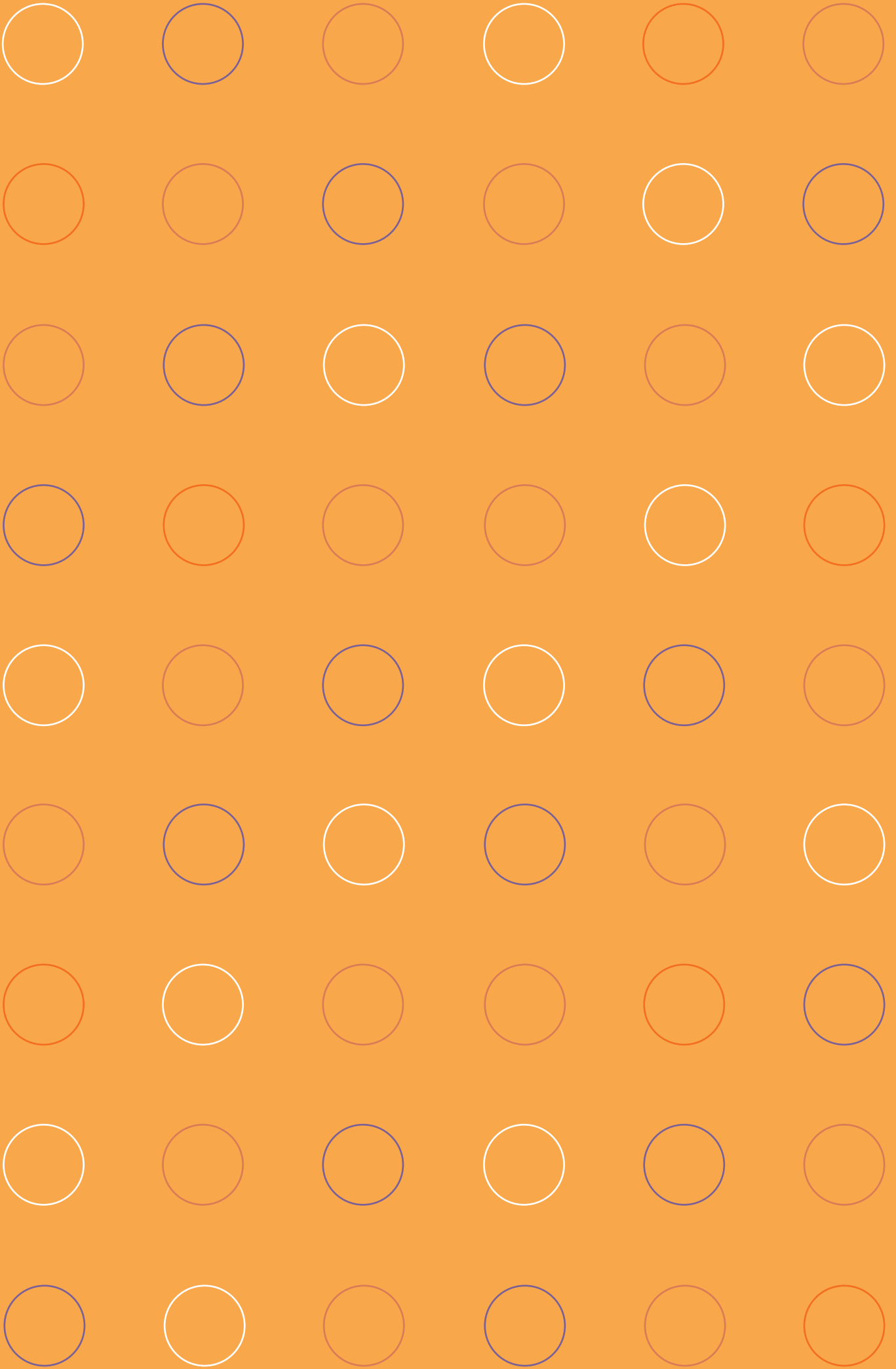


SUMMARY

NATIONAL
WOMEN'S
HEALTH
SURVEY FOR
TRINIDAD AND
TOBAGO, 2017





Introduction

Notwithstanding decades of inquiry, activism, legislation and intervention, violence against women and girls in Trinidad and Tobago remains a protracted challenge. The number of reported cases alone is staggering. For example, from 2008 to 2016, over 10,000 incidents of violence against women and girls were reported to the Trinidad and Tobago Police Service — 20 per cent of which were for physical assault or wounding.

