34 years	2.8**	1.1-7.6	2.4*	0.9-6.6	2.3	0.7-7.4
35-44 years	2.8**	1.0-7.7	2.5*	0.9-7.0	2.8*	0.9-9.0
45-54 years	1.3	0.4-4.0	1.1	0.4-3.6	1.1	0.3-3.9
Current marriage/partnership status						
Currently no partner	1.0		1.0		1.0	
Currently married	1.2	0.6-2.3	1.4	0.7-2.8	2.1*	1.0-4.7
Living together, not married	2.5**	1.3-4.5	2.4**	1.3-4.5	2.5**	1.2-5.3
Regular partner, living apart	3.0	0.7-13.1	2.4	0.5-10.5	7.7**	1.5-39.8
Husband/partner has been in a fight with another man						
No	1.0		1.0		1.0	
Yes	5.5***	2.9-10.2	2.7**	1.3-5.6	3.2**	1.4-7.3
Husband/partner has engaged in extramarital/outside relationships						
No	1.0		1.0		1.0	
Yes	5.5**	3.2-9.4	3.3***	1.7-6.2	3.3**	1.7-6.2
No. controlling behaviours engaged in by husband/partner						
No	1.0		1.0		1.0	
1	2.5*	0.9-6.7	1.9	0.6-5.7	2.4*	0.8-6.9
2	7.0***	2.9-16.7	4.9***	1.9-12.6	5.2***	2.0-13.6
3 or more	12.7***	6.3-25.3	10.0***	4.5-22.3	10.0***	4.4-22.7
Frequency of arguments among couple						
Rarely/never	1.0		1.0		1.0	
Sometimes	1.9***	1.4-2.6	1.9***	1.4-2.6	0.8	0.4-1.8
Often	6.2***	4.1-9.5	6.2***	4.1-9.5	5.1***	2.3-11.0
As a child, she witnessed violence against her mother						
No	1.0		1.0		1.0	
Yes	1.3**	1.0-1.8	1.8**	1.0-3.1	1.8*	1.0-3.3
Husband/partner was beaten as a child						
No	1.0		1.0		1.0	
Yes	2.0***	1.5-2.7	1.8*	0.9-3.6	2.7**	1.2-5.7

*** p < .001; ** p < .05; * p < .10

Annex Table 5: Factors associated with lifetime physical and/or sexual IPV, Guyana

			Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
Have ever been pregnant						
No	1.0		1.0		1.0	
Yes	3.7***	2.4–5.7	3.0***	1.7–5.2	3.5**	1.6–7.8
Main source of income						
Support from partner/husband	1.0		1.0		1.0	
No income/pension/social services/other	1.1	0.6–1.8	1.0	0.5–1.9	0.9	0.3–2.4
Income from own work	1.9***	1.3–2.6	2.1	1.4–3.1	3.5***	1.9–6.2
Equal share self and partner	1.5**	1.1–2.0	1.4	1.0–2.0	2.3***	1.4–3.8
Support from relatives/friends	1.3	0.9–1.9	1.3	0.8–2.1	2.4**	1.2–4.8
Age difference between couple						
Partner 4 to 8 years older	1.0		1.0		1.0	
Woman is older	2.0***	1.4–2.7	2.2***	1.6–3.2	1.7*	1.0–2.9
Husband/partner at most 3 years older	1.1	0.8–1.4	1.2	0.8–1.6	0.9	0.6–1.4
Husband/partner at least 9 years older	1.4**	1.0–1.9	1.5**	1.1–2.1	1.1	0.7–1.7
Husband/partner drinks alcohol at least once a week						
No	1.0		1.0		1.0	
Yes	2.3***	1.8–2.9	1.4**	1.1–1.9	1.3	0.8–3.8
Husband/partner has been in a fight with another man						
No	1.0		1.0		1.0	
Yes	3.6***	2.5–5.2	2.1***	1.4–3.2	2.4***	1.5–4.0
Husband/partner has engaged in outside relationships						
No	1.0		1.0		1.0	
Yes	3.0***	2.2–3.9	2.0***	1.5–2.7	2.6***	1.7–3.7
No. controlling behaviours engaged in by husband/partner						
No	1.0		1.0		1.0	
1	1.7***	1.2–2.3	1.4	0.9–2.4	1.4	0.8–2.4
2	2.3***	1.6–3.2	2.8***	1.6–5.0	2.2**	1.2–3.8
3 or more	6.4***	4.8–8.7	5.6***	3.3–9.6	3.8***	2.2–6.4
Couple discusses her feeling and worries						
Yes	1.0		1.0		1.0	
No	3.0***	2.2–4.0	1.6**	1.0–2.6	1.0	0.5–2.1
Couple discusses his feeling and worries						
Yes	1.0		1.0		1.0	
No	2.8***	2.1–3.7	1.6**	1.1–2.5	2.7**	1.7–4.2
Frequency of arguments among couple						
Never	1.0		1.0		1.0	
Rarely	1.1	0.6–2.1	1.6	0.8–3.1	1.1	0.4–3.1
Sometimes	1.9*	1.0–3.5	2.5**	1.3–4.9	1.3	0.5–3.9
Often	6.1***	3.0–12.2	6.5***	3.2–13.3	2.1	0.7–6.5
If a street fight broke out in the community, people would intervene to stop it						
Yes	1.0		1.0		1.0	
No	1.7***	1.3–2.3	1.7***	1.3–2.2	1.7**	1.1–2.6

			Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
When she needs help or has a problem, she can count on her family for support						
No	1.0		1.0		1.0	
Yes	2.0***	1.4–2.7	1.9***	1.3–2.7	1.6	1.0–2.9
As a child, she witnessed violence against her mother						
No	1.0		1.0		1.0	
Yes	2.0***	1.5–2.6	1.7***	1.3–2.3	1.7**	1.2–2.5
Woman was insulted/humiliated as a child						
No	1.0		1.0		1.0	
Yes	2.1***	1.6–2.7	1.5***	1.0–2.1	1.3	0.8–2.0
As a child, husband/partner witnessed violence against his mother						
No	1.0		1.0		1.0	
Yes	2.7***	1.9–4.0	2.5***	1.7–3.7	2.1**	1.3–3.5

*** p < .001; ** p < .05; * p < .10

Annex Table 6: Factors associated with current physical and/or sexual IPV, Guyana

			Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
Women's age (10-year age groups)						
55–64 years	1.0		1.0		1.0	
15–24 years	3.0***	1.5–6.0	3.4***	1.6–7.0	1.8	0.3–9.0
25–34 years	2.5**	1.3–4.8	2.2**	1.1–4.4	1.7	0.4–7.8
35–44 years	2.2**	1.1–4.4	2.0**	1.0–4.0	1.7	0.4–6.9
45–54 years	1.4	0.7–3.0	1.4	0.7–2.8	1.4	0.4–5.1
Urban/rural						
Urban	1.0		1.0		1.0	
Rural	1.7***	1.1–2.7	1.7***	1.0–2.6	1.3	0.7–2.4
Has ever been pregnant						
No	1.0		1.0		1.0	
Yes	2.2***	1.1–4.5	2.7***	1.2–5.7	1.9	0.7–5.2
Husband/partner's age						
55–64 years	1.0		1.0		1.0	
15–24 years	2.3**	1.1–4.9	1.7	0.7–4.0	2.4	0.3–6.9
25–34 years	2.8**	1.4–5.5	2.3**	1.1–4.9	2.9	0.7–11.9
35–44 years	1.8*	0.9–3.6	1.3	0.6–2.7	1.1	0.3–4.0
45–54 years	1.6	0.8–3.2	1.2	0.6–2.4	1.2	0.4–3.8
Husband/partner's educational attainment						
Higher education (university, vocational)	1.0		1.0		1.0	
None/primary education	3.3***	1.7–6.4	2.8**	1.4–5.9	1.7	0.7–4.6
Secondary education	1.9*	0.9–3.8	1.7	0.8–3.5	1.5	0.6–3.9

			Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
Husband/partner drinks alcohol at least once a week						
No	1.0		1.0		1.0	
Yes	2.9***	2.1–4.1	1.4	0.9–2.1	1.3	0.8–2.2
Husband/partner has been in a fight with another man						
No	1.0		1.0		1.0	
Yes	4.8***	3.2–7.1	2.3***	1.4–3.7	2.0**	1.1–3.5
Husband/partner has engaged in outside relationships						
No	1.0		1.0		1.0	
Yes	3.0***	2.1–4.2	1.5**	1.0–2.3	1.5	0.9–2.5
No. controlling behaviours engaged in by husband/partner						
No	1.0		1.0		1.0	
1	2.1**	1.0–4.2	1.4	0.9–2.4	1.1	0.4–3.1
2	5.0***	2.7–9.3	2.8***	1.6–5.0	2.9**	1.2–3.7
3 or more	14.0***	8.2–24.1	5.6***	3.3–9.6	5.9***	2.8–12.6
Couple discusses things that happen to her during the day						
Yes	1.0		1.0		1.0	
No	3.2***	2.2–4.6	1.9**	1.1–3.2	1.2	0.6–2.6
Couple discusses his feeling and worries						
Yes	1.0		1.0		1.0	
No	3.2***	2.3–4.7	1.7**	1.0–2.8	2.5**	1.2–5.1
Frequency of arguments among couple						
Never	1.0		1.0		1.0	
Rarely	3.1	0.4–23.3	5.3	0.7–40.5	1.8	0.2–15.9
Sometimes	8.0**	1.1–58.8	12.6**	1.7–94.5	2.5	0.3–21.7
Often	19.7**	2.6–146.86	23.2**	3.1–174.5	2.4	0.3–22.5
A woman's most important role is to take care of her home (women's attitudes)						
Yes	1.0		1.0		1.0	
No	2.6**	1.3–5.2	2.0**	1.2–3.3	2.5**	1.1–5.7
A man is justified in hitting his wife if she neglects the children (women's attitudes)						
No	1.0		1.0		1.0	
Yes	1.8**	1.1–2.9	1.8**	1.2–2.7	1.7	0.8–3.6
If she or a member of her family fell ill or had an accident, neighbours would offer help						
Yes	1.0		1.0		1.0	
No	2.2***	1.4–3.4	2.0**	1.3–3.2	1.7	0.8–3.6
When she needs help or has a problem, she can count on her family for support						
Yes	1.0		1.0		1.0	
No	1.8**	1.1–2.8	1.6**	1.0–2.7	1.7	0.8–3.7
She was beaten as a child						
No	1.0		1.0		1.0	
Yes	1.9***	1.3–2.8	1.8**	1.2–2.7	1.9**	1.0–3.4

	Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
As a child, husband/partner witnessed violence against his mother				
No	1.0		1.0	
Yes	2.9***	1.9–4.5	2.6***	1.7–4.1
Husband/partner was beaten as a child				
No	1.0		1.0	
Yes	2.2***	1.5–3.2	1.5**	1.0–2.4

*** p < .001; ** p < .05; * p < .10

Annex Table 7: Factors associated with lifetime physical and/or sexual IPV, Jamaica

	Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
Age at first marriage/cohabitation				
19 years or older	1.0		1.0	
18 years or younger	2.2***	1.5–3.2	2.2***	1.5–3.2
Husband/partner drinks alcohol at least once a week				
No	1.0		1.0	
Yes	2.0***	1.5–2.7	1.4**	1.0–2.0
Husband/partner uses recreational drugs at least once a week				
No	1.0		1.0	
Yes	2.5***	1.8–3.5	1.8**	1.2–2.5
Husband/partner has been in a fight with another man				
No	1.0		1.0	
Yes	3.6***	2.2–5.9	2.6**	1.9–3.6
Husband/partner has engaged in extramarital/outside relationships				
No	1.0		1.0	
Yes	2.9***	2.1–4.0	2.2***	1.6–3.2
No. controlling behaviours engaged in by husband/partner				
No	1.0		1.0	
1	2.0**	1.4–3.1	1.9**	1.3–3.0
2	3.0***	1.9–4.6	2.7***	1.7–4.2
3 or more	6.6***	4.5–9.6	4.8***	3.2–7.2
Frequency of arguments among couple				
Never	1.0		1.0	
Rarely	6.1***	2.9–12.9	0.8	0.3–2.1
Sometimes	8.3***	3.9–17.6	1.2	0.5–2.7
Often	38.8***	16.9–89.0	5.4***	2.0–14.3
If someone in her family fell ill or had an accident, neighbours would offer to help				
Yes	1.0		1.0	
No	2.4**	1.4–4.1	2.1**	1.2–3.7

			Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
If she needs help or has a problem, she can count on her family for support						
Yes	1.0		1.0		1.0	
No	2.5***	1.7–3.7	2.3***	1.5–3.4	1.6*	0.9–2.7
As a child, she witnessed violence against her mother						
No	1.0		1.0		1.0	
Yes	2.8***	2.0–3.9	2.0***	1.4–2.8	1.6*	1.0–2.6
Woman was beaten as a child						
No	1.0		1.0		1.0	
Yes	3.0***	2.2–4.0	1.8**	1.2–2.5	1.5*	1.0–2.6
Woman was insulted/humiliated as a child						
No	1.0		1.0		1.0	
Yes	2.8***	2.7–3.7	1.9***	1.4–2.7	1.9**	1.2–2.9
As a child, husband/partner witnessed violence against his mother						
No	1.0		1.0		1.0	
Yes	3.8***	2.1–6.5	2.7***	1.5–4.7	1.5	0.7–3.2

*** p < .001; ** p < .05; * p < .10

Annex Table 8: Factors associated with current physical and/or sexual IPV, Jamaica

			Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
Age at first marriage/cohabitation						
19 years or older	1.0		1.0		1.0	
18 years or younger	3.4***	1.9–6.0	3.4***	1.9–6.0	2.4**	1.3–4.6
Husband/partner's age (10-year age groups)						
65+ years	1.0		1.0		1.0	
15–24 years	9.6**	2.1–44.5	12.8**	2.6–62.7	11.4**	1.8–71.8
25–34 years	5.3**	1.2–23.5	5.2**	1.1–24.0	2.4	0.5–12.3
35–44 years	6.0**	1.4–26.2	6.9**	1.4–28.1	2.7	0.5–13.0
45–54 years	3.5	0.8–15.9	3.5	0.8–16.2	2.2	0.4–11.0
55–65 years	2.0	0.4–10.7	1.8	0.3–9.8	0.8	0.1–5.0
Husband/partner drinks alcohol at least once a week						
No	1.0		1.0		1.0	
Yes	2.4**	1.4–4.0	2.2	1.3–3.9	1.8	1.0–3.5
Husband/partner has been in a fight with another man						
No	1.0		1.0		1.0	
Yes	5.5***	3.0–10.0	3.4***	1.8–6.5	2.2**	1.0–4.9
Husband/partner has been engaged in extramarital/outside relationships						
No	1.0		1.0		1.0	
Yes	3.4***	2.1–5.6	3.2***	1.9–5.5	3.6***	1.9–7.0

			Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
If someone in her family fell ill or had an accident, neighbours would offer to help						
Yes	1.0		1.0		1.0	
No	3.7***	1.8–7.6	3.4***	1.6–7.0	3.0**	1.0–8.7
As a child, she witnessed violence against her mother						
No	1.0		1.0		1.0	
Yes	3.7***	3.7–6.2	2.4**	1.3–4.4	2.2	1.1–4.4
Woman was beaten as a child						
No	1.0		1.0		1.0	
Yes	1.9**	1.2–3.3	0.5**	0.3–1.0	0.9	0.4–1.9
As a child, husband/partner witnessed violence against his mother						
No	1.0		1.0		1.0	
Yes	5.7***	3.0–10.9	2.7**	1.2–5.9	1.5	0.6–4.0
Husband/partner was beaten as a child						
No	1.0		1.0		1.0	
Yes	2.9***	1.7–4.8	1.9**	1.0–3.4	1.9	0.9–3.7

*** p < .001; ** p < .05; * p < .10

Annex Table 9: Factors associated with lifetime physical and/or sexual IPV, Suriname

			Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
Main source of income						
Support from partner	1.0		1.0		1.0	
Income from her own work	1.9***	1.4–2.7	3.5***	2.0–6.0	3.2**	1.5–6.9
Equal share self and partner	1.1	0.8–1.5	1.2	0.7–2.1	1.6	0.8–3.6
Support from relatives and friends	1.3	0.9–2.0	2.4**	1.0–5.4	3.6**	1.2–11.3
No income/pension/social services/other	1.7**	1.2–2.5	2.6**	1.4–4.9	1.0	0.4–2.8
Age a first marriage/cohabitation						
19 or older	1.0		1.0		1.0	
18 or younger	1.9***	1.3–2.8	2.1**	1.4–3.1	1.8*	1.0–3.3
Non-consensual marriage						
No	1.0		1.0		1.0	
Yes	3.0***	1.6–5.8	2.3***	1.1–4.8	1.6	0.5–6.2
Age difference between couple						
Husband/partner is 4–8 years older	1.0		1.0		1.0	
Woman is older	2.2***	1.4–3.2	2.3***	1.4–3.7	2.5*	1.0–6.2
Husband/partner at most 3 years older	1.5**	1.2–2.1	1.4**	1.0–2.0	1.1	0.5–2.2
Husband/partner at least 9 years older	1.7***	1.3–2.4	2.1***	1.4–3.1	1.3	0.6–2.8
Number of controlling behaviours engaged in by husband/partner						
No	1.0		1.0		1.0	
1	1.0	0.7–1.4	1.0	0.7–1.5	1.1	0.5–2.3
2	1.6**	1.1–2.3	1.5**	1.1–2.3	1.1	0.5–2.5
3 or more	4.3***	3.2–6.0	3.6***	2.6–5.0	3.1**	1.4–6.8

			Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
Frequency of arguments among couple						
Rarely	1.0		1.0		1.0	
Never	2.0***	1.4–3.0	2.0***	1.4–3.0	2.1	0.8–5.4
Sometimes	2.4***	1.6–3.7	2.4***	1.6–3.7	2.2	0.8–5.9
Often	11.4***	7.3–17.9	11.4***	7.3–17.9	20.2***	6.6–62.1
It is natural that men should be head of the family						
No	1.0		1.0		1.0	
Yes	1.7***	1.3–2.2	1.7***	1.3–2.2	2.1**	1.1–4.0
If a woman does not physically fight back, it is not rape						
No	1.0		1.0		1.0	
Yes	1.4**	1.4–1.8	1.3**	1.1–1.7	1.1	0.6–2.0
If someone in her family fell ill or had an accident, neighbours would offer assistance						
Yes	1.0		1.0		1.0	
No	2.3***	1.5–3.4	2.9***	1.9–4.6	3.0**	1.1–8.1
When she needs help or has a problem, she can count on her family for support						
Yes	1.0		1.0		1.0	
No	2.2***	1.6–3.1	2.0***	1.4–2.9	3.8***	1.7–8.1
Frequency that she can speak freely with a member of her family						
Once a month or more	1.0		1.0		1.0	
Less than once a month	2.6***	1.7–3.9	1.8**	1.1–2.9	3.2**	1.1–8.9
As a child, she witnessed violence against her mother						
No	1.0		1.0		1.0	
Yes	2.2***	1.7–2.9	1.8***	1.3–2.4	1.3	0.7–2.5
She was beaten as a child						
No	1.0		1.0		1.0	
Yes	3.0***	2.4–4.1	2.4***	1.7–3.4	4.2***	1.7–10.2
She was insulted or humiliated as a child						
No	1.0		1.0		1.0	
Yes	2.5***	1.8–3.4	1.8***	1.3–2.6	1.2	0.5–2.9
As a child, husband/partner witnessed violence against his mother						
No	1.0		1.0		1.0	
Yes	2.5***	1.7–3.5	1.7**	1.1–2.6	1.5	0.6–3.5
Husband/partner was beaten as a child						
No	1.0		1.0		1.0	
Yes	2.9***	2.1–4.0	1.9***	1.3–2.8	2.7**	1.3–5.7

