RESPONSE TO JOINT SELECT COMMITTEE (JSC) RECOMMENDATIONS

Introduction

The Office of the Prime Minister (Gender and Child Affairs) thanks the Joint Select Committee on Human Rights, Equality and Diversity for placing domestic violence at the forefront of its agenda and accepts the recommendation advanced by the Committee.

In order to address the request, the recommendations of the JSC are highlighted in blue for ease of reference.

4.17. The Committee reiterated the implementation of the 2015 recommendation that the MSDFS and OPM create a co-ordinating body in the form of a Committee with representatives from the TTPS, MSDFS, OPM and shelters and the Inter-Ministerial Committee be commenced by September 2018.

The Office of the Prime Minister (OPM), Gender and Child Affairs continues to collaborate with representative of Ministry of Social Development and Family Services (MSDFS), Trinidad and Tobago Police Service (TTPS), and Shelters on initiatives to address Gender Based Violence (GBV). The OPM has developed a Draft National Strategic Action Plan (NSAP) to end Gender Based and Sexual Violence (GB&SV) in Trinidad and Tobago through multi-stakeholder collaboration and support from UN Women. This NSAP highlights the establishment Inter-Agency Committee for the oversight of the NSAP. A Note was forwarded to Cabinet, recommending the establishment of an Inter-Ministerial Committee for oversight of the NSAP. This Note is awaiting the consideration of the Cabinet. The OPM is currently conducting a readiness assessment of key stakeholders to implement the NSAP on GB&SV and will provide feedback to the Cabinet by September 2018.

4.19. The Committee recommends that the vacancies in the Gender Affairs Unit, OPM be filled by September 2018.

The following Contract Positions were filled in 2017:

- Four (4) Active Listeners
- One (1) Project Execution Officer
- One (1) Gender Training Officer
- One (1) Coordinator, Male Programmes
- Four (4) Active Listeners

Positions filled on the Establishment

- Clerk Typist

Contract Positions to be filled are:

- One (1) Coordinator National Gender Policy
- One (1) Project Coordinator-Non Traditional Skills
- One (1) Assistant Project Coordinator Non Traditional Skills

- Two (2) Project Execution Officers- These positions are to be re-advertised as the Merit List is exhausted.
- One (1) Placement Officer
- Five (5) Active Listeners-Interviews were conducted and the submission for approval should be completed by August 2018.
- One (1) Project Execution Assistant
- One (1) Statistical Analyst- attached to the Central Registry on Domestic Violence
- One (1) Business Operations Assistants (BOA) II- attached to the Central Registry on Domestic Violence
- One (1) Business Operations Assistants (BOA) II
- One (1) BOA I
- Nine (9) Counsellors- a Note is being prepared for Cabinet seeking approval to employ these persons on contract.

Positions to be filled on Establishment:

- One (1) Director Gender Affairs Division-Acting incumbent
- One (1) Manager Domestic

The positions of Director, Gender Affairs and Manager, Domestic Violence Unit was advertised by the OPM and the Service Commission Department on the March 24th, 2018 with a closing deadline of April 13th, 2018. The OPM is awaiting the approval of the Services Commission report on the shortlisting exercise and Interview Panel. The OPM anticipates that the process which is being undertaken in collaboration with the Services Commission Department will come to an end by November 2018.

- One (1) Administrative Officer II- Acting incumbent
- One (1) Psychologist
- One (1) Manager, Gender Support Unit
- One (1) Manager Special Projects
- One (1) Policy Analyst
- One (1) Research Assistant II
- One (1) Clerk Stenographer II
- One (1) Statistical Officer III
- One (1) Coordinator, Drop-in Centres

4.20. The Committee supports the provision of additional domestic violence shelters stated in the 2015 Report and recommends the completion and hand-over of the four (4) domestic violence shelters under construction (inclusive of one (1) shelter allocated to male victims of domestic violence) by April 2018;

The OPM has completed the construction and furnishing of two (2) Shelters which are assigned to female victims of domestic violence. The Central Tenders Boards is currently conducting the procurement of Management Services on behalf of OPM for these facilities. An Evaluation Committee was established in July 2018 to evaluate Tenders for the Provision of Managerial Services at two (2) Female Domestic Violence Shelters for the OPM, for a period of two (2) years. Additionally, two (2) residential properties acquired from the National Infrastructure

Development Company (NIDCO) for use as shelter are currently undergoing refurbishment. the Ministry of Works and Transport has advised that these building are scheduled for completion and handover by September 2018 by.

All shelter/safe homes established by OPM will accommodate families with boys over the age of nine (9) years.

4.22. The Committee recommends that the OPM widen the access of CRDV to include the VWSU by June 2018 and generate and publish Annual Statistical Reports on the CDRV on the OPM's website and Facebook page that can be used to develop and inform policies, programmes and services on domestic violence by other stakeholders.

The Crime and Problem Analysis Branch (CAPA), Trinidad and Tobago Police Service (TTPS) is suppling date to the Central Registry on Domestic Violence (CRDV) as of 2017. The OPM is currently engaging the National Family Services of MSDFS and the Ministry of Health for their participation. The first Annual Statistical Report was published on the OPM's Website and shared with clients in August 2018. A copy is attached for you information.

4.25. The Committee reiterates the need for additional public outreach programmes on domestic violence targeted to children under the age of eighteen (18) years and recommends that the Gender Affairs Division, OPM initiate outreach programmes in primary and secondary schools in consultation with MOE by September 2018.

The OPM has been conducting outreach programmes on domestic violence for various target populations including children under the age of eighteen (18) years and schools. A total of nine (9) outreach sessions have been conducted in fiscal 2018. Additionally, opportunities are usually ceased to display information on gender and gender based violence, such as brochures, at public gatherings. The Barbershop Initiative which target males has been conducted in secondary during period April-June 2018. Additionally, OPM in collaboration with UN Women will implement the UN Foundation Programme in September 2018. The '**Foundation Programme**" is an outreach initiative for in and out of school youth (male and female) between the ages of 13-24 years. It is designed to engender an appreciation of core gender concepts such as gender socialization, gender equality and human rights. The overarching goal of the programme is to accelerate action towards preventing gender-based violence.

4.26. The Committee recommends that the OPM submit the National Prevalence Survey on Gender-Based Violence upon its completion.

The National Prevalence Survey on Gender-Based Violence was completed in November 2017 and officially launch in May 01, 2018 and is available to the public on the OPM website, as well as the Inter-American Development Bank (IDB) and Central Statistical Office (CSO) Website. Copies of these reports are enclosed in this submission and was sent soft copy with the electronic submission of this document.

TRINIDAD & TOBAGO CENTRAL REGISTRY ON DOMESTIC VIOLENCE

DATA REPORT
JANUARY TO DECEMBER 2017

Introduction

Domestic violence impacts citizen security, including the stability and health of a family and community. It is likely to result in, physical, sexual or psychological harm or suffering to women, men and children. Acts of domestic violence include stalking, threats, financial abuse, coercion or arbitrary deprivation of liberty, whether occurring in public space or in private life. In addition to the immediate harm to the person and the family, domestic violence also impacts national productivity in that, victims are often subjected to mental health and security issues which results in them having to say away from work. When the domestic violence act is perpetrated by an intimate partner, violence can be especially traumatic and debilitating.[1]

Data from the Crime and Problem Analysis (CAPA) Branch of the Trinidad & Tobago Police Service (TTPS) revealed that there were approximately 12,540 reports relating to domestic violence incidents between 2010 and 2016. Approximately 74% of these reports were related to female individuals. During the same period there were 164 domestic violence related deaths of which 56% were female. More recent data from the TTPS revealed that there were 1125 domestic violence reports in 2017. Between October 2013 and September 2017 there were a total of 22,171 calls to the National Domestic Violence Hotline. These figures undoubtedly suggested the need for strategic state intervention such as a centrally coordinated information collection unit which would assist in the mitigation of the state of affairs.

Violence against women and girls is seen as an obstacle in achieving Sustainable Development Goal #5 **"Achieve gender equality and empower all women and girls".** The United Nations further stated that "Achieving gender equality and the empowerment of women and girls will require more vigorous efforts, including legal frameworks, to counter deeply rooted gender-based discrimination that often results from patriarchal attitudes and related social norms**".**

Domestic violence can be better managed when it could be measured in such a way that reliable data can be produced to highlight the salient factors that needs to be addressed. Until recently there was the absence of a central coordinating mechanism to oversee the integration of data from various agencies which collect data on domestic violence. The gap in quantification remains a burning issue and serves as a catalyst for the paralysis of proactive interventions and service delivery. The Government of Trinidad & Tobago made took to address this problem through the establishment of a Central Registry on Domestic Violence (CRDV) which was formally launched in April 2016.

[1] https://unstats.un.org/sdgs/report/2017/goal-05/

Role of the Central Registry

The Central Registry is a Domestic Violence Information System which collects and integrates information relating to any person who are victims or perpetrators of a domestic violence offense

In February of 2014, Cabinet agreed to the development of a CRDV and to the establishment of a Technical Coordinating Committee to oversee the implementation of the Registry the objectives of which are stated below;

(a) Provision of a more efficient and effective method of monitoring domestic violence in Trinidad and Tobago;
(b) To quickly identify past victims/perpetrators of abuse;
(c) Enhancement of effective evidence-based policy and programme development;
(d) Enabling the early identification of needs, timely responses and effective, holistic intervention strategies through the ability to review historical data, trend analyses and other statistical reporting tools;
(e) Improvement in communication/collaboration among practitioners, by the provision of access to historical data/information from a trusted source; and
(f) Reduction of duplication of services by informing practitioners of all agencies involved with a case and by extension, duplication of cost of service delivery.

Output Capabilities of the Registry

The data collected in the Registry are based on **self-reported incidents** and would not necessarily reflect the population of domestic violence victims or perpetrators. It should also be noted that the numbers in the data represent reports and not number of persons. Duplication of records have been addressed when the date of birth of an individual has been provided.

The records captured would be able to provide the following information.

i. The number of reported cases of physical, sexual, psychological or financial violence during a specific time period.

ii. Records disaggregated further by severity (moderate/severe); perpetrator (intimate partner/ relative/other); and frequency (once/few/many time(s)).

iii. The incidents could then be cross referenced by village, level of educational attainment, employment status, sex and age.

This level of analysis would enable us to determine

a. which village or district has higher reported incidents,
b. the relationship between employment status and incidents of abuse
c. the relationship between educational and incidents of abused
d. the relationship between age and incidents of abuse

Based on the aforementioned, then policies programmes and interventions can be designed to assists at risk groups.

Agencies Integrated into the CRDV as of December 2017

Eight (8) Domestic Violence Shelters are integrated into the CRDV and continue to supply data to the Registry. Four other agencies are also contributing data to the Registry. These are:

- The National Domestic Violence Hotline (NDVH /800 – SAVE);
- Crime And Problem Analysis (CAPA) Branch of the Trinidad & Tobago Police Service;
- Coalition Against Domestic Violence; and
- Rape Crisis Society.

Data Report

The information in this report is an integration of information provided by the National Domestic Violence Hotline (800-Save), Safe Homes and the Trinidad & Tobago Police Service which is represented by CAPA. It represents reports made between the period of **January to December 2017**, focusing on the areas of:

a) Referrals made by the National Domestic Violence Hotline
b) Number of children whose parents are victims of domestic violence
c) Number of children placed in safe homes
d) Prevalence of intimate partner violence
e) Employment status of clients
f) Age distribution of unemployed victims
g) Geographical distribution of all victims
h) Geographical distribution of unemployed victims
i) Marital status of victims
j) Offences committed

The report covers data relating to 1199 persons excluding children of affected victims. These records revealed that 77% (926) involved female victims.

Intimate Partner Status of Clients Reporting Incidents to the Hotline for the Year 2017

Approximately 79% of the reports made to the HOTLINE in 2017 were associated with intimate partner violence.

Table I

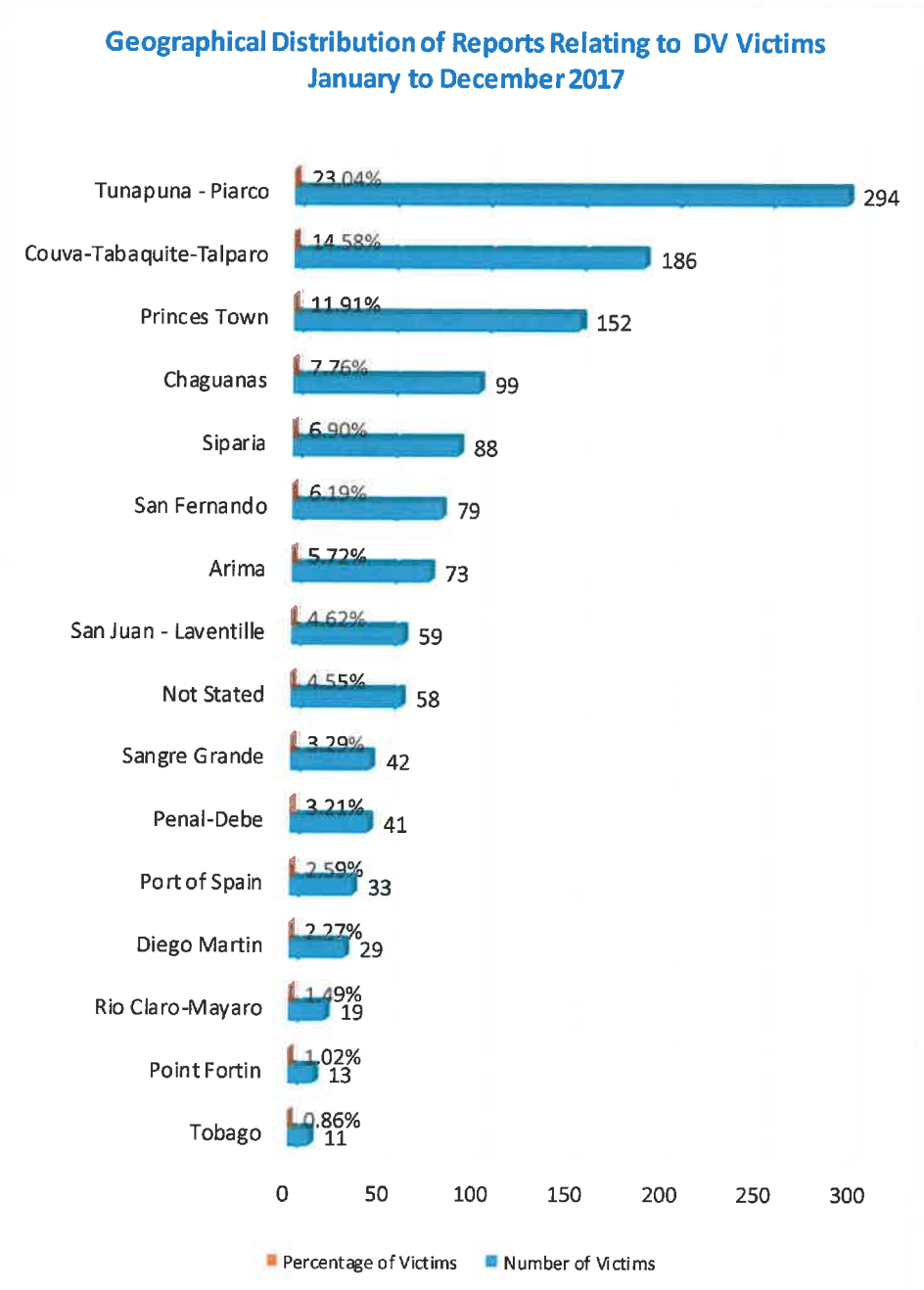
	Intimate Partner Violence Status of HOTLINE Clients	
Intimate Partner Status	Number of Persons	% of Reports
yes	354	79
no	79	18
Not Stated	12	3
Total	445	100

Source: National Domestic Violence Hotline (2017)

Geographical Distribution of Reports Relating to Victims

Individuals residing in the Tunapuna-Piarco region, as seen in **Figure 1** accounted for 23% (294) of the victims. The central and southern regions of Couva (14.58%), Chaguanas (7.76%), Princes Town (11.91%), Siparia (6.9%) and San Fernando (6.19%) together account for 47% (604) of the reports.

Figure 1

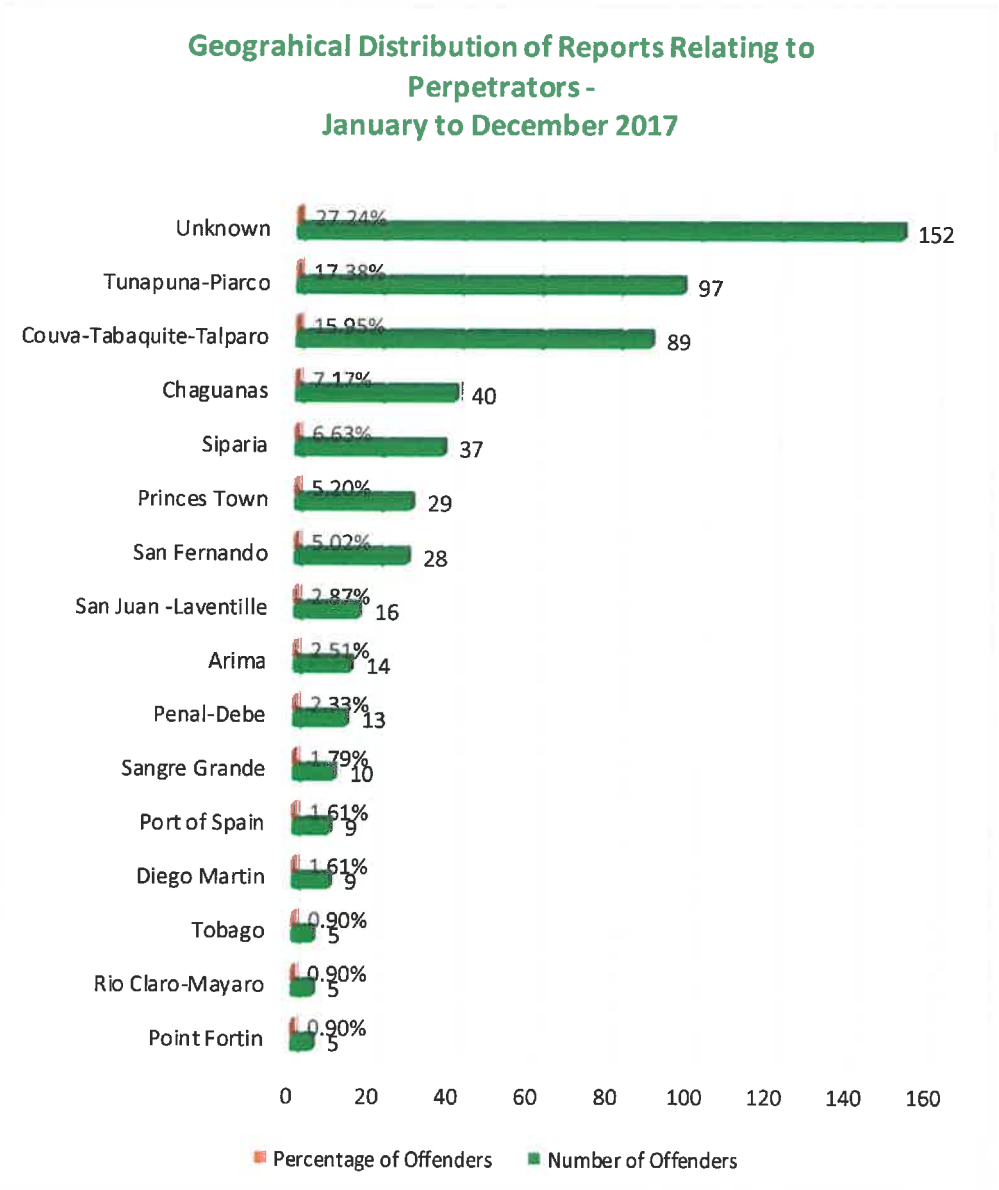


Source: Central Registry on Domestic Violence

Geographical Distribution of Reports Relating to Perpetrators

The geographical origin of 27% (152) of the reported perpetrators was unknown. Available data revealed that approximately 17% (97)) were from the Tunapuna-Piarco region and 16% (89) from the Couva-Tabaquite- Talparo region (Figure 2 refers).

Figure 2



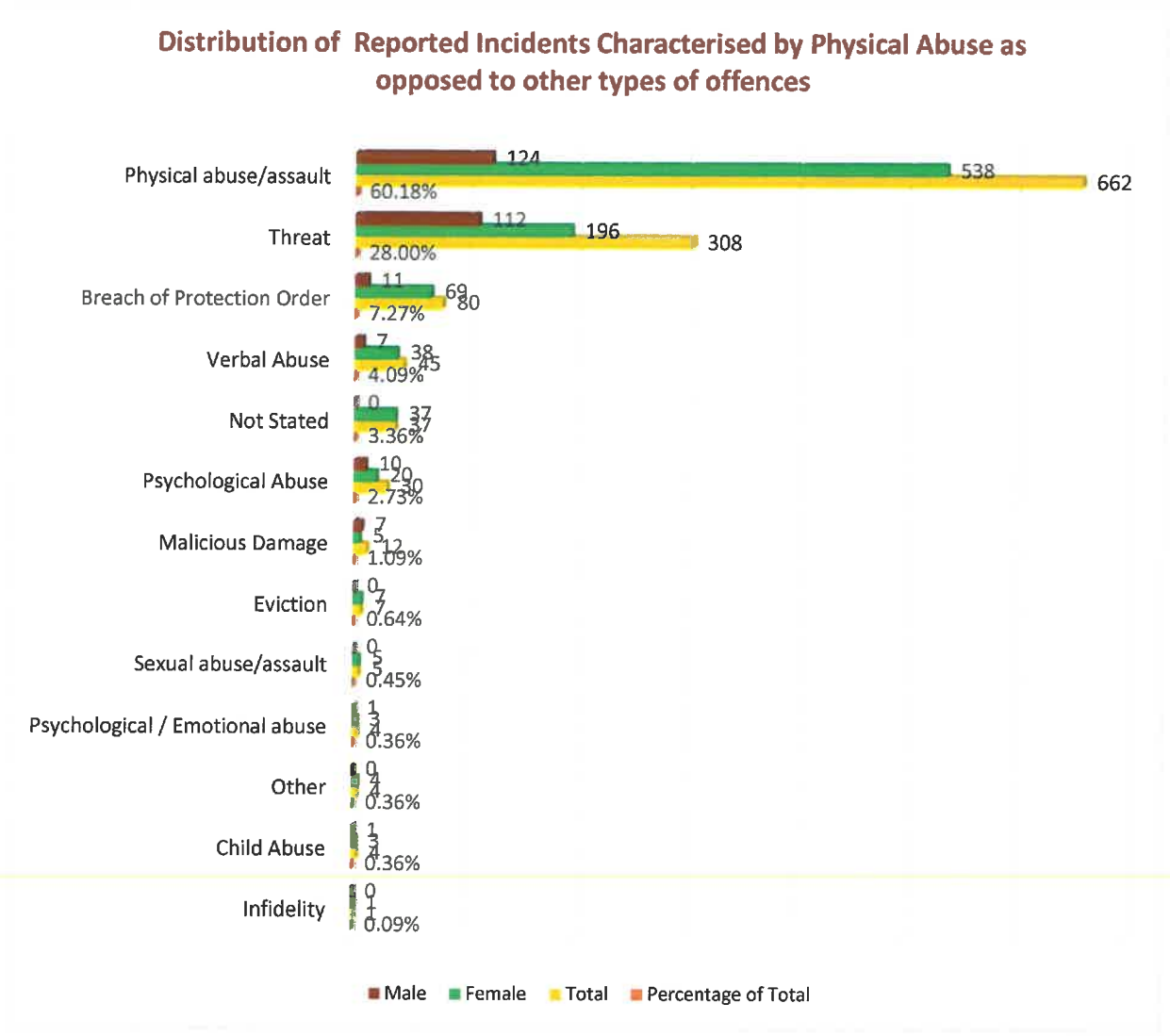
Source: Central Registry on Domestic Violence

Offenses Committed

One of the challenges encountered is that the TTPS would associate one category of abuse with one incident. On the other hand the Hotline and Safe Homes would indicate the different types of abuse that can be associated with one incident. In order to reconcile the data, all incidents which were associated with physical abuse by the safe homes and hotline were categorised as physical abuse only by eliminating the other types of abuse which were associated with these incidents. This methodology would allow us to

get a picture of those who were physically abused as opposed to those who were not. Figure 3 shows that approximately 60% (662) of the reports were characterised by physical abuse. Eighty-one percent (81%) of those who experienced physical abuse were women.

Figure 3

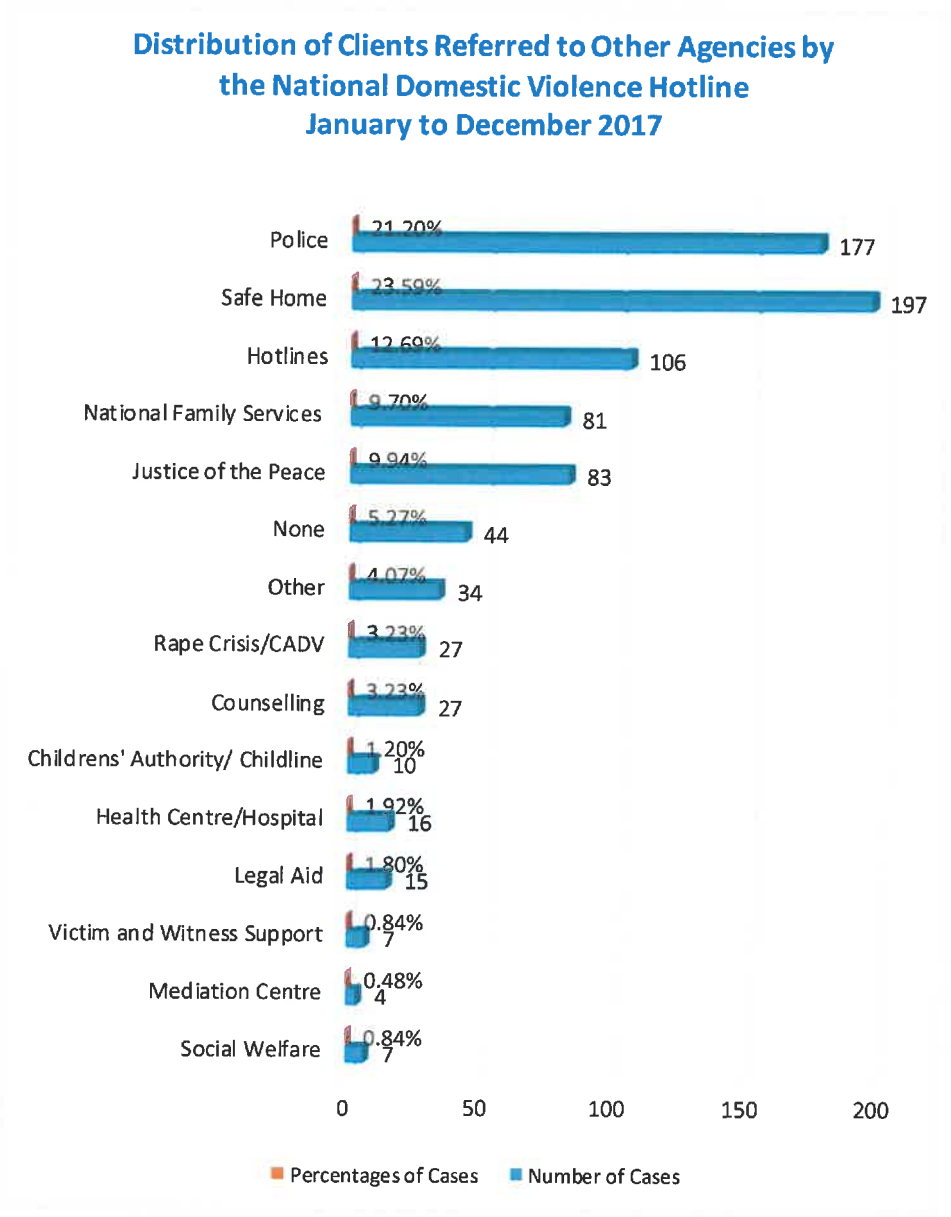


Source: Central Registry on Domestic Violence

Referrals From the National Domestic Violence Hotline

Data from the National Domestic Violence Hotline revealed that between the period January to December 2017 there were a total of 835 referrals made to other agencies. Referrals to the police and Safe Homes accounted for a comparatively larger proportion of the referrals. Approximately 21% (177) referrals, as seen in Figure 4 were made to the police and 23.59% (197) of the referrals were made to safe homes. Referrals back to the Hotline itself and ChildLine accounted for 12.69% (106) of the referrals, National Family Services 9.7% (81) and Justice of the Peace 9.94% (83).

Figure 4



Source : National Domestic Violence Hotline (2017)

In order to understand the scope of services which were required by each client, the number of specific referrals which were made to clients were examined. The data at **Table II** revealed that approximately 11% (48) of the clients who were referred to as many as four (4) services and 15.0% (67) were referred to three (3) services.

Table II

Number of Individual Referrals Associated With Clients		
Number of Referrals to Domestic Violence Services	**Number of Clients**	**Percentage of Clients**
None	42	9.38%
One	178	39.73%
Two	113	25.22%
Three	67	14.96%
Four	48	10.71%

Source: National Domestic Violence Hotline (2017)

Children Affected

The total number of children associated with DV clients of the HOTLINE as seen in the **Table III** was 590. As much as 12.64% (55) of the clients who were custodians of children had three dependent children and 5% (22) of the clients were reported to have four dependent children. This also has to take into consideration the number of children in safe homes. The total number of children accompanying their mother to shelters for the period as seen in **Table IV** was 87. Approximately 52% (45) of these children were between the ages of 1 month and five years old. It should be noted that these figures do not reflect children who are not allowed to occupy safe homes with their mothers. This information suggests that interventions and programming need to address the impact of violence on children.

Table III

Number of Dependent Children Associated With HOTLINE Clients January to December 2017			
Number of Clients	**Number of Children who are dependents**	**Percentage of Clients**	**Total Children**
143	0	32.87%	0
118	1	27.13%	118
89	2	20.46%	178
55	3	12.64%	165
22	4	5.06%	88
7	5	1.61%	35
1	6	0.23%	6
			590

Source: National Domestic Violence Hotline

Table IV

Number of Reported Children Accompanying Mother to Shelters January to December 2017	Male Age Group			Female Age Group			
	0 to 5	6 to 11	12 to 17	0 to 5	6 to 11	12 to 17	**Total**
Domestic Violence Shelter I	6	1	0	7	5	2	**21**
Domestic Violence Shelter 2	5	4	2	2	0	1	**14**
Domestic Violence Shelter 3	1	0	0	1	2	0	**4**
Domestic Violence Shelter 3	10	10	1	13	11	3	**48**
Total	**22**	**15**	**3**	**23**	**18**	**6**	**87**

Source : Central Registry on Domestic Violence

Employment Status of Victims

One of the major limitations of the data is that there were no records of occupational status for 263 (22%) of the victims. Nine hundred and sixty eight (968) persons reported to be in the labour force with 303 (31%) indicating that they were unemployed and 665 (69%) employed. Further examination of the data revealed that there was a higher proportion of male victims who were employed (86%) than female victims (67%). (**Table V** refers).

Table V

Employment Status of Reported Victims of Domestic Violence January to December 2017	Employed	Unemployed	% of Victims Employed
Male	180	29	86%
Female	465	233	67%
Unknown	20	41	33%
Total	**665**	**303**	67%

Source : Central Registry on Domestic Violence

Further analysis of the data revealed that female victims constituted larger proportions of both employed and unemployed persons, having comprised 74% of the cases reported (**Table VI** refers).

Table VI

Employment/Unemployment of Victims by Sex				
Sex	No. Employed		No. Unemployed	
Male	180	28%	29	11%
Female	465	72%	233	89%
	645	**100%**	**262**	**100**

Age Distribution of Unemployed Victims

The data revealed that male persons accounted for approximately 11% (29) of the unemployed victims while females accounted for a higher proportion of 89% (233). Research revealed that the unemployed are particularly vulnerable to abuse. This suggests this group of men and women may be likely to experience a higher number repeated incidents of abuse than employed persons. Female victims within the 18 to 29 year age group accounted for 44% of the unemployed within their group while those between 30 to 39 years of age accounted for 35% of the unemployed. The 18 to 29 age group also ranked first among the male victims, accounting for 38% of their unemployed victims. There was a slightly different trend for the age group 50 years and over group which accounted for 31% of the unemployed. (Table VII refers).