Yet other than limited indicators, such as police reports and informal investigations by support service agencies, there was no comprehensive national data on its actual prevalence. To address this data gap, the Caribbean Community (CARICOM), the Inter-American Development Bank and UN Women collaborated with the Government of Trinidad and Tobago to produce the *National Women's Health Survey for Trinidad and Tobago, 2017*. The Inter-American Development Bank financed the household survey; UN Women supported a qualitative study on violence against women. This brief summarizes the data and information from both studies.

Based on a national, quantitative, cross-sectional survey of 1,079 women aged 15 to 64, the *National Women's Health Survey for Trinidad and Tobago* report presents the

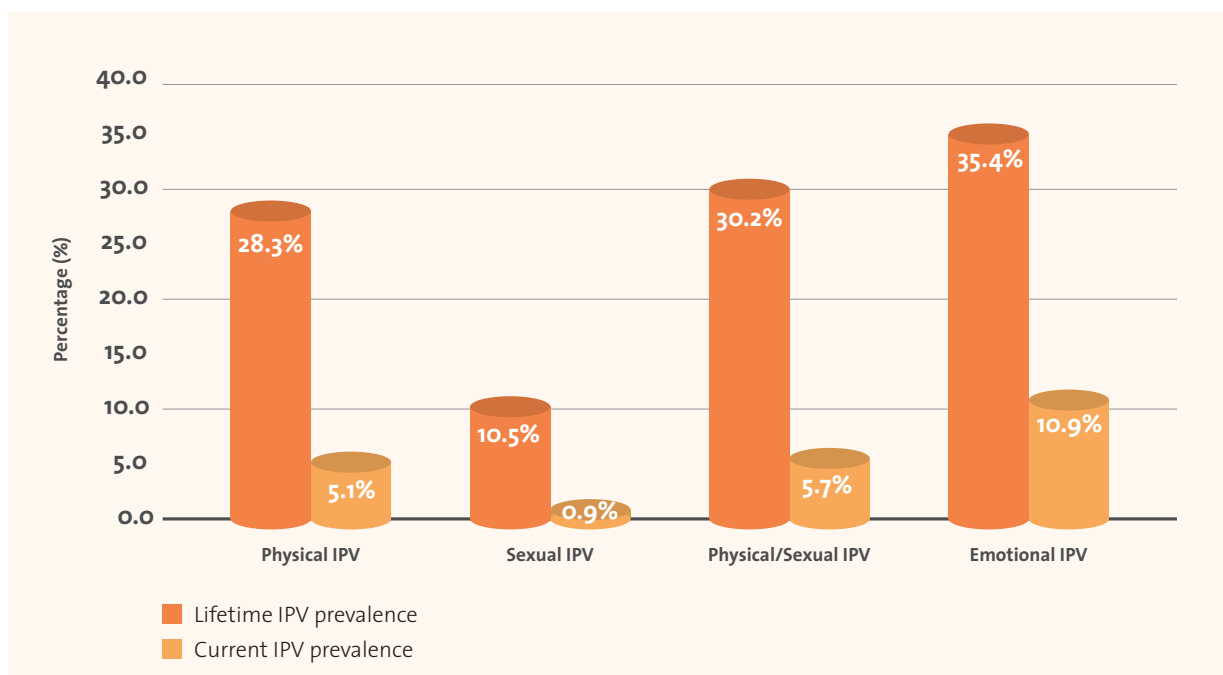
first nationally representative estimates of the prevalence and pervasiveness of violence against women and girls, with a specific focus on intimate partner violence and non-partner sexual violence. In addition to measuring the prevalence of violence against women and girls, the study determined risk and protective factors associated with intimate-partner violence and documented coping strategies and health consequences for female survivors of violence.