*** p < .001; ** p < .05; *p < .10

Annex Table 10: Factors associated with current physical and/or sexual IPV, Suriname

			Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
Women's age (10-year age groups)						
45-54 years	1.0		1.0		1.0	
15-24 years	7.9***	3.1–20.1	6.2***	2.3–16.6	2.9	0.6–14.2
25-34 years	5.6***	2.2–14.1	4.7**	1.8–12.2	1.1	0.2–5.3
35-44 years	2.5*	0.9–6.8	2.2	0.8–6.2	0.9	0.2–4.6
55-64 years	1.4	0.4–4.7	0.5	0.1–2.0	0.3	0.1–1.9
Women's educational attainment						
Higher	1.0		1.0		1.0	
Primary	2.2	0.7–6.4	3.3**	1.0–10.7	3.4	0.4–32.0
Secondary	3.7**	1.4–9.6	3.2**	1.2–8.8	7.8**	1.1–55.9
Main source of income						
Equal share self and partner	1.0		1.0		1.0	
Income from her own work	2.1	1.0–4.4	1.9	0.9–4.4	1.9	0.6–6.2
Support from husband/partner	1.7	0.8–3.7	1.4	0.6–3.2	0.7	0.2–2.1
Support from relatives and friends	1.6	0.6–4.1	0.8	0.3–2.3	0.7	0.1–4.1
No income/pension/social services/other	3.4**	1.5–7.6	3.0**	1.3–7.1	1.0	0.3–4.2
Husband/partner drinks alcohol at least once a week						
No	1.0		1.0		1.0	
Yes	3.1***	2.0–5.0	2.7***	1.5–4.9	1.8	0.8–4.2
Husband/partner has been in a fight with another man						
No	1.0		1.0		1.0	
Yes	4.3***	2.6–7.2	3.5***	1.8–6.6	1.6	0.6–4.4
Husband/partner has engaged in extramarital/outside relationships						
No	1.0		1.0		1.0	
Yes	3.2***	2.1–5.1	2.8***	1.6–5.0	1.8	0.7–4.2
No. controlling behaviours engaged in by husband/partner						
No	1.0		1.0		1.0	
1	2.1	0.6–6.8	2.8	0.6–13.5	1.9	0.4–10.2
2	3.6**	1.1–11.7	2.6	0.5–13.7	1.2	0.2–7.9
3 or more	14.9***	5.4–40.9	22.9***	5.7–92.6	6.4**	1.4–29.2
Frequency of arguments among couple						
Never	1.0		1.0		1.0	
Rarely	13.3**	1.9–94.6	13.3**	1.9–94.6	11.0	0.5–225.4
Sometimes	10.2**	1.4–74.7	10.2**	1.4–74.7	6.8	0.3–149.2
Often	45.7***	6.4–325.2	45.7***	6.4–325.2	35.0**	1.6–744.7
It is natural that men should be head of the family						
Yes	1.0		1.0		1.0	
No	2.0**	1.2–3.4	2.0**	1.2–3.3	4.0**	1.5–10.6
A man is justified in beating his wife if she argues with him (women's attitudes)						
No	1.0		1.0		1.0	
Yes	4.4***	1.8–10.7	4.1**	1.7–10.2	5.3***	1.1–24.7

	Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
When she needs help or has a problem, she can count on her family for support				
Yes	1.0		1.0	
No	2.7***	1.6–4.7	3.2***	1.8–5.5
As a child, she witnessed violence against her mother				
No	1.0		1.0	
Yes	4.3***	2.7–6.9	3.6***	2.3–5.8
Husband/partner was beaten as a child				
No	1.0		1.0	
Yes	5.3***	3.3–8.6	4.8***	2.9–7.8