Table VII

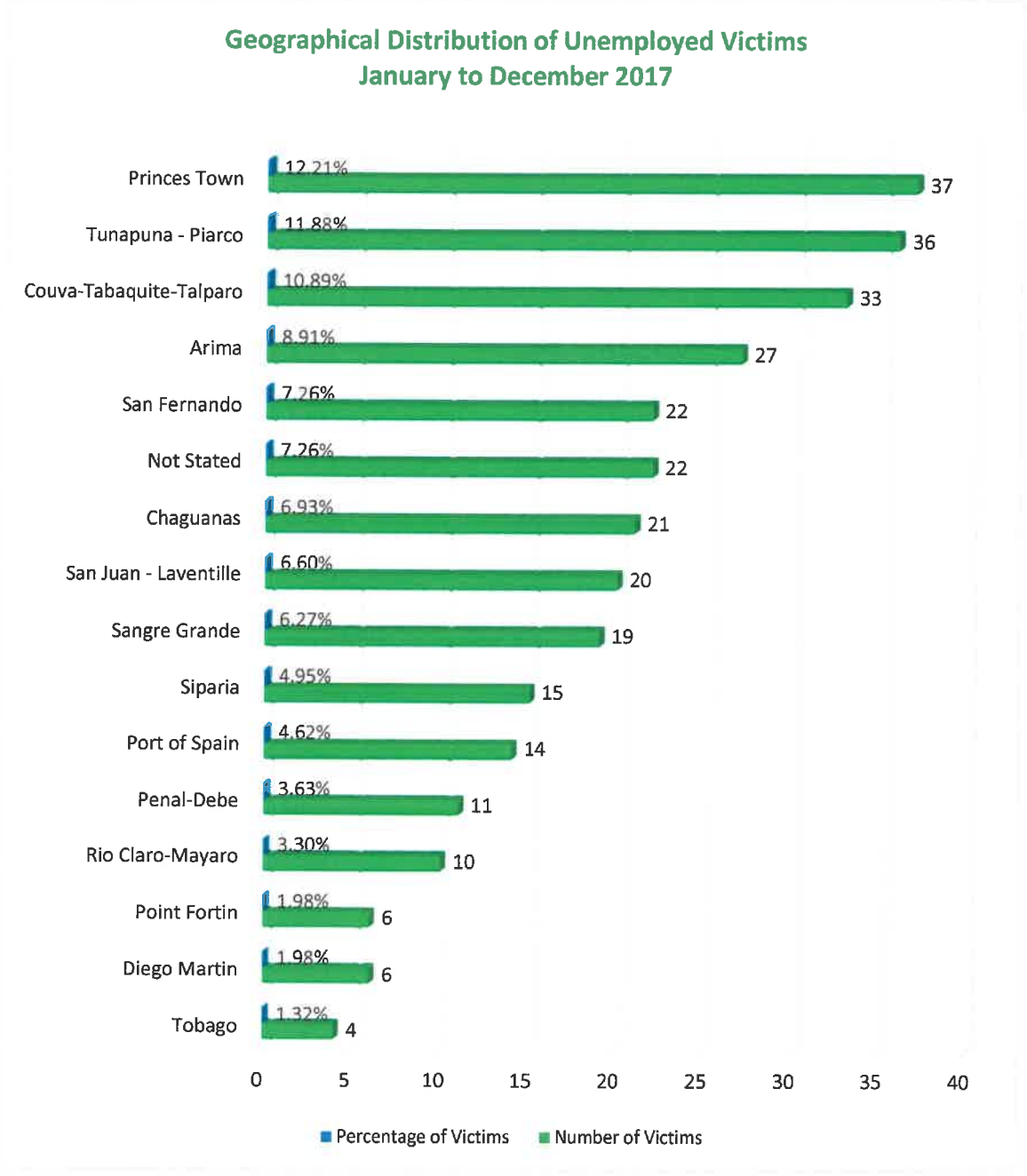
Age Distribution of Reported Unemployed Victims of Domestic Violence January to December 2017				
	No of Male Victims	% Male Victims	No of Female Victims	% Female Victims
Under 18	5	17.2%	3	1.3%
18 to 29	11	38.0%	102	44.0%
30 to 39	2	6.9%	82	35.3%
40 to 49	2	6.9%	28	12.1%
50 and Over	9	31.0%	18	7.3%
Total	29		233	

Source: Central Registry on Domestic Violence

Geographical Distribution of Unemployed Victims

Comparatively larger proportions of the unemployed victims were reported to have resided in the Princes Town (12.21%), Tunapuna Piarco (11.88%) and Couva–Tabaquite-Talparo regions during the period January to December 2017. See figure 5

Figure 5

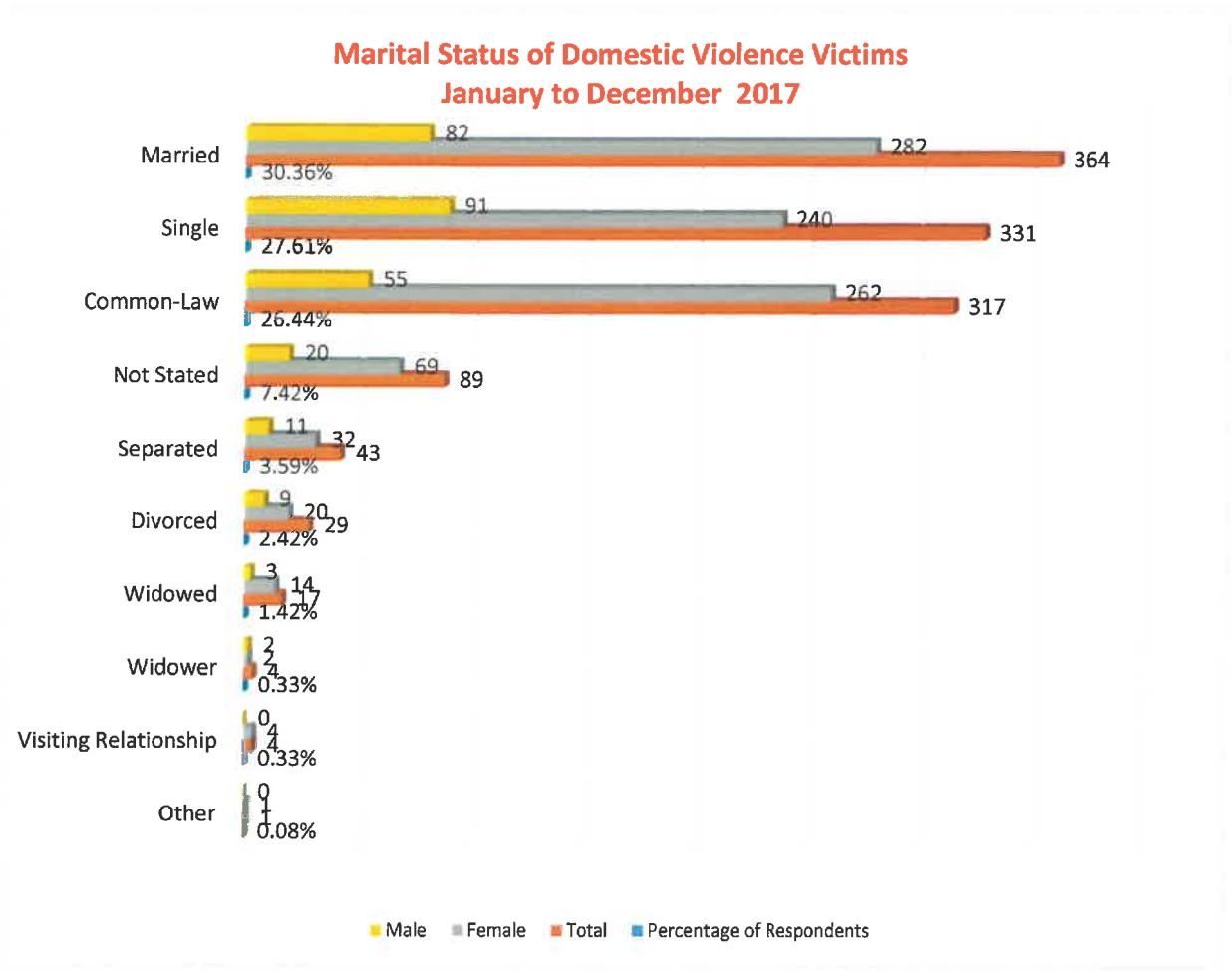


Source: Central Registry on Domestic Violence

Marital Status of Victims

As seen in Figure 6, married persons accounted 30% of the victims. Persons in single and common-law relationships accounted for 28% and 26% of the victims respectively. Individuals in married, common-law and visiting relationships accounted for 57% of the victims. This is not surprising since intimate partner violence was associated with 79% of the reports.

Figure 6



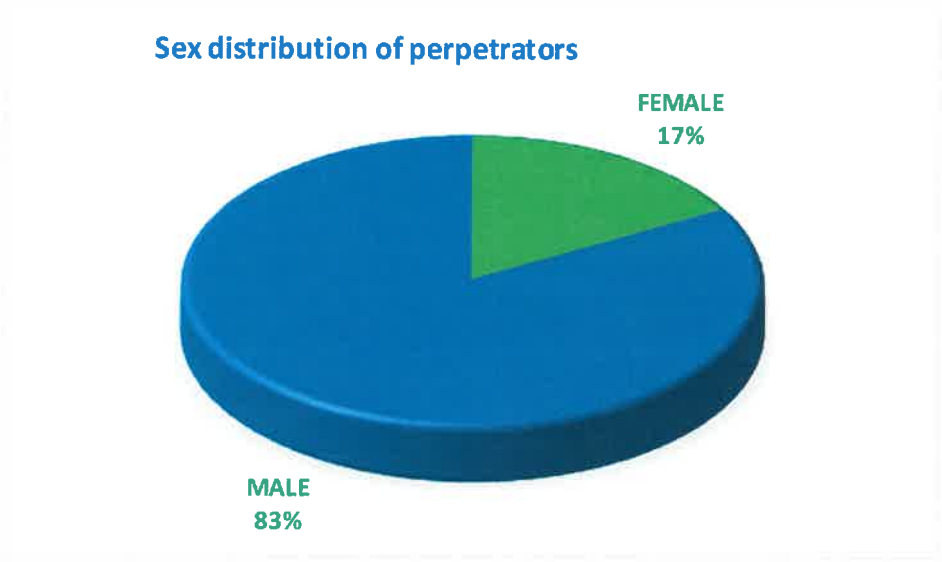
Source: Central Registry on Domestic Violence

Demographics of Perpetrators
Information Extracted From TTPS Data

The information on perpetrators was limited to the data supplied by the TTPS due to the fact that the other data relating to perpetrators had no date of birth attached. As a consequence there was no way of knowing whether any of those records were similar to those provided by the TTPS. The low response rate of the variables collected did not allow for making meaningful inferences based on the 344 perpetrator data records.

Figure 7 reveals that individuals who were male accounted for a significant proportion (83%) of the individuals reported to be perpetrators.

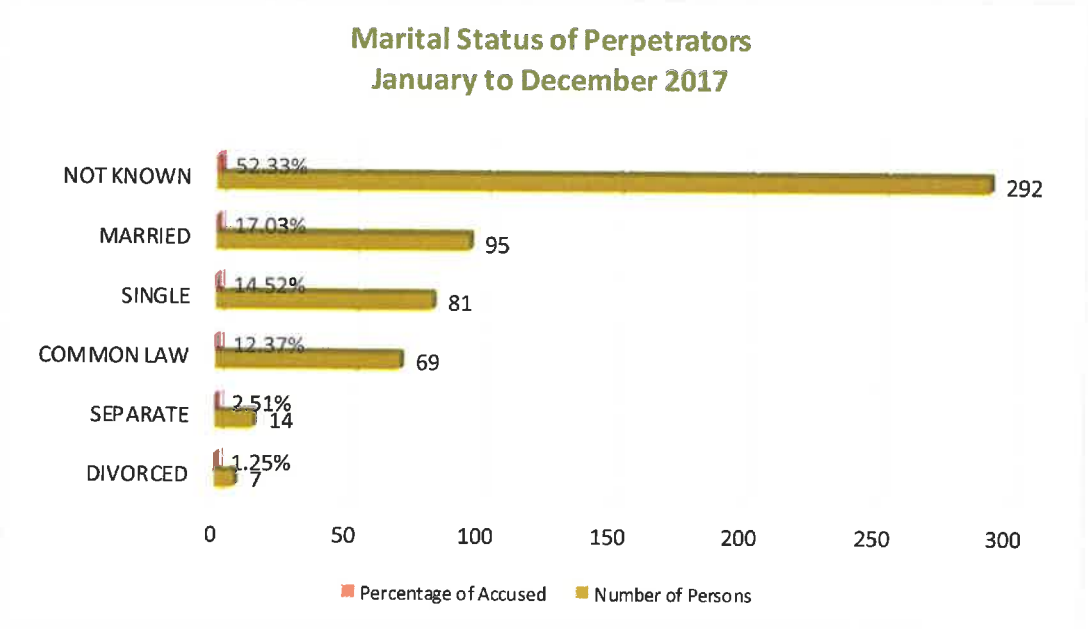
Figure 7



Source: Crime and Problem Analysis (CAPA) Branch of the TTPS

The marital status of just above half of the perpetrators was unknown and therefore no valid statements concerning this population could be made.

Figure 8



Source: Crime And Problem Analysis (CAPA) Branch of the TTPS

Summary

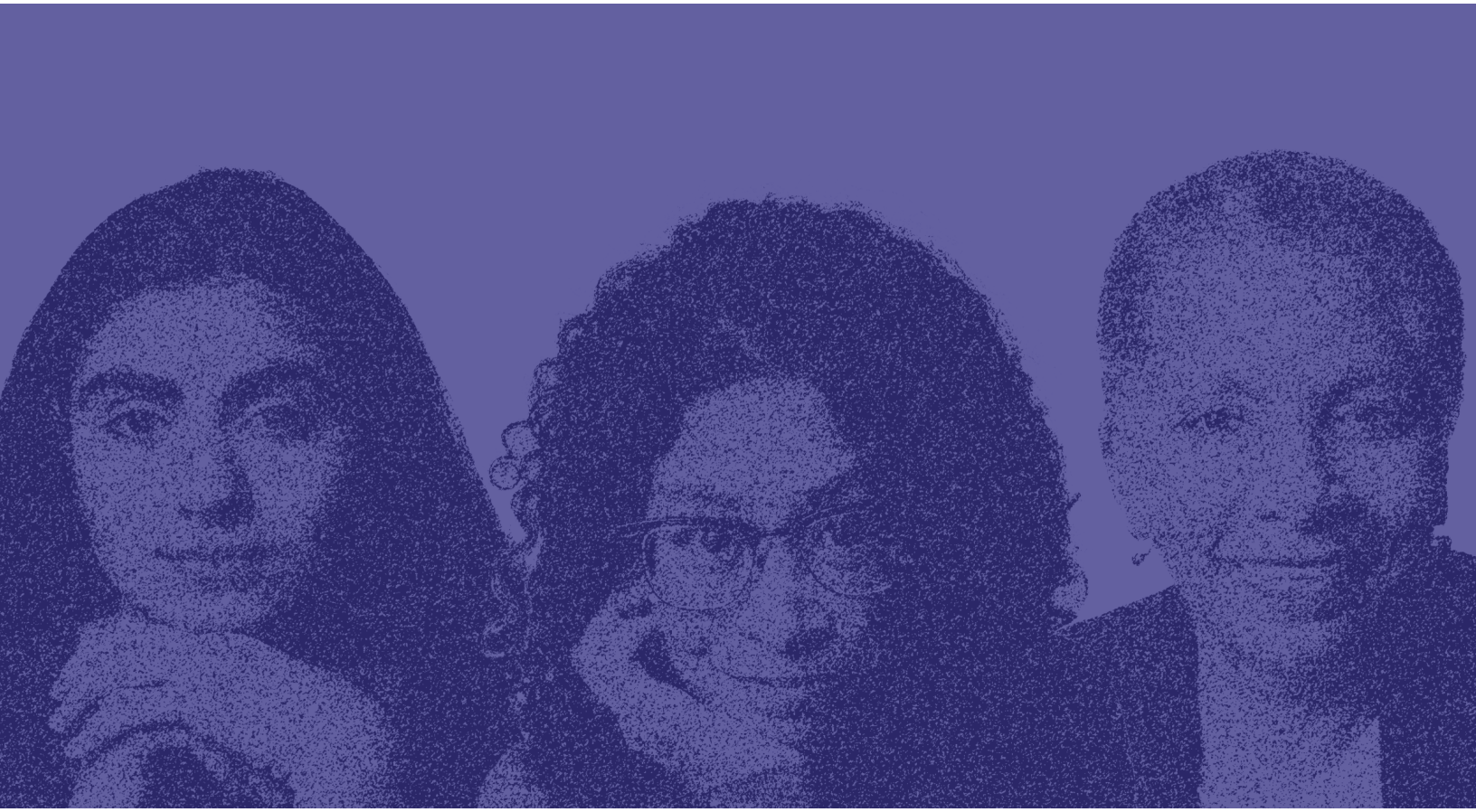
For the period January to December 2017, intimate partner violence constituted the greater proportion of incidents associated with domestic violence. The majority of persons affected were female, while most of the perpetrators were male. Abuse was equally present among those who were married, in common law relationships as well as single. Physical abuse was associated with more than half of the incidents. While measures need to be instituted to assist all victims, particular attention should be paid to those who are reported to be unemployed, a substantial proportion of whom fell between the 18 to 39 age group. The data revealed that there was a higher number of reports emanating from the regions of Tunapuna-Piarco, Couva, Chaguanas, Princes Town, Siparia and San Fernando. It was also revealed that larger proportions of unemployed victims also reside in these areas. This suggests that priority should be given to public awareness and programming in these regions. There should also be established procedures and protocols for children who are dependents of victims as they can also be psychologically affected by their parents' circumstances. The Gender Affairs Division is acting on this information through various strategies, partnerships and programmes.

National Women's Health Survey

for Trinidad and Tobago

FINAL REPORT

Authors:
Cecile Pemberton and Joel Joseph



Caribbean DEVTrends

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Improving lives

National Women's Health Survey

for Trinidad and Tobago

Final Report

Authors:
Cecile Pemberton and Joel Joseph

The National Women's Health Survey for Trinidad and Tobago was commissioned by the Inter-American Development Bank

QURE
MORE THAN JUST RESEARCH

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National Steering Committee (NSC):

Antoinette Jack-Martin (Chair), Gender and Child Affairs, Office of the Prime Minister
Owen Hender, Office of the Prime Minister
Sheila Mc Kenzie, Tobago House of Assembly, Division of Health and Social Services
Neisha George, Central Administrative Services Tobago

Ashvini Nath, Ministry of Health
Charmaine Manzano Antoine, Ministry of Planning and Development

Research Sub-Committee (RSC):
Gabrielle Hosein (Chair), Institute for Gender and Development Studies (IGDS) – University of the West Indies St. Augustine
Marina Smith, Gender and Child Affairs, Office of the Prime Minister
Simone Rawlins, Central Statistics Office
Sally Lucas, Central Statistics Office
Preeya Mohan, Sir Arthur Lewis Institute of Social and Economic Studies (SALISES) – University of the West Indies St. Augustine

Consultative Sub-Committee (CSC):
Dona Da Costa Martinez, Family Planning Association
Natalie O'Brady, Rape Crisis
Stephanie Leitch and Aurora Noguera-Ramkissoon, UNFPA
Deborah Mc Fee, WINAD
Pepsi Monderoy , TTPS Victims and Witness Support Unit
Khadija Sinanan, WOMANTRA
Asiya Mohammed, Conflict Women
Elizabeth Talma Sankar, The Shelter
Sharon Mottley and Moira Lindsay, PSI Caribbean
Monique Augustine, National Domestic Violence Hotline (800 SAVE)

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Abstract

This report presents the first nationally representative estimates of the prevalence of intimate partner violence (IPV) and non-partner sexual violence (NPSV) against women in Trinidad and Tobago. The data come from the 2017 Trinidad and Tobago Women's Health Survey (WHS)—a national, quantitative, cross-sectional survey of 1,079 women ages 15–64. The report finds that 30 percent of ever-partnered women experienced physical and/or sexual violence by an intimate partner in their lifetime; and 6 percent in the 12 months prior to data collection. Seven percent of all respondents reported having been forced into sexual intercourse by a non-partner in their lifetime (1% in the last 12 months). Significant risk factors associated with IPV identified using Chi-square tests included: lower education (female and partner), cohabitation without marriage, rural residency, younger age, non-consensual marriage, having been pregnant, having experienced or witnessed violence in childhood, substance abuse by the partner and the partner being unemployed and having been in prior relationships.

The report documents the negative consequences of IPV for women and their children, as well as the most common responses and coping mechanisms. One in three women who experienced IPV remained quiet about their experience and most survivors did not seek or receive assistance for their situation. Women most often sought help from their personal contacts (mostly their mothers) rather than police, social services or other entities adequately resourced to address IPV. Several factors precluded women from accessing help; these included fear, shame, and the "normalcy" associated with violence. Based on these findings, recommendations for policy and further research are presented.

List of Abbreviations

CARICOM	Caribbean Community and Common Market
CRDV	Central Registry on Domestic Violence
CSC	Consultative Sub-Committee
CSP	Citizen Security Programme
CSW57	57th Session of the Commission of the Status of Women
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
ED	Enumeration District
EPSEM	Equal Probability of Selection Method
GBV	Gender-based violence
GDP	Gross domestic product
HH	Household
IDB	Inter-American Development Bank
IGDS	Institute of Gender and Development Studies
IPV	Intimate partner violence
NPSV	Non-partner sexual violence
NSC	National Steering Committee
PPS	Probability proportionate to size
PSU	Primary sampling unit
RSC	Research Sub-Committee
SSU	Secondary sampling unit
THA	Tobago House of Assembly
USU	Ultimate sampling unit
UNICEF	United Nations Children's Fund
VAWG	Violence Against Women and Girls
WHO	World Health Organisation
WHS	Women's Health Survey

Glossary

Child sexual abuse: The use of a child (defined as any person under the legal age of consent) by an adult for sexual purposes, whether or not consent is alleged to have been given. It includes acts of exposure; sexual touching; oral, anal, or vaginal penetration; and the exposing of a child to, or involving a child in, pornography or prostitution. Any form of direct or indirect sexual contact between a child and an adult is abusive since it is motivated purely by adult needs and involves a child who, by virtue of her/his age and position in life, is unable to give consent. Sexual activity between children constitutes sexual abuse when it is between siblings or when it is clear, by difference in developmental levels, coercion and/or lack of mutuality, that one child is taking advantage of another.

Current prevalence: The proportion of ever-partnered women reporting at least one act of violence during the 12 months preceding the survey interview.

Forced sex: Where one person has used force, coercion, or psychological intimidation to force another to engage in a sex act against her or his will, whether or not the act is completed.

Gender-based violence: See *violence against women and girls.*

Economic violence or abuse: Behaviour designed to take control or limit access to shared or individual assets or limit the current or future earning potential of someone as a strategy of power and control. In this study, it includes being prohibited from employment, having earnings or savings forcibly taken, and being denied money by a partner for household expenses, regardless of the availability of money for other things.

Emotional violence (sometimes referred to as psychological abuse): Any act or omission that damages the self-esteem, identity, or development of the individual. It includes, but is not limited to, humiliation or insults, belittlement, threatening to harm the individual or someone they care about, and inducing fear through intimidation.

Ever-partnered: For this study this term describes all women between the ages of 15 and 64 years who have ever had an intimate partner.

Intimate partner violence: Any act or omission by a current or former intimate partner which negatively affects the well-being, physical or psychological integrity, freedom, or right to full development of a woman.

Lifetime prevalence: The proportion of ever-partnered women who reported that they had experienced one or more acts of violence by a current or former partner at least once in their lifetime.

Non-consensual marriage: For the purposes of this study, a non-consensual marriage is one where the respondent did not participate in choosing her spouse.

Non-partner sexual abuse: Includes the experience of any of the following: being forced into unwanted sexual intercourse by physical force, threat, or coercion; being forced to have sex while too intoxicated or drugged to refuse; someone attempting (but not succeeding) to force unwanted sexual intercourse and experiencing unwanted sexual touching or being forced to touch someone else sexually by anyone other than a partner.

Non-partner sexual violence: Includes the experience of any of the following: being forced into unwanted sexual intercourse by physical force, threat, or coercion; being forced to have sex while too intoxicated or drugged to refuse; someone attempting (but not succeeding) to force unwanted sexual intercourse and experiencing unwanted sexual touching or being forced to touch someone else sexually by anyone other than a partner, and sexual violence before the age of 18 by anyone other than a partner.

Perpetrator: A person who commits an act of physical, sexual, emotional, or economic violence.

Physical violence: The intentional use of physical force with the potential for causing death, injury, or harm. Physical violence includes, but is not limited to, pushing, shoving, throwing, grabbing, biting, choking, punching, hitting, burning, the use of restraints or one's body size or strength against another person, and the use or threat to use a weapon.

Prevalence: In this study, prevalence of violence against women refers to the number of women who have experienced violence divided by the number of at-risk women in the study population. In the case of some kinds of violence, such as sexual violence, all girls and women may be considered at risk, but in other cases, such as intimate partner violence, only women who have ever had an intimate partner would be considered at risk.

Severe physical violence: Physical violence that is likely to lead to external or internal injuries, specifically involving one of the following acts: being burned, being choked, being kicked, being dragged, and being threatened or attacked with a weapon.

Sexual harassment: For this study, sexual harassment is specifically defined as being asked to perform unwanted sexual acts to retain or secure employment, a job promotion, pass an exam or obtain good grades at school; being groped, sexually touched, or rubbed in any public space, including public transportation; or receiving electronic messages with hurtful or discomfiting sexual content.

Sexual violence: Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.

Survivor: For the purposes of this report, a survivor is a woman who has experienced at least one dimension of partner or non-partner violence.

Violence against women and girls: Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life. It encompasses but is not limited to physical, sexual, and psychological violence occurring in the family, the general community, or perpetrated or condoned by the state.

Executive Summary

Survey Background

The 2017 Trinidad and Tobago Women's Health Survey (WHS) was a national, quantitative, cross-sectional survey designed to provide a diagnosis of violence against women and girls (VAWG) in Trinidad & Tobago, with a specific focus on intimate partner violence (IPV) and non-partner sexual violence (NPSV). The survey measured the national prevalence of IPV and NPSV, determined risk and protective factors associated with IPV, and documented the health consequences and coping strategies for female survivors of IPV. The 2017 WHS, the first national survey of its kind in Trinidad and Tobago, falls under a regional initiative of the Caribbean Community and Common Market (CARICOM), the Inter-American Development Bank (IDB) and UN Women, who collectively created a CARICOM Model for National Prevalence Surveys of Gender-Based Violence[1] (GBV). The WHS fills an important gap in comprehensively understanding and addressing VAWG, that is, objective, reliable, purpose-built data.

In Trinidad and Tobago, the 2017 Women's Health Survey was funded by the IDB and guided by the government of Trinidad and Tobago, as represented by the National Steering Committee (NSC), comprising ministerial, Central Administrative Services Tobago (CAST), and Tobago House of Assembly (THA) representatives. The private firm, QURE Limited was commissioned to plan, manage, and execute the survey and its analysis, guided by the technical expertise of the Global Women's Institute (GWI) of George Washington University. The NSC, supported by its technical and civil society sub-committees, had final oversight on the project, inclusive of the survey methods, instrument, and final report.

Survey Methods

The survey methods were directly taken from the boilerplate CARICOM methodology, adapted for local relevance as guided by the collaborative and thorough efforts

[1] The CARICOM Model was developed from the globally recognized and tested World Health Organisation (WHO) Model, based on its landmark Multi-Country Study on Women's Health and Domestic Violence and subsequent country studies on IPV.

of the national committees. The survey instrument was a structured questionnaire, pre-programmed on tablets for administration in face-to-face interviews conducted by trained interviewers. The randomly selected nationally representative sample comprising 1,905 households,[2] of which a single member—a randomly selected woman or girl 15 to 64 years old—was eligible for participation. Of the 1,423 women eligible for interviews, 1,079 women were available for and opted to participate in the survey. Data collection took place from April to July 2017. Due to the nature of the research, several limitations were inevitable. These include but are not limited to survey non-participation, lack of access to or unavailability of eligible women, likely under-reporting of violence, high insecurity in certain communities, and limited or no access to special populations. Nonetheless, the survey employed ethical practices designed to protect the confidentiality, safety and well-being of all participants and field staff during both fieldwork and data handling throughout the project life.

The descriptive and inferential statistics calculated from the survey data are presented in tabular and graphical format. VAWG prevalences were calculated based on the proportion of women who experienced at least one act of the respective kind of violence at some point in their lives (lifetime prevalence) or at least one violent act in the 12 months prior to the survey (current prevalence). Further, the term "ever-partnered" references any woman who had a current or previous male intimate partner, whether married, cohabitating, or dating. Of the 1,079 respondents, 1,017 were ever-partnered.

Further, cross-tabulations of IPV prevalence were presented to explore various associations with demographic and other factors, and chi-square tests were used to ascertain which of these associations were statistically significant. Further, the communities under the Ministry of National Security's Citizen Security Programme (CSP) were sufficiently represented to isolate IPV prevalences in these communities (in aggregate), as distinct from the national community. These prevalences are also presented, although the differences between them and the national rates were not statistically significant. Because the distribution of CSP and non-CSP households closely resembled the national distribution, the final sample was analysed with an unweighted dataset to avoid the introduction of bias.

Survey Results

Violence Against Women and Girls by their Male Partners

- 30 percent of ever-partnered women experienced lifetime physical and/or sexual partner violence; and 6 percent experienced this in the 12 months prior to data collection.

[2] Sampling was three-stage: (1) proportionate to select micro-communities (Enumeration Districts); (2) systematic to select 15 households per Enumeration District and (3) random selection of an eligible woman from a selected household using a household listing and an electronic version of the Kish Selection grid.

- Emotional violence presented as the most common type of violence experienced (35% lifetime; 12% current).
- Almost one in three three women experience lifetime physical IPV (28% lifetime; 5% current), of which most experienced a severe act[3] of physical IPV at least once (64%).
- 7 percent of ever-pregnant women experience physical IPV during a pregnancy, of which two in five experience worse violence during that time than otherwise.
- About one in 10 women experience lifetime sexual partner violence (11% lifetime; 1% current).
- About one in 10 women experience economic partner violence in their lifetime (11%).
- Experiencing IPV is rarely one-off; at least half of female survivors of IPV, whether current or lifetime, experience violence "many times".

Put differently, in the 15 to 64 age bracket, over 100,000 women in Trinidad and Tobago are estimated to have experienced one or more acts of physical and/or sexual violence perpetrated by male partners. Significantly, approximately 11,000 are likely to still be in abusive relationships. These findings resonate with WHO global estimates that almost one in three women are either physically or sexually abused at some point in their lives, not by strangers but by their own male romantic partners. Such estimates signify the widespread vulnerability of women to IPV.

Intimate Partner Violence: Associated Factors and Triggers

Associations between physical, sexual, and physical and/or sexual IPV and factors relating to the respondent and her partner were analysed. The following respondent characteristics were found to be statistically significant:

- Lower educational attainment is associated with higher prevalence of lifetime physical partner violence (primary or less 34%; higher than secondary 23%).
- Unmarried women with partners experienced higher prevalence rates of both physical and sexual violence over their lifetime as compared to currently married women.
- Lifetime physical and sexual violence experienced by ever-pregnant women was higher than that experienced by those who were never pregnant.
- More rural women (7%) currently experience physical violence than urban women (4%).
- The prevalence of current physical IPV was generally higher among younger women: women who specifically fell into 5-year age groups between 20 and 34 years had the highest rates of physical IPV.
- Women who were married or lived with a partner at a young age had higher current and lifetime physical and sexual IPV prevalence than those whose first union was at 19 years older or older.
- Lifetime sexual partner violence was higher among women who identified their ethnicity as African (13%) as compared to 9 percent, 6 percent, and 15 percent who

[3] An act of physical violence likely to cause injury or serious harm.

described as East Indian, Mixed (East Indian and African), and Mixed (Other), respectively.[4]

- In looking at correlations between economic status and sexual IPV, a counter-intuitive finding presented, in that lifetime sexual IPV prevalence was higher among those who were financially independent.
- Women in non-consensual marriages were more likely to experience sexual IPV (15% vs. 9%) than those who chose their own partners.
- There is a significant relationship between experiencing physical and sexual IPV and having experienced or witnessed violence in childhood, with markedly higher prevalence of physical and/or sexual partner violence between women who had experienced violence as children and women who had not.
- The more severe the lifetime physical IPV experienced by a woman, the greater the likelihood that this woman experienced verbal or physical violence or witnessed violence against her mother at home as a child.

Associations of physical and sexual IPV with partner characteristics are presented below:

- Women whose partners had lower levels of education, were unemployed, engaged in some form of substance abuse, were in prior relationships, and in the 5-year age group 25 to 34 experienced higher levels of physical and sexual violence.

The more common triggers attributed by women for their partner's violent behaviour were him being drunk (27%), him being jealous of her (21%), and his wanting to show her who is boss (18%). Notably, over 27 percent of women identified no particular trigger for their partner's behaviour.

Intimate Partner Violence, Gender Dynamics, and Associated Factors

Associations between IPV and women's attitudes toward gender and GBV were determined using standard scales to the respondent's perception of gender roles, norms, and the normalisation and justification of violence. There was consensus among women in agreeing with sentiments that afforded women 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%) and that "a woman should be able to spend her own money" (84%). However, some women hold traditional patriarchal notions. For example, 57 percent of women agreed that "a woman's role is to take care of her home." In general, however, these attitudes and perceptions were not found to be significantly associated with any type pf partner violence against women. There was, however, a highly significant relationship between a male partner's controlling behaviours and

[4] This association should be interpreted with caution, as some data and field observations suggest that reticence to speak about what are considered private household matters is a more common in East Indian households relative to other households.