You do not understand the cycle of abuse, you don't understand that it does have a tension-building period, you don't understand that gifts and things would have come. I get licks with baseball bat, my face was blue, purple, all kind of colour, and this man coming with Vaseline and ointment and all kind of thing and nursing all the bruises that he just put there, all the things that he just do, he come now to nurse me back to good health and so you don't understand the cycle, the psychologies that is involved. If you don't walk in the shoes, you really, really, really don't know.

Afro-Trinidadian, 43 years old, tertiary school educated; 'Gender-based Violence in Trinidad and Tobago: A Qualitative Study' 2018

FIGURE 1

Lifetime and Current Prevalence of Physical, Sexual, Physical, and/or Sexual and Emotional Intimate Partner Violence among Ever-Partnered Women: National Women's Health Survey for Trinidad and Tobago, 2017



Survey analysis reveals that in the 15 to 64-year-old age bracket, over 100,000 women in Trinidad and Tobago have experienced one or more acts of physical and/or sexual violence perpetrated by male partners; approximately 11,000 are likely to still be in abusive relationships. Further key findings include: 30 per cent of ever-partnered women have experienced lifetime physical and/or sexual partner violence (6 per cent having experienced it within 12 months prior to data collection); 21 per cent have experienced non-partner sexual violence; 35 per cent of women have experienced emotional violence; and 7 per cent of women who have ever been pregnant have experienced physical intimate-partner violence during a pregnancy.

The quantitative survey results reinforce the qualitative study's findings. The core of the qualitative study was based on a thorough desk review, 38 extensive interviews and 14 in-depth focus group discussions (a total of 122 persons participated in the study). The qualitative study documented the gender-based violence that Trinidadian and Tobagonian women face, exploring variations in severity, emotional abuse, controlling behaviours, threats, stalking and sexual and physical violence.

They are being beaten every day, but it's a situation where they're completely psychologically dominated on the basis of the ideologies.

Domestic violence policy advocate; 'Gender-based Violence in Trinidad and Tobago: A Qualitative Study' 2018

Beliefs about womanhood and manhood and love and family, reinforced by messages from religion and the media, were observed to have significantly influenced people's beliefs about how women and men should interact. These beliefs contributed to the basis for women's vulnerability and were often the source of motivation for men's violent behaviour towards women. The study noted the correlations between men's substance abuse, their increased

You does know what you doing is wrong, but you still do it, and I know, well like I overdo it now, like she might have to go in the hospital and if she tell them, the police them will come for me. I always say that I would stop hitting she, nah, but like for strange reason I could not do it. Because it have a part to play with she. You see it have some women they does do certain things to get you vex, and they know when you get vex what you going and do, right. But it still wrong for the man to do it.

Afro-Trinidadian, 37 years old, driver; 'Gender-based Violence in Trinidad and Tobago: A Qualitative Study' 2018

probability of being a perpetrator and their partner's risk of intimate-partner violence. Study results also suggested that women's, men's and familial economic precarity was an extremely significant risk factor for intimate-partner violence.

The quantitative report was designed as a starting point for closing the information gap in an effort to enrich the dialogue on violence against women and girls, inform the policy agenda and to enhance governmental and civil society programming.

Intimate-partner Violence

Among women who reported having experienced at least one act of physical and/or sexual partner violence in their lifetime, physical partner violence was more common than sexual violence (28 per cent compared with 11 per cent).

Thirty-one per cent of survivors reported having suffered injuries as a result of the violence inflicted on them; 21 per cent needed to seek professional health care for these injuries. Emotional violence, the use of language as a tool of abuse or aggression, was the most common dimension of intimate-partner violence.

The lifetime prevalence of physical intimate-partner violence in Trinidad and Tobago was 28 per cent; the

Gender-based Violence in Trinidad and Tobago	Qualitative	Desk review, 38 extensive interviews and 14 in-depth focus groups (122 total participants)
National Women's Health Survey for Trinidad and Tobago, 2017	Quantitative	Cross-sectional survey of 1,079 women ages 15–64

current prevalence was 5 per cent. At least half of all survivors of intimate-partner violence of any kind reported that they had experienced partner violence “many times.” Conversely, across all dimensions save current physical violence, approximately 11 per cent or less experienced only one violent act. The data suggest that for intimate-partner violence survivors, experiencing partner violence is rarely a one-off event.