*** p < .001; ** p < .05; * p < .10

Annex Table 11: Factors associated with lifetime physical and/or sexual IPV, Trinidad and Tobago						
			Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
Current marriage/partnership status						
Living with a man, not married	1.0		1.0		1.0	
Currently married	1.1	0.7–1.6	0.5**	0.3–0.8	0.7**	0.4–1.1
Previously partnered	1.7**	1.1–2.7	1.1	0.6–2.0	1.7	0.8–3.5
Has ever been pregnant						
No	1.0		1.0		1.0	
Yes	4.2***	2.5–7.0	3.5***	1.7–7.1	3.4**	1.5–7.4
Age at first marriage/cohabitation						
19 or older	1.0		1.0		1.0	
18 or younger	2.3***	1.6–3.2	2.4***	1.7–3.3	2.1***	1.4–3.1
Husband/partner drinks alcohol at least once a week						
No	1.0		1.0		1.0	
Yes	2.2***	1.6–2.9	1.4**	1.0–2.1	1.1	0.7–1.6
Husband/partner uses recreational drugs at least once a week						
No	1.0		1.0		1.0	
Yes	2.8***	1.8–4.3	2.3***	1.4–3.7	2.4**	1.4–4.3
Husband/partner has been in a fight with another man						
No	1.0		1.0		1.0	
Yes	3.4***	2.3–5.1	2.2***	1.4–3.5	2.0**	1.2–3.5
Husband/partner has engaged in extramarital/outside relationships						
No	1.0		1.0		1.0	
Yes	2.9***	2.1–3.9	2.3***	1.6–3.4	1.4*	0.9–2.2
No. controlling behaviours engaged in by husband/partner						
No	1.0		1.0		1.0	
1	1.5*	1.0–2.1	1.5*	1.0–2.3	1.4	0.9–2.3
2	3.1***	1.9–4.8	2.5***	1.5–4.3	2.0**	1.2–3.5
3 or more	8.8***	5.9–13.2	6.5***	4.1–10.3	4.2***	2.5–7.0

			Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
She and her husband/partner talk about things that happen to her during the day						
No	1.0		1.0		1.0	
Yes	3.2***	2.2–4.5	3.9***	1.8–8.3	2.6**	1.4–4.7
She and her husband/partner talk about his worries or feelings						
Yes	1.0		1.0		1.0	
No	2.6***	1.9–3.6	1.8**	1.1–2.9	1.6*	0.9–2.7
Frequency of arguments among couple						
Never	1.0		1.0		1.0	
Rarely	1.0	0.4–2.2	1.6	0.7–3.9	0.6	0.2–1.6
Sometimes	1.8	0.8–4.0	3.1**	1.3–7.4	0.9	0.3–2.7
Often	6.5***	2.7–15.5	9.6***	3.9–23.8	2.2	0.7–6.8
She lives close enough to family to visit often						
Yes	1.0		1.0		1.0	
No	3.4***	1.8–6.4	2.3**	1.2–4.5	3.1**	1.4–7.0
When she needs help or has a problem, she can count on her family for support						
Yes	1.0		1.0		1.0	
No	2.6***	1.7–4.0	2.3***	1.4–3.5	1.3	0.8–2.4
As a child, she witnessed violence against her mother						
No	1.0		1.0		1.0	
Yes	2.1***	1.6–2.8	1.6**	1.2–2.2	1.4*	1.0–2.0
She was insulted or humiliated as a child						
No	1.0		1.0		1.0	
Yes	2.6***	1.9–3.6	1.9***	1.3–2.7	2.2***	1.5–3.3
As a child, husband/partner witnessed violence against his mother						
No	1.0		1.0		1.0	
Yes	2.3***	1.5–3.3	1.9**	1.3–2.8	1.2	0.8–2.0

*** p < .001; ** p < .05; * p < .10

Annex Table 12: Factors associated with current physical and/or sexual IPV, Trinidad and Tobago						
			Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
Age at first marriage/cohabitation						
19 or older	1.0		1.0		1.0	
18 or younger	2.1**	1.2–3.8	2.1**	1.2–3.8	1.5	0.8–2.9
No. controlling behaviours engaged in by husband/partner						
No	1.0		1.0		1.0	
1	1.0	0.4–2.8	1.1	0.4–3.0	0.8	0.3–2.5
2	2.5*	0.9–6.4	2.2	0.8–6.3	1.7	0.6–4.7
3 or more	8.7***	4.5–16.5	9.8***	5.1–19.1	3.5**	1.6–7.7

			Model I		Model II	
	Crude Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%	Adjusted Odds Ratio	CI 95%
She and her husband/partner talk about her worries or feelings						
No	1.0		1.0		1.0	
Yes	3.1***	1.7–5.4	2.7***	1.5–5.0	2.0**	1.0–4.0
Frequency of arguments among couple						
Rarely	1.0		1.0		1.0	
Never	0.0		0.0		0.0	0–0
Sometimes	3.5***	1.8–7.0	3.5***	1.7–7.0	3.4**	1.5–7.5
Often	7.6***	3.6–16.2	6.1***	2.8–13.3	2.8**	1.1–7.3
She lives close enough to family to visit often						
Yes	1.0		1.0		1.0	
No	5.0***	2.3–11.0	3.7**	1.5–8.8	3.4**	1.3–8.7
She was insulted or humiliated as a child						
No	1.0		1.0		1.0	
Yes	2.3**	1.3–3.9	3.3***	1.9–5.7	2.6**	1.4–5.0
As a child, husband/partner witnessed violence against his mother						
No	1.0		1.0		1.0	
Yes	4.0***	2.2–7.1	3.3***	1.8–6.1	2.2**	1.1–4.5

*** $p \leq .001$; ** $p \leq .05$; * $p \leq .10$



ENDNOTES

¹ The statistical analysis and first draft of this Research Brief was prepared by Manuel Contreras-Urbina, Angela Bourassa and Junior Ovince. Technical contributions and content editing was led by Prof. Robin Haarr, PhD, UN Women Senior Consultant. Opinions and views expressed in this report do not necessarily reflect those of UN Women or their donors.