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 IPV.

Impact of Intimate Partner Violence on Women

Almost a third of survivors (31%) reported having suffered injuries as a result of the violence inflicted on them and one-fifth (21%) needed to seek professional health care for these injuries. Furthermore, the ramifications of enduring IPV move beyond the more obvious direct repercussions of violence to general physical and mental health problems. Survivors are more likely to experience in their lives (sometimes even after the violence has ended) greater pain, more difficulty with normal functioning, being at greater risk of unwanted pregnancy and STIs, 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 IPV on survivors' children, as they more commonly present with indicative issues such as bedwetting and aggressiveness.

Women's Responses to Intimate Partner Violence

Women's most common coping mechanism was the option to communicate with someone about their situation. However, one in three of such women remained quiet about their experience and most survivors did not seek or receive assistance for their situation. The women who accessed interventions did so from their personal contacts (mostly their mothers) rather than social services or other entities adequately resourced to address IPV. Several factors precluded women from accessing help; these included fear, shame, and the "normalcy" associated with violence.

The reasons for survivors' reluctance to leave violent partners were difficult for them to pinpoint, though some attributed economic survival, concern for their children, and a desire to keep the family structure intact. Women most commonly seek help or leave their abusive situation when they feel they cannot endure any more violence. Alternatively, some did, in the moment of a physical attack, fight back. Fighting back either stopped, lessened, or did not change the violence for a greater number of women. However, the data did not indicate how a partner's overall pattern of violent behaviour was affected when victims fought back.

Sexual Violence Against Women by Non-Partners

Non-partner sexual violence (NPSV) was estimated based on the experiences of all women interviewed, not simply ever-partnered women.

- Just under one in three women (31%) in Trinidad and Tobago have experienced lifetime sexual violence,[5] either from a partner and/or non-partner.

[5] At least one act of forced sexual intercourse, attempted forced intercourse, unwanted touching, and/or sexual violence before the age of 18.

- The prevalence of NPSV (21.3%) is almost four times higher than that of sexual IPV (5.0%).
- Seven percent (lifetime) of all respondents reported having been forced into sexual intercourse by a non-partner (1% current).
- A slightly higher percent of women reported being touched sexually or made to be sexually touch another when they did not want to (lifetime 11%, current 2%).
- Ten percent of women indicated they were forced into intercourse at least once with a non-partner through the use of physical or verbal force (9%).
- The majority of women reported one perpetrator, in many instances a family member or friend. The majority of such experiences (84%) were left unreported to police.
- Sexual harassment (at work, on the job, public transport, and virtual spaces) was experienced by 13 percent of women, with the highest prevalence of this type of harassment being in the form of electronic messages with sexual content (8%) and being groped in a public space (7%).
- Nineteen percent of women indicated that they had experienced childhood sexual abuse.[6]

Compared to women from each of the other age categories, those aged 20 to 24 years were more likely to report having experienced childhood sexual abuse (37%). Notably high prevalence rates of childhood sexual abuse were also observed among women aged 35 to 39 years (21%), 40 to 44 years (22%) and 45 to 49 years (23%). Significantly as well, the data also showed that one in four women (25%) 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.

Conclusions and Recommendations

The 2017 Trinidad and Tobago Women's Health Survey has produced rich and robust data. The 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 on the existing needs of women experiencing IPV and identified several areas for interventions. 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 adequately and consistently resourced for a holistic intervention. This could include financial support, skills-training, and 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:

- Expanded health services for "special" communities of women such as rural women or those with limited mobility due to security issues

[6] Before age 18.

- 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
- A renewed commitment to universal access to sexual and reproductive health services, including counseling, birth control, and STI screening and treatment for all women, including young women and women from hard-to-reach populations
- Public health and awareness campaigns about the effects of VAWG on survivors targeted at general audiences and women currently or previously experiencing violence
- Education and engagement of the general public on the most striking themes of the study, in particular the association of experiencing and witnessing violence in childhood to experiencing IPV later in life
- Education of the general public on practical and appropriate steps for friends and family to take to appropriately support survivors
- Awareness campaigns targeted at male and female youth which deconstruct gendered perceptions which fuel violence, buttressed by life skills training
- 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
- The conduct of further study of VAWG, including:
  - unaddressed populations of women such as differently able women, non-English speaking women, and undocumented immigrants
  - the exploration of the association of environmental factors to IPV
  - the dynamics of perpetration from the perspective of the perpetrator
  - the dynamics of abuse experienced and witnessed in childhood, particularly childhood and sexual abuse, and its relation to IPV
  - The exploration of the apparent association of ethnicity to IPV and NPSV
  - Periodic repetition of the WHS

CHAPTER 1

Introduction

Gender-Based Violence – Regional and International Agendas

Violence against women and girls (VAWG) has been recognized as a human rights violation of pandemic proportions. It knows no social, economic, or national boundaries. Article 1 of the United Nations Declaration on the Elimination of Violence Against Women defines the term violence against women as "any act of gender based-violence that results in, or is likely to result in, physical, sexual, psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life."[7] Not only does VAWG cause myriad consequences to women's short and long-term health and wellbeing; it also imposes large-scale costs on individuals, families, communities, and economies. According to a 2013 World Health Organization (WHO) global report, some 35 percent of all women worldwide will experience either intimate partner violence (IPV) or non-partner violence at some point in their lives.[8] In Trinidad and Tobago, the number of reported cases of violence against women and girls is staggering. For example, for the period 2008 to 2016, over 10,000 incidents of VAWG[9] were reported to the Trinidad and Tobago Police Service, 20 percent of which were for physical assault or wounding.

Violence against women and girls has been identified as a clear barrier to sustainable development. The United Nations' recently adopted 2030 Agenda for Sustainable Development for the first time included VAWG as a target under Goal #5 on gender equality and women's empowerment. Research findings reveal that, when direct and indirect costs are considered, domestic and intimate partner violence cause more deaths and entail much higher economic

[7] www.unwomen.org/en/digital-library/...2015/..../infographic-violence-against-women.

[8] http://www.who.int/mediacentre/news/releases/2013/violence_against_women_20130620/en/.

[9] Specifically, females ages 15 to 64.

costs than homicides and civil wars.[10] The cost of VAWG could amount to 2 percent of global gross domestic product (GDP), equivalent to US$1.5 trillion.[11]

In noting the economic and social harm caused by such violence, the 57th Session of the United Nations Commission on the Status of Women (CSW57) urged national governments to undertake multidisciplinary research and analysis on VAWG, not only to understand the phenomenon, but also to inform legislation and responsive strategies. A 2012 Human Development Report revealed that in reported cases of domestic violence in the Caribbean, 23 percent of females claimed to have experienced insults, 14 percent received threats of violence, 13 percent experienced violence, and 11 percent were injured.[12] Given such statistics in the Caribbean, comprehensive, systematic, nationally owned data remain critical in responding to and preventing gender-based violence (GBV).

Study Background

Trinidad and Tobago has put several mechanisms in place to collect and collate data on crime and violence at the state level. In recent years, data disaggregated by sex have become a reality, but are limited to certain agencies. However, whilst administrative data can present valuable information on VAWG, it is not indicative of the scope of the problem. Administrative data, such as reports to the police, often show only the most extreme cases of violence that are reported to authorities and do not allow for a fuller picture of the problem. While there have been some studies which address IPV specifically, they were often limited to gauging attitudes toward violence, rather than capturing data on experience of violence. Other studies of women's experience of partner violence were either small-scale, did not use methods conducive to studying such a sensitive topic, or were limited in scope. Specially designed population-based surveys (or prevalence surveys) are the best avenue to achieve reliable and comprehensive statistics that measure the magnitude of VAWG nationally. The gold standard for discerning the nature, extent, and consequences of VAWG is to use ethical study methods designed to reach the target population and specifically provide for the safety, confidentiality, and dignity of respondents. Ideally, such studies should be government owned and consultative, thereby engaging the entities already working toward ending VAWG in Trinidad and Tobago, both to inform the study and to ensure that the data produced can be used to inform appropriate policies and actions.

In 2014, a collaborative initiative comprising the Caribbean Community and Common Market (CARICOM), the Inter-American Development Bank (IDB), and UN Women agreed to adopt a CARICOM Model on National Prevalence Surveys on Gender-Based Violence. The CARICOM Model is a population-based survey premised on cross-country collaboration and capacity building to ensure knowledge transfer and sustainability. Initially

[10] www.unwomen.org/en/news/stories/2016/9/speech-by-lakshmi-puri-on-economic-costs-of-violence-against-women.

[11] Ibid.

[12] Caribbean Human Development Report 2012, Human Development and the Shift to Citizen Security.

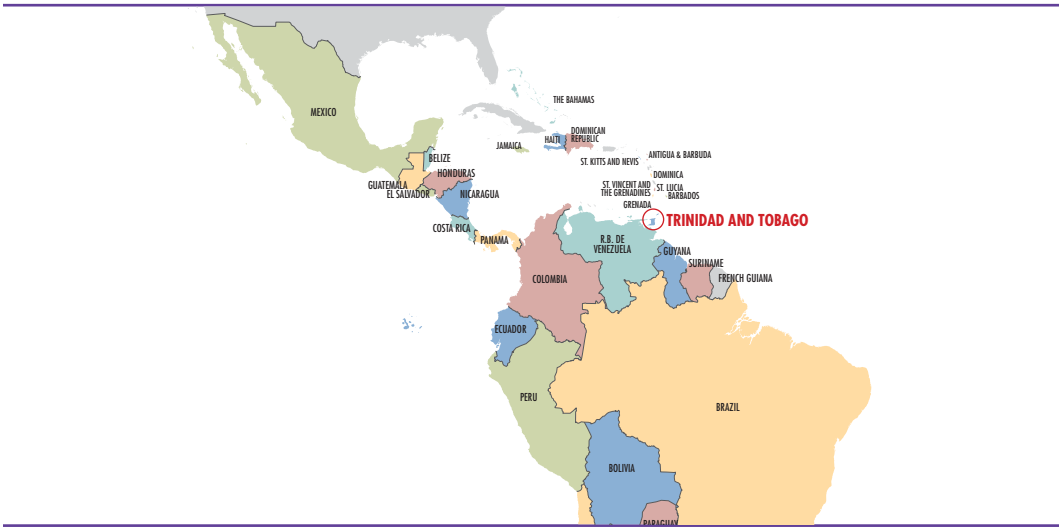
piloted in 2015–16, it was guided by the Statistical Institute (STATIN) of Jamaica with the support of UN Women and the IDB. The targeted rollout includes Trinidad and Tobago, Guyana, and Grenada. The CARICOM model is based on the original *World Health Organisation Multi-Country Study on Women's Health and Domestic Violence* conducted in the early 2000s. This study was the first to provide comparable data from culturally diverse countries on the prevalence and frequency of different forms of VAW, specifically, violence by intimate partners and its effects on women's lives and health, using face-to-face interviews with women. With the agreement of the Office of the Prime Minister and its Gender and Child Affairs Division, a partnership was developed between the IDB, the Government of Trinidad and Tobago and UN Women to implement the CARICOM Model in Trinidad and Tobago. The 2017 Trinidad and Tobago Women's Health Study is a direct result of this collaborative process, and its methods and findings are reported in the following chapters.

Geographic, Socio-Historical, and Economic Context

Trinidad and Tobago were separate territories until 1888, following a history of repeated invasion and conquest by competing European powers. 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, its combined area is 5,128 square kilometres, of which Trinidad accounts for 4,821 square kilometres (1,862 square miles) and Tobago 300 square kilometres (116 square miles).

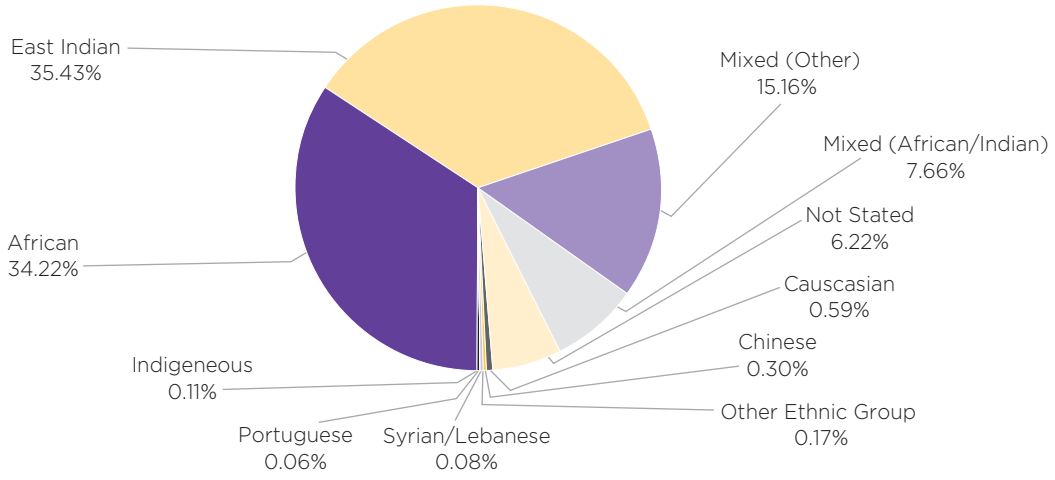
The country's diverse population of approximately 1.4 million inhabitants[13] owes much of its diverse and complex culture, ethnic composition, and development to the legacy of

FIGURE 1.1 Location of Trinidad and Tobago



[13] Central Statistical Office mid-year population estimates for 2016 (http://cso.gov.tt/data/?productID=32-Mid-Year-Estimates-of-Population-by-Age-Group).

FIGURE 1.2 Population by Ethnic Groups[a]



[a] Ibid.

colonialism, principally characterised by the labour-intensive sugar cane plantation economy. The exploitative system, which had its origins in slavery during the 17th century, waned in the 19th century in the post-emancipation era. Slavery, as a mode of production, required numbers that the indigenous population, decimated by genocide and disease, could not provide to European estate owners. Instead, colonists relied on the bloody trans-Atlantic trade in enslaved African peoples to feed the ravenous and untenable system, until emancipation in 1834 forced a shifting of strategy to indentured labour. More than 150,000 immigrants, overwhelmingly from India but also from China and Madeira, were brought to Trinidad between 1845 and 1917 in an effort to retain the increasingly unprofitable estates.

Unsurprisingly then, the 2011 National Population and Housing Demographic Report describes Trinidad and Tobago as a nation of ethnic minorities, of which East Indians and Africans comprise the largest groups (35% and 34%, respectively). There is a group classified as mixed, which represents 23 percent. Of this, 8 percent are referred to as Douglas (descendants of East Indian and African lineage) with the remaining 15 percent having other mixed heritage. The small remainder of the population claims European, Chinese, Middle Eastern, indigenous, or undisclosed heritage.[14]

Three religions—Christianity (63%), Hinduism (24%) and Islam (6%)—make up the majority of the belief systems characterizing the population of Trinidad and Tobago. Politically, Trinidad and Tobago is a parliamentary democracy based on a bicameral system of government modelled on the British Westminster System. Economically, it has one of the highest growth rates per capita of any country in the Latin America and the Caribbean region, primarily driven by exploitation and processing of its plentiful hydrocarbon resources. Approximately 40 percent of its GDP and 80 percent of

[14] Trinidad and Tobago 2011 Population and Housing Census Demographic Report, CSO (2012).

its exports are attributed to this sector. However, as energy prices remain persistently depressed since 2015, an overall deficit of approximately 4 percent of GDP is expected.[15] The economy continued to contract with budget cuts, job losses in public and private sectors, escalating prices on food and other essential services as well as decreased social services.

Status of Women in Trinidad and Tobago

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 wellbeing. The 2014 Global Gender Gap Report ranked Trinidad and Tobago 49th out of 142 countries, with a strong showing in economic participation, education, and health and survival.

Gender roles are primarily influenced by legacies of patriarchy, colonialism, slavery, and indentureship resulting in a social structure melded from a variety of migrant cultures. Gender performances essentially occupy three distinct spaces—physical, social, and cultural—to form what Baptiste (2016) refers to as a "post-colonial essentialist collage" in which performances are gendered by the socialisation of gender roles according to very essentialist views of men and women.[16]

Technical Reviews and Strategic Plans: Crime and Violence in Trinidad and Tobago

a. **A National Strategic Plan on Gender-Based and Sexual Violence in Trinidad and Tobago 2016–2020 (2016).**[17] This document describes an evidence-based strategy derived from research conducted with stakeholders with a view to identifying systemic loopholes at every level with targeted solutions. Apart from pinpointing its action plan, it provides the most current statistics on VAWG and identifies essential interventions for victims. The plan was laid before Cabinet in 2016 and is awaiting approval.

b. **Crime and Violence in Trinidad and Tobago (2016).**[18] This report examines the latest crime rate data as well as other sources of data that reveal the magnitude of criminal activity in Trinidad and Tobago. It reviews the institutional framework, programmes, and interventions available for dealing with crime and violence. Although it examined crime and violence in its entirety, it provides summary statistics on crime and violence disaggregated by gender, race, geography, and age.

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[15] Review of the Economy (2016), Ministry of Finance.

[16] Baptiste, J. P. (2016). Gender practices and relations at the Jamaat al Muslimeen in Trinidad. ProQuest Dissertations and Thesis Global, 1780310091. Retrieved from http://www.com/docview/1780310091.

[17] A National Strategic Plan on Gender Based and Sexual Violence in Trinidad and Tobago 2016–2020, Office of the Prime Minister, Gender and Child Affairs.

[18] Seepersad, R. (2016). Crime and Violence in Trinidad and Tobago, IDB Series on Crime and Violence in the Caribbean.

c. **Statistical Bulletin, Nine Months and Counting (2016**).[19] This Bulletin, prepared by the Children's Authority, presents accounts of reports of abuse of children over the period May 18, 2015 to February 17, 2016. The Authority only became functional in 2015, but the preliminary numbers confirm that child abuse is pervasive. During its eight-month period of operation, the Authority received nearly 14,000 calls and reports, of which 4,158 were valid cases to be investigated. The data revealed that more than half (58%) of the cases referred to the Authority for investigation were women.

d. **Peer Review of the Citizens Security Programme (CSP) in Trinidad and Tobago (2015), United Nations Development Programme.**[20] This document presents findings of a peer review of the CSP programme, which began in 2007. Its community action component adopted a new approach to citizen security which allowed for the participation of women in security issues. The report found that interventions which showed significant results in the Americas and different countries included transforming gender relations and preventing violence at the interpersonal level.

Statistics on VAWG in Trinidad and Tobago

Trinidad and Tobago has put in place several mechanisms to collect and collate data on crime and violence at the state level. In recent years, data disaggregated by sex have become a reality but are only collected by certain agencies.

Data from the Crime and Problem Analysis Branch of the Trinidad and Tobago Police Service (TTPS) revealed that there were over 15,000 reports of domestic violence incidents between 2010 and 2016. Approximately 72 percent of these reports were related to women. During the same period, there were 181 domestic violence-related deaths, 58 percent of which were women. However, administrative or service-based data, even if properly collected, presented, and collated, may not fully reflect the scope of the problem.

There are also studies that shed light on partner violence against women in Trinidad and Tobago. For example, the module on domestic violence in the 2006 Multiple Indicator Cluster Survey (MICS) asked women aged 15 to 49 whether husbands are justified in hitting or beating their wives/partners. The MICS found that approximately 7 percent of these women thought it justifiable in at least one of the five instances identified, the most common being "when she neglects the children." It is noteworthy in this study that, as women's educational level and socio-economic status increased, the likelihood of agreeing that physical partner violence is justified decreased.[21] However, the MICS only examined attitudes toward violence and not the prevalence of violence. More recently, the 2014 Latin American Public Opinion Project (LAPOP) AmericasBarometer survey was

[19] Statistical Bulletin, Nine Months and Counting… (2016). Children's Authority of Trinidad & Tobago.

[20] www.tt.undp.org/…/trinidad_tobago/…Citizen%20Security/CSP_Full_Report_final_2… (accessed September 2017).

[21] https://micssurveysprod.s3.amazonaws.com/MICS3/Latin%20America%20and%20Caribbean/Trinidad%20and%20Tobago/2006/Final/Trinidad%20and%20Tobago%202006%20.

conducted in Trinidad and Tobago amongst the voting-age public nationwide. It explored opinions and attitudes toward democracy and other issues affecting governance, including crime, and it reflects attitudes toward partner violence similar to those found in the MICS. For example, the AmericasBarometer for Trinidad and Tobago found that 4 percent of those surveyed approved of a husband hitting his wife for being unfaithful (7% of male respondents and 1% of female respondents). Notably, 20 percent would not approve, but would understand such an action (23% of men; 17% of women). Although the percentage of people justifying IPV is relatively low, levels of actual IPV experience may still have been much higher.

There are also some recent statistics on the experience of domestic violence. The 2015 National Crime and Victimisation Survey[22] measured crime victimisation and attitudes relating to crime and violence both nationwide and in communities under the Citizen Security Programme (CSP). The Citizen Security Programme was an IDB-financed project implemented by the Government of Trinidad and Tobago from 2008 to 2016. The CSP initially operated in 22 communities (19 in Trinidad and three in Tobago), which were selected during project design based on their high levels of serious crime. In 2014, the CSP expanded to ten additional communities in East Port-of-Spain that were perceived to be at high risk of violent crime. The survey found the national prevalence of physical partner violence to be 12 percent and emotional violence 48 percent.[23] The sample size for this survey was also large enough to determine prevalence rates in the individual CSP communities. Reports of physical partner violence ranged widely, from virtually nil in some communities to over 40 percent in a few others.

PSI Caribbean also conducted a baseline survey of women ages 18–49 in the counties of Caroni, St George, and Victoria from December 2014 to January 2015, as part of its "Lifting Lives" Gender-Based Violence Prevention Project. While this survey methodology was crafted specifically to measure IPV, it was limited in scope to only these three counties in Trinidad (see Figure 1.3).

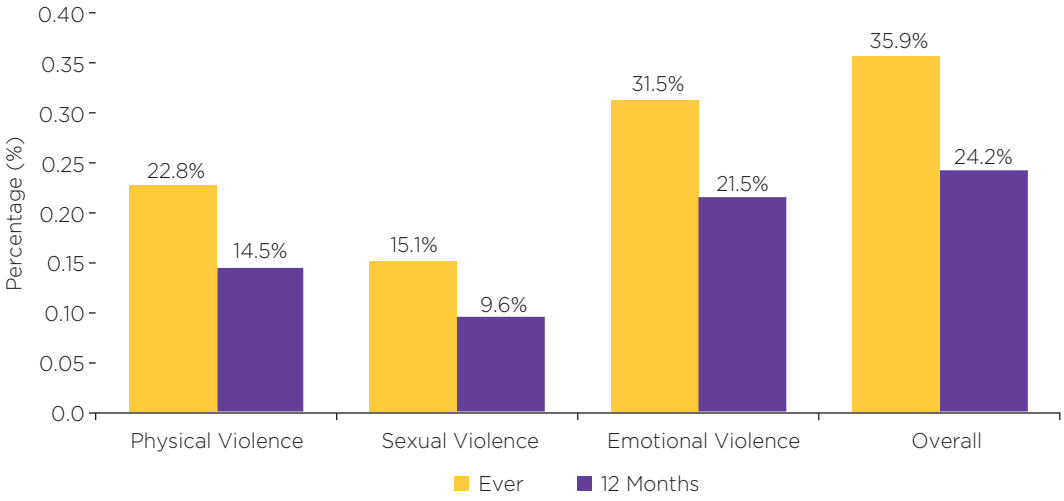
Human Rights Monitoring and Reporting

The legal architecture to address VAWG in Trinidad and Tobago is robust. As with all citizens, the rights of women to be safe from personal harm and threat are generally enshrined in criminal law. Key pieces of legislation have been passed, including the Domestic Violence Act of 1991, which afford protection of civil rights and establish procedures to assist and protect survivors of domestic violence, outside of criminal proceedings. The Sexual Offences Act of 2012 and the Children Act of 2012 also define sexual offences, including rape and various forms of childhood sexual abuse, respectively. The recently ratified Child Marriage Act of 2017, which disallows legal marriage of persons under 18 years of age (the age of majority in Trinidad and Tobago), also protects female

[22] Available from: http://cso.gov.tt/media/publications-documents/.

[23] The study found very low prevalence of sexual partner violence across most communities, amounting to 0 percent as the national aggregate.

FIGURE 1.3 Prevalence of Physical, Sexual, and Emotional Intimate Partner Violence among Ever-Partnered Women in Caroni, St George, and Victoria Counties: Lifting Lives Study 2015[a]



[a] http://psicaribbean.com/v2/wp-content/uploads/2015/03/PSI-C-Gender-Norms-and-IPV-TT-Face-to-Face-2015.pdf.

minors. However, the inefficacy of law enforcement and the lack of appropriately trained police officers continue to be major stumbling blocks for survivors of GBV. Further, the judicial system is plagued with inordinate delays, high costs associated with attorney and appeal fees, inconsistent bail matters, and witness reliability.

The country has committed to a number of regional and international treaties, including the following:

a. **The Convention on the Rights of the Child**.[24] Signed in 1990 and ratified in 1991. Several other key pieces of legislation, such as the Children Act of 2012, the Sexual Offences Act of 2012, and the Child Marriage Act of 2017 reinforce the willingness of Government of Trinidad and Tobago to adhere to appropriate standards for compliance.
b. **The Convention on the Elimination of all forms of Discrimination Against Women (CEDAW)**.[25] Ratified in 1990. Since then, the Trafficking in Persons Act of 2011, the Sexual Offences Act of 2012 and the Domestic Violence Act of 2013 were enacted. A combined 4th, 5th, 6th and 7th Report was presented at the 64th Session of the Committee on CEDAW in 2016.
c. **The Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women "Convention of Belem do Para Convention" (1994).**[26]

[24] http://caribbean.unwomen.org/en/caribbean-gender-portal/caribbean-gbv-law-portal/gbv-and-state-accountability.
[25] http://caribbean.unwomen.org/en/caribbean-gender-portal/caribbean-gbv-law-portal/gbv-and-state-accountability.
[26] Ibid.

Signed in 1995 and ratified in 1996. Trinidad and Tobago provided a response to the Second Unilateral Evaluation Round Questionnaire (2009–2014).

d. **Montevideo Consensus.**[27] Adopted in 2013 by the LAC countries at the Regional Conference on Population and Development, the Consensus is a wide-ranging agreement on actions in eight priority areas, including gender equality, sexual and reproductive health, and young persons' rights.

e. **Universal Periodical Review.**[28] The Government of Trinidad and Tobago submitted its latest National Report in 2016. The report pointed to significant advances in the promotion and protection of human rights based on its voluntary commitments to accepted recommendations made at the last review.

f. **Sustainable Development Goals (SDGs)**.[29] Having come into effect in 2016, the SDGs or Global Goals replace the Millennium Development Goals and take on new challenges in human development, including Goal 5 on gender equality.

Government Agencies, Policies and Initiatives Related to VAWG

a. **Office of the Prime Minister, Gender and Child Affairs Division (OPMGCA)**.[30] In partnership with other agencies, the Ministry makes available several services for victims of GBV.
   - The 800 Save National Domestic Violence Hotline is a referral mechanism for its network agencies for victims of GBV.
   - The Family Planning Association of Trinidad and Tobago integrates GBV with Sexual Reproductive Health Services.
   - A collaborative effort with UNICEF and IGDS addresses issues of child abuse through its "Break the Silence" Project.
   - A partnership with Caribbean Umbrella Body for Restorative Behaviour targets men to end human trafficking and violence against girls and women in the Caribbean.

Central Registry on Domestic Violence (CRDV). Launched by OPMGCA in 2016, the CRDV is an information system that collects and integrates data relating to any person who is a victim or perpetrator of a domestic violence offence. The aims of the Registry are to provide a more efficient and effective method of monitoring domestic violence nationally; to assist the Ministry and other service providers to quickly identify past victims or perpetrators of abuse; and to improve communication and collaboration among practitioners, by providing access to historical data or information from a trusted source.

Gender Policy. A national gender policy was originally developed in 2009 and has subsequently undergone several revisions. The 2015 version (a revision of the 2012 document),

[27] http://www.unfpa.org/sites/default/files/resource-pdf/Montevideo%20Consensus-15Aug2013.pdf.
[28] https://documents-dds-ny.un.org/doc/UNDOC/GEN/G16/030/46/PDF/G1603046.pdf?OpenElement.
[29] http://www.tt.undp.org/content/trinidad_tobago/en/home/sustainable-development-goals.html.
[30] http://opm-gca.gov.tt/.

having been submitted in the first quarter of 2016, is currently under review by a Cabinet sub-committee.

The Children's Authority.[31] A specialised agency with responsibility for the care and protection of children, especially those who are at risk or have been victims of abuse and neglect. The authority advocates for the rights of children and encourages and supports initiatives that would enable them to enjoy their childhood. The organization's overarching objective is to utilize child-friendly and progressive solutions to address children's issues and facilitate rehabilitative measures so that their full potential can be realized.

The Equal Opportunity Commission of Trinidad and Tobago.[32] Under the Equal Opportunity Act (2000), citizens are entitled to equality and fair treatment for all, despite different racial, ethnic, religious, marital, and gender backgrounds. The Commission, through its Equal Opportunity Tribunal, addresses situations of discrimination as it relates to employment, education, the provision of goods and services, and the provision of education.

The WHS Report

The prevalence of VAWG in Trinidad and Tobago remains a protracted challenge notwithstanding decades of inquiry, financial investment in programming, feminist activism, legislation, and public policy interventions. Despite official indications such as reports of domestic violence to the police and informal diagnostics from players on the ground such as support service agencies, there are no comprehensive national data on the prevalence of VAWG. This report is designed as a starting point to closing the information gap in an effort to enrich the dialogue on VAWG, inform the policy agenda, and enhance governmental and civil society programming.

The remainder of the report is a presentation and discussion of the substantive survey results. We begin with 2.0 Survey Organisation and Methodology as well as a description of the sample characteristics and the study's response rates in Section 3.0 Survey Response Rates and Sample Characteristics. We discuss the survey findings in Section 4.0 Results. A thorough investigation of the different dimensions of current and lifetime IPV prevalence follows in 4.1 Violence Against Women and Girls by their Male Partners. To better understand the phenomenon, we also examine the respondent and partner characteristics associated with IPV (4.2 Intimate Partner Violence: Associated Factors and Triggers) as well the association of gendered roles, attitudes, and behaviour and IPV (4.3 Intimate Partner Violence, Gender Dynamics, and Associated Factors). We also examine the consequences of IPV on women's lives, particularly their health (4.4 Impact of Intimate Partner Violence on Women), as well as the various mechanisms that survivors use to cope with and/or escape IPV (4.5 Women's Responses to Intimate Partner

[31] http://www.ttchildren.org/.

[32] http://www.equalopportunity.gov.tt/about.

Violence). The study findings conclude with an examination of sexual violence perpetrated by non-partners, including a discussion of perpetrators, the various forms of non-partner violence, and associated factors (4.6 Sexual Violence against Women by Non-partners). Conclusions and recommendations are presented in the final chapter (5.0 Conclusions and Recommendations).

CHAPTER 2

Survey Organisation and Methodology

The Trinidad and Tobago National Women's Health Survey (WHS) is a cross-sectional survey designed to provide a diagnosis of different types of VAWG, such as IPV and non-partner sexual violence. This includes evidence of the prevalence, frequency, severity, associated factors, circumstances, and consequences of VAWG as well as the reasons for and results of survivors' seeking help. A qualitative component has also been conducted separately and concurrently, which relies on data collection techniques such as in-depth interviews and focus groups to obtain data that would provide a basis for exploring themes related to VAWG in Trinidad and Tobago. Such themes include economic insecurity, love, beliefs about masculinities, and institutional empowerment and failure.

The main objectives of the quantitative component were as follows:

- to obtain reliable and comparable estimates of the prevalence of different forms of violence against women (inclusive of the UN VAW indicators)
- to document the health consequences of IPV against women
- to identify and compare risk and protective factors for IPV against women, within and between settings
- to explore and compare the coping strategies used by women experiencing IPV

More generally, the study also aims to:

- disseminate research findings among local and international stakeholders to augment the dialogue on VAWG and to inform evidence-based policies aimed at VAWG prevention and the protection and support of survivors;
- provide access to a rich and reliable dataset for researchers interested in analysis beyond the scope of the current report;
- take a baseline reading of VAWG in Trinidad and Tobago so that subsequent studies may be used for comparative and/or evaluation purposes;

- generate aggregate prevalence data for the communities under the CSP so that these communities may be compared to the national community;
- generate methodological and fieldwork learnings which can be shared with CARICOM partners as more member states seek to complete prevalence surveys using the standard model.

Study Organisation

The WHS was implemented in Trinidad and Tobago as a partnership between the IDB, the Government of Trinidad and Tobago (via the Gender and Child Affairs Division, Office of the Prime Minister), and UN Women. The Global Women's Institute (GWI) of George Washington University also lent its technical expertise and global experience in researching VAWG to advise and guide the project at all stages. Finally, QURE Limited, a private research firm, was contracted to conduct the study using the standard CARICOM GBV prevalence study model. Finalising the study methods was a collaborative process undertaken by QURE, the GWI, and purpose-built national committees. The National Steering Committee (NSC) was comprised of representatives from the OPM, Gender and Child Affairs; Ministry of Health; Ministry of Planning and Development; Central Administrative Services Tobago (CAST), and the Tobago House of Assembly (THA). The NSC had final oversight over the key inputs and outputs of the process, including the survey instrument and final report. It was provided technical assistance by the Research Sub-Committee (RSC), a group of experts from the University of the West Indies; OPM, Gender and Child Affairs Division; and the Central Statistical Office of Trinidad and Tobago (CSO). In addition, an assembly of key civil society organisations which actively work on GBV issues formed the Consultative Sub-Committee (CSC) which also weighed in on the method, field procedures, and results.