The most common acts of physical intimate-partner violence that women reported, whether lifetime or current, were being slapped or having something thrown at them, being pushed or shoved, and being hit with a fist or something else. The majority of ever-partnered women who reported lifetime physical intimate-partner violence (64 per cent) reported experiencing severe violence at least once. Over 90 per cent of the most recent incidents of violence experienced in pregnancy were perpetrated by the father of the unborn child, who, in most instances (80 per cent), was reported to be the same perpetrator of physical violence as before pregnancy. A total of about 72 per cent of women reported that the violence got worse or stayed the same during pregnancy.

He didn't start off with physical abuse. I didn't understand as I keep reiterating, I never understood, I never knew what abuse was, I thought abuse was just physical, so he would always curse me if he come home late and I ask him where were you, he would curse me out and you know say stuff, he would always try to control me if, let us say, I finish work at four and I get home at five thirty or so, that time I work close to home so there will always be an argument 'why you come home so late you know', if so I want to go to the mall with my friends, my co-workers without telling him beforehand, problems, he would curse out, he would get on...when every time I started classes, I would start off going good and then after a week or so he would do everything in his power to ensure that I stop classes and then I remember he used to curse me out a lot and say you so uneducated, you don't even have a degree, but the thing with him is that that after the abuse, after the verbal abuse and the emotional abuse and all that, and most times after the physical, he would buy stuff, you know he would come he would apologize, he so sorry he didn't mean to. I was there hoping one day he will change, which never happened.

Afro-Trinidadian, 43 years old, tertiary school educated; 'Gender-based Violence in Trinidad and Tobago: A Qualitative Study' 2018

The study used standardized, statistically robust methods to measure respondents' perceptions of gender roles, norms, and the normalization and justification of violence. There was a consensus among women in some respects, that women should have increased agency in their own lives and in the family. For example, a majority agreed that “women and men should share authority in the family” (90 per cent) and that “a woman should be able to spend her own money” (84 per cent). However, some women also hold traditional patriarchal notions. For example, 57 per cent of women agreed that “a woman's role is to take care of her home,” and roughly 66 per cent of women agreed that “it is natural (god intended) that men should be the head of the family.”

In general, however, these attitudes and perceptions towards gender were not found to be significantly associated with women experiencing any type of gender-based/partner violence against women. There was, however, a highly significant relationship between a male partner's controlling behaviours and women's experience of emotional, physical and sexual partner violence. Women whose partners exhibited multiple controlling behaviours such as restricting a woman's freedom of movement or access to health care were at least twice as likely to experience at least one dimension of intimate-partner violence.

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

Intimate-partner violence has implications for women's physical and mental health. The ramifications of enduring intimate-partner violence move beyond the more obvious direct repercussions of violence to general physical and mental health problems. In their lives (sometimes even after the violence has ended), survivors are more likely to experience greater pain, more difficulty with normal functioning, being at greater risk of unwanted pregnancy and sexually transmitted infections, worse mental health and having their income-earning activities compromised by being unwell or due to their partner's behaviour. Also noteworthy is the apparent traumatic impact of intimate-partner violence on survivors' children, as they more commonly present with indicative issues such as bed-wetting and aggressiveness.

He used to beat me in front the children and, when he beat me, they used to start to bawl and he used to start to beat them too, so we went through a lot of hard times. Although I was working, I didn't have no freedom, but I decide to take it because of my children. I stay and sacrifice because of my children. I study those things and my heart does really hurt me to know the pressure my children go through and we still going through it because he cause my big son today to be drinking, so my children go through real torment and real torture.

Indo-Trinidadian, 67 years old, primary school educated; 'Gender-based Violence in Trinidad and Tobago: A Qualitative Study' 2018

Physical effects

For example, survivors were more likely to: report problems, whether it was poor general health (40 per cent compared with 28 per cent for women who did not experience violence); have difficulty performing usual activities (13 per cent compared with 7 per cent for women who did not experience violence); have pain (24 per cent compared with 11 per cent for women who did not experience violence); or take medicine for pain (41 per cent) or to sleep (13 per cent) than women who had not experienced partner violence (31 per cent and 7 per cent respectively).

