SUMMARY

WOMEN'S HEALTH SURVEY 2016 JAMAICA

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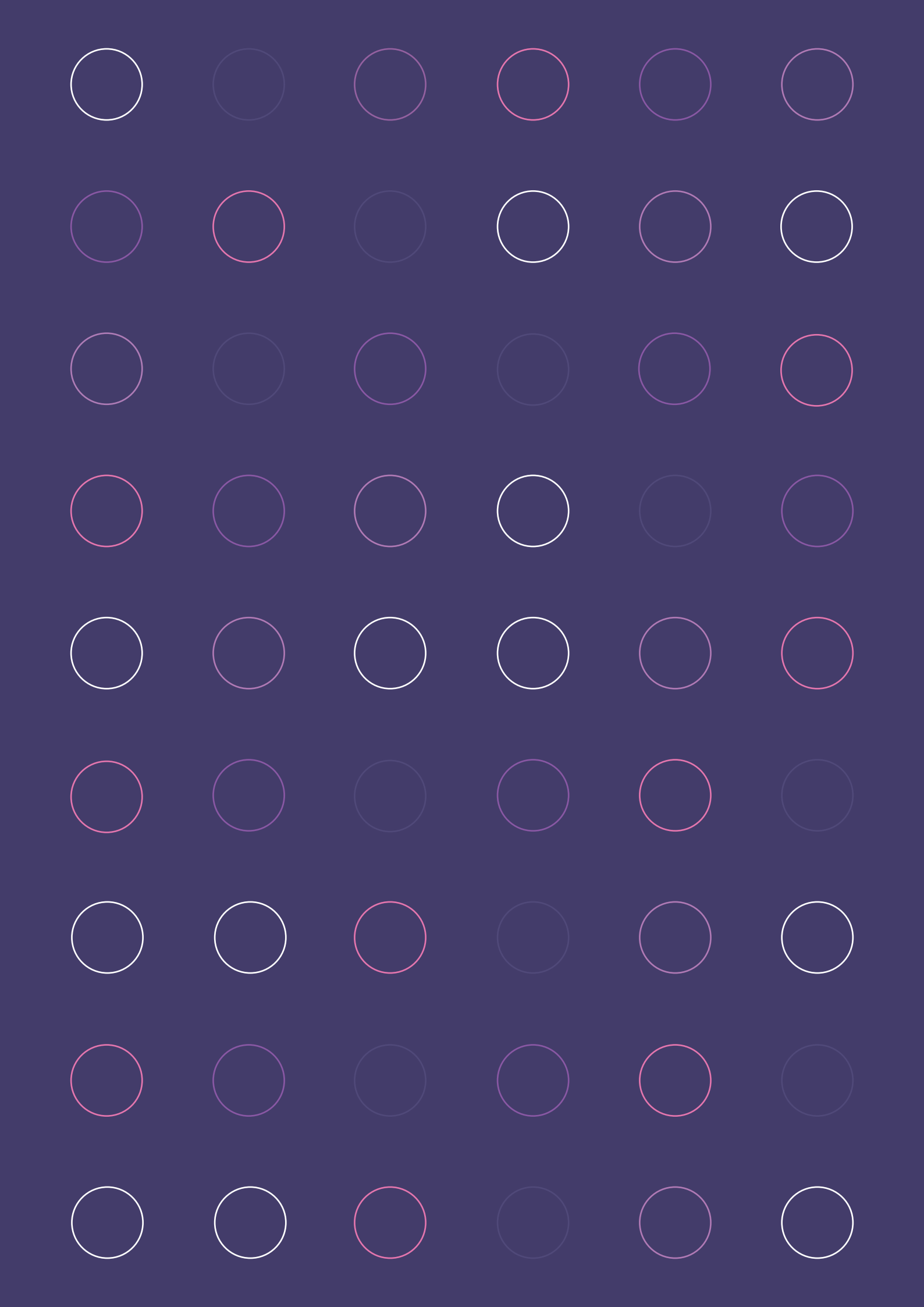
UN WOMEN



Introduction

More than one in every four Jamaican women between the ages of 15 years and 64 years of age will, over their lifetime, experience intimate partner physical and/or sexual violence. Further, a similar proportion of women will experience non-partner sexual violence. The **Women's Health Survey 2016 Jamaica** demonstrates that violence against women is Jamaica is widespread.

This study is the first attempt in Jamaica to apply international standards to data collection on violence against women, particularly intimate partner violence. The use of an established statistical model and a standardised questionnaire with globally accepted indicators, allows cross-Caribbean and global comparisons and periodic repetition in order to monitor changes over time.