² UN General Assembly (2016). Intensification of efforts to eliminate all forms of violence against women and girls. Seventy-first session, Item 27 of the provisional agenda, Advancement of Women.

³ Ibid.

⁴ World Health Organization, London School of Hygiene and Tropical Medicine, and South African Medical Research Council (2013). *Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence*. World Health Organization: Geneva, Switzerland.

⁵ Ibid.

⁶ United Nations Office of Drugs and Crime, *Global Study on Homicide: Gender-related killing of women and girls* (2019).

⁷ Watson Williams, C (2020). *Caribbean Experiences with Collecting Data on Violence Against Women and Girls*. Caribbean Development Bank/UN Women/CARICOM, p. 10.

⁸ Ibid, p. 10.

⁹ Watson Williams, C (2020). *Caribbean Experiences with Collecting Data on Violence Against Women and Girls*. Caribbean Development Bank/UN Women/CARICOM, p. 10.

¹⁰ Ibid, p. 10.

¹¹ UN Women, UNDP, the Caribbean Development Bank (CDB), IDB and the United States Agency for International Development (USAID) funded and coordinated implementation of the National Prevalence Surveys on GBV with technical assistance from Global Women's Institute (GWI) of the George Washington University.

¹² The WHO model is a population-based survey method pioneered in a landmark Multi-Country Study on Women's Health and Domestic Violence (García-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005).

¹³ Additional country-specific analysis and findings are detailed in individual country reports listed in Annex 3.

¹⁴ World Health Organization. (2001). *Putting women first: ethical and safety guidelines for research on domestic violence against women*. Department of Gender, Women and Health. Geneva: the World Health Organization. Retrieved from https://www.who.int/gender-equity-rights/knowledge/who_fch_gwh_01.1/en/

¹⁵ Ever-partnered women are those who indicated they have ever had a male husband or partner.

¹⁶ Physical and/or sexual IPV is the representative outcome variable for factor and multivariate modelling in keeping with WHO and SDG standards of reporting; the importance of other forms of violence are not analysed in this research brief.

¹⁷ Variables representing sociodemographic are: age; educational attainment; marital status; age at first marriage/cohabitation; main source of income; ethnicity; and ever pregnancy. Variables representing the partner's characteristics are: partner's age; age difference between the participant and her partner; partner's educational attainment; partner's alcohol abuse; partner's involvement in physical fights against men; partner's extra-marital relationships; and if partners have children with other women. Variables representing relationship dynamics are: communication among the couple; caring among the couple; frequency of quarrelling among the couple; controlling behaviours of men, such as limits her contact with her family or friends, insists on knowing where she is, gets jealousy or angry if she talks with other men, frequently accuses her of being unfaithful, and expects her to ask permission before seeking health care. Variables representing gender attitudes are a set of questions related to different opinions about gender norms and roles, and the acceptability and justification of VAW. Variables representing community support for women are support from the community if there is a problem in the neighborhood, and support and communication with her family of origin. Finally, variables representing violence during childhood are experiences of witnessing physical violence against one's mother by a male partner, and experience of being physically and/or verbally abused during childhood. Source: Heise, L. (1998, June). Violence against women: an integrated, ecological framework. *Violence Against Women*, 4(3), 262-290. doi:10.1177/1077801298004003002; Heise, L. (2011). *What works to prevent partner violence: An evidence overview*. London School of Hygiene and Tropical Medicine. London: STRIVE Research Consortium. Retrieved from <http://researchonline.lshtm.ac.uk/21062/>

¹⁸ Women were not asked about current experiences of economic violence.

¹⁹ Although survey findings suggest sexual IPV is less prevalent than other forms of IPV, it is important to note that victims of sexual IPV often do not disclose experiences of sexual IPV, particularly in the context of marriage, due to stigmatization associated with sexual violence.

²⁰ Bear in mind, findings shows statistical associations, but not causation; associations that were not found statistically significant are not discussed as a risk factor in this research brief.

²¹ A macro analysis was conducted wherein datasets for each of the five countries were merged and analysed, and multivariate analysis was carried out for the data set of all five countries and separately for each country. A variable "country" was included to control by location.

²² Most research aims to identify causal relationships, or demonstrate that a particular independent variable (the cause) has an effect on the dependent variable of interest (the effect). The three criteria for establishing cause and effect are: association (or correlation); time ordering (or temporal precedence); and non-spuriousness (relationship between two variables is one that cannot be explained by a third variable).