Mental effects

These effects extend beyond direct physical manifestations. Women who had experienced physical or sexual partner violence reported suicidal thoughts or attempts (27 per cent), alcohol consumption (11 per cent), and recreational drugs use (6 per cent) at a higher rate than women who had not experienced physical or sexual intimate partner violence (12 per cent, 6 per cent and 2 per cent respectively).

Sociocultural effects

The effects have sociocultural manifestations as well. Although a majority of survivors of physical and sexual intimate partner violence earn a money income by working (76 per cent), when asked about the impact of partner violence on their income-generating activities, only 27 per cent of survivors reported that their work was not disrupted.

Further, a higher prevalence of lifetime physical partner violence is associated with lower educational attainment (primary or less, 34 per cent; higher than secondary 23 per cent).

Traumatic effects on children

When compared to women who did not report experiencing violence, survivors of intimate-partner violence reported a higher prevalence for most trauma indicators for their children. Differences include: their children's private behaviours, such as bed-wetting (14 per cent compared with 8 per cent); social behaviours such as aggression (10 per cent compared with 3 per cent); and school performance, such as having to repeat school years (18 per cent compared with 9 per cent).

These results validate the qualitative study's findings that violence has implications for women's physical and mental health, even after violence has ended. Some survivors reported bearing physical scars, some mental scars and some of unwanted pregnancies, multiple miscarriages from stress, quarrels, infidelity and beatings. Women turned to substance abuse or became suicidal or needed counseling, antidepressants and other options for escape.

Women's Responses and Coping Strategies

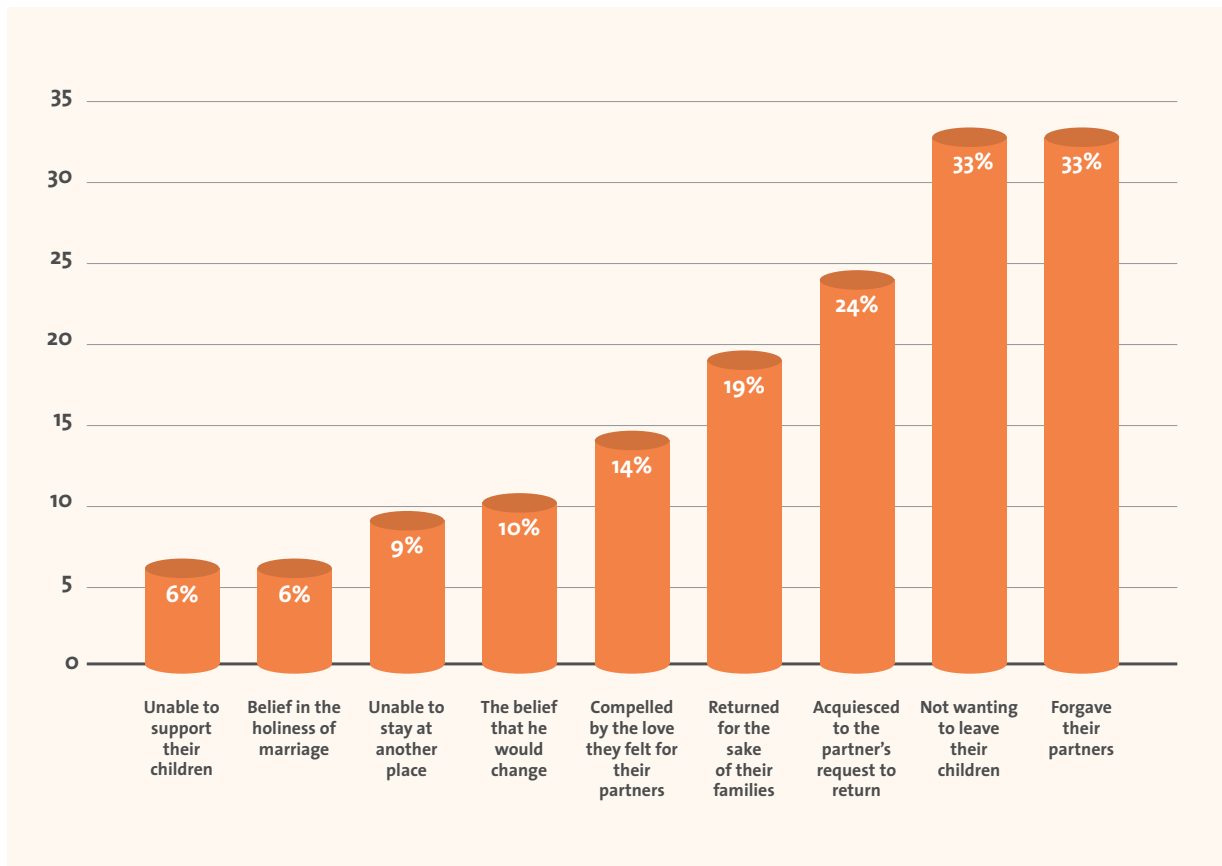
Women's most common coping mechanism was telling someone about their situation. However, over 30 per cent of such women remained quiet about their experience. Several factors precluded women from accessing help, including fear, shame, and the 'normalcy' associated with violence. Further, most survivors — 61 per cent — did not receive help from any source. Of those who did receive help, they were most likely to be helped by their parents (13 per cent), the police (12 per cent), or their friends (11 per cent).