The report analyses multiple dimensions of violence, including women's lifetime and recent experiences, intimate partner and non-partner violence, sexual and non-sexual abuse and economic coercion. The report uses sociocultural factors (e.g. education, income, age of first union, alcohol and recreational drug use) to develop an understanding of the factors, impacts and coping strategies associated with violence against women and girls.

The survey and qualitative data provide important information on women's experiences of violence across sociodemographic groups. The study's statistical analysis provides insight into factors that are strongly correlated with an increased risk of violence. Its analysis of factors that are not correlated with increased levels of risk reveals the universality of women's experiences — in several areas, age, education, employment status, union status or living in rural or urban areas made no difference to women's exposure to violence.

The analysis enabled researchers to capture women's attitudes towards gender roles and to create a general profile of the perpetrators of abuse. Additionally, the study represents a significant step in filling the data gaps that have hampered efforts to combat violence against women in Jamaica. Specifically, it responds to concerns about data deficiency expressed by the Organization of American States in comments on Jamaica's fulfilment of the Convention of Belém do Pará.

Intimate Partner Violence

Intimate partner violence affects women and their children. It affects women's physical and mental health and is shown to increase the likelihood that a child of an abused woman will drop out of school at an early age. The findings support international work that links intimate partner violence with intergenerational violence. Intimate partner violence thrives in an environment where children are continuously exposed to violence, either as witnesses or as victims. The data shows that women whose male partners were exposed to violence in childhood faced higher rates of intimate partner violence than other women. Women's exposure to childhood violence also increases the likelihood of experiencing intimate partner violence in adulthood. The stories of women, girls and men collected in the qualitative report confirm this intergenerational relationship.

FIGURE 1

National Lifetime and Current Prevalence by type of Violence and Abuse, Jamaica, 2016

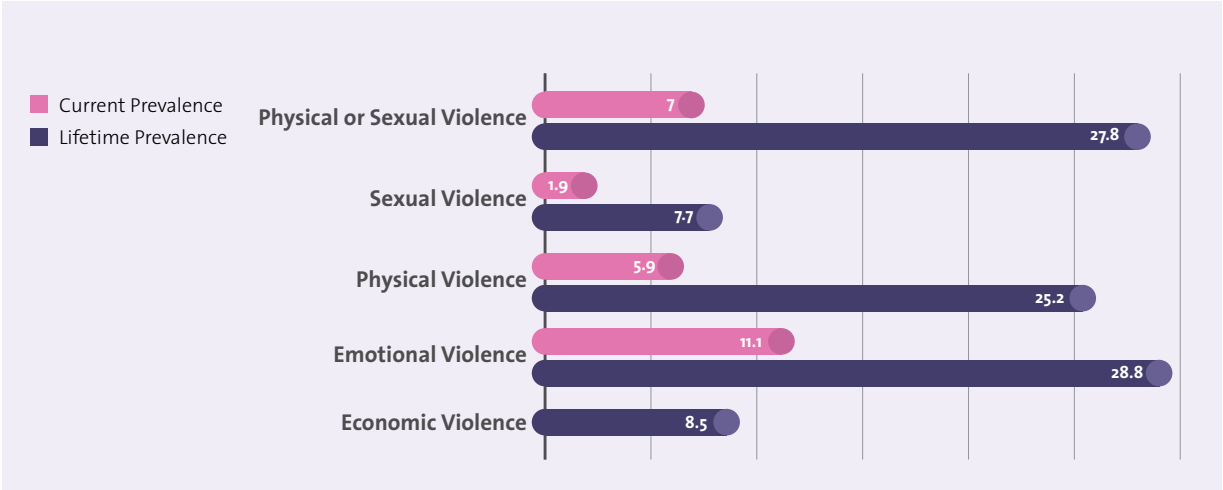


FIGURE 2

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

The report details Jamaican women's experiences with physical, sexual, emotional and economic violence: 25.2 per cent of all Jamaican women have experienced physical violence by a male partner; 27.8 per cent of Jamaican women have experienced intimate partner physical and/or sexual violence; 28.8 per cent have suffered emotional abuse; and 8.5 per cent of Jamaican women report having experienced economic abuse.