Ethical Considerations

Any study involving human subjects must be held to the highest ethical standards. The WHS was no exception. Its ethical protocols were adapted from the guidelines developed by the WHO[33] for conducting research on VAWG. Ethical approval to conduct the study was sought from the Campus Ethics Committee of the University of the West Indies and granted in January 2017.

For respondents, the main risks associated with participating in this survey were experiencing distress triggered by exposure to questions relating to sensitive personal experiences and/or experiencing violence as a result of their participation. Appropriate survey protocols were used to mitigate these risks. These included ensuring participant confidentiality throughout the study (from field visits through all stages of data handling); training field interviewers to minimise, recognise, and respond to respondent distress

[33] WHO. Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women (2001).

and providing support service information to all participants and referrals[34] as necessary. Additional protocols included having no publicity about the study prior to or during fieldwork and referencing the survey discreetly as the Women's Health Survey to keep its full purpose private prior to the administration of the Informed Consent form. Protocols were also established to bolster the safety and well-being of field staff.

The Ethics Committee also granted permission to waive parental consent for minors ages 15 to 17. These minors were included because they are particularly vulnerable to VAWG. Currently, there are little to no data to inform policy and programming that impact the well-being of minors in Trinidad and Tobago. The waiver did not affect the rights or welfare of any of these participants and they were duly informed that participation was voluntary, any question could be skipped, and the interview could be terminated at any time. The waiver was requested to ensure the safety of eligible minor respondents who might be experiencing abuse in their homes and retain the confidentiality associated with their participation. It was felt that young women of this cohort were old enough to sufficiently understand the purpose, content, and potential risks and benefits of the survey to give their own informed consent.

Sample Design

Trinidad is divided into fourteen (14) administrative districts or municipalities: two (2) cities, three (3) boroughs, and (9) regional corporations; Tobago is subdivided into seven (7) parishes. These municipalities are made up of Enumeration Districts (EDs). Each ED consists of about 150 to 200 households, on average. The target population was English-speaking females ages 15 to 64, residing in households in Trinidad or Tobago. These women represent approximately 35 percent of the total national population according to the 2011 Population and Housing Census.

In Trinidad and Tobago, a national representative sample was selected with a disproportionate sub-sample for the communities that are currently enrolled in the Ministry of National Security's Citizen Security Programme.[35] This strategy allowed sufficient numbers for a valid comparison of VAWG prevalence estimates in CSP communities (in aggregate) and Trinidad and Tobago as a whole.

Sampling was undertaken in three stages with two sampling frames (the 2011 Census and a microdata listing from the 2011 Census of private dwellings), viz.:

- **Stage 1:** Primary Sampling Unit (PSU) selection – probability proportionate sampling was used to choose 127 EDs. A modified sampling rate was applied to allow for the oversampling of CSP EDs.

[34] All participants were offered a discrete referral card at the conclusion of their interview. The card provided contact information for a range of providers who offer strategy planning and support services to VAWG survivors.

[35] The Citizen Security Programme is an initiative of the Ministry of National Security (funded in part by the Inter-American Development Bank) whose objective is to reduce crime and violence in select high-needs communities nationwide through the financing of preventative interventions addressing the most proximal and modifiable risk factors.

- **Stage 2:** Secondary Sampling Unit (SSU) selection – systematic sampling was used to select 15 households per ED, i.e., a random start and calculated selection interval.
- **Stage 3:** Ultimate Sampling Unit (USU) selection – the Kish Selection Grid was pre-programmed into the survey software to select a single eligible respondent from each selected household based on the household listing provided by the initial respondent.

Overall, each person has the same chance of being selected, i.e., equal probability of selection method (EPSEM). Thus, the sample is self-weighted because every unit that is actually included in the sample had the same probability of being selected in advance of each stage of sampling.

A total sample size of 1,905 households was calculated, of which 1,515 households were selected from 101 non-CSP EDs and 390 households from 26 CSP EDs. The geographic distribution of EDs and households are supplied in Annex 2: WHS Sample Allocation of Enumeration Districts Embedded within the sample was a 20 percent consideration for non-response, i.e., the women who decline participation and for the selected women that could not be located. The margin of error for parameter estimates is 3 percent.[36] Given that no national surveys were conducted previously on VAWG, an estimate of 30 percent was used as the key indicator to represent the proportion of women who have experienced any type of violence against them, based on the findings of smaller-scale local studies and global trends for IPV prevalence.

Survey Instrument

Both the WHS methodology and survey instrument are based on the decades of research and resulting tools and instrument developed by the World Health Organization (WHO), used in the 2000 WHO Multi-Country Study on Domestic Violence against Women[37] and now evolved into the standard CARICOM model. The instrument uses well-tested scales for measuring prevalence and health impacts, such as the Conflict Tactics Scale, *inter alia*. This methodology was also used in Jamaica recently, and the Trinidad and Tobago instrument was a localised version of the Jamaican instrument. To make it fit-for-purpose in Trinidad and Tobago, the instrument was reviewed and edited in detail by the RSC and commented on by the CSC before final approval by the NSC.

The instrument was extensive and began with an introductory paragraph, a brief household questionnaire, and a verbal consent process that explained to the selected respondent that potentially upsetting topics, including experiences of violence, might be discussed. Further, consent was embedded throughout the instrument. As more sensitive sections were approached, the participant was reminded of her right to omit questions or to terminate the interview at any time.

[36] 95 percent confidence interval.

[37] http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=39725&Itemid=270&lang=en.

The instrument sections were as follows:

- Household Questionnaire
- Section 1: Respondent and her Community
- Section 2: General Health
- Section 3: Reproductive Health
- Section 4: Children
- Section 5: Current or Most Recent Husband/Partner (male)
- Section 6: Attitudes
- Section 7: Respondent and her Husband/Partner (male)
- Section 8: Injuries
- Section 9: Impact and Coping
- Section 10: Other Experiences
- Section 11: Completion of Interview (Respondent's Survey Evaluation and Recommendations)

Field Planning and Execution

Staff Recruitment and Training

Qualified female-only field staff were recruited from the research firm's usual pool of fieldworkers and through newspaper and online advertising, as well as referrals from stakeholders. Shortlisted candidates were further screened via interviews conducted by the Fieldwork Manager and a brief questionnaire on gender attitudes. Only candidates with neutral or progressive gender attitudes were recruited due to the nature of the survey.

All field staff underwent extensive field training designed and facilitated by GWI and supported by QURE. Although most field staff had at least some prior experience of fieldwork, the two-week training was designed to give interviewers and supervisors a grounding in the theoretical and practical aspects of the study and to ensure that they could remain neutral and composed when faced with difficult personal stories from respondents.

Training included background material on the difference between sex and gender and an overview of VAWG, including the causes and consequences of gender-based violence and the dynamics of abuse. Field staff were also introduced to the findings of the WHO Multi-Country Study so that they could understand how the information they gathered would be used to generate statistics and reports. The practical aspects of training covered self-care, survey methods, interviewing techniques, use of a tablet for survey administration, ethical considerations, safety protocols, how to ensure privacy and confidentiality, contingency planning for interrupted interviews or difficult household members, how to provide appropriate service provider referrals, how to handle respondent trauma, and an extensive review of the survey instrument in both the paper and electronic versions. Teaching methods included lectures, open discussions, and supervised role plays in pairs and groups. Staff were each provided with a hardcopy of the Interviewer or Supervisor Manual; a Question by Question Manual (explaining the interpretation of each question and all responses on the questionnaire in detail); a Safety Manual; and a copy of the questionnaire, as well as their own tablet.

In addition to content described above, supervisors were trained in map reading and household selection, daily work reporting, quality control mechanisms, the causes and effects of vicarious trauma, signs of dissociation, how to assist interviewers out of crisis mode (if necessary), and when and how to direct interviewers to seek further professional help. Training concluded with a pilot exercise which was debriefed and evaluated to inform field procedures.

Data Collection

Data collection took place from April to July 2017, starting after the pilot evaluation. All household interviews were conducted face-to-face by trained interviewers and responses recorded electronically on pre-programmed tablets. In a handful of cases, paper questionnaires were used when there were issues with tablets in the field. All responses from paper questionnaires were then transferred to the electronic questionnaires by the interviewers. Staff were deployed in teams of four to five, inclusive of a supervisor, each covering a geographic region. Data validation and verification began during fieldwork. Quality control staff conducted validation checks on interviewers' uploaded data to ensure that survey procedures were being followed. In addition, supervisors conducted in-person verification checks with a fraction of respondents to ensure that interviewers were conducting interviews with the selected eligible women and conducting themselves professionally. This check involved revisiting homes and administering a brief verification questionnaire[38] to 111 respondents.

Safety

The safety of residents and staff was of utmost concern given the general climate of insecurity about crime and violence in Trinidad and Tobago, coupled with the sensitive nature of the survey. All-female field teams were used to put respondents at ease, but this made for a higher level of vulnerability for staff. Safety protocols were given and followed and there were no safety breaches with respect to respondents. For example, in CSP EDs, where it was anticipated that the potential for criminal activity was higher, community liaisons were employed to accompany teams. However, field staff felt uneasy in several EDs, some of which were not CSP EDs. While no field staff were physically harmed during the course of fieldwork, one team was threatened by an irate man with a handgun who mistakenly felt the team represented a government agency. The incident was reported to the police station in the area and the remaining interviews in that area were abandoned in the interest of team safety. Interviews were also abandoned in another high-crime ED upon the supervisor's recommendation. Supervisors were key in ensuring safety as they were able to scope and monitor the working area for their teams in real time.

[38] Supervisors were not privy to respondents' responses to the survey instrument to conduct the questionnaire. The verification instrument included generic questions asking, for example, about what topics were covered by the interviewer, the consequences of participating in the survey for the interviewee (if any) and the professionalism of the interviewer.

Counselling

Given the nature of the survey, there was concern about the psychological burden on interviewers. For this reason, all field staff were afforded the opportunity to access free individual counselling for the duration of the fieldwork and one month following fieldwork. In addition, group therapeutic sessions facilitated by trained therapists were held post-training, midway through fieldwork, and post-fieldwork. These sessions allowed staff to share their difficult experiences in a safe setting and to be reminded about self-care practices. Group sessions were important as few individuals availed themselves of one-on-one counselling.[39] Interviewers were also trained to give printed and/or verbal information on access to support services to all respondents.

Data Preparation and Final Dataset

All household interviews were conducted using a programmed version of the questionnaire via the software SurveyToGo. To ensure a high level of data accuracy, there were several mechanisms such as validation checks, skips, and automatic calculations programmed into the questionnaire to avoid erroneous entries. As a result, the uploaded data were, to a large extent, error free. Despite these precautionary measures, further checks were performed in SPSS when the data file was compiled. These included retaining only complete or partially completed questionnaires that included responses pertaining to experience of emotional, physical, and sexual violence and cross-checking data values to ensure that only valid responses were recorded. Some discrepancies required recoding erroneous entries as missing values so as not to skew the valid percentages and in a few cases discarding entire cases. IPV variables and other important variables were created by, in some instances, combining responses from several variables or truncating other variables based on the distribution of responses. The data were checked for representativeness against the national population in several aspects, including CSP vs. non-CSP as well as several demographic factors such as age and ethnicity. Where the distribution of sample characteristics was divergent from corresponding distributions in the national population, checks were run to see if there was any significant effect on the main prevalence indicators.

Data Analysis

Both descriptive and inferential statistics are used in this report. The descriptive statistics were used to display the prevalence of the different types of IPV in graphs and tables. These percentages are calculated as the proportion of women who have experienced at least one act of the respective kind of violence either at some point in their lives (lifetime prevalence) or in the 12 months prior to the survey (current prevalence). The frequency of violence was reported according to tabulations of how often acts of violence

[39] Only team members from two field teams (of eight teams in total) used individual counselling services, all at the recommendation of the respective team supervisors. Rapport with supervisors and within teams was also helpful for women to work through the difficult situations they encountered and the stresses of fieldwork on their everyday lives.

were experienced (categorised as "once," "a few times," or "many."[40] The severity of violence was also measured for physical partner violence.[41] In addition, cross tabulations of prevalence rates by demographic factors were presented to explore various associations. Inferential statistics such as chi-square tests were then used to determine if there were statistically significant associations between prevalence rates and these selected factors.

Study Limitations

As with any study, there are limitations to the Women's Health Survey:

- Reports of IPV are known to be underreported, even when the utmost care is taken to respect privacy and protect the safety of respondents. Some IPV survivors will have opted out because of the nature of the survey and yet others might choose not to report some or all the violence they have experienced. Thus, it is almost certain that the prevalence rates calculated based on this field study will understate the extent of IPV and the other types of sexual violence described in this report.
- Although the sample design was crafted to achieve representativeness, there was limited access to some communities. Specifically, people from upper-income communities were mostly unavailable, inaccessible (living in gated communities to which there was no access), or unwilling to speak to field personnel, most likely due to their schedules and their fear of crime. The inaccessibility of households in these communities may affect the proportion of women from upper-income homes included in the study. Indeed, fear of crime in general or ambivalence seems to have deterred some middle-income households from participating, as many people who were at home simply did not answer when field teams called at the entrance to their property.
- Despite safety precautions, the high levels of insecurity in some areas made it difficult for teams to enter and traverse freely and safely.[42] In two areas, for example, conditions became too dangerous for the teams to complete planned fieldwork. Information capture in such areas may be virtually impossible using traditional household survey methods.
- Not all women in the target age group qualified as eligible. Some women were not eligible because of the practicality of the interview process. Women who did not speak English or women who had a disability that hampered the questionnaire from being

[40] To calculate the frequency of each type of IPV, a summary score was created which corresponded to the number of acts and the frequency of those acts experienced. Three categories were created: (1) having one act one time; (2) having one act a few or many times, having two or three acts one time, or having one act one time and two acts a few times; (3) having a score of four or above, which is more than one act more than one time, four acts one time, or any other combination of acts that resulted in a score of four or more. The scores were calculated for each type of violence and separate scores were calculated for lifetime and past 12 months.

[41] Acts which were perceived as more likely to cause injury were categorised as severe, others as moderate. As per WHO guidelines, all the predefined acts of sexual violence were considered severe and, as such, severity for sexual partner violence is not reported separately.

[42] Field teams were escorted by CSP liaisons in CSP communities where team supervisors ascertained the potential for danger or conflict was high enough to warrant it.

administered orally and properly understood, e.g., women who had hearing difficulty, were excluded from the survey.

- In some communities, there appeared to be cultural barriers to accessing women for what was couched as a health study. Heads of households, for example, barred access to the eligible woman or refused participation based simply on the knowledge that the respondent would be asked about her health. It is notable that in some cases eligible women were not available or allowed to make their own decision to participate, despite being well-past the age of majority.
- The prevalence rates discussed in this report are aggregates. Most of the report references national rates and some of it speaks specifically to aggregates calculated for the CSP communities. The analysis contained hereunder must be used with caution as Trinidad and Tobago is comprised of diverse regions and communities. Thus, while the rates are indicative, there may be great disparity in prevalence rates and the related associations at the community level. This also holds true for the CSP prevalence aggregates, as prior studies have shown that the prevalence of domestic violence victimisation can vary greatly from community to community.[43]
- Only bivariate analysis is presented in this report. This means that only associations between variables can be reported in the discussion of the study results. The analysis does not allow causal relationships between variables to be determined and these should not be inferred. In other words, two phenomena can be deemed to be related to each other in a general way, but the analysis will not be able to determine the exact nature of the relationship or rule out the influence of confounding variables.
- It may be difficult to interpret what significant associations mean for policy and programming purposes without further analysis of the current data and possibly also further bespoke research.

[43] Citizen Security Programme. National Crime and Victimisation Survey 2015. http://cso.gov.tt/media/publications-documents/.

CHAPTER 3

Survey Response Rates and Sample Characteristics

Household and Individual Response Rates

Of a total of 1,905 households in the sample, 1,825 were eligible households, that is, the building was intact, able to be found, occupied, and used as a dwelling unit. As shown in Table 3.1 below, among the 1,825 eligible households, 7 percent of households refused to take part in the survey at all. Other households were inaccessible, because either no one was at home or no one answered calls at the household entrance after three visits (9%) or the household postponed the interview on three consecutive occasions (2%). However, 82 percent of households completed the household interview and 68 percent of the household questionnaires were completed in a household where an eligible woman lived.[44]

From these 1,243 households with an eligible woman, 1,079 women completed the individual interview. This individual response rate was slightly higher in rural as compared to urban areas, with response rates of 90 percent and 86 percent, respectively. On the other hand, in these households, 7 percent of

TABLE 3.1 Response Rates for Households Sampled and Households Visited: Women's Health Survey Trinidad and Tobago 2017

Result of visit(s)	Number of Households	(%)
HH completed interview	1,500	82.2
HH interview refused	130	7.1
HH absent for extended period	21	1.2
No HH member at home	140	7.7
HH postponed	34	1.9
Total	**1,825**	**100.0**

[44] The survey instrument consisted of a brief household questionnaire which was administered to the first available adult in the home and included the Kish Grid for randomly selecting an eligible woman. The WHS questionnaire was administered only to the selected woman.

TABLE 3.2 Response Rates for All Eligible Women in the Sample and Women Completing Interviews: Women's Health Survey Trinidad and Tobago 2017

Result of visit(s)	Number of Households	(%)
Individual interview completed	1,079	86.8
Selected woman refused interview	90	7.2
Selected woman not at home	37	3.0
Selected woman incapacitated	16	1.3
Selected woman does not complete interview (partial interview)	21	1.7
Total	**1,243**	**100.0**

selected women refused to participate in the survey, 3 percent were not at home at the time of the visits, 1 percent were incapacitated, and 2 percent began but did not want to continue the interview (see Table 3.2).

Respondents' Satisfaction with Interview

Overall, most respondents found participating in the survey to be a positive experience. When asked at the end of the interview if they felt better, the same, or worse after the Interview, almost all women (96%), said they felt better or the same. About 4 percent of all participants reported that they felt bad or worse after the interview (see Table 3.3).

Key Sample Characteristics

This section provides a demographic overview of the sample of respondents of this study, including the extent to which it compares to the national population of women.[45] Table 3.4 refers.

A comparison of the age distribution of the sample data with the national data showed that the representation of participants who were between 30 and 59 years of age

TABLE 3.3 Respondents' Feelings After Completing Survey Interviews for All Eligible Women, Women's Health Survey Trinidad and Tobago 2017

Post Interview Feelings	Number of Respondents	(%)
Good/Better	501	46.5
Same/No Difference	538	49.9
Bad/Worse	39	3.6
Total	**1,243**	**100.0**

[45] Statistics obtained from the 2011 census data as provided by the Central Statistical Office of Trinidad and Tobago for females ages 15–64.

TABLE 3.4 Characteristics of Respondents, Women's Health Survey Trinidad and Tobago, 2017

	All respondents		Ever-partnered	
	%	Number	%	Number
Total	100.0	1079	100.0	1019
Respondent Age				
15–19	5.6	60	3.3	33
20–24	7.6	81	6.9	69
25–29	9.2	98	9.5	95
30–34	12.5	133	13.0	131
35–39	13.2	140	13.6	137
40–44	11.8	126	12.3	123
45–49	8.7	93	9.2	92
50–54	11.0	117	11.6	116
55–59	9.6	102	9.9	99
60–64	10.7	114	10.9	109
Religion				
None	3.7	40	3.8	38
Roman Catholic	18.5	198	18.9	191
Evangelical	25.7	275	25.6	259
Hinduism	17.6	188	16.4	166
Baptist	9.6	103	9.9	100
Anglican	6.6	71	6.8	69
Other Christian	9.9	106	10.1	102
Other Non-Christian	8.4	90	8.4	85
Ethnicity				
African	43.4	467	44.0	446
East Indian	34.1	367	33.6	341
Mixed (East Indian and African)	15.0	161	14.9	151
Other	7.5	81	7.5	76
Educational Attainment				
No education/primary only	16.0	172	15.9	161
Secondary	51.4	552	50.8	514
Higher	32.6	350	33.3	337
Current Partnership Status				
Never partnered	5.6	60		
Currently married	59.0	637	62.5	637
Currently partnered but not married	13.6	147	14.4	147
Currently no partner	21.8	235	23.1	235
Ever Pregnant				
No	20.3	218	16.1	163

(*continued on next page*)

TABLE 3.4 Characteristics of Respondents, Women's Health Survey Trinidad and Tobago, 2017 (*continued*)

	All respondents		Ever-partnered	
	%	Number	%	Number
Yes	79.7	857	83.9	850
Urban/Rural				
Urban	69.0	744	69.5	707
Rural	31.0	335	30.5	310
Main activities during past week				
Employed in a public/private corporate	26.2	282	26.9	272
Self-employed	25.5	274	26.9	273
Housework/work as unpaid family member	20.3	218	21.2	215
Unemployed	15.2	163	13.0	132
Out of the labour force	12.8	138	11.9	121
Main source of Income				
Income from own work	26.2	282	26.9	272
Support from partner/husband	25.5	274	26.9	273
Equal share self and partner	20.3	218	21.2	215
Support from relatives/friends	15.2	163	13.0	132
No income/pension/social services/ other	12.8	138	11.9	121

was similar to the national community. However, there was also an under-representation of younger women and an over representation of older women. Six percent of women 15 to 19 years of age and 8 percent of women 20 to 24 years of age participated in this study. However, the national statistics for these age groups were higher: 11 percent and 12 percent, respectively. Conversely, 11 percent of women between 60 and 64 years were interviewed for this study though they comprised 6 percent of the national population. Despite the differences, the sampling methodology allowed the sample to be self-weighting; thus, the sample data were not weighted for analytical purposes to avoid the introduction of bias.

Respondents almost unanimously reported having a religious affiliation, with most belonging to some derivation of the Christian faith. Among all respondents, 26 percent identified as Evangelical, 19 percent as Roman Catholic, 10 percent as Baptist, 10 percent as "Other Christian," and 7 percent as Anglican. Another 16 percent of respondents identified as Hindu, while 8 percent collectively fell into the diverse "other non-Christian" category. The remaining 4 percent of the sample reported having no religion. The distribution of religious affiliation in the corresponding segment of the general population was roughly similar to the sample.

The ethnic mix of study interviewees was as follows: 47 percent women were of African heritage; 34 percent were East Indian; 15 percent Persons of 'mixed' ancestry (African

and East Indian); and 8 percent were from "Other" backgrounds. The data showed an over-representation of women of African and Mixed (African and East Indian) ancestry as compared to the national data. The ethnic distribution of the population according to the latest census data stated that 37 percent were of East Indian descent, 34 percent were of African descent, and 7 percent were Mixed (African and East Indian).

Interviewees of this survey were generally well-educated, with 84 percent of the sample having at least a secondary education. Specifically, 51 percent reported having completed secondary school and another 33 percent attained qualifications past secondary school, whereas 16 percent either had no education or only a primary school education. Similarly, the national statistics stated that 78 percent of the female population have at least a secondary school education and 21 percent had either primary only or less education.

Among the 1,079 persons who completed the individual interview, 93 percent reported ever having an intimate partner.[46] Of these women, 71 percent had been married at least once, whilst 29 percent had never been married. In contrast, the national data showed that 46 percent of the population had never been married. A look at the current relationship status of the ever-partnered women indicated that 59 percent were currently married, 14 percent were partnered but not married, and 22 percent had no partner. Further, most interviewees had experienced at least one pregnancy (80%), while 20 percent had never been pregnant.

A quarter of the sample identified as homemakers or unpaid family workers, 17 percent were unemployed, and 3 percent were not part of the workforce. Most of the respondents (46%) were employed and 9 percent were self-employed. Only 26 percent of respondents derived their main source of income from their own earnings. Twenty percent described their main income as earned by both themselves and their husband/partner, while over half of the respondents were dependent on others for their main income: 26 percent on their husband/partner, 15 percent on relatives and friends, and 13 percent had some "other" form of income such as grants and pensions or no income.

[46] A current or former partner or spouse from a relationship which may or may not have involved sexual intimacy.

CHAPTER 4

Results

Violence Against Women and Girls by their Male Partners

Definitions

This section presents results on the current and lifetime prevalence of physical and sexual violence against women by one or more of their male partners. Specifically, the results presented in this chapter correspond to ever-partnered women only, as only ever-partnered women[47] were asked about partner violence. It is important to note that the prevalence of *lifetime* intimate partner violence is defined as the proportion of ever-partnered women who reported that they had experienced one or more defined acts of violence by a current or former partner at least once in their lifetime. *Current* IPV prevalence is the proportion of ever-partnered women reporting at least one act of violence during the 12 months preceding the interview. By definition, current IPV prevalence is a subset of lifetime IPV prevalence. In this section lifetime and current prevalence is reported for physical, sexual, emotional, economic, and physical and/or sexual partner violence.

IPV Prevalence

About 30 percent of ever-partnered women reported having experienced at least one act of physical and/or sexual partner violence in their lifetime and six percent reported at least one act specifically during the 12 months prior to the survey (Figure 4.1). Among these women, physical partner violence was more common than sexual (28% vs. 11%). Emotional violence, the use of language as a tool of abuse or aggression, was the most common dimension of IPV. It is important to note that whilst these dimensions are presented separately in the analysis that follows, some women experience multiple forms of IPV. For example, as shown in Figure 4.2, 8 percent of ever-partnered women have experienced all three forms of violence.

[47] The study uses the term ever-partnered, rather than ever-married, because this group is more inclusive as women who are currently (or were in the past) cohabiting with or dating a male partner without being married are also considered.

FIGURE 4.1 Lifetime and Current Prevalence of Physical, Sexual, Physical, and/or Sexual and Emotional Intimate Partner Violence among Ever-Partnered Women: Women's Health Survey Trinidad and Tobago, 2017

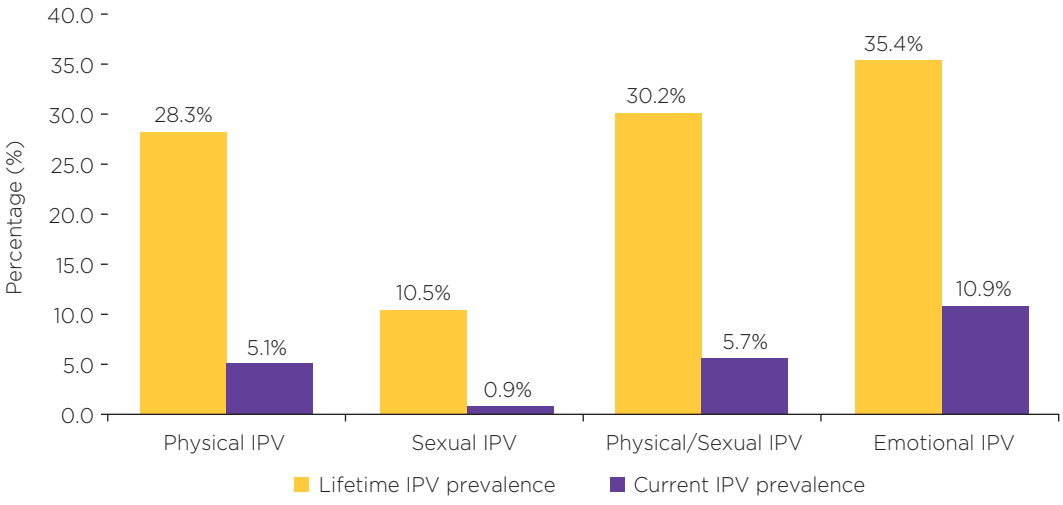
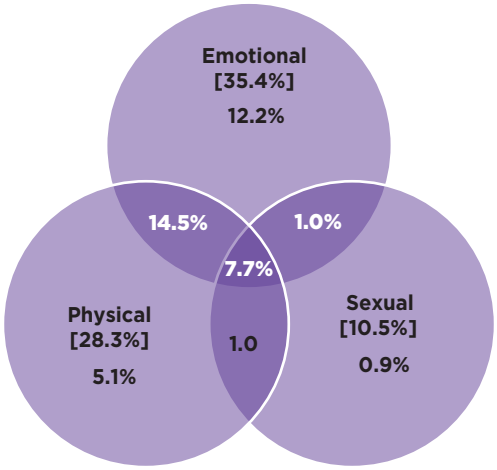


FIGURE 4.2 Overlap between Sexual, Physical, and Emotional Violence Experienced by Survivors of IPV Nationally: Women's Health Survey Trinidad and Tobago, 2017[a]

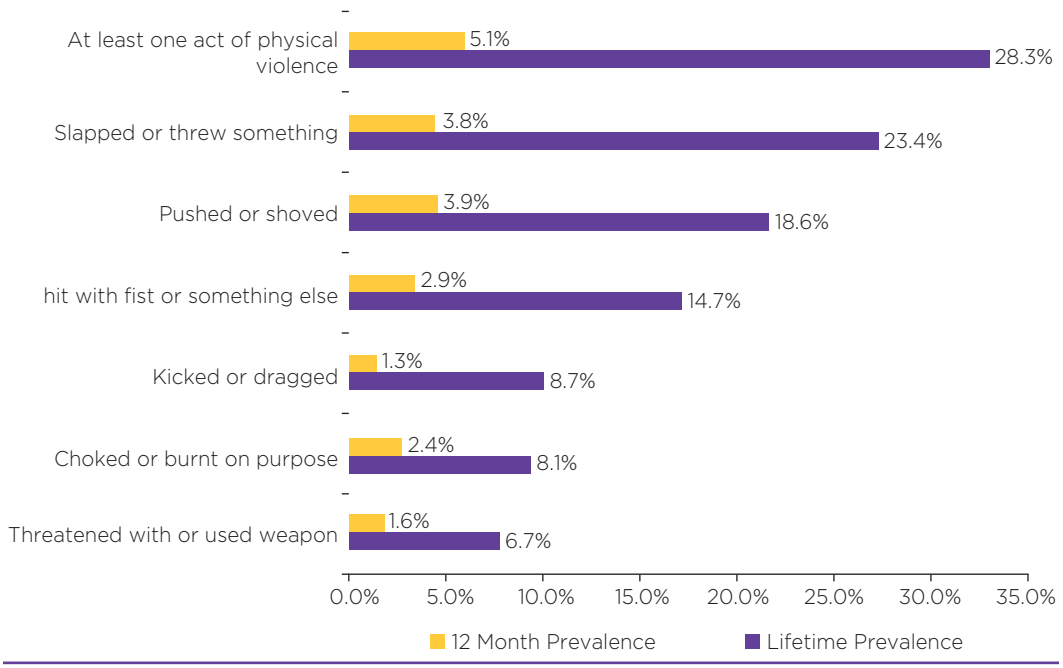


[a] Figures in parentheses indicate the proportion of all ever-partnered women who have experienced each type of abuse. All other numbers represent specific combinations of violence.

Prevalence of Physical Partner Violence

The lifetime prevalence of physical IPV in Trinidad and Tobago was 28 percent, whilst the current prevalence was 5 percent. The most common acts of physical IPV 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 (ranging from 15% to 23%). All acts are presented in Figure 4.3 below.

FIGURE 4.3 Lifetime and Current Prevalence of Different Acts of Physical Partner Violence among Ever-Partnered Women: Women's Health Survey Trinidad and Tobago, 2017



Severity of Physical IPV

The acts of lifetime physical partner violence among ever-partnered women in Trinidad and Tobago were recorded and categorised for analysis according to severity, viz.: "moderate only," "moderate and severe," and "severe only."[48] Overall, most ever-partnered women who reported lifetime physical IPV reported experiencing severe physical IPV at least once (64%). See Figure 4.4.

Physical Violence in Pregnancy

Over 7 percent of ever-pregnant women reported experiencing physical violence in at least one pregnancy. Over 90 percent of the most recent incidents of violence experienced in pregnancy were perpetrated by the father of the unborn child, who, in most instances (80%), was reported to be the same perpetrator of physical violence as before pregnancy. About 72 percent of women reported that the violence got worse (41%) or

[48] Moderate physical violence:
- slapping or throwing something that could hurt
- pushing or shoving

Severe physical violence:
- being hit with a fist or something else
- being kicked or beaten up
- being choked or burned
- being threatened with a gun, knife, or other weapon.