Um, well, being a victim at the time, when the entire situation happened, my family were very embarrassed and all my friends were afraid for their life. They said, listen, they don't want this mad man come by my house and kill me and my family, we have to stay away from this woman, so it was just the kids and I. We were there alone.

Indo-Tobagonian, 41 years old, secondary school educated; 'Gender-based Violence in Trinidad and Tobago: A Qualitative Study' 2018

FIGURE 2

Leaving the Violence: National Women’s Health Survey for Trinidad and Tobago, 2017



Some women chose—or attempted to choose—leaving the relationship. The most common driver in a survivor’s decision to leave her partner (52 per cent) is not being able to endure any more of the violent situation. Other factors, such as a serious injury (6 per cent), support from friends or family (6 per cent), or thrown out of the home (4 per cent), influenced relatively few survivors. Strikingly, 62 per cent of women who leave return to their partners.

There are several, sometimes overlapping, reasons why they choose to return. Most are related to retaining or rebuilding the relationship or household structure they had left; 33 per cent forgave their partners; 24 per cent acquiesced to the partner’s request to return; 19 per cent returned for the sake of their families; 14 per cent were compelled by the love they felt for their partners; 10 per cent by the belief that he would change; and 6 per cent because of the holiness of marriage. Other reasons related to the lack of support available to women who left, such as not wanting to leave their children (33 per cent); being unable to stay at another place (9 per cent); or being unable to support their children (6 per cent).

Over sixty-five per cent of women who had experienced physical partner violence reported either defending themselves or physically fighting back at least once during the times that they had been attacked. Forty per cent had defended themselves on multiple occasions. Of the women who retaliated, 38 per cent indicated that violence ended after fighting back and 18 per cent stated that the violence lessened. Almost 19 per cent reported that there was no change in the situation. In about 26 per cent of cases, the violence got worse as a result.

I does tell people this about abuse and people don't want to know, it does not start ugly, it becomes ugly and then when you recognize what is going on and you try to leave, that is when it becomes worse.

African-Trinidadian, 43 years old, tertiary school educated; ‘Gender-based Violence in Trinidad and Tobago: A Qualitative Study’ 2018

Sexual Violence against Women by Non-partners

Overall, 31 per cent of women in Trinidad and Tobago have experienced sexual violence at some point in their lives by a partner and/or non-partner. The prevalence of non-partner only sexual violence is starkly higher than that of sexual violence perpetrated by a partner only — 21 per cent compared with 5 per cent. When not including sexual violence experienced in childhood, the prevalence of non-partner sexual abuse by women in Trinidad and Tobago was 19 per cent over their lifetime; 3 per cent of women indicated it had happened within the 12 months preceding the survey.

Although over 65 per cent of women who experienced forced sexual intercourse told someone in their social network, most experiences were left unreported. Almost 85 per cent of women stated that they did not report the incident to the police; 88 per cent reported that they did not report to health services. Of incidents reported to the police, a case was opened for just over 50 per cent of the incidents; only 17 per cent of the opened cases led to a conviction. Among women who reported the incident to a health service provider, 25 per cent were offered medication/treatment for preventing pregnancy, 25 per cent were offered medication/treatment for preventing transmission of HIV and 12 per cent received formal counselling as it related to the incident.