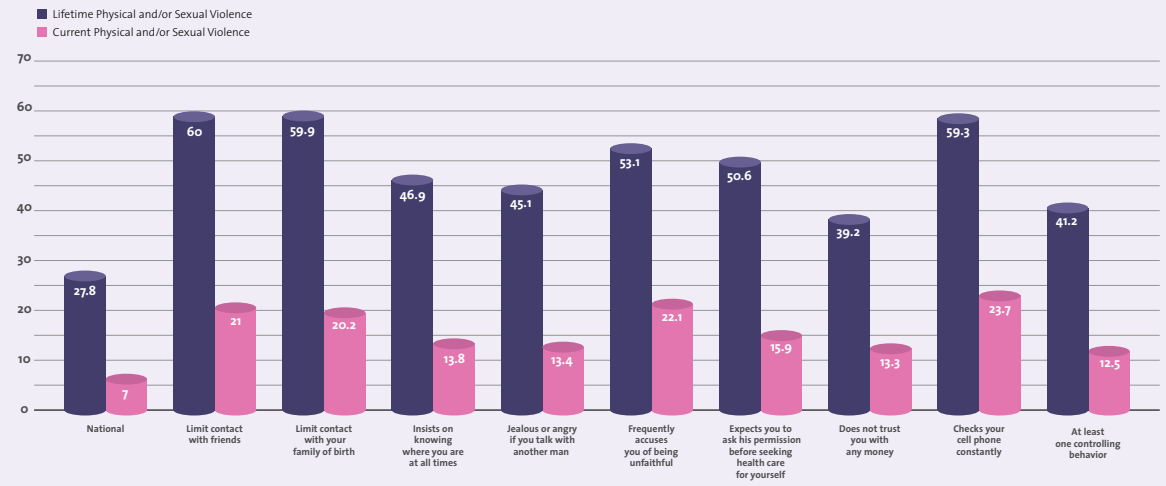
The report examines a range of demographic and sociocultural factors for each category of violence, noting where correlations exist and where the prevalence percentages remain constant across such factors. For example, physical violence rates were consistent across rural and urban areas. Women in the 25 to 29 years of age cohort reported the highest lifetime and current prevalence of intimate partner physical violence. Women in the 35 to 39 years age group were most likely to be subject to controlling behaviours (e.g. persistent jealousy and accusations of infidelity, acts to restrain access to friends and family and policing communications with others). Closely linked to intimate partner violence, these behaviours are often the early warning signal of a partner's potential to abuse or intent to harm. Partner's use of alcohol or recreational drugs has also been established as being linked to the prevalence of intimate partner violence experienced by women.

The data also shows that some groups of women are victimized by intimate partners at a far higher rate than others, as certain sociodemographic characteristics heighten women's vulnerability to intimate partner violence. At particular risk are women with either no or only a primary level of education, women who have been pregnant and women who began cohabiting with a male partner when they were minors. These women are more likely to have experienced lifetime or current physical, sexual and emotional abuse by a male partner.

The qualitative study found that women who have endured a lifetime of abuse are more likely to train themselves (or are trained to) tolerate or even trivialize some forms of violence against women; some of these subjective definitions defy what some onlookers — particularly persons unfamiliar with Jamaican subcultural contexts — may regard as rational and acceptable.

FIGURE 3

Lifetime and Current Prevalence of Physical and/or Sexual Violence by Partners' Controlling Behaviours, Jamaica, 2016



Impacts of Intimate Partner Violence on Women's Health and Well-being and on their Children

The study found that almost 35 per cent of women who were abused suffered injuries as a result of physical and/or sexual violence (almost 60 per cent were injured several times). For almost 20 per cent of these women, the injury was severe enough to require medical care. The report analysed the incidence of injury against a range of factors, finding, for example, that unemployed women and women who were early cohabiters had significantly higher rates of injuries than other women.

The report also examines the immediate and long-term physical and psychological impacts of intimate partner violence on the health and well-being of women and their children. For example, more than half of women reported that the violence had no effect on them. This is consistent with the findings of the qualitative study, which showed that women had established their own internal protective devices to minimise and rationalise the impacts of partner violence on their lives. In contrast, the data shows that intimate partner violence has a clear relation to women's daily functioning; abused women reported a higher prevalence of health problems and are twice as likely to have problems with memory and concentration and carrying out their usual activities.

Other areas examined include psychological effects (including suicidal thoughts); alcohol, drug and medication use; and children's mental health and educational impacts.