FIGURE 4.4 Severity of Physical IPV Experienced by Ever-Partnered Women: Women's Health Survey Trinidad and Tobago, 2017

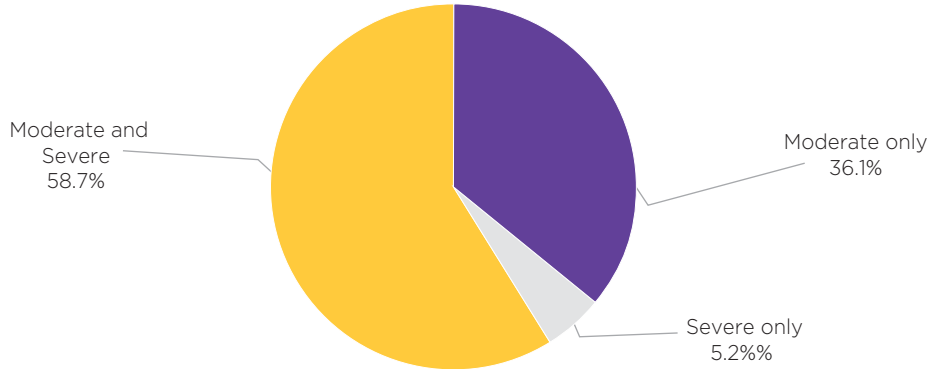
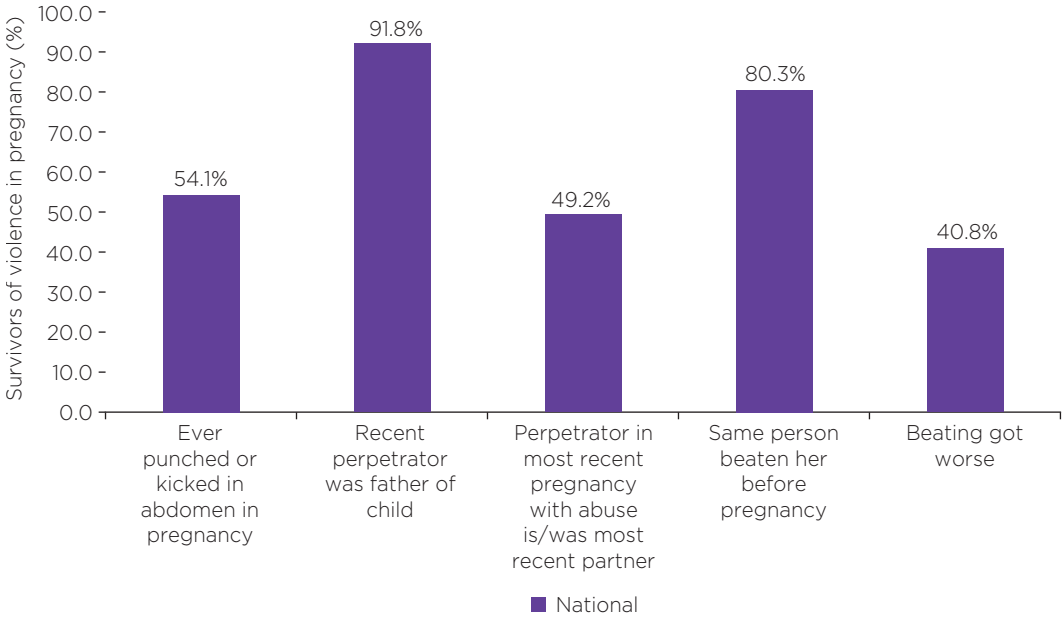


FIGURE 4.5 Characteristics of Physical Violence among Women Who have Experienced Physical Violence in Pregnancy: Women's Health Survey Trinidad and Tobago, 2017

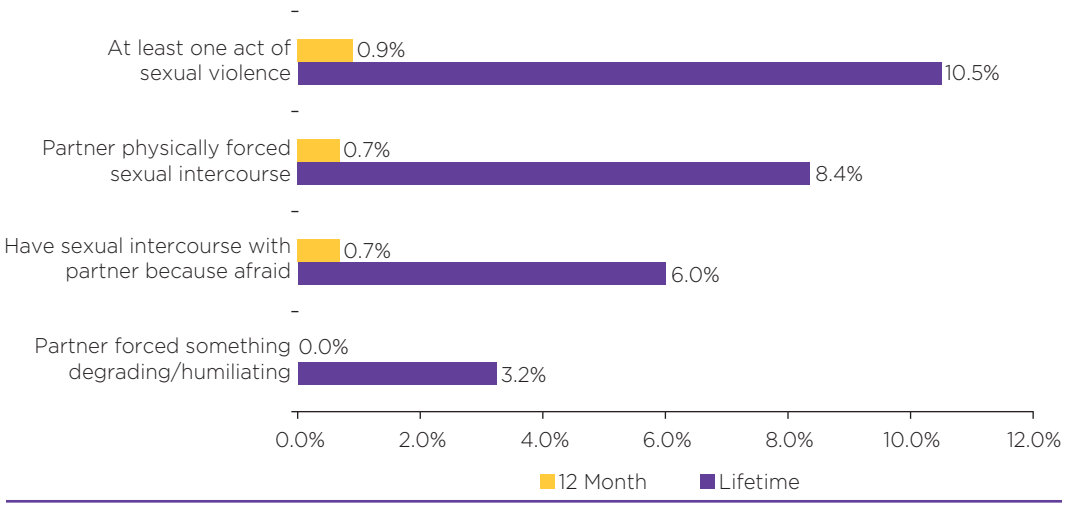


stayed the same during pregnancy (31%). More than half of the ever-pregnant women who experienced violence during a pregnancy indicated that they had been punched or kicked in the abdomen when pregnant. See Figure 4.5 above.

Prevalence of Sexual Partner Violence

The prevalence of sexual partner violence is the proportion of ever-partnered women who have experienced at least one pre-defined act of sexual violence perpetrated by their partner. About one in ten of ever-partnered women living in Trinidad and Tobago

FIGURE 4.6 Lifetime and Current Prevalence of Different Acts of Sexual Partner Violence among Ever-Partnered Women: Women's Health Survey Trinidad and Tobago, 2017



have experienced sexual partner violence in their lifetime, while less than 1 percent reported experiencing such violence in the 12 months prior to the interview. Respondents most commonly reported being forced into sexual intercourse (lifetime 8%; current 1%). Women also indicated having unwanted sexual intercourse because of fear of what their partners might do if refused (lifetime 6%; current 1%) as well as performing what they considered degrading or humiliating acts (lifetime 3%; current 0%). See Figure 4.6.

Physical and/or Sexual Violence

For some analyses it is useful to consider physical and sexual violence in combination. Therefore, the prevalence of physical and/or sexual violence is also presented. As shown in Figure 4.7, over 30 percent of ever-partnered women in Trinidad and Tobago have experienced either physical or sexual partner violence or both, at least once in their lifetimes. About 6 percent have had this experience in the 12 months preceding the interview.

Prevalence of Emotional Partner Violence

The prevalence of lifetime emotional violence by a partner in Trinidad and Tobago was 35 percent, while the prevalence of partner-perpetrated emotional violence in the 12 months preceding the interview was 11 percent. The most common acts of emotional partner violence were being insulted by a partner or made to feel bad about herself (lifetime 28%, current 10%) and being belittled or humiliated in front of other people (lifetime 21%, current 7%). See Figure 4.8.

Frequency of IPV

Women who reported that they had experienced IPV were also asked to quantify how often the individual acts of violence had happened. To calculate the frequency of each

FIGURE 4.7 Lifetime and Current Prevalence of Physical and/or Sexual Partner Violence among Ever-Partnered Women: Women's Health Survey Trinidad and Tobago, 2017

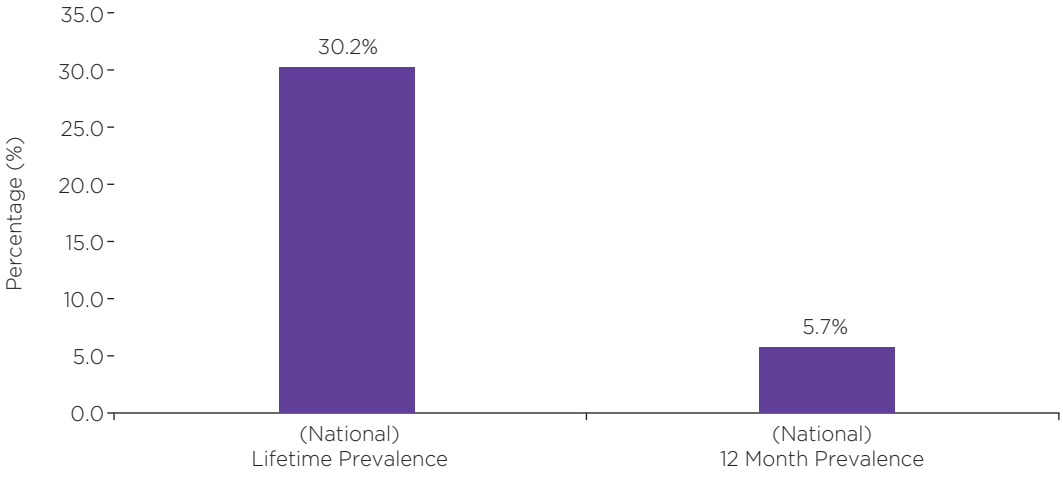
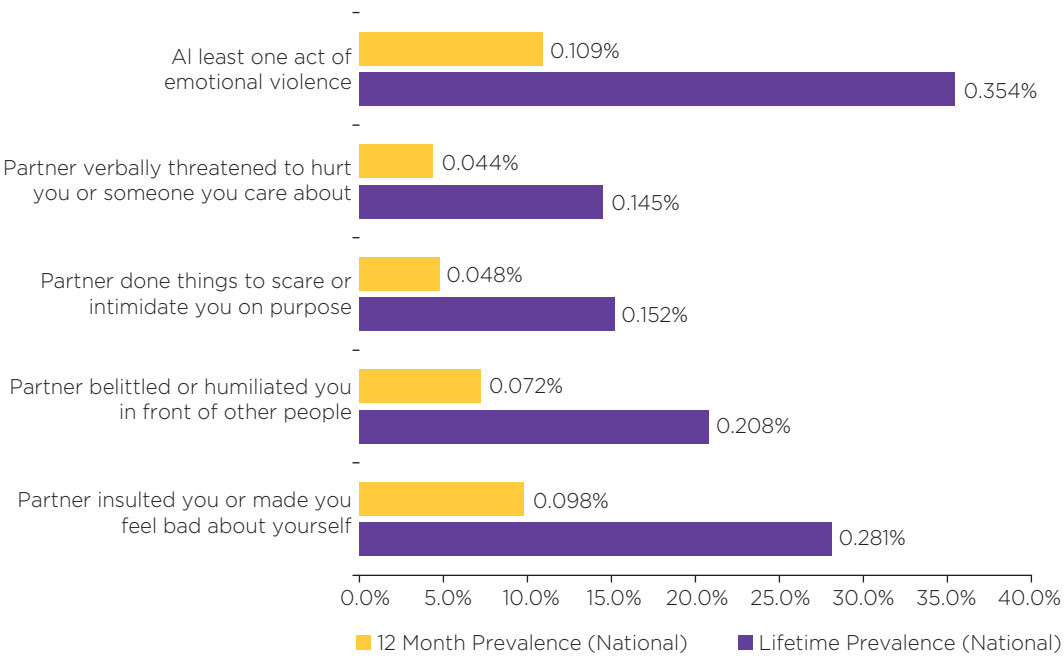


FIGURE 4.8 Lifetime and Current Prevalence of Different Acts of Emotional Partner Violence among Ever-Partnered Women: Women's Health Survey Trinidad and Tobago, 2017



type of IPV, a score was created for each respondent, summarizing whether she had experienced a particular act of violence once, a few times or many times, both over the past 12 months and over her lifetime.[49]

[49] For a detailed explanation of score calculation, see Data Analysis section in Chapter 2, Survey Organisation and Methodology.

FIGURE 4.9 Frequency of Lifetime and Current Prevalence of Physical, Sexual, Physical, and/or Sexual and Emotional Intimate Partner Violence among Ever-Partnered Women: Women's Health Survey Trinidad and Tobago, 2017

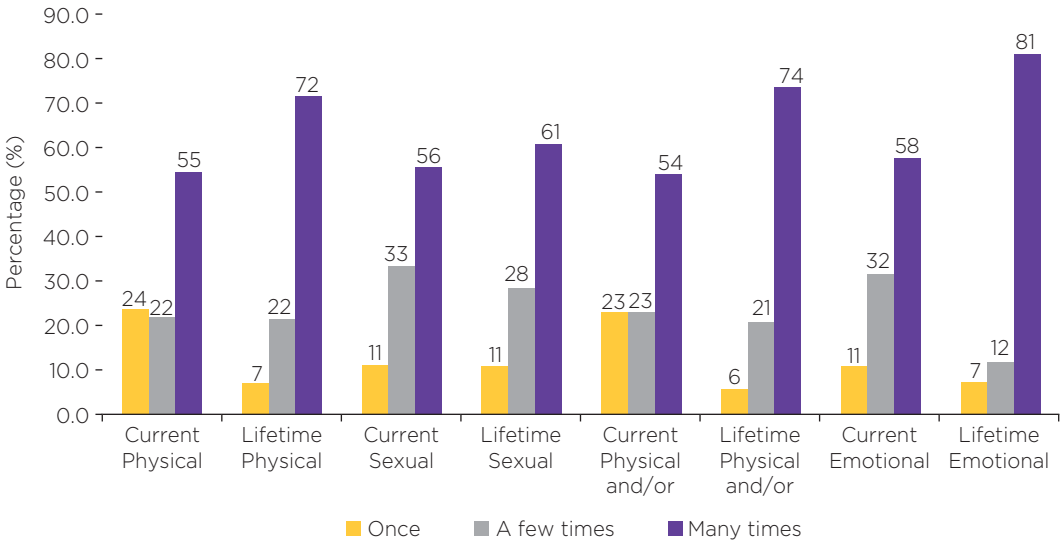


Figure 4.9 shows that across all types of IPV, whether lifetime or current, at least half of all survivors reported that they had experienced partner violence "many times." Conversely, across all dimensions save current physical violence, approximately 11 percent or less experienced only one violent act. The data suggest that for IPV survivors, experiencing partner violence is rarely a one-off event.

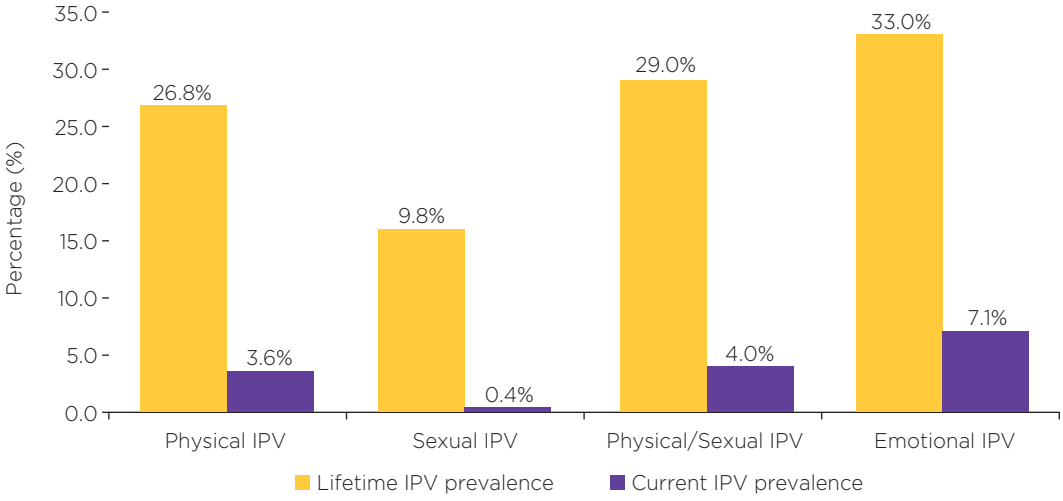
Economic Partner Violence

The study also collected information on lifetime economic partner violence, defined as the experience of at least one of three acts. Seven percent of these women reported that their partner refused to give them money for household expenses regardless of money being available for other things; 7 percent indicated partners prohibit them from getting a job, and 2 percent stated that their partners took their earnings or savings against their will. Overall, almost 11 percent of ever-partnered women indicated that they experienced economic abuse by partners over their lifetime.

IPV in CSP Communities

While the Women's Health Survey is national in scope, the communities of the Citizen Security Programme were also isolated for analysis (in aggregate). Generally, IPV prevalence for CSP communities was similar to that of the national community. As with the national community, women sampled in CSP communities reported experiencing a higher prevalence of emotional IPV over their lifetime (33%) than either physical or sexual IPV. The lifetime prevalence rates of physical and/or sexual IPV among women in CSP

FIGURE 4.10 Lifetime and Current Prevalence of Physical, Sexual, Physical, and/or Sexual and Emotional Intimate Partner Violence among Ever-Partnered Women Living in CSP Communities: Women's Health Survey Trinidad and Tobago, 2017



communities was also found to be similar to that of the national lifetime prevalence (CSP 29%, National 30%), as were physical IPV (CSP 27%, National 28%) and sexual IPV (CSP 10%, National 10%), when considered individually. While the prevalence rates are marginally lower in CSP communities versus national figures, in almost all cases statistical tests could not confirm these differences as significant, i.e., not attributable to chance.[50] Further, as with the national prevalence rates, in considering prevalence for CSP communities, it must be remembered that it is likely that prevalence varies among the communities which comprise this aggregate. Accordingly, these figures are not representative at the individual community level.

Summary – Violence Against Women and Girls

These results imply that in the 15 to 64 age bracket, over 100,000 women in Trinidad and Tobago are estimated to have experienced one act or more of physical and/or sexual violence perpetrated by their male partners; of these women, approximately 11,000 women are likely to still be in an abusive relationship.[51] These statistics paint a similar picture of violence when compared to the WHO global finding that 30 percent of women who have been in a relationship report these forms of IPV.[52] In other words, nationally and worldwide almost one in three women are either physically or sexually abused at some point in

[50] No statistically significant differences were found for the individual dimensions of prevalence (both lifetime and current) save current emotional violence. Refer to Table A1.2 in Annex 1: Supplemental Tables.
[51] Estimates calculated based on 2011 census population statistics for women aged 15 to 64 years. Current abusive partnership is based on women who reported violence in the 12 months prior to being interviewed.
[52] http://www.who.int/mediacentre/factsheets/fs239/en/.

their lives, not by strangers, but by their own male romantic partners. Further, just over one in five ever-partnered women have experienced severe physical partner violence, and most survivors report experiencing acts of violence "many times." The direct impact of violence may be further compounded for women if they experience pregnancy. In such cases partner violence either remains just as prevalent or becomes worse than prior to pregnancy. Such violence may account for maternal mortality, although this association is often unrecognized by policymakers (WHO/PAHO 2012).[53] Women are also exposed to other forms of abusive and controlling behaviour by their partners in the form of emotional (also known as psychological) and economic abuse, the former being the most common form of IPV. Taken together, these results demonstrate concretely the widespread vulnerability of women to IPV.

Intimate Partner Violence: Associated Factors and Triggers

This section presents and discusses the prevalence of lifetime and current physical and/or sexual partner violence and statistically significant associations with demographic factors such as age, religion, and education.[54] Triggers of violence, as perceived by survivors, are also presented.

Physical Partner Violence

Lifetime Physical Partner Violence

The prevalence of lifetime physical partner violence was higher among ever-partnered women with lower levels of education. Over one-third of women who had no schooling or primary school as the highest level of education reported experiencing lifetime physical partner violence. For those women with secondary school as the highest level of education, 30 percent reported experiencing lifetime physical partner violence as opposed to 23 percent among those having higher than secondary school education. The association of lower education attainment with a higher IPV prevalence is a common finding in similar studies in other countries.

Women who had a partner but were not married had higher prevalence rates of physical violence over their lifetime, with 46.1 percent indicating that they had experienced this type of violence over their lifetime. About 26 percent of women who were currently married reported experiencing physical violence over their lifetime, while 15 percent of women who were currently partnered but not married also reported experiencing this type of violence over their lifetime. The association here is not straightforward, as the relationship between a current partner and violence happening at some point in a woman's life is difficult to determine without being able to at least pinpoint when she experienced partner violence.

[53] Understanding and Addressing Violence against Women 2012 http://apps.who.int/iris/bitstream/10665/77432/1/WHO_RHR_12.36_eng.pdf Retrieved 28 September 2017.

[54] Only significant ($p<0.05$) associations are reported.

Experience of lifetime physical violence among women who were ever pregnant was much higher than that of women who were never pregnant. Specifically, 32 percent of women who were ever pregnant reported experiencing physical violence in their lifetime, while less than 10 percent of women who were never pregnant reported having the same experience.

Among women who reported lifetime experiences of physical violence, those who were married or lived with a partner at a young age had higher prevalence rates than those whose first union was at 19 years old or older (47% for 18 years or younger; 28%, 19 years or older).

Current Physical Partner Violence

Slightly over 7 percent of ever-partnered women living in rural communities in Trinidad and Tobago reported experiencing current physical partner violence, while 4 percent in urban communities reported experiencing this type of violence.

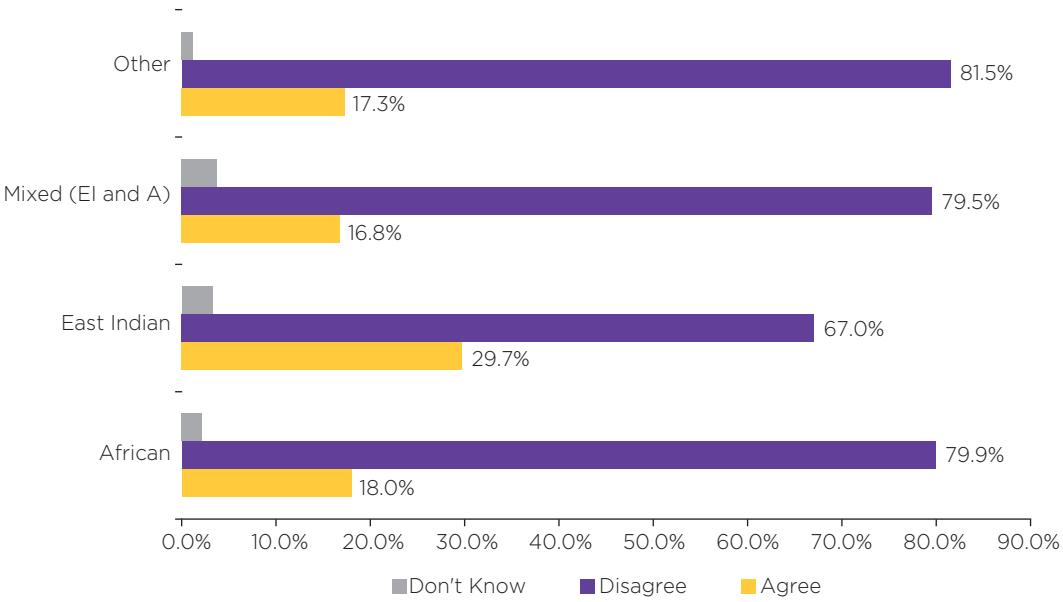
Across all age groups the prevalence of current physical partner violence was higher among younger women in five-year age groups between 20 and 34 years, ranging from 7 percent to 11 percent. This trend continued with prevalence rates decreasing among women in age groups between 35 and 49 years and ranging from 3 to 6 percent. For women 50 years or older, the prevalence of current physical partner violence was estimated to be as low as 2 percent.

As with lifetime physical partner violence, among women who reported current experiences of physical violence, those who were married or lived with a partner at a young age had higher a prevalence rate than those whose first union was at 19 years old or older (11% for 18 years or younger; 5% for 19 years or older).

Sexual Violence

Sexual partner violence over the course of a woman's lifetime was higher among women who described their ethnicity as African (13%) while 9 percent and 6 percent of women who described themselves as East Indian and Mixed, respectively, reported sexual partner violence over their lifetime. Over 15 percent of women who identified as an "other" ethnicity indicated that they have experienced sexual partner violence in their lifetime. This finding was particularly perplexing as it is echoed in *4.6 Sexual Violence against Women by Non-partners,* where women of East Indian descent also experience a lower prevalence of more than one form of non-partner sexual violence, including sexual harassment. While the scope of the current report does not allow for a thorough investigation of why there are significant differences between sexual violence prevalence among women of differing ethnicity, analysis was run to determine if there were differences between how women of differing ethnic backgrounds viewed privacy with respect to IPV. As seen in Figure 4.11 below, a higher proportion of East Indian women agree with the statement that violence between a husband and wife is a private matter than any other ethnic group. This, coupled with observations by field teams about difficulties with participation in some predominantly East Indian neighbourhoods, suggest that there may be cultural barriers to discussing sensitive matters such as sexual assault, particularly with a stranger.

FIGURE 4.11 Agreement/disagreement that Violence between Husband and Wife is a Private Matter among all Respondents by Ethnicity: Women's Health Survey Trinidad and Tobago, 2017



The prevalence of sexual partner violence over women's lifetime was higher among women who are currently partnered but not married, with over 18 percent reporting that they experienced this type of violence, followed by women who were married (9%) and women who had no partner (8%). The caveat about comparing current partnership status to a lifetime prevalence rate also holds in this case. While the association is statistically significant, it is difficult to discern what the association may imply.

Women who were pregnant at least once experienced sexual partner violence over their lifetime at almost four times (12%) the rate of women who had never been pregnant (3%).

Over 16 percent of women who indicated that their main source of income is income from their own work had experienced sexual violence at least once in their lifetime. The prevalence of this type of violent experience was highest in this group, followed by women who earn no income (12%). It would seem to be paradoxical that women who are financially independent experience higher prevalence of lifetime sexual violence than women who are financially dependent on their partner and/or others. Tempting as it may be to conclude that financial independence leads to higher prevalence of sexual violence, the results only show an association and not a causal relationship between the two. Women who experience sexual violence in their lifetime may be more motivated to gain financial independence, thereby explaining the higher prevalence among women whose main source of income is from their own work. It is also possible that women who are financially independent are more 'threatening' to the 'masculinity' of the male, and this perceived threat elicits violent responses.

Among women who reported acts of sexual partner violence, the prevalence of this type of violence was higher among those women who were involved in non-consensual marriages (15%) than those women who were involved in consensual marriages (9%).

Physical and/or Sexual Violence

Lifetime

When observed across age groups, the prevalence of lifetime physical and/or sexual partner violence was lower among younger ever-partnered women in age groups between 15 years and 24 years, ranging from 9 percent to 24 percent. Among women in age groups between 25 years and 59 years, prevalence rates ranged from 25 percent to 36 percent and were even higher among women aged 60 to 64 years (38%). This is expected given that lifetime estimates reflect experiential outcomes that are functions of exposure-time to the onset of intimate partner violence, this being likely to be greater among older women and resulting in the likelihood of reporting experiences tantamount to intimate partner violence.

Almost 48 percent of ever-partnered women who were partnered but not married reported that they have experienced physical and/or sexual violence in their lifetime, while 16 percent who had no current partner and 28 percent who are currently married indicated that they experienced this type of violence over their lifetime.

The prevalence of lifetime physical and/or sexual violence and pregnancy were found to be higher among women who were ever pregnant (34%) than never pregnant women (11%).

Women who were married or lived with a partner at age 18 or younger (49%) had a higher prevalence rate for lifetime physical and/or sexual violence than women who were married or lived with a partner at age 19 or older (29%).

Current

As with lifetime physical and/or sexual IPV, women who entered their first unions at 19 years or older were much less likely to have experienced current partner violence (5%) versus 11 percent for 18 and younger partnerships.

Childhood Experience of Violence

For the purposes of this study, both violence witnessed by a child as well as violence experienced by a child are considered the childhood experience of violence.[55]

There is a statistically significant relationship between experiencing physical and sexual partner violence and having a violent childhood. There were marked differences in the prevalence of physical and/or sexual partner violence between women who had experienced violence as children and women who had not. Among women who were survivors

[55] Specifically, the experiences in question were:

- the respondent as a child witnessing her mother being hit by her mother's partner;
- the respondent as a child receiving beating(s) that left a mark or bruise;
- the respondent as a child being insulted or humiliated by a family member in front of others.

of physical or sexual partner violence, 40 percent had witnessed partner violence against their mothers when they were children. Of women who did not experience physical or sexual IPV, just under 24 percent had witnessed partner violence against their mother.

TABLE 4.1 Summary of Respondent Factors Significantly Associated[a] with Physical, Sexual, and Physical and/or Sexual Intimate Partner Violence: Women's Health Survey Trinidad and Tobago, 2017

Significant factors	Physical IPV	Sexual IPV	Physical +/or sexual
Educational attainment	*Lifetime only* Primary only = 33.5% Secondary = 29.8% Higher = 23.4% p-value = 0.04	—	—
Current Partnership	*Lifetime* Married = 25.9% Cohabiting = 46.1% No partner = 14.5% p-value = 0.00	*Lifetime* Married = 9.1% Cohabiting = 18.2% No partner = 7.9% p—value = 0.03	*Lifetime* Married = 27.8% Cohabiting = 47.9% No partner = 15.8% p—value = 0.01
Age	*Current* 15–19 = 0.0% 20–24 = 7.2% 25–29 = 10.5% 30–34 = 9.2% 35–39 = 5.8% 40–44 = 4.9% 45–49 = 3.3% 50–54 = 1.7% 55–59 = 3.0% 60–64 = 2.8% p-value = 0.03	—	*Lifetime* 15–19 = 9.1% 20–24 = 24.6% 25–29 = 28.6% 30–34 = 35.9% 35–39 = 28.5% 40–44 = 35.0% 45–49 = 34.8% 50–54 = 25.9% 55–59 = 25.3% 60–64 = 37.6% p—value = 0.03
Urban/rural	*Current* Urban = 4.1% Rural = 7.4% p-value = 0.03	—	—
Ethnicity	—	*Lifetime* African = 12.6% East Indian = 8.8% Mixed (EI & A) = 6.0% Other = 15.8% p—value = 0.03	—
Ever pregnant	*Lifetime* Yes = 32.0% No = 9.8% p-value = 0.00	*Lifetime* Yes = 12.1% No = 3.1% p—value = 0.00	*Lifetime* Yes = 34.0% No = 11.0% p—value = 0.00
Age at first union	*Lifetime* 19 or older = 27.1% 18 or younger = 47.4% p-value = 0.00 *Current* 19 or older = 4.5% 18 or younger = 10.9% p-value = 0.00		*Lifetime* 19 or older = 5.5% 18 or younger = 10.9% p—value = 0.01 Current 19 or older = 5.5% 18 or younger = 10.9% p—value = 0.01

(*continued on next page*)

TABLE 4.1 Summary of Respondent Factors Significantly Associated[a] with Physical, Sexual, and Physical and/or Sexual Intimate Partner Violence: Women's Health Survey Trinidad and Tobago, 2017 *(continued)*

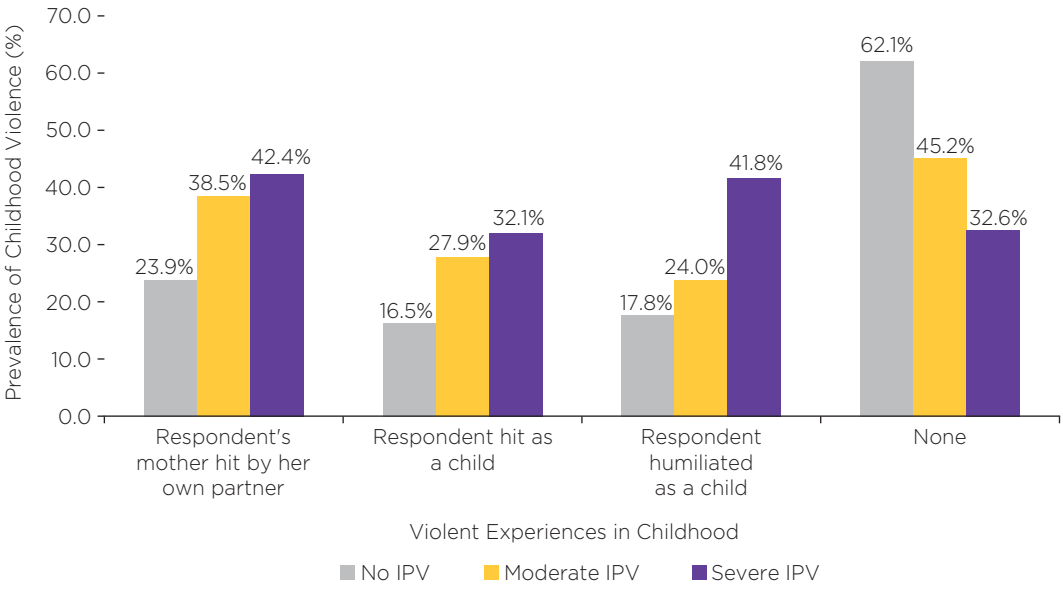
Significant factors	Physical IPV	Sexual IPV	Physical +/or sexual
Main source of income	—	*Lifetime* Own work = 16.2% Husband/partner = 7.7% Self/partner equal = 7.4% Relatives/friends = 8.3% None/pension/social services = 12.4% p—value = 0.00	—
Non-consensual marriage	—	*Lifetime* Yes = 14.8% No = 8.7% p—value = 0.04	

[a] Using Pearson Chi-Square tests.

There are also differences between survivors and non-survivors when childhood experience of being hit (31% vs. 16%, respectively) or publicly insulted are examined (36% vs. 17%, respectively). Table 17 refers.