The study also examined sexual violence in childhood; 19 per cent of women indicated that they had experienced sexual abuse before the age of 18. The data highlighted that 25 per cent of women who were first married or cohabiting with a male partner by the age of 18 or younger also experienced sexual abuse before they were 18.

All the places I would have turned to looking for assistance, it was not really forthcoming; he had a lot of contacts and links and friends, including police and detectives who you would think supposed to be doing one thing, but then they are doing something else and they the same people I would have to run to and tell them. You don't know, there had a time I could have gone to CID and before I even left he would have known I was there. I have no trust in the system.

African-Trinidadian, 43 years old, tertiary school educated; 'Gender-based Violence in Trinidad and Tobago: A Qualitative Study' 2018

Because now with all women's rights and stuff being taught, we don't really think about women in that way again. So now it kind of phasing out, but the reality is that it still there.

University student focus group; 'Gender-based Violence in Trinidad and Tobago: A Qualitative Study' 2018

Recommendations

The 2017 Trinidad and Tobago Women's Health Survey statistical findings were generally found to be consistent with on-the-ground observations as identified by key stakeholders involved in the process. It also provided critical insights into the existing needs of women experiencing intimate-partner violence and identified several areas for intervention. It found that existing provisions for survivors, although well intentioned, are not serving women in a way that realistically allows them to leave violent situations. Responses for survivors should not only be appropriately designed but also adequately and consistently resourced for a holistic intervention. This could include financial support, skills training, assistance with job placement protection from perpetrators, and most importantly, a safe place to live that is appropriate for survivors' children.

The report identified several opportunities for improving existing services and creating new initiatives:

- Expanding health services for 'special' communities of women, such as rural women or those with limited mobility due to security issues;
- Conducting specialized training for hospital staff and/or procedural changes to integrate screening for violence during routine care services and to impart information on physical and mental self-care, safety and access to further help;
- Renewing commitments to universal access to sexual and reproductive health services, including counselling, birth control and sexually transmitted infection screening and treatment for all women, including young women and women from hard-to-reach populations;
- Instituting public health and awareness campaigns about the effects of violence against women and girls on survivors targeted at general audiences and women currently or previously experiencing violence;

I found out about the Rape Crisis Society, where they started giving counselling course and I started going for it in Trinidad. I did the basic, I did the advance, I started going up online and doing online courses and I just started educating myself, so in the times when I didn't have anybody around, this is what I started doing to keep my mind off it so while I'm learning the counselling, learning how to counsel, I was getting counsel from myself through what I was being taught. I started to realize, I was no longer afraid, I was no longer hateful, I no longer wanted to take my life. I started feeling calm, and I started loving myself all over again, so that really helped me that stage, that counselling course really helped me.

Indo-Tobagonian, 41 years old, secondary school educated; 'Gender-based Violence in Trinidad and Tobago: A Qualitative Study' 2018

- Educating and engaging the general public on the most striking themes of the study, in particular the association of experiencing and witnessing violence in childhood to experiencing intimate-partner violence later in life;
- Educating the general public on practical and appropriate steps for friends and family to take to appropriately support survivors;
- Conducting awareness-raising campaigns targeted at male and female youth that deconstruct gendered perceptions that fuel violence, buttressed by life skills training;
- Implementing a public health approach to the prevention of violence, which defines the problem, identifies risk and protective factors, develops and tests prevention strategies (including existing evidence-based strategies), and ensures widespread adoption of such strategies; and
- Conducting further studies of violence against women and girls study, including:
 - Unaddressed populations of women, such as differently abled women, non-English speaking women and undocumented immigrants;
 - The exploration of the association of environmental factors to intimate-partner violence;
 - The dynamics of perpetration from the perpetrator's perspective;
 - The dynamics of abuse experienced and witnessed in childhood, particularly childhood and sexual abuse and its relation to intimate-partner violence;
 - The exploration of the apparent association of ethnicity to intimate-partner violence and non-partner sexual violence; and
 - Periodic repetition of the Women's Health Survey.