Women's Responses and Coping Strategies

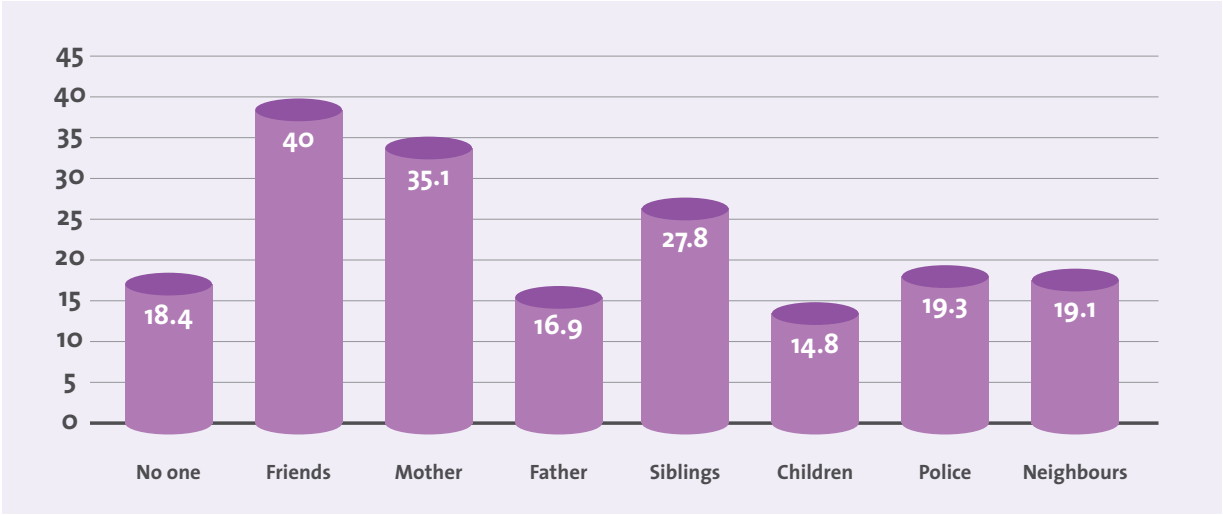
The report explores the coping strategies adopted by Jamaican women who have been subjected to intimate partner violence, including whether they told anyone about the violence, whom they told, where they sought help (or why they did not seek help), whether they received help and if they ever retaliated or left the home (and why).

Almost 20 per cent of women who experienced physical or sexual partner violence remained silent. Among those who did tell, the majority confided in family and friends; less than 20 per cent reported the abuse to the police. The demographic and psychosocial analysis reveals many interesting correlations. For example, women in urban areas were much more likely to seek support from friends than women in rural areas.

Although the majority of women tell someone of their abuse, this does not translate into seeking help; almost 65 per cent sought no help. When women did seek help, most turn to their own social network of friends, family and neighbours. Some turned to the police or the health

FIGURE 4

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



care system (typically as a result of severe violence); a small percentage turned to the court system. Very few sought help from the formal social services, with women in rural areas being more likely to do so. Institutions such as the church are not seen as places from which to seek assistance. Worryingly, almost 40 per cent of women who sought help indicated that they did not receive help.

The study's qualitative analysis reveals the complexity inherent to leaving an abusive relationship. Some women leave and return multiple times before finally ending the relationship; the study found that approximately one-half of abused women had never left home. An important finding was the need for women who make the choice to leave to have a space where they (and their children) can live or get counselling if necessary.

Sexual Violence against Women by Others (Non-Partners)

Almost 25 per cent of the Jamaican women surveyed have been sexually abused by men other than their partners; a similar percentage reported being sexually harassed at some point in their lives (20 per cent reported being sexually abused as children). The nature of first sexual experience (among women who ever had sex) was also explored to garner an understanding of whether the first sexual experience was wanted or not. The majority indicated they wanted to have sex at their first encounter, while almost 33 per cent responded that they were either cajoled or forced into the act.

Recommendations

While not establishing causation, the study's findings reveal relationships between some key variables and women's experiences with violence and abuse. These findings provide a platform to develop policies and programmes to address violence against women. The report makes several recommendations:

1. Study data should guide multi-stakeholder activities to implement the Jamaica National Strategic Action Plan on Gender-based Violence, including preventing violence against women and protecting survivors of violence against women.
2. Relevant findings on partner behaviours and key sociodemographic characteristics should drive the behaviour change and communications campaigns to be implemented under the Strategic Action Plan.
3. Information on where women seek help (and where they do not) should guide thinking about how services to protect victims should be designed and located for maximum effect. The data suggests the need for wide-scale training of potential service providers in a range of institutions such as faith-based organizations and women's groups on how to assist women when they come forward to seek help.
4. Persons working in the police or the public health system should be specifically equipped to understand and address the needs of violence against women survivors; staff in all facilities should be trained in how

to identify a victim of violence against women and make appropriate referrals, reports and follow-up where needed.

5. Each parish should establish counselling centres and shelters for women who suffer intimate partner violence; women should have a space where they and their children can get counselling on a consistent basis or can live if necessary.

6. A structured and sustained national-level effort should be made to de-stigmatize the experience of intimate partner violence and to shift gender norms and roles in order to create a society in which violence against women is openly rejected and firmly addressed.

7. Data collection around the issues covered in this study should become routine. Efforts should be made to secure funding for periodic implementation of the survey to provide data to monitor and guide interventions under the Strategic Action Plan.

This Report brief is a summary of the **Women's Health Survey 2016 Jamaica** report – Co-publication of the **Statistical Institute of Jamaica, Inter-American Development Bank** and the **United Nations Entity for Gender Equality and the Empowerment of Women.**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