The severity of physical partner violence that women experience is also significantly associated with childhood violence. The more severe the lifetime physical partner violence experienced by a woman, the greater the likelihood that this woman experienced violence at home as a child. To illustrate (see Figure 4.12), women who experienced

FIGURE 4.12 Childhood Experience of Violence by Severity of Physical IPV Experienced by Women: Women's Health Survey Trinidad and Tobago, 2017



severe physical partner violence were much more likely to report that they had experienced at least one act of violence at home as a child (67%) than women who experienced moderate (55%) or no violence (38%). What appears to be the differentiating childhood experience among those women who experience moderate versus severe lifetime physical partner violence is being insulted or humiliated as a child. Almost 42 percent of women who experienced severe physical partner violence in their lifetime were insulted or humiliated, compared to 24 percent of women who experienced moderate physical partner violence and who also indicated that they too were insulted or humiliated as a child.

Intimate Partner Violence and Partner Characteristics

Women were asked in this study to provide information about their partners' age, education, employment status, alcohol and drug use, relationship history, and whether their partner has had children with another woman. These partner characteristics were paired with physical and sexual partner violence to ascertain whether there were significant associations.

Physical and/or Sexual Partner Violence

Women whose partners had lower levels of education experienced higher prevalence of physical and/or sexual violence over the course of their lifetime (none/primary 37%, secondary 31%, higher than secondary 23%).

The prevalence of physical and/or sexual partner violence was significantly higher among women whose partners were unemployed (lifetime 48%, current 14%). Slightly less than 30 percent of women whose partners were employed experienced lifetime physical and/or sexual partner violence, with 3 percent of these women reporting currently experiencing this type of violence. Similarly, women whose partners were out of the labour force experienced low prevalence of physical and/or sexual violence (lifetime 27%, current 3%).

Women whose partners engaged in some form of substance use[56] experienced higher prevalence rates of physical and/or sexual violence over their lifetime (alcohol 43%; recreational drugs 52%) and in the past 12 months prior to the interview (alcohol 10%; recreational drugs 15%).

The prevalence of current physical and/or sexual partner violence was higher among women who had partners belonging to age groups in the aged 25 to 34 cohort (12%) than other age groups ranging from 2 to 6 percent.

About half of women who were in a relationship with a partner who had a prior relationship (49%) experienced physical and/or sexual partner violence in their lifetime, while about one-quarter of women who were with a partner who did not have a prior relationship experienced physical violence over their lifetime. There was also a higher prevalence of current physical and/or sexual partner violence among women who were with a partner who had a prior relationship (11%) than estimated among those women who were with a partner who had no prior relationships (4%). Further, the prevalence rate of current

[56] Consumed alcohol or drugs at least once a week.

physical and/or sexual partner violence was higher among women who had partners who did not have children with another woman (14%), than was estimated among women who had partners who had children with another woman (4%). While these associated factors are significant, their relevance is not proven out by international literature and their relevance in the local context is unclear. Further analysis is needed to determine if these associations have meaningful explanatory power.

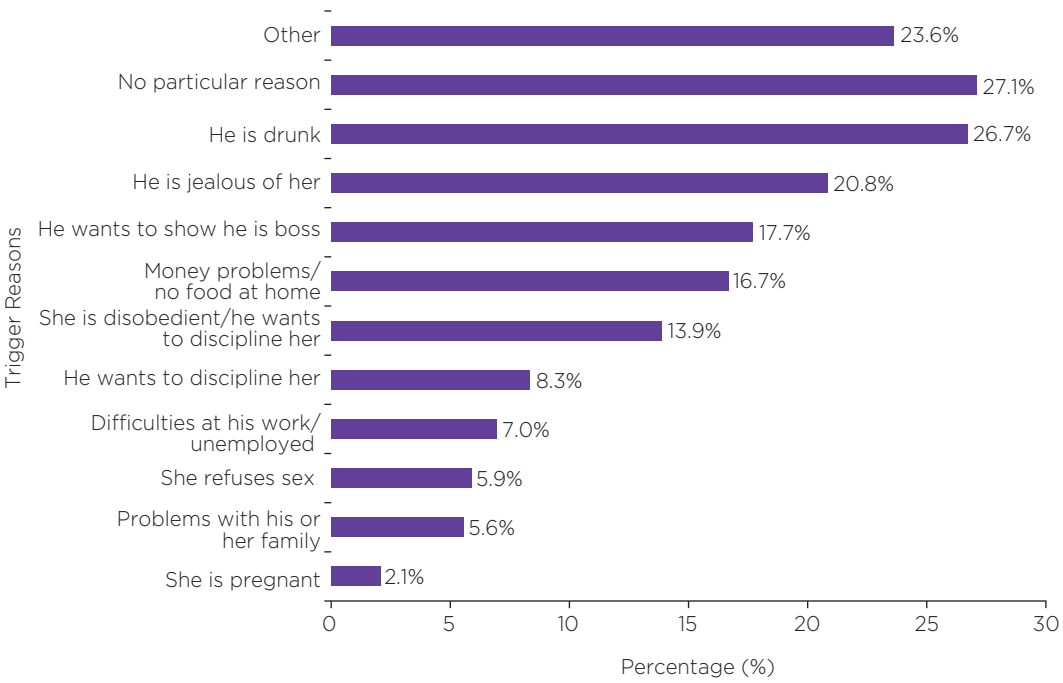
Perceived Triggers of Partner Violence

Women who reported that they had experienced physical partner violence in their lifetime were asked about the context of the incident(s). The more common reasons given by women to explain their partner's behaviour were him being drunk (27%), him being jealous of her (21%), and his wanting to show her who is boss (18%). Notably, over 27 percent of women reported no particular reason as triggering their partner's behaviour (See Figure 4.13).

Summary – Intimate Partner Violence: Associated Factors and Triggers

Generally, the factors significantly associated with IPV in this preliminary analysis are largely unsurprising. For example, it is generally the case that younger women (of childbearing age) are often more vulnerable to IPV, so this association for physical IPV is

FIGURE 4.13 Some Triggers of Violence among Women Experiencing Physical Partner Viiolence by Place of Residence: Women's Health Survey Trinidad and Tobago, 2017



straightforward. Interestingly, age at first union appears to be a common risk factor for physical and sexual IPV. This finding echoes the sentiments of the local activist community and the government in ratifying the recent Child Marriage Act. Delaying the age of first union may well be a protective factor for young women, as this often goes hand in hand with other seeming protective factors such as women achieving higher educational attainment. Adding depth to the data on prevalence of physical violence in pregnancy, under *Physical Violence in Pregnancy* in Section 4.1 Violence Against Women and Girls by their Male Partners, is the association of lifetime physical and sexual IPV with having experienced pregnancy. Caution must be taken in interpreting the exact nature of this association, however, as in some countries it has been found that pregnancy is both a consequence of and risk factor for IPV. Finally, many of the ascribed triggers of violence also paint an unsurprising picture. From the view of their female partners, men who perpetrate violence are often fuelled by need to assert their power over their partners, by their inebriation, or by their despondency over personal or household money problems. Some of the triggers may be related to men's perception of masculinity. However, that most women say men are triggered to violence by no particular reason is worthy of further examination.

Intimate Partner Violence, Gender Dynamics, and Associated Factors

This section uses standard scales to determine respondents' perceptions of gender roles and norms and the associations, if any, with partner violence. These include scales on gender roles, normalization of violence and the justification of violence as well as the controlling behaviours of partners. The scales on gender roles, the normalization and justification of violence were presented to all women in the study, whilst the identified controlling behaviours of partners were only applicable to ever-partnered women. Only results for statistically significant associations (i.e., $p<0.05$) are presented.

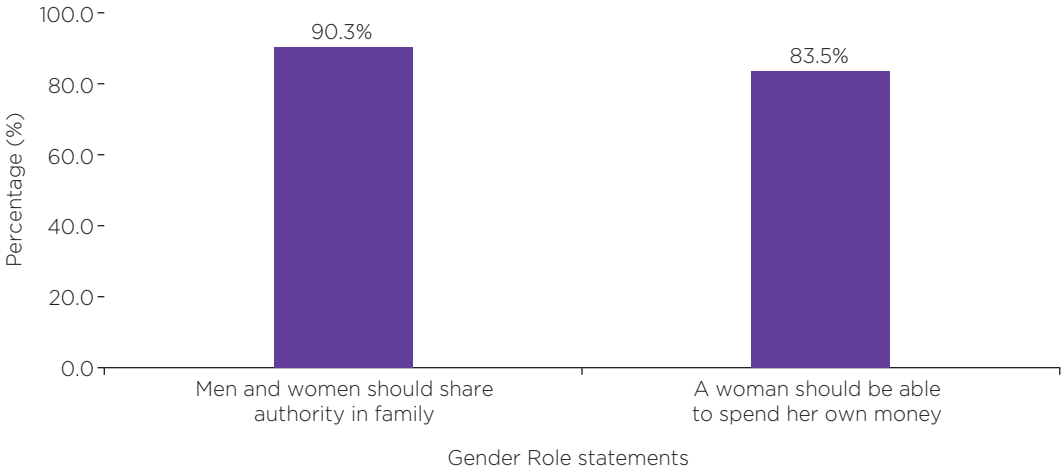
Gender Attitudes

To examine women's perceptions of specific gender roles, all respondents were presented with statements regarding a woman's role as it related to her husband, family, home, and finances.[57] Although at least some women agreed with each statement, there was greater consensus among women on the statements which afforded women more agency in their own lives and in the family. Overall there was high agreement with the statements "women and men should share authority in the family" (90%) and "a woman

[57] Respondents were asked if they agreed with the following statements:

- It is a wife's obligation to have sex with her husband whenever he wants.
- Women and men should share authority in the family.
- A woman's most important role is to take care of her home and cook for her family.
- It is natural that men should be the head of the family.
- A wife should obey her husband even if she disagrees.
- A woman should be able to spend her own money according to her own will.

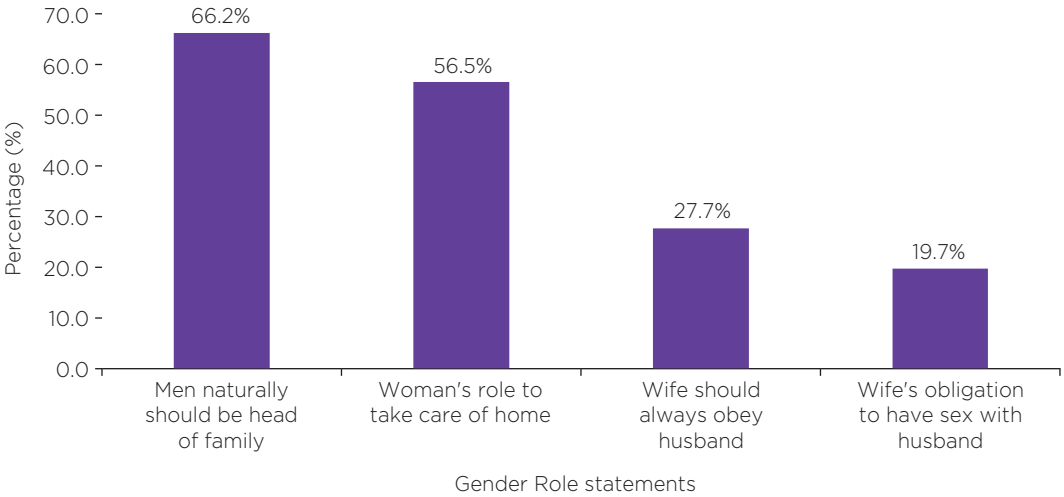
FIGURE 4.14 Egalitarian Gender Attitudes. Proportion of Women Interviewed Who Said They Agree with Specific Statements Presented to Them: Women's Health Survey Trinidad and Tobago, 2017



should be able to spend her own money" (84%) (see Figure 4.14). Despite the vast majority of respondents agreeing that women should at least share authority in the family, roughly 66 percent of women agreed that "it is natural that men should be the head of the family," while 57 percent of women agreed that "a woman's role is to take care of her home" (see Figure 4.15).

The types of IPV were analysed against each of the gender role statements to determine if there were statistically significant associations. The prevalence of current

FIGURE 4.15 Patriarchal Gender Attitudes. Proportion of Interviewed Women Who Said They Agree with Specific Statements Presented to Them: Women's Health Survey Trinidad and Tobago, 2017



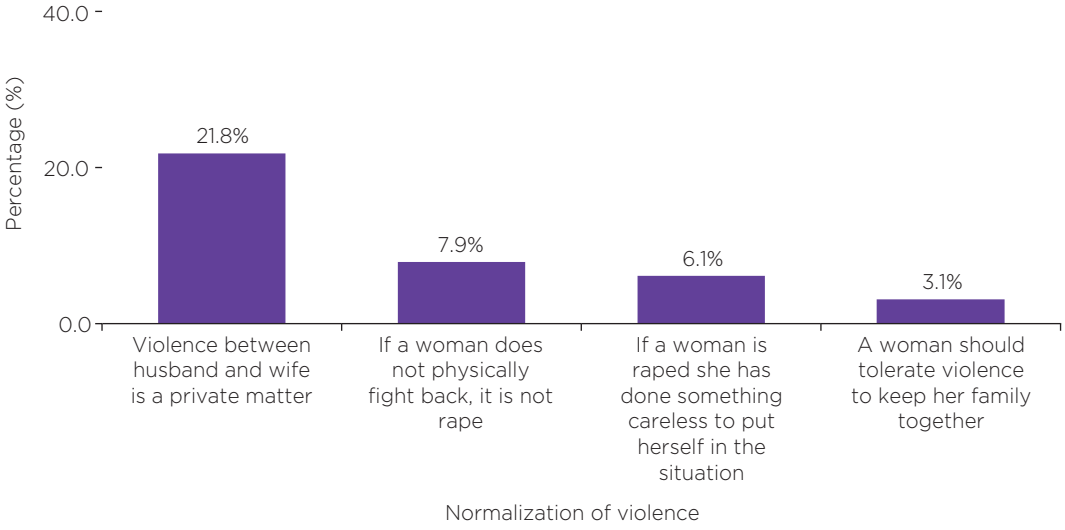
emotional partner violence was found to be higher among women who agreed that a woman's role is to take care of the family (13%), than among women who did not agree with that statement (8%). No other associations were statistically significant.

Normalization of Violence

Respondents were also asked about their perceptions on whether experiencing violence is normal for women.[58] A low proportion of women agreed that if a woman does not fight back, it is not rape (8%), that if a woman is raped, she has done something careless to put herself in the situation (6%), and a woman should tolerate violence to keep her family together (3%). In contrast, however, over 21 percent of women agreed that violence between a husband and wife is a private matter, a relatively higher level of endorsement than for any of the other statements in this scale (see Figure 4.16).

Assessing the prevalence of partner violence against normalization of violence, the results showed that 10.8 percent of women who experienced sexual violence in their lifetime did not agree that a woman should tolerate violence to keep her family together. However, none of the women who agreed with that statement ever reported any experience of sexual violence in their lifetime. All other associations of IPV types with the normalisation of violence statements were not statistically significant.

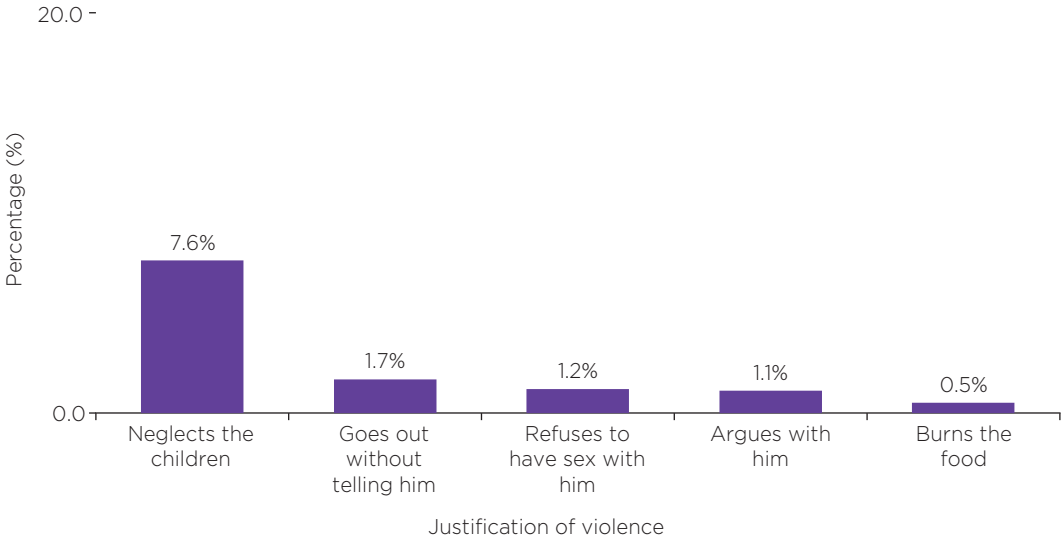
FIGURE 4.16 Normalisation of Violence. Proportion of Interviewed Women Who Said They Agree with Specific Statements Presented to Them: Women's Health Survey Trinidad and Tobago, 2017



[58] Respondents were asked if they agreed with the following statements:

- Violence between husband and wife is a private matter.
- A woman should tolerate violence to keep her family together.
- If a woman is raped she has done something careless to put herself in that position.
- It is not rape if a woman does not fight back.

FIGURE 4.17 Justification of Violence. Proportion of Interviewed Women Who Said They Agree with Specific Statements Presented to Them: Women's Health Survey Trinidad and Tobago, 2017



Justification of Violence

To determine women's perceptions on whether physical partner violence against women is ever justified, respondents were presented with the pretexts for partner violence against a woman[59] (Figure 4.17).

Overall, most women did not agree with these statements. However, 8 percent of women indicated that physical partner violence was justified in the case where the woman neglects the children. Very small percentages of women justified physical partner violence when a woman goes out without telling him (2%), refuses to have sex with him (1%), argues with him (1%), or burns the food (0.5%).

Controlling Behaviour

This survey also included questions on controlling behaviour by a partner[60] (Figure 4.19).

[59] Respondents were asked if they agreed that physical violence is justified in the following cases:
- if she goes out without telling her partner
- if she neglects the children
- if she argues with her partner
- if she refuses to have sex with her partner
- if she burns the food.

[60] Ever-partnered women were asked about specific behaviours exhibited by their partner:
- He does not permit her to meet with friends.
- He limits her contact with her biological family.
- He insists on knowing where she is at all times.
- He gets angry or jealous when she talks with another man.
- He accuses her of being unfaithful.
- He expects her to ask permission before seeking health care.

Almost 30 percent of ever-partnered women reported that their partner gets jealous or angry if they talk to another man, followed by 23 percent who stated that their partner wants to know where they are at all times. Less common controlling behaviours

FIGURE 4.18 Proportion of Ever-Partnered Women whose Partners Exhibited Controlling Behaviours: Women's Health Survey Trinidad and Tobago, 2017

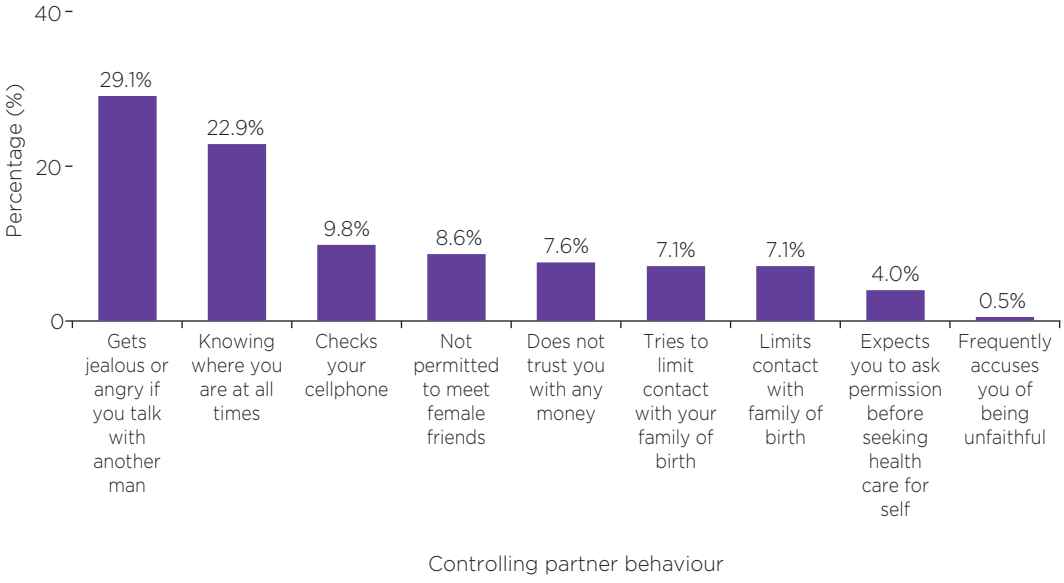
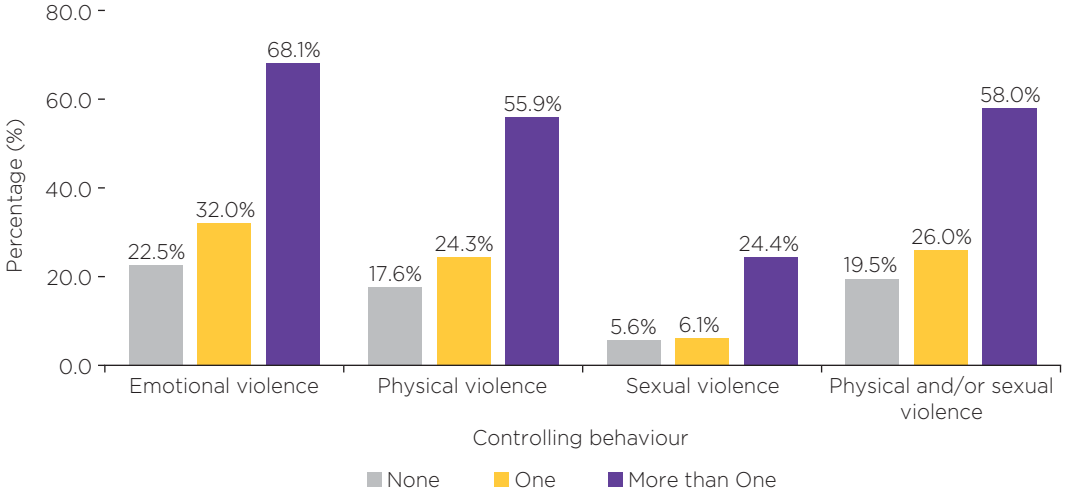


FIGURE 4.19 Partner Controlling Behaviour and Lifetime Experience of Partner Violence: Women's Health Survey Trinidad and Tobago, 2017



- He does not trust her with money.
- He checks her cell phone.

by women's partners were expecting them to ask permission before seeking health care (4%) and accusations of being unfaithful (0.5%).

To understand whether the controlling behaviours of women's current or most recent partners were associated with IPV, the data were further analysed. The eight behaviours were used to compute a new score which identified three levels of controlling behaviour by a partner: no controlling behaviour, one type of controlling behaviour, and more than one type of controlling behaviour. The incidence of IPV was then tested against the degree of controlling partner behaviour.

The prevalence of IPV over a woman's lifetime was much higher among women whose partners exhibited more than one type of controlling behaviour. Over 68 percent of women with very controlling partners (i.e. exhibiting more than one type of controlling behaviour) experienced emotional partner violence over their lifetime; 56 percent physical partner violence; 24 percent sexual partner violence; and 58 percent physical and/or sexual violence. On the other hand, lifetime IPV experiences among women who had a partner who exhibited no controlling behaviours was lowest, as 23 percent of these women indicated that they experienced emotional partner violence over their lifetime and 20 percent physical and/or sexual IPV. As seen in Figure 4.19, the trend was similar across other types of lifetime partner violence with prevalence rates increasing based on the increased number of controlling behaviours exhibited by a partner.

Similarly, the prevalence of current IPV among women who had partners exhibiting more than one controlling behaviour was markedly higher than that of women whose partners exhibited one or no controlling behaviours. This was the case across all dimensions of partner violence.

Summary – Intimate Partner Violence, Gender Dynamics and Associated Factors

The women of Trinidad and Tobago have a mix of beliefs about women's roles and the violence that women experience from their partners. Almost all women agree that women should have at least some authority in their homes and that women do not deserve violent treatment from their partners. However, some traditional patriarchal beliefs are still pervasive. Overall, most of these attitudes and perceptions are not significantly associated with partner violence against women. On the other hand, there is a highly significant relationship between a partner's controlling behaviour and women's experience of emotional, physical, and sexual partner violence. Women whose partners exhibit multiple controlling behaviours are at least twice as likely as their counterparts to experience IPV. The strong association of controlling behaviour and IPV may be because the acts of controlling behaviour are very similar to IPV.

Impact of Intimate Partner Violence on Women

The effects of intimate partner violence are multidimensional. This section looks at some of the consequences of physical and sexual partner violence on women, particularly as it relates to their health. Physical and sexual violence cause not only immediate pain and

injury, but also lasting effects on physical, mental, and psychological health that compromise women's quality of life and productivity.

Physical Health

Physical and sexual partner violence have direct impacts on women's bodies. Almost a third of these survivors (31%) reported having suffered injuries as a result of the violence inflicted on them, and one-fifth (21%) needed to seek professional health care for these injuries. Survivors were also asked to subjectively assess how their experience of violence had affected their well-being. About 16 percent of these women estimated the effect of IPV as "a lot," whilst 24 percent estimated it as "a little," and 60 percent felt there was "no effect."

All ever-partnered women were also asked about the quality of their general, physical, and mental health. Figure 4.20 presents the differences in reported health problems between women who had experienced intimate partner violence versus those who had not. In all categories, survivors were more likely to have problems, whether it was poor general health (40% vs. 28% for non-survivors), difficulty performing usual activities (13% vs. 7% for non-survivors), or having pain (24% vs. 11% for non-survivors). Notably, this difference was more pronounced in women who were from rural communities, as a larger proportion of these women experienced problems with overall health (4%) and problems performing usual activities (19%). Refer to Figure 4.20.

Ever-partnered women also indicated their use of medication in the past four weeks, according to their experience of physical and/or sexual partner violence. Nationally, survivors were more likely to take medicine for pain (41%), to sleep (13%), or for depression (5%) than women who had not experienced partner violence: 31 percent, 7 percent, and 2 percent, respectively.

FIGURE 4.20 Health Problems Reported among Ever-Partnered Women, According to Women's Experience of Physical and/or Sexual Partner Violence: Women's Health Survey Trinidad and Tobago, 2017

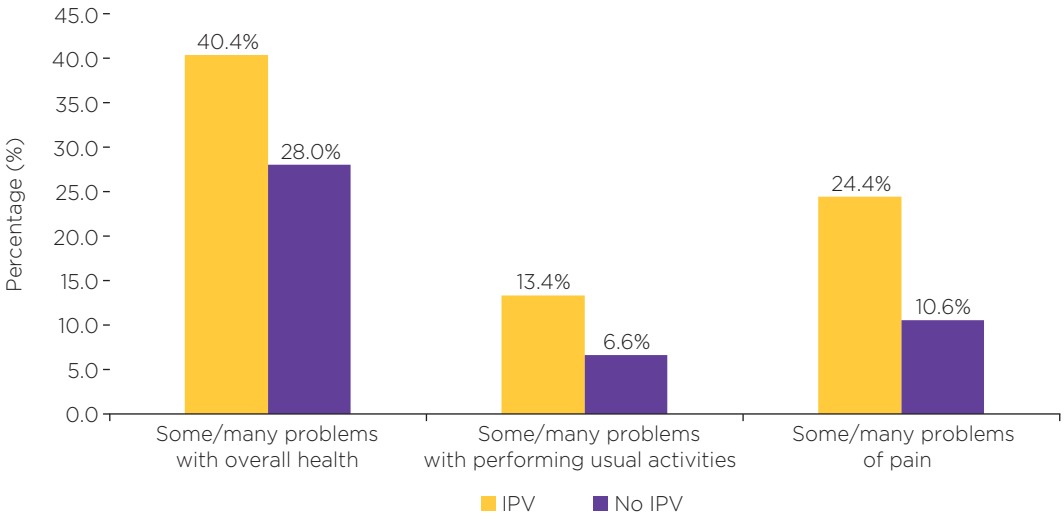
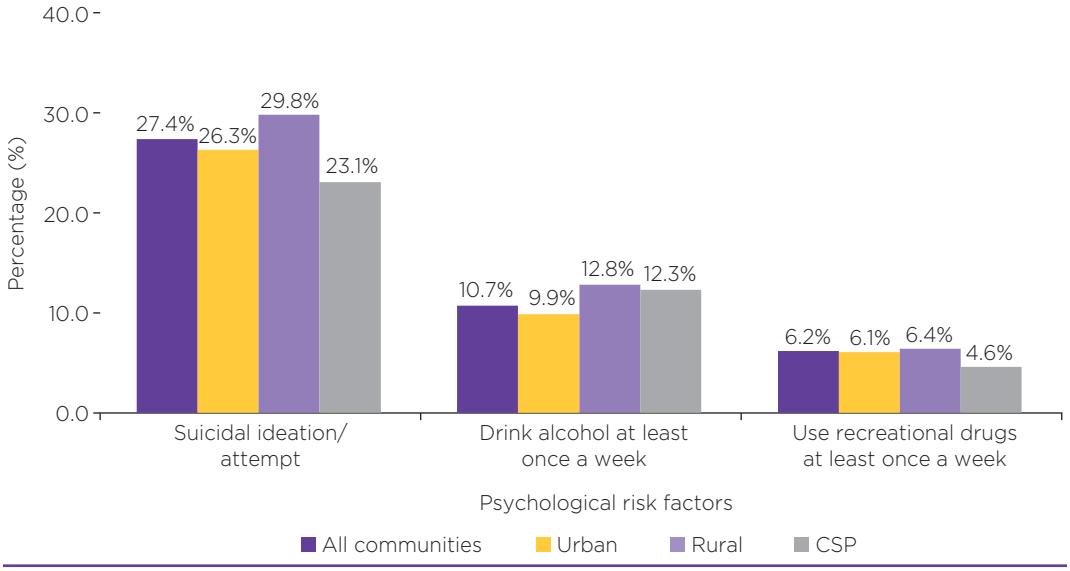


FIGURE 4.21 Psychological Risk Factors Reported among Ever-Partnered Women According to their IPV Experience: Women's Health Survey Trinidad and Tobago, 2017



Mental Health

Other psychological risk factors were also reported among ever-partnered women. These include suicidal ideation or attempt as well as use of alcohol or recreational drugs (at least once a week). Nationwide, women who had experienced physical or sexual partner violence reported suicidal ideation or attempts (27%), alcohol consumption (11%), and using recreational drugs (6%). Similar variation was observed across each of the psychological risks for women from urban, rural, and CSP communities. In comparison, women who had not experienced physical or sexual intimate partner violence were much less likely to have contemplated or attempted suicide (12%), and the likelihood of substance use was also less: 6 percent consumed alcohol and 2 percent used recreational drugs (Figure 4.21).

Sexual and Reproductive Health

Women who experience IPV are at higher risk of negative outcomes with respect to their sexual and reproductive health. As shown in Figure 4.22 and Figure 4.23, survivors have less agency with regard to their own use of birth control or their partner's use of birth control or condoms. This implies that survivors are at higher risk for unwanted pregnancies and exposure to sexually transmitted infections, including HIV.