²³ Abramsky, T., Watts, C., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., Jansen, H.A., Heise, L. (2011). What factors are associated with recent intimate partner violence? findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health*. 2011 Feb 16; 11:109; Bograd, M. (1988). 'Feminist perspective on wife abuse'. *Feminist perspectives on wife abuse*. K. Yllo; M. Bograd (Eds.). Newbury Park, Sage; Fleming, P.J., McCleary-Sills, J., Morton, M., Levto, R., Heilman, B., Barker, G. (2015). 'Risk Factors for Men's Lifetime Perpetration of Physical Violence against Intimate Partners: Results from the International Men and Gender Equality Survey (IMAGES) in Eight Countries'. *PLoS ONE* 10(3); Heise, L. (1998, June). *Violence against women: an integrated, ecological framework*. *Violence Against Women*, 4(3), 262-290. doi:10.1177/1077801298004003002; Heise, L. (2011). *What works to prevent partner violence: An evidence overview*. London School of Hygiene and Tropical Medicine. London: STRIVE Research Consortium.

²⁴ Controlling behaviours included in the CARICOM survey are: does not permit her to meet her female friends; tries to limit her contact with family of birth; insists on knowing where she is at all times; gets jealous or angry if she talks with another man; frequently accuses her of being unfaithful; expects her to ask his permission before seeking healthcare for herself; does not trust her with any money; checks her cell phone to see who she has called or who has called her.

²⁵ Krug, E.G., L.L. Dhalberg, J.A. Mercy, A.B. Zwi and Rafael Lozano (2002). *World Report on Violence and Health*. World Health Organization: Geneva, Switzerland.

²⁶ O'Leary KD. Physical aggression between spouses: A social learning theory perspective. In: Van Hasselt VB, Morrison RL, Bellack AS, Hersen M, editors. *Handbook of family violence*. New York: Plenum; 1988. pp. 31–55; Heise, L. (2011). *What works to prevent partner violence: An evidence overview*. London School of Hygiene and Tropical Medicine. London: STRIVE Research Consortium. Retrieved from: <http://researchonline.lshtm.ac.uk/21062/>

²⁷ UNDP. Retrieved on 13 May 2020 from: <http://hdr.undp.org/en/content/table-5-gender-inequality-index-gii>

²⁸ Nicholson, C. & H. Deshong (Unpublished). *Grenada Women's Health and Life Experiences Study*. Government of Grenada, p. 17.

²⁹ Ibid, p. 18.

³⁰ Ibid, p. 20.

³¹ Contreras-Urbina, M, A. Bourassa, R. Myers, J. Ovince, R. Rodney & S. Bobbili (2019). *The Guyana Women's Health and Life Experiences Survey Report*, UN Women, 2019.

³² UNDP. Retrieved on 13 May 2020 from: <http://hdr.undp.org/en/content/table-5-gender-inequality-index-gii>

³³ Ibid.

³⁴ Ibid.

³⁵ Vyas, S., & Watts, C. (2009). How Does Economic Empowerment Affect Women's Risk of Intimate Partner Violence in Low and Middle Income Countries? A Systematic Review of Published Evidence. *Journal of International Development* 21 (5), 577-602.

³⁶ Joseph, J., C. Pemberton & U. Philipp (2019). National Women's Health Survey for Suriname. Inter-American Development Bank.

³⁷ UNDP. Retrieved on 13 May 2020 from: <http://hdr.undp.org/en/content/table-5-gender-inequality-index-gii>

³⁸ Ibid.

³⁹ Joseph, J., C. Pemberton & U. Philipp (2019). National Women's Health Survey for Suriname. Inter-American Development Bank.

⁴⁰ Pemberton, C. & J. Jospheh (2018). National Women's Health Survey for Trinidad and Tobago. Inter-American Development Bank.

⁴¹ Ibid.

⁴² UNDP. Retrieved on 13 May 2020 from: <http://hdr.undp.org/en/content/table-5-gender-inequality-index-gii>

⁴³ Pemberton, C. & J. Jospheh (2018). National Women's Health Survey for Trinidad and Tobago. Inter-American Development Bank.

⁴⁴ WHO with UN Women, together with, the Office of the High Commissioner for Human Rights (OHCHR), UNDP, United Nations Population Fund (UNFPA), UNODC, the Government of the Netherlands, Swedish International Development Cooperation Agency (SIDA), UK Aid, USAID, and the World Bank Group have developed *RESPECT women: preventing violence against women – a framework aimed primarily at policy-makers*, 2019.

⁴⁵ Retrieved from: <https://www.who.int/reproductivehealth/topics/violence/respect-women-framework/en/>

⁴⁶ Ellsberg, M., D. Arango, M. Morton, F. Gennari, S. Kiplesund, M. Contreras & C. Watts (2015). Prevention of violence against women and girls: What does the evidence say? *Lancet*, 1555-1566.