Impact on Income Generation

The majority of survivors of physical and sexual intimate partner violence earn a money income by working (76%). Survivors were asked about the impact of partner violence on their income-generating activities. Just over a quarter of them (27%) reported that their

FIGURE 4.22 Current/most Recent Husband/partner Ever Refused to Use Birth Control or Barred You from Using Birth Control by Experience of Current Physical, Sexual, Sexual and/or Physical, and Emotional IPV among Ever-Partnered Women: Women's Health Survey Trinidad and Tobago, 2017

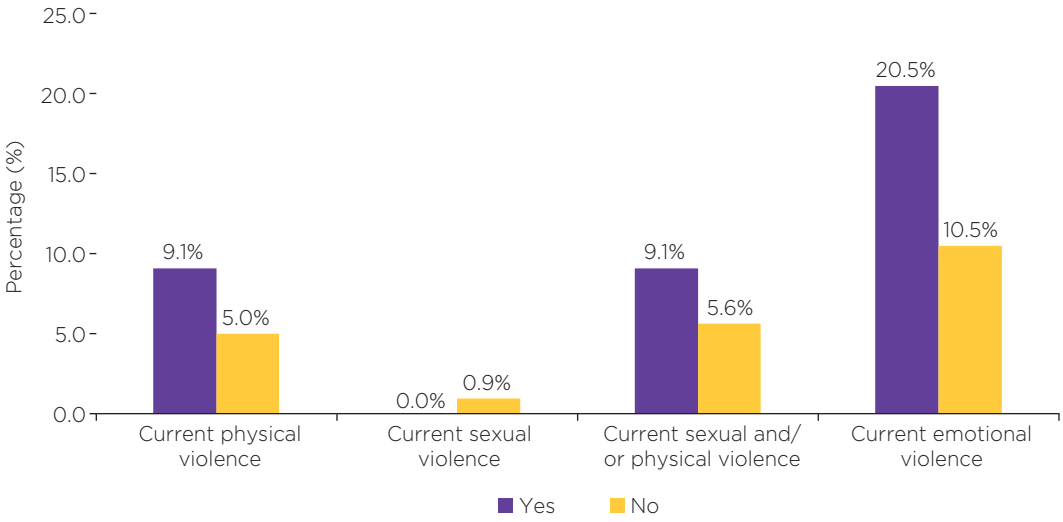
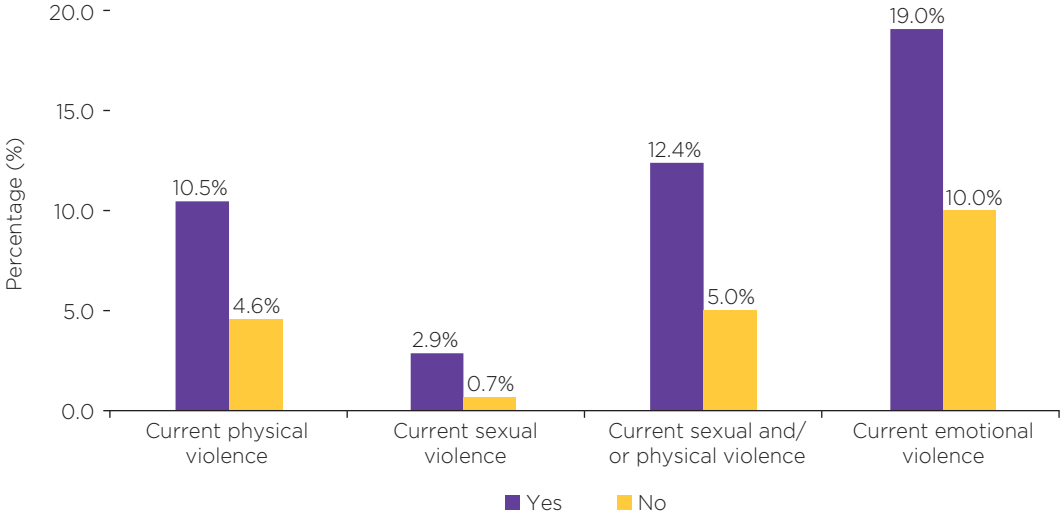


FIGURE 4.23 Current/most Recent Husband/Partner Ever Refused to Use a Condom by Experience of Current Physical, Sexual, Sexual and/ or Physical, and Emotional IPV among Ever-Partnered Women: Women's Health Survey Trinidad and Tobago, 2017



work was not disrupted. Others described the violence as having the following impacts: loss of self-confidence (10%), needing sick leave (19%), and being unable to concentrate (31%), as well as husband/partner interrupting work (15%). In CSP communities, a similar proportion of survivors earn an income from their work (24%), but a smaller proportion

state that their work was not disrupted (24%). Interestingly, while a larger proportion of these women report difficulty concentrating (35%), a smaller proportion reported being unable to work because of sick leave (12%).

Impact on Children

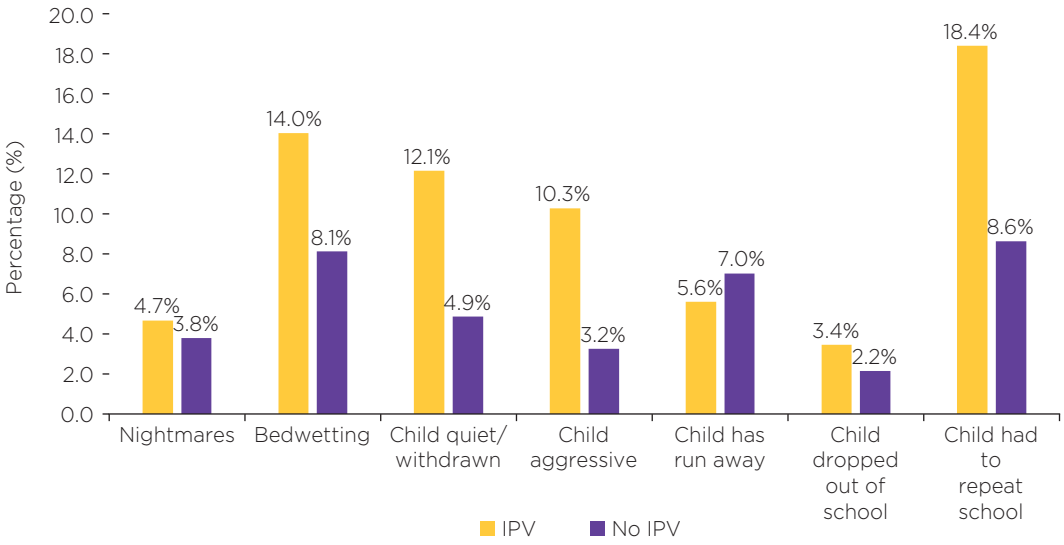
Women with children 5 to 12 years old reported the impact their experience of physical and/or sexual partner violence had on their children's well-being. Survivors of IPV reported higher prevalence for all but one of the indicators of trauma for their children. These included their children's private behaviours such as bedwetting (14% vs. 8% for non-survivors' children), social behaviour such as aggression (10% vs. 3% for non-survivors' children), and school performance, i.e., having to repeat school years (18% vs. 9% for non-survivors' children). Figure 4.24 presents all the indicators resulting from reports made by mothers.

Women from CSP communities were more likely to report their children's nightmares as an impact of their personal experiences with IPV (13%) when compared to women from rural (0%) and urban (6%) communities. However, survivors residing in rural communities were more likely to report their children being quiet and withdrawn (22%) compared to those from CSP (13%) and urban communities (10%).

Summary – Impact of Intimate Partner Violence on Women

Women who have experienced physical and sexual partner violence are measurably worse off than their counterparts, based on several on subjective and objective measures of health and well-being. These impacts go beyond the more obvious direct impacts such as

FIGURE 4.24 Children's Well-Being as Reported by Women with Children 5–12 Years Old, According to the Women's Experience of Physical and/or Sexual Partner Violence: Women's Health Survey Trinidad and Tobago, 2017



injuries resulting from violence. These include survivors having greater pain, more difficulty with normal functioning, worse mental health, being at greater risk of unwanted pregnancy and STIs, and having a higher likelihood of having their income-earning activities compromised. In addition, the children of survivors were also more likely to present with troubling behaviour. Coupled with the finding that survivors are about two to three times more likely to need their partner's permission to seek healthcare (Figure 4.19), these findings suggest survivors are extremely vulnerable with regard to their health, in particular.

Women's Responses to Intimate Partner Violence

This section reports how women address physical and sexual violence perpetrated by their partners. It examines if and from whom survivors of intimate partner violence choose to obtain support, the kinds of support they opt for, and their reasons for seeking help (or not). The section also examines other options open to survivors, such as leaving the violent situation or physically retaliating against their perpetrators.

Disclosure

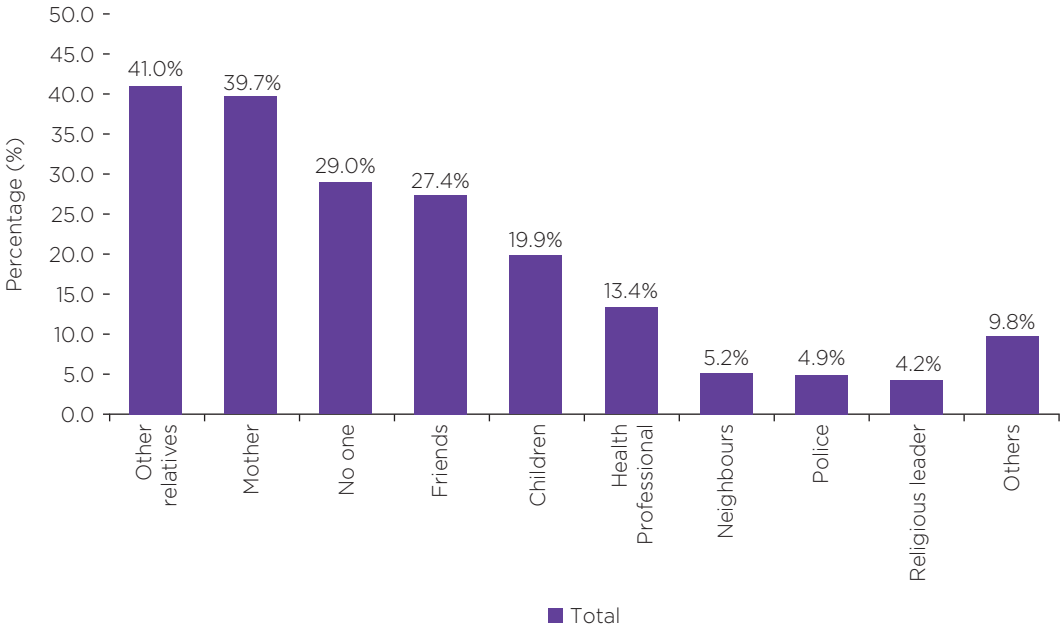
Most ever-partnered women who have experienced physical or sexual partner violence indicated that they spoke to at least one other person about their abusive experience; 29 percent had spoken to no one. Mothers were the most frequently chosen confidantes (40% for all respondents), and more so in CSP communities (48%). Friends (27% of all respondents) and other relatives were also common choices. Urban women were more likely to confide in friends than their rural counterparts (30% vs. 21% respectively). On the other hand, rural women were more inclined to tell their children (23%) of their experience than urban women (18%). Approximately 24 percent of all survivors spoke to an uncle or aunt, 16 percent to a brother or sister. Notably, relatively few women chose to disclose their encounter with IPV to professionals such as health workers/doctors (13%), the police (5%), or a counsellor (4%). Results are summarised in Figure 4.25.

Seeking and Receiving Help

The majority of women who experienced physical or sexual partner violence did not seek help from any organisation or support agency; this amounted to 69 percent of survivors across Trinidad and Tobago collectively and 74 percent of women from the aggregated CSP communities. Among those who sought help from an agency or person in authority, most went to the police (26%). Less popular choices were seeking assistance from a health agency (8%), the courts (6%), and social services (3%). Notably, only a negligible proportion of survivors reported seeking help from the service providers which are specifically set up to aid survivors of IPV: fewer than 1 percent of survivors used the National Domestic Violence Hotline, 800-SAVE; and 1 percent used domestic violence shelters.

Unsurprisingly, most survivors of IPV also did not receive help from any source (61%). Of those who received help, they were most likely to be helped by their parents (13%), the police (12%), and their friends (11%). There were some noticeable disparities between

FIGURE 4.25 Percentage of Women Who Had Told Others, and Persons to Whom They Told, about the Violence, among Women Experiencing Physical or Sexual Partner Violence: Women's Health Survey Trinidad and Tobago, 2017



women from rural and urban areas, the former tending to rely on family, the latter on friends. Whilst women from rural areas were more likely to receive help from their parents, this was true for a smaller proportion for women from urban areas (17% and 11%, respectively). By contrast, a greater percentage of women from urban areas received help from their friends (14%) compared to women from rural areas (6%). Furthermore, women from rural areas were more likely to receive help from the police (16%) compared to women from urban areas (11%).

Survivors of intimate partner violence had various reasons to seek help. The most compelling reasons were feeling like she could not endure any more violence (43%) or being encouraged by friends or family (31%). Women were also motivated to seek help when they were badly injured (18%), when there was an attempt to kill them (threatened or tried – 16%), or when they were afraid they would be killed (14%). About one in ten women who sought assistance did so when they saw their children suffering because of the situation.

On the other hand, women who did not seek help were not as definitive with their reasons as those who did. In fact, 33 percent of survivors who did not seek help did not know why they made this choice or refused to provide a response. Although one in five of these women (17%) reported that the violence was "normal" or "not serious" enough to warrant intervention, 8 percent refrained from further action out of fear of the consequences, and 9 percent were ashamed or felt they would be blamed or not believed. Notably, women from CSP communities were similarly reticent or at a loss as to how to explain not seeking help (33% did not answer or did not know). However, a smaller proportion of women felt afraid (4%) or embarrassed (4%), but a much larger proportion felt that violence was

normal/not serious (27%). Of those survivors who chose to seek formal support, less than half approved of assistance from the police service (46%), but health services received a high approval rating: 92 percent.

Leaving the Violence

The most common driver in a survivor's decision to leave her partner is not being able to endure any more of the violent situation; 52 percent of survivors stated this reason. All other factors, such as a serious injury (6%), support from friends or family (6%), or thrown out from the home (4%), influenced relatively few survivors. Strikingly, despite reaching this point, most women who leave return to their partners (62%). There are several reasons why they choose to do so, and some women were motivated by more than one factor. Most related to retaining or rebuilding the relationship or household structure which they had left: 33 percent forgave their partners; 24 percent acquiesced to the partner's request to return; 19 percent returned for the sake of their families; 14 percent were compelled by the love they felt for their partners; 10 percent by the belief that he would change; and 6 percent because of the holiness of marriage. Other reasons related to the lack of support available to women who leave: did not want to leave their children (33%); being unable to stay at another place (9%); and being unable to support children (6%).

Other survivors of physical and sexual partner violence never leave. Their reasons are similar to those of the women who return. They stem from women's investment in their children and partnerships or their lack of a feasible alternative for themselves and their children. Almost 39 percent of these women did not want to leave their children; 12 percent could not support them and so did not leave the home. Women also stayed because they forgave him (20%), loved him (16%), thought he would change (8%), or felt that that marriage was holy (9%). Some women also considered the violence ''normal'' or ''not serious'' enough to warrant leaving (11%). Notably, 11 percent of women never left because there was no feasible place for them to go.

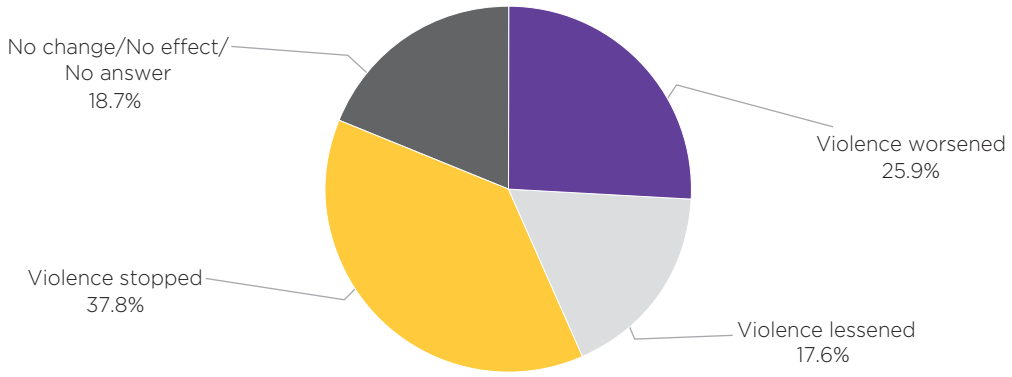
Fighting Back

Two-thirds 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. Two in five women had defended themselves on multiple occasions.

The data indicated varied outcomes for women who retaliated because of physical partner violence. Of the women who retaliated, 38 percent (41% in CSP communities) indicated an end to the violence after fighting back, and a further 18 percent (17% in CSP communities) stated that the violence lessened. Almost 19 percent (19% in CSP communities) reported that there was no change in the situation. In about 26 percent of cases (17% in CSP communities) the violence got worse as a result[61] (Figure 4.26).

[61] It is important to note that the researchers are unable to distinguish if the effect of retaliation against the violent partner, i.e. violence improving, worsening, staying the same, relates to a temporary outcome during a violent episode incident or whether the effects on the violence are lasting in the partnership. Caution must be taken in interpreting that women fighting back stops partner violence altogether.

FIGURE 4.26 Effect of Fighting Back, among Women Who Ever Fought Back Because of Physical Partner Violence: Women's Health Survey Trinidad and Tobago, 2017



Summary – Women's Responses to Partner Violence

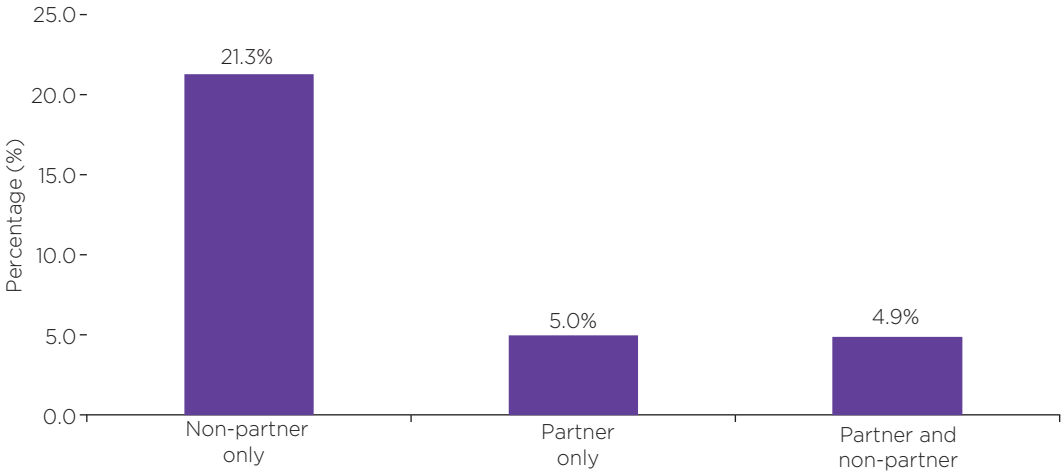
Survivors of physical and sexual partner violence find various strategies to cope with the violence in their lives. Most women are, at minimum, able to talk to someone about their situation, most often their mothers. It should be noted, however, particularly for informing community outreach programmes, that one in three women in this situation did not tell anyone of their experience. Further, most survivors did not seek or receive help for their situation. Women who receive help tend to do so more from their personal network of family and friends than from the authorities or civil society organizations that have dedicated resources to addressing IPV.

There was evidence indicating that survivors experienced some amount of difficulty in pinpointing the factors that discouraged them from seeking help, though fear, shame and especially the "normalcy" of violence were attributed. Survivors' reluctance to leave violent partners appears to emerge from the following: being hamstrung by an inability to access or generate viable alternatives for themselves and, particularly, their children and/or the desire to hold on to their family structure and relationship, despite the violence. Women most commonly seek help or leave when they feel they cannot endure any more. As an alternative, some women decide to fight back against physical attacks, and this brings mixed results. Rather than rendering women to the possibility of suffering worse consequences, the results also indicate that fighting back also stops, lessens, or does not change the violence in the moment of an attack for a relatively greater number of women. It is worth noting, however, that the data do not indicate how partners' overall behaviour is affected when victims fight back.

Sexual Violence Against Women by Non-Partners

This chapter presents results on the prevalence and factors associated with various forms of non-partner sexual violence (NPSV) that women experience. The findings show that just under one in three women (31%) in Trinidad and Tobago have experienced

FIGURE 4.27 Lifetime and Current Prevalence of Non-Partner and Partner Sexual Violence among Ever-Partnered Women: Women's Health Survey Trinidad and Tobago, 2017



sexual violence, which includes forced sexual intercourse, attempted forced intercourse, unwanted touching, and reported sexual violence before the age of 18, at some point in their lives by a partner and/or non-partner.

Interestingly, the prevalence of NPSV (21.3%) is almost four times higher than that of sexual violence perpetrated by a partner (5.0%). The results presented in this chapter correspond to all women interviewed in the sample, as all respondents were asked about NPSV. Throughout this section only statistically significant associations ($p<0.05$) are presented.

Sexual Abuse by Non-Partners

Non-partner sexual abuse is defined as acts that involve being forced into an unwanted sexual act[62] by anyone other than an intimate partner and does not include sexual violence in childhood. The prevalence of non-partner sexual abuse by women in Trinidad and Tobago was 19 percent over their lifetime, while 3 percent of women indicated this happened in the 12 months preceding the interview (Figure 4.28).

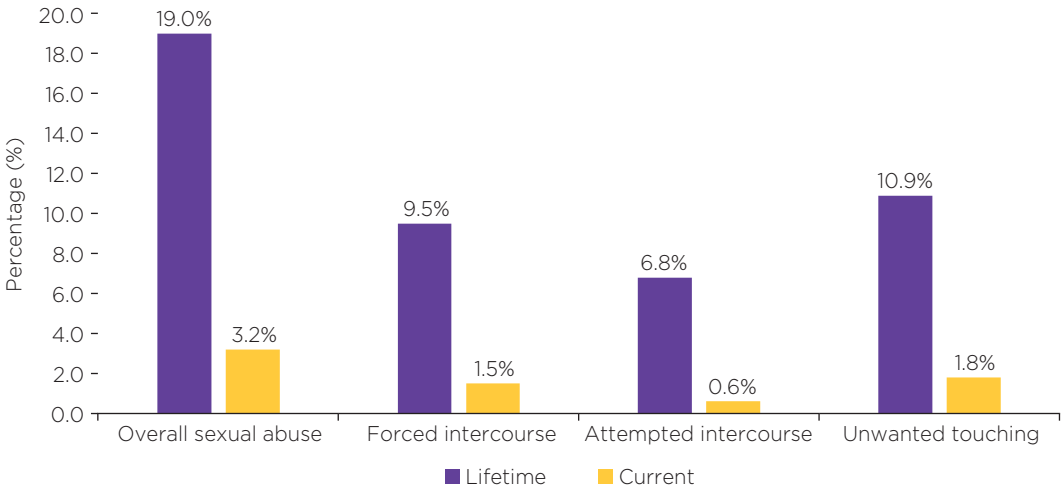
Educational Attainment

Women with no/primary school education were found to have lower prevalence rates among women who currently experience sexual abuse (1%) than women who had some secondary school education (4%) or higher (3%). Provided that non-partner sexual violence

[62] The acts respondents were asked about were:

- being forced into unwanted sexual intercourse (by physical force, threat or being put in a situation where she could not say no);
- being forced to have sex while too intoxicated to refuse;
- someone attempting (but not succeeding) in forcing unwanted sexual intercourse;
- experiencing unwanted sexual touching or being forced to touch someone else sexually.

FIGURE 4.28 Prevalence of Non-Partner Sexual Violence among All Respondents: Women's Health Survey Trinidad and Tobago, 2017



is more likely to occur among younger women, coupled with free and compulsory education in Trinidad to persons between the ages of 5 to 16, it is not surprising that they experience the lowest prevalence of current non-partner sexual abuse, as older women would have been much more likely to have been exposed to little or no formal education.

Ethnicity

Over one-quarter of women who were of African descent reported having experienced sexual abuse by a non-partner over the course of their lifetime, followed by 18 percent of women who fell within the "Other" ethnic group. Women who were of East Indian descent had a lower lifetime prevalence of sexual non-partner abuse than other ethnic groups (11%).

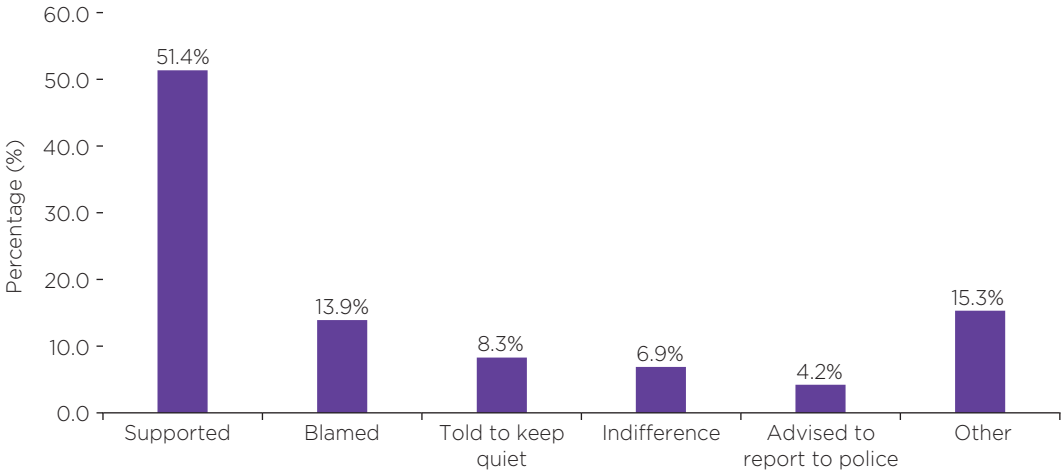
Forced Sexual Intercourse

Of all women who were interviewed, 10 percent indicated that they were forced at least once to have intercourse with a non-partner through the use of physical or verbal force (9%) and/or substances such as alcohol or drugs (1%). For most of these women who reported having experienced being forced to have sexual intercourse with a non-partner (88%), the most recent incident of this act by a non-partner was more than five years ago. Not surprisingly, just about 2 percent of these women who experienced this type of sexual violence reported that it occurred in the past 12 months prior to the study.

The majority of women (lifetime 93%, current 88%) stated that they have experienced this violence once by one perpetrator. In many instances (lifetime 58%, current 75%), this perpetrator was a family member or friend.

Most of these experiences were left unreported, with 84 percent of women stating that they did not report the incident to the police. For those women who did report the incident to the police, a case was opened in just over 50 percent of the reported incidents. Further, only 17 percent of the cases that were opened led to a conviction.

FIGURE 4.29 Responses of Confidantes to Women Who Disclosed Experiencing Forced Sexual Intercourse: Women's Health Survey Trinidad and Tobago, 2017



Reporting the incidents to the health services was also low, with only 12 percent of women reporting to a health service provider. Among those women who did report the incident to a health service provider 25 percent were offered medication/treatment for preventing pregnancy, 25 percent were offered medication/treatment for preventing transmission of HIV, and 12 percent received formal counselling as it related to the incident.

Although these incidents of forced intercourse were not reported to the police or health service providers, women who did experience this type of violence were likely to tell someone in their social network about the incident. In fact, almost two-thirds of these women indicated that they told someone in their network such as a family member, a friend, or a neighbour about the incident. Assessing whom women were most likely to share the incident with revealed that in 62 percent of the cases where the incident was shared, it was with a female family member.

Just over 50 percent of women stated that the person to whom they disclosed this incident was supportive, while 4 percent were advised to report the incident to the police. A disturbingly large percentage (29%) of women were either blamed (14%), told to keep quiet (8%), and/or received no support (7%) after disclosing their experience.

Attempted Forced Sexual Intercourse/Unwanted Touching

Women were asked to think about any male person excluding their husband/male partner and state whether this/these person or persons had: attempted but not succeeded to force you into sexual intercourse, touched you sexually when you did not want them to or made you touch their private parts against your will. The first listed experience was used to assess women's lifetime and current experiences of attempted force sexual intercourse and the latter two experiences, unwanted touching.

Seven percent of all women who were interviewed reported that they had experienced at least once in their lifetime attempted forced sexual intercourse with 1 percent among these women stating that they have experienced this in the past 12 months prior to being interviewed. A slightly higher percentage of women reported having experienced being touched sexually or made to be touched when they did not want to (lifetime 11%, current 2%).

Sexual Harassment

Three specific spaces—at work, on the job, public transport and virtual spaces—were presented to women to assess non-partner sexual harassment. The overall prevalence of non-partner sexual harassment was 13 percent, with the highest prevalence of this type of harassment being in the form of electronic messages with sexual content (8%) and being groped in a public space (7%).

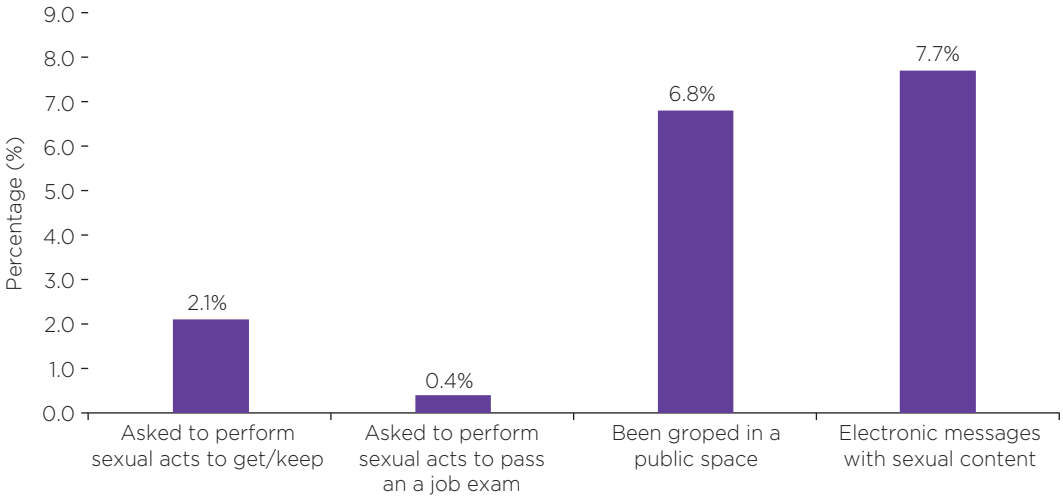
Respondent Age

Younger women were more likely to have experienced non-partner sexual harassment. Specifically, there was an increasing trend of sexual harassment from women in successive five-year age groups between 15 years and 29 years, with prevalence rates ranging from 17 percent to 21 percent. Lower prevalence rates are observed among women aged 40 years and over (3.3%) and somewhat higher (6%) among women aged 55 years and over.

Ethnicity

The prevalence of non-partner sexual harassment among women of East Indian descent (8%) was lower than that of women belonging to other ethnic groups. Women who were classified within the "Other" ethnic group had a higher prevalence rate of non-partner

FIGURE 4.30 Prevalence of Sexual Harassment among All Respondents: Women's Health Survey Trinidad and Tobago, 2017



sexual harassment (19%), with slightly lower prevalence rates being observed among women of Mixed origin (16%) and those of African descent (14%).

Educational Attainment

Almost 19 percent of women who attained education higher than secondary level were observed to have experienced sexual harassment. The corresponding percentage among women who attained secondary school education as their highest level was somewhat lower, being 12 percent. In the case of women who only attained primary school or lower education, a substantially lower percentage (less than 2%) was observed to have experienced non-partner sexual harassment. Whereas educational attainment appears to be an inhibiting factor for partner violence, the opposite seems to be true in the case of non-partner sexual harassment. It is noteworthy that having attained education higher than the secondary level, women are more likely be employed, as well as to aspire to positions that are traditionally male dominated within organizations. Not surprisingly, there is a greater likelihood that such women may be placing themselves at a greater risk of experiencing sexual harassment.

Child Sexual Abuse

The study examined sexual violence in childhood by asking women whether anyone had ever touched them sexually or made them do something sexual that they did not want to do before the age of 18. Due to the sensitive nature of this question, respondents were allowed to enter this information privately.[63] They were shown illustrations of a young girl who was smiling and alternatively, the same girl crying. They were asked to indicate if someone ever touched them sexually against their will before age 18 by selecting the sad girl and the happy girl if not.

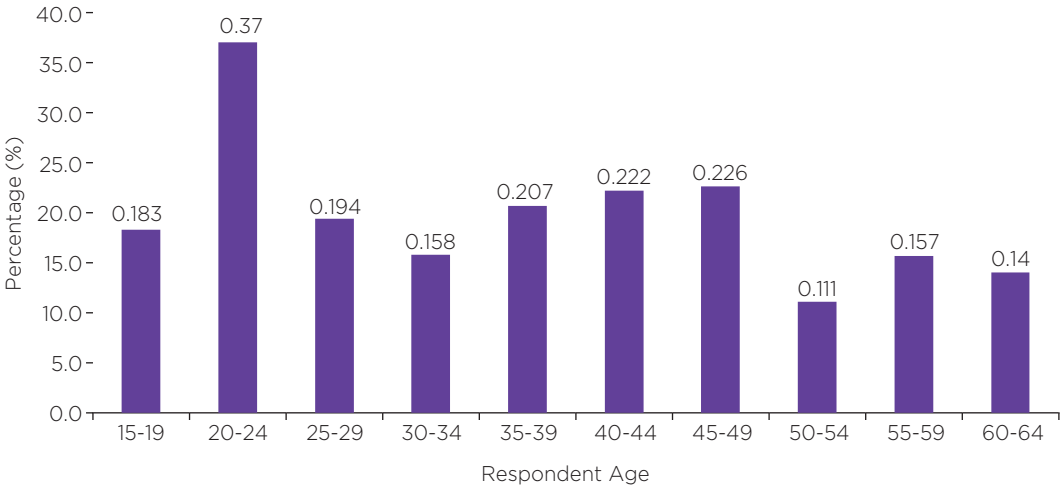
Nineteen percent of women selected the sad face at the end of the interview, indicating that they had experienced sexual abuse before the age of 18. Further, there were significant differences in the prevalence of childhood sexual abuse across several socio-demographic characteristics, namely respondent's age, main economic activity, and age of first union.

Respondent's Age

Compared to women from each of the other age categories, those aged 20 to 24 years were more likely to report prevalence of childhood sexual abuse (37%). Notably, high prevalence rates of childhood sexual abuse were also observed among women aged 35 to 39 years (21%), 40 to 44 years (22%) and 45 to 49 years (23%). Women aged 50 to 54 years (11%) were less likely to have reported being sexually abused as a child than their counterparts in any of the other age groups.

[63] Respondents were handed the tablet used to administer the survey and issued instructions to select the relevant response and clicking next before handing it back to the interviewer.

FIGURE 4.31 Prevalence of Childhood Sexual Abuse among All Respondents According to Five-Year Age Group: Women's Health Survey, Trinidad and Tobago 2017



Age at First Union

Age at first union (married or living together) was also statistically significant when examining the prevalence of reported sexual abuse in childhood (before age 18). The data highlighted that one in four women (25%) 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. Women, however, who entered their first union aged 19 years or older had a lower prevalence of childhood sexual abuse (18%). This finding echoes age at first union as an associated factor for all forms of partner violence and highlights again how dangerous child marriage and early unions can potentially be for young women, especially when they are non-consensual.

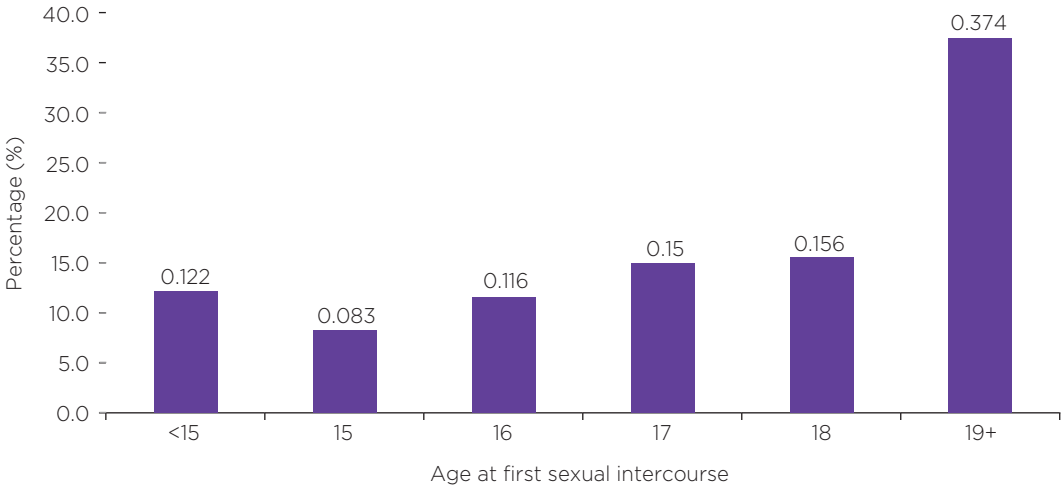
First Sexual Experience

According to Figure 4.32, just over 37 percent of the women interviewed responded that they were 19 years or older when they had sexual intercourse for the first time.[64] Over 15 percent of women stated that their first sexual experience occurred when they were 18 years old, with another 16 percent indicating that their first experience was at age 17 years, followed by 12 percent and 8 percent who were 16 years and 15 years, respectively. Slightly over 12 percent of women indicated that the age of first sexual experience was younger than 15 years old.

Women were also asked to characterise the nature of first sexual experience as wanted, acquiesced to, or forced. Overall, 79 percent of women had their first sexual experience because they wanted to have sex. In assessing the nature of women's first

[64] Age of sexual debut was only asked of women who indicated that they had been sexually active.

FIGURE 4.32 Percentage Distribution of Sexually Active Women According to Age at First Sexual Intercourse: Women's Health Survey Trinidad and Tobago, 2017



sexual experience, certain factors, namely the respondent's current age and main economic activity, were found to be significantly associated.

Current Age

It should also be noted that younger women (aged 24 years and younger) were more likely than any women from any other age group to state that they did not want to have their first sexual experience. That is, 18 percent of women aged 15 to 19 years and 18 percent aged 20 to 24 years said of their first sexual experience that they did not want to have sex, but it happened anyway. Another significant result showed that women aged 20 to 24 years were more likely to have reported a forced first sexual experience than women from any of the other age groups. Specifically, 16 percent of women in this age group said that their first sexual experience was forced.

Nature of First Experience by Age of First Experience

Further analysis showed that the nature of a woman's first sexual experience was moderated by the age at which she had this first experience. Women whose first sexual experience occurred before age 15 were much more likely to report having been forced into this act than women whose age of first sexual experience was 15 years or older. There was a marked decline in the likelihood of first sexual experiences that were forced among women whose age of first experience was 15 years or older, with women whose first experience was at 19 years or older being least at risk of their first sexual experience being forced (0.6%). Not surprisingly, the older a woman's first sexual experience, the more likely she was to have wanted to have sex. Results showed that 90 percent of women whose first sexual experience was 19 years or older wanted to have the experience, while

only 45 percent of women whose age of first sexual experience was before 15 years indicated that they wanted to have sex at that time.

Several factors need to be examined when discussing the characteristics of women who reported sexual violence with a partner or non-partner at the time of their first sexual experience; specifically, a woman's ethnicity, having been ever pregnant, and main source of income.

Most women (69%) from all ethnic backgrounds did not characterise their first sexual experience as violent. However, the prevalence of sexual violence as a feature of a woman's first sexual experience was the lowest among East Indian women when compared to women from other ethnic groups. Almost 25 percent (25%) of East Indian women said their first sexual experience was violent compared to Mixed (29%), "Other" (35%), and (36%) African women.

CHAPTER 5

Conclusions and Recommendations

The Women's Health Survey 2017 was the first national-scale study to intensively investigate intimate partner violence as experienced by women in Trinidad and Tobago. It is hoped that this report will be disseminated widely and used alongside the dataset which will also be available publicly. The findings of the survey provide valuable inputs to enhance governmental and civil society programming and to inform implementation of the Government's policy agenda, including the National Development Strategy – Vision 2030 (NDS), which positions gender as a cross-cutting issue and identifies pathways to mainstreaming the equitable advancement of men, women, boys and girls in all areas of national development. The WHS 2017 speaks directly to the first key transformation proposed in the NDS, "to move to more evidence-based decision-making and the creating of a culture of monitoring and evaluation". Despite the limitations outlined in Chapter 2, the data produced are rich and robust, and indeed this report mostly presents a top view of that data. In many cases, the stakeholders who participated in the process of finalising the report have found statistical confirmation of the phenomena which they observe on the ground. In some cases, the data have raised provocative questions. Based on this preliminary analysis and consultation, the following is a list of recommendations for consideration by all interested parties.

At present, the services provided to women who are currently experiencing violence are inadequate. There is need to expand and appropriately design and, most importantly, adequately and consistently resource service provision for these women. These services must be designed to assist women who are ready to leave violent situations and those who are not, placing women's agency, safety, and dignity at the forefront of programme design. For survivors who want to transition to a safer environment, the infrastructure that exists, though well-intentioned, is not serving women in a way that makes it realistic for them to leave. For such women to have a viable chance at safely building a life away from the violence in their home, they may need some combination

of social protection, financial support, skills training, and assistance with job placement, and most importantly, a safe place to live that is appropriate for their children, among other services. Temporary shelters, which are the primary available spaces for survivors, make little sense unless there is a feasible way for such women to transition into a stable situation thereafter. In addition, they need adequate protection from their attackers, as global studies show that many women are most at risk when they leave violent domestic situations. Women's fear of the consequences of leaving also factors into their decision-making. A coordinated network of services and infrastructure is needed for survivors to transition to a safer environment.

There is also a need to build upon ongoing efforts by the Trinidad and Tobago Police Service to provide services which are tailored to the various publics which they serve. Procedural review, mandatory human rights, gender sensitivity, and on-the-job training are needed. The high rate of dissatisfaction among those who do opt to go to the police for assistance may be one of the reasons why so few women use this option. It is necessary to treat women with respect, assure them privacy and confidentiality, and to have swift, effective, and enforceable measures.

Health services for women seem to be successful when they are accessed. There is great opportunity here to reach women on many different fronts, ranging from awareness to intervention.

- There is need to expand access to health services for women, especially those in isolated or otherwise "special" communities, for example, rural women who are unable to get to larger towns where these services exist and women who live in unique urban settings like the tight communities of East Port of Spain, where residents cannot move around freely or safely, sometimes mere streets away from their homes.
- There may be need for specialised training for staff and/or procedural changes which can introduce a screening element to detect past and current abuse and violence to women and girls, during routine care such as prenatal or birth control clinics or Pap smear visits. Even past violence may have consequences for women's physical and mental health of which they may not be aware. There is opportunity here to share valuable information on physical and mental self-care, safety, and access to further help.
- There is need to renew commitment to universal access to sexual and reproductive health, including counselling, birth control, and STI screening and treatment for all women, including young women and women from hard-to-reach populations. Survivors of violence have differing levels of access to health services than their peers, and outreach must be designed with this in mind, as these women are more likely to be forced into sexual intercourse or to have a partner who refuses to wear condoms and/or restricts their access to birth control. There may also be need to review national policy on access to pregnancy termination in light of how many women have experienced forced or non-consensual intercourse.
- There is need for public health marketing and awareness campaigns about the effects of VAWG on survivors. Targeted at general audiences and women who have and currently are experiencing violence, the objectives of these campaigns should

be to educate on the residual health effects of past violence and to share information on available resources and empower women who are currently experiencing violence.

- Public awareness campaigns targeted at the people a survivor is mostly likely to disclose her situation to, i.e. close relatives and friend, may also be of use to impart appropriate practical steps to take to appropriately support survivors and direct them to purpose-built services, if needed
- Further, there is need for education and engagement of the general public on some of the more striking themes raised by the study, including particularly the vulnerability of children. Female children who witness or experience violence, even verbal abuse only, are more likely to become survivors themselves. This is instructive, as debates on corporal punishment and humiliation still abound in public discourse as appropriate methods of disciplining children. It may also be a compelling motivation for women with children to leave a violent home.
- Awareness campaigns targeted at youth, both male and female, should attempt to deconstruct some of the gendered perceptions that fuel male violence and domination over women and women's acceptance of violence as normal, as well as promote intolerance for VAWG. Further, life skills training focused on anger management, conflict resolution, and violence avoidance and de-escalation are also recommended.
- Given the prevalence of GBV in Trinidad and Tobago and its impact on the women affected, their families and the society, there is need to invest in preventative efforts. A public health approach to the prevention of violence which requires defining the problem, identifying risk and protective factors, developing and testing prevention strategies (including existing evidence-based strategies) and ensuring widespread adopting should be explored.

It must also be noted that further study of IPV is highly recommended. The limits of time and how much can or should be included in a single report constrained the ability to explore themes deeply. This is particularly unfortunate for areas where findings depart from expectations. This inability to explore certain themes can be mitigated by further study, both of the current datafile which contains much more material to explore, and by using other methodologies and instruments to investigate murky or knotty issues in other ways. For example, bespoke study is needed to address certain assumedly vulnerable populations that this study was not designed to cover, such as women who are differently abled or incapacitated, non-English speakers, and undocumented immigrants. Other areas which warrant attention include:

- Multivariate analysis to adjust for possible confounding factors such as age.
- The association of environmental factors in addition to respondent and partner characteristics.
- The dynamics of perpetration, from the perspective of the perpetrator. Very little direct study is done of perpetrators, and it represents a great gap in understanding IPV.

- The dynamics of abuse experienced and witnessed in childhood, particularly childhood sexual abuse.
- The apparent association of ethnicity with partner and non-partner sexual violence. Taking this finding at face value is not recommended. Without further analysis to determine if there are confounding variables, it would be foolhardy to assume this relationship is as direct as it seems.
- Periodic repetition of the Women's Health Survey to collect time series data.

Annexes

Annex 1: Supplemental Tables

TABLE A1.1 Summary Characteristics for Survey Respondents (national and CSP): Women's Health Survey Trinidad and Tobago, 2017

	National				CSP			
	All respondents		Ever-partnered		All respondents		Ever-partnered	
	%	Number	%	Number	%	Number	%	Number
Total	100.0	1079	100.0	1017	100.0	231	100.0	224
Respondent Age								
15–19	5.6	60	3.3	33	6.6	15	5.9	13
20–24	7.6	81	6.9	69	8.8	20	8.2	18
25–29	9.2	98	9.5	95	7.5	17	7.7	17
30–34	12.5	133	13.0	131	14.5	33	15.0	33
35–39	13.2	140	13.6	137	14.5	33	14.5	32
40–44	11.8	126	12.3	123	8.8	20	9.1	20
45–49	8.7	93	9.2	92	7.5	17	7.7	17
50–54	11.0	117	11.6	116	13.2	30	13.6	30
55–59	9.6	102	9.9	99	9.3	21	8.6	19
60–64	10.7	114	10.9	109	9.3	21	9.5	21
Religion								
None	3.7	40	3.8	38	4.3	10	4.5	10
Roman Catholic	18.5	198	18.9	191	18.6	43	19.2	43
Evangelical	25.7	275	25.6	259	26.4	61	25.9	58
Hinduism	17.6	188	16.4	166	5.2	12	5.4	12
Baptist	9.6	103	9.9	100	14.7	34	15.2	34
Anglican	6.6	71	6.8	69	10.4	24	10.3	23
Other Christian	9.9	106	10.1	102	13.0	30	12.5	28
Other Non-Christian	8.4	90	8.4	85	7.4	17	7.1	16
Ethnicity								
African	43.4	467	44.0	446	59.3	137	58.9	132
East Indian	34.1	367	33.6	341	16.0	37	16.5	37
Mixed (EI and A)	15.0	161	14.9	151	18.2	42	18.3	41

(*continued on next page*)

TABLE A1.1 Summary Characteristics for Survey Respondents (national and CSP): Women's Health Survey Trinidad and Tobago, 2017 *(continued)*

	National				CSP			
	All respondents		Ever-partnered		All respondents		Ever-partnered	
	%	Number	%	Number	%	Number	%	Number
Other	7.5	81	7.5	76	6.5	15	6.3	14
Educational Attainment								
No education/ primary only	16.0	172	15.9	161	16.2	37	15.8	35
Secondary	51.4	552	50.8	514	51.5	118	51.4	114
Higher	32.6	350	33.3	337	32.3	74	32.9	73
Lifetime Partnership Status								
Never partnered	100.0	1079	100.0	1019	100.0	231	100.0	224
Currently married	5.6	60			3.0	7		
Living with man, not married	59.0	637	62.5	637	54.1	125	55.8	125
Regular partner, living apart	13.6	147	14.4	147	17.3	40	17.9	40
Ever Pregnant								
No	20.3	218	16.1	163	19.5	45	17.9	40
Yes	79.7	857	83.9	850	80.5	186	82.1	184
Urban/Rural								
Urban	69.0	744	69.5	707	96.5	223	96.4	216
Rural	31.0	335	30.5	310	3.5	8	3.6	8
Main activities during past week								
Employed in a public/private corporate	26.2	282	26.9	272	26.9	61	27.7	61
Self-employed	25.5	274	26.9	273	19.4	44	20.0	44
Housework/work as unpaid family member	20.3	218	21.2	215	22.5	51	23.2	51
Unemployed	15.2	163	13.0	132	18.1	41	16.8	37
Out of the labour force	12.8	138	11.9	121	13.2	30	12.3	27
Main Source of Income								
Income from own work	26.2	282	26.9	272	26.9	61	27.7	61
Support from partner/husband	25.5	274	26.9	273	19.4	44	20.0	44
Equal share self and partner	20.3	218	21.2	215	22.5	51	23.2	51
Support from relatives/friends	15.2	163	13.0	132	18.1	41	16.8	37
No income/ pension/social services/other	12.8	138	11.9	121	13.2	30	12.3	27

TABLE A1.2 Prevalence of Different Forms of Partner Violence among Ever-Partnered Women: Women's Health Survey Trinidad and Tobago, 2017

	Ever-partnered		CSP	
Type of partner violence	**%**	**Number**	**%**	**Number**
Physical (lifetime)	28.3	288	26.8	60
Physical (current)	5.1	52	3.6	8
Sexual (lifetime)	10.5	107	9.8	22
Sexual (current)	0.9	9	0.4	1
Physical and/or sexual (lifetime)	30.2	307	29.0	65
Current physical and/or sexual (current)	5.7	58	4.0	9
Emotional (lifetime)	35.4	360	33.0	74
Emotional (current)	10.9	111	7.1	16
Economic (lifetime)	10.8	110	11.2	25
None	55.6	565	54.5	122

TABLE A1.3 Results for Tests of Difference between National and CSP Prevalence of Partner Violence Rates: Women's Health Survey Trinidad and Tobago, 2017

Lifetime emotional violence	Chi-square	0.661
	df	1
	Sig.	0.416
Current emotional violence	Chi-square	4.160
	df	1
	Sig.	0.041
Lifetime physical violence	Chi-square	0.309
	df	1
	Sig.	0.578
Current physical violence	Chi-square	1.391
	df	1
	Sig.	0.238
Lifetime sexual violence	Chi-square	0.141
	df	1
	Sig.	0.707
Current sexual violence	Chi-square	0.626
	df	1
	Sig.	0.429
Lifetime physical and/or sexual violence	Chi-square	0.168
	df	1
	Sig.	0.682
Current sexual and/or physical violence	Chi-square	1.499
	df	1
	Sig.	0.221

TABLE A1.4 Lifetime and Current Prevalence of Specific Acts of Physical, Sexual and Emotional Partner Violence among Ever-Partnered Women: Women's Health Survey Trinidad and Tobago 2017

	Trinidad and Tobago		CSP	
	Lifetime (%)	Past 12 months (%)	Lifetime (%)	Past 12 months (%)
Physical acts of partner violence				
Slapped or threw something	23.4	3.8	21.4	2.7
Pushed or shoved	18.6	3.9	17.9	2.7
Hit with fist of something else	14.7	2.9	12.9	1.8
Kicked or dragged	8.7	1.3	6.3	—
Choked or burned	8.1	2.4	6.3	1.3
Threatened with or used weapon	6.7	1.6	4.9	0.9
Sexual acts of partner violence				
Partner physically forced sexual intercourse	8.4	0.7	8.4	0.4
Have sexual intercourse with partner because afraid	6.0	0.7	6.0	—
Partner forced something degrading/ humiliating	3.2	—	3.2	—
Emotional acts of partner violence				
Partner insulted you or made you feel bad about yourself	28.1	9.8	24.1	6.7
Partner belittled or humiliated you in front of other people	20.8	7.2	15.2	3.1
Partner done things to scare or intimidate you on purpose	15.2	4.8	11.2	3.1
Partner verbally threatened to hurt you or someone you care about	14.5	4.4	13.8	3.6

TABLE A1.5 Prevalence of Current Physical, Sexual, and Emotional Partner Violence by Municipality Where Survivor is Resident: Women's Health Survey Trinidad and Tobago, 2017

Parish/Municipality	Current physical violence %	Current sexual violence %	Current sexual and/or physical violence %	Current emotional violence %
Borough of Arima	7.1%	3.6%	7.1%	7.1%
Borough of Chaguanas	4.7%	1.6%	4.7%	12.5%
Borough of Point Fortin	12.5%	0.0%	12.5%	33.3%
City of Port of Spain	0.0%	0.0%	0.0%	0.0%
City of San Fernando	4.5%	4.5%	9.1%	18.2%
Couva/Tabaquite/Talparo	5.5%	0.9%	5.5%	14.5%
Diego Martin	3.1%	0.0%	3.1%	4.1%
Mayaro/Rio Claro	13.0%	0.0%	13.0%	17.4%
Penal/Debe	4.9%	1.2%	6.1%	6.1%
Princes Town	9.1%	0.0%	9.1%	10.4%
San Juan/Laventille	5.5%	0.8%	6.3%	10.2%
Sangre Grande	0.0%	0.0%	0.0%	7.0%
Siparia	6.8%	0.0%	6.8%	12.5%
Tunapuna/Piarco	4.2%	1.7%	5.9%	12.7%
St.Andrew	7.1%	0.0%	7.1%	7.1%
St.Mary	0.0%	0.0%	0.0%	25.0%
St.Patrick	0.0%	0.0%	0.0%	13.0%
St.Paul	10.0%	10.0%	20.0%	20.0%

TABLE A1.6 Characteristics of Violence among Ever-Pregnant Women — Trinidad and Tobago and CSP Communities: Women's Health Survey Trinidad and Tobago 2017

	Ever-pregnant		CSP	
	Number	%	Number	%
Ever beaten during a pregnancy				
Yes	61	7.1	12	6.5
No	796	92.9	174	93.5
Violence in pregnancy				
Ever punched or kicked in abdomen in pregnancy	33	54.1	5	41.7
Perpetrator in most recent pregnancy was father of child	56	91.8	11	91.7
Perpetrator in most recent pregnancy with abuse is/was current/most recent partner/ husband	30	49.2	3	25
Same person had beaten her before pregnancy	49	80.3	10	83.3
Beating got worse compared to before pregnancy				
Beating got worse during pregnancy	20	40.8	5	50
Beating stayed the same during pregnancy	15	30.6	2	20
Beating got less during pregnancy	12	24.5	3	30
no answer	2	4.1		

TABLE A1.7 Percentage Distribution of Ever-Partnered Women According to Severity of Lifetime Physical Violence and Selected Characteristics: Women's Health Survey Trinidad and Tobago, 2017

	No violence		Moderate		Severe	
	Number	%	Number	%	Number	%
Total						
Urban/rural						
Urban	507	71.7	10.3	73	127	18.0
Rural	222	71.6	10.0	31	57	18.4
Respondent age						
15–19	30	90.9	3	9.1		
20–24	52	75.4	4	5.8	13	18.8
25–29	69	72.6	12	12.6	14	14.7
30–34	89	67.9	16	12.2	26	19.8
35–39	100	73.0	5	3.6	32	23.4
40–44	82	66.7	15	12.2	26	21.1
45–49	61	66.3	9	9.8	22	23.9
50–54	88	75.9	14	12.1	14	12.1
55–59	76	76.8	6	6.1	17	17.2
60–64	72	66.1	17	15.6	20	18.3
Religion						
None	30	78.9	3	7.9	5	13.2
Roman Catholic	135	70.7	25	13.1	31	16.2
Evangelical	184	71.0	27	10.4	48	18.5
Hinduism	128	77.1	15	9.0	23	13.9
Baptist	65	65.0	8	8.0	27	27.0
Anglican	52	75.4	7	10.1	10	14.5
Other Christian	76	74.5	6	5.9	20	19.6
Other Non-Christian	54	63.5	13	15.3	18	21.2
Ethnicity						
African	311	69.7	47	10.5	88	19.7
East Indian	247	72.4	37	10.9	57	16.7
Mixed (EI and A)	111	73.5	16	10.6	24	15.9
Other	58	76.3	4	5.3	14	18.4
Education of respondent						
No/primary	107	66.5	19	11.8	35	21.7
Secondary	361	70.2	55	10.7	98	19.1
Higher	258	76.6	28	8.3	51	15.1
Current partnership status						
Currently married	575	74.1	79	10.2	122	15.7
Living with man, not married	89	53.9	20	12.1	56	33.9
Regular partner, living apart	65	85.5	5	6.6	6	7.9

(*continued on next page*)

TABLE A1.7 Percentage Distribution of Ever-Partnered Women According to Severity of Lifetime Physical Violence and Selected Characteristics: Women's Health Survey Trinidad and Tobago, 2017 *(continued)*

	No violence		Moderate		Severe	
	Number	%	Number	%	Number	%
Main economic activity						
Employed in a public/ private corporate	344	72.4	47	9.9	84	17.7
Self-employed	75	76.5	10	10.2	13	13.3
Housework/work as unpaid family member	176	67.4	37	14.2	48	18.4
Unemployed	105	71.9	7	4.8	34	23.3
Out of the labour force	25	75.8	3	9.1	5	15.2
Main Source of Income						
Income from own work	187	68.8	24	8.8	61	22.4
Support from partner/ husband	198	72.5	31	11.4	44	16.1
Equal share self and partner	166	77.2	23	10.7	26	12.1
Support from relatives/ friends	96	72.7	12	9.1	24	18.2
No income/pension/social services/other	78	64.5	14	11.6	29	24.0
Age at first union (living together or married)						
19 or older	481	72.9	66	10.0	113	17.1
18 or younger	92	52.6	24	13.7	59	33.7
Non-consensual marriage						
No	514	71.2	77	10.7	131	18.1
Yes	431	71.8	62	10.3	107	17.8

TABLE A1.8 Frequency of Intimate Partner Violence among Ever-Partnered Women: Women's Health Survey Trinidad and Tobago, 2017

IPV Type		Once		A few times		Many times	
		n	%	n	%	n	%
Physical violence	Current (past 12 months)	13	23.6	12	21.8	30	54.5
	Lifetime	20	6.9	62	21.5	206	71.5
Sexual violence	Current (past 12 months)	1	11.1	3	33.3	5	55.6
	Lifetime	8	10.8	21	28.4	45	60.8
Physical and/or sexual violence	Current (past 12 months)	14	23.0	14	23.0	33	54.1
	Lifetime	17	5.6	63	20.9	222	73.5
Emotional violence	Current (past 12 months)	12	10.8	35	31.5	64	57.7
	Lifetime	26	7.2	42	11.7	292	81.1

TABLE A1.9 Prevalence of Physical, Sexual, and Physical and/or Sexual Partner Violence for Ever-Partnered Women According to Associated Characteristics: Women's Health Survey Trinidad and Tobago, 2017

	Lifetime physical violence		Lifetime sexual violence		Lifetime physical and/or sexual violence		Current physical violence		Current sexual violence		Current physical and/or sexual violence	
	n	%	n	%	n	%	n	%	n	%	n	%
Urban/rural												
Urban	200	28.3	74	10.5	213	30.1	29	4.1	7	1.0	34	4.8
Rural	88	28.4	33	10.6	94	30.3	23	7.4	2	0.6	24	7.7
p-value	0.98		0.96		1.00		0.03		0.58		0.07	
Respondent age												
15–19	3	9.1			3	9.1						
20–24	17	24.6	2	2.9	17	24.6	5	7.2			5	7.2
25–29	26	27.4	7	7.4	27	28.4	10	10.5			10	10.5
30–34	42	32.1	17	13.0	47	35.9	12	9.2	1	0.8	12	9.2
35–39	37	27.0	13	9.5	39	28.5	8	5.8	1	0.7	8	5.8
40–44	41	33.3	16	13.0	43	35.0	6	4.9	2	1.6	7	5.7
45–49	31	33.7	15	16.3	32	34.8	3	3.3	1	1.1	4	4.3
50–54	28	24.1	11	9.5	30	25.9	2	1.7	3	2.6	5	4.3
55–59	23	23.2	10	10.1	25	25.3	3	3.0			3	3.0
60–64	37	33.9	15	13.8	41	37.6	3	2.8			3	2.8
p-value	0.09		0.07		0.03		0.03		0.42		0.15	
Religion												
None	8	21.1			8	21.1	2	5.3			2	5.3
Roman Catholic	56	29.3	21	11.0	58	30.4	9	4.7	2	1.0	10	5.2
Evangelical	75	29.0	33	12.7	86	33.2	19	7.3	5	1.9	22	8.5
Hinduism	38	22.9	15	9.0	38	22.9	5	3.0	1	0.6	6	3.6
Baptist	35	35.0	13	13.0	37	37.0	6	6.0	1	1.0	7	7.0
Anglican	17	24.6	4	5.8	18	26.1						
Other Christian	26	25.5	13	12.7	28	27.5	7	6.9			7	6.9
Other Non-Christian	31	36.5	7	8.2	32	37.6	4	4.7			4	4.7
p-value	0.21		0.21		0.08		0.27		0.54		0.19	
Ethnicity												
African	135	30.3	56	12.6	148	33.2	23	5.2	4	0.9	26	5.8
East Indian	94	27.6	30	8.8	95	27.9	18	5.3	2	0.6	19	5.6
Mixed (EI and A)	40	26.5	9	6.0	43	28.5	10	6.6	1	0.7	10	6.6
Other	18	23.7	12	15.8	20	26.3	1	1.3	2	2.6	3	3.9
p-value	0.58		0.03		0.32		0.40		0.38		0.88	
Education of respondent												
No/primary	54	33.5	18	11.2	55	34.2	4	2.5			4	2.5
Secondary	153	29.8	52	10.1	160	31.1	30	5.8	7	1.4	35	6.8
Higher	79	23.4	36	10.7	90	26.7	18	5.3	2	0.6	19	5.6
p-value	0.04		0.91		0.18		0.24		0.22		0.12	

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TABLE A1.9 Prevalence of Physical, Sexual, and Physical and/or Sexual Partner Violence for Ever-Partnered Women According to Associated Characteristics: Women's Health Survey Trinidad and Tobago, 2017 *(continued)*

	Lifetime physical violence		Lifetime sexual violence		Lifetime physical and/or sexual violence		Current physical violence		Current sexual violence		Current physical and/or sexual violence	
	n	%	n	%	n	%	n	%	n	%	n	%
Current partnership status												
Currently married	201	25.9	71	9.1	216	27.8	41	5.3	6	0.8	45	5.8
Living with man, not married	76	46.1	30	18.2	79	47.9	10	6.1	3	1.8	12	7.3
Currently no partner	11	14.5	6	7.9	12	15.8	1	1.3			1	1.3
p-value	0.00		0.03		0.01		0.59		0.44		0.40	
Ever pregnant												
No	80	27.1	37	12.5	87	37	15	5.1	2	0.7	16	5.4
Yes	208	28.8	70	9.7	220	70	37	5.1	7	1.0	42	5.8
p-value	0.00		0.00		0.00		0.18		0.68		0.21	
Main economic activity												
Employed in a public/ private corporate	131	27.6	59	12.4	146	30.7	19	4.0	7	1.5	24	5.1
Self-employed	23	23.5	8	8.2	25	25.5	3	3.1	1	1.0	3	3.1
Housework/work as unpaid family member	85	32.6	23	8.8	85	32.6	18	6.9	1	0.4	19	7.3
Unemployed	41	28.1	11	7.5	42	28.8	11	7.5			11	7.5
Out of the labour force	8	24.2	6	18.2	9	27.3	1	3.0			1	3.0
p-value	0.40		0.15		0.70		0.21		0.38		0.38	
Main source of income												
Income from own work	85	31.3	44	16.2	95	34.9	13	4.8	3	1.1	14	5.1
Support from partner/ husband	75	27.5	21	7.7	77	28.2	21	7.7	2	0.7	22	8.1
Equal share self and partner	49	22.8	16	7.4	53	24.7	6	2.8	3	1.4	9	4.2
Support from relatives/ friends	36	27.3	11	8.3	38	28.8	5	3.8			5	3.8
No income/pension/ social services/other	43	35.5	15	12.4	44	36.4	7	5.8	1	0.8	8	6.6
p-value	0.09		0.00		0.06		0.14		0.73		0.28	
Age at first union (living together or married)												
19 or older	179	27.1	70	10.6	192	29.1	30	4.5	8	1.2	36	5.5
18 or younger	83	47.4	27	15.4	85	48.6	19	10.9	1	0.6	19	10.9
p-value	0.00		0.08		0.00		0.00		0.47		0.01	
Non-consensual marriage												
No	169	28.2	52	8.7	177	29.5	33	5.5	6	1.0	37	6.2
Yes	39	32.0	18	14.8	43	35.2	4	3.3	1	0.8	5	4.1
p-value	0.46		0.04		0.25		0.30		0.84		0.35	

TABLE A1.10 Prevalence of Emotional Partner Violence for Ever-Partnered Women According to Associated Characteristics: Women's Health Survey Trinidad and Tobago, 2017

	None		Lifetime emotional violence		Current emotional violence	
	Number	%	Number	%	Number	%
Total						
Urban/rural						
Urban	455	64.4	252	35.6	78	11.0
Rural	202	65.2	108	34.8	33	10.6
p-values			0.75		0.83	
Respondent age						
15–19	29	87.9	4	29		
20–24	47	68.1	22	47	11	15.9
25–29	66	69.5	29	66	14	14.7
30–34	84	64.1	47	84	14	10.7
35–39	91	66.4	46	91	21	15.3
40–44	72	58.5	51	72	17	13.8
45–49	53	57.6	39	53	13	14.1
50–54	77	66.4	39	77	7	6.0
55–59	70	70.7	29	70	6	6.1
60–64	59	54.1	50	59	6	5.5
p-values			0.01		0.01	
Religion						
None	27	71.1	11	28.9	1	2.6
Roman Catholic	126	66.0	65	34.0	20	10.5
Evangelical	171	66.0	88	34.0	34	13.1
Hinduism	117	70.5	49	29.5	17	10.2
Baptist	59	59.0	41	41.0	8	8.0
Anglican	45	65.2	24	34.8	6	8.7
Other Christian	65	63.7	37	36.3	11	10.8
Other Non-Christian	42	49.4	43	50.6	13	15.3
p-values			0.05		0.42	
Ethnicity						
African	271	60.8	175	39.2	47	10.5
East Indian	232	68.0	109	32.0	37	10.9
Mixed (EI and A)	97	64.2	54	35.8	21	13.9
Other	55	72.4	21	27.6	5	6.6
p-values			0.09		0.41	
Education of respondent						
No/primary	101	62.7	60	37.3	13	8.1
Secondary	332	64.6	182	35.4	62	12.1
Higher	220	65.3	117	34.7	36	10.7
p-values			0.84		0.37	

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TABLE A1.10 Prevalence of Emotional Partner Violence for Ever-Partnered Women According to Associated Characteristics: Women's Health Survey Trinidad and Tobago, 2017 *(continued)*

	None		Lifetime emotional violence		Current emotional violence	
	Number	%	Number	%	Number	%
Current partnership status						
Currently married	534	68.8	242	31.2	91	11.7
Living with man, not married	65	39.4	100	60.6	15	9.1
Regular partner, living apart	58	76.3	18	23.7	5	6.6
p-values			0.00		0.23	
Ever pregnant						
Yes	133	81.6	30	18.4	9	5.
No	520	61.2	330	38.8	102	12.0
p-values				0.00		0.01
Main economic activity						
Employed in a public/ private corporate	653	64.5	360	35.5	111	11.0
Self-employed	306	64.4	169	35.6	44	9.3
Housework/work as unpaid family member	63	64.3	35	35.7	8	8.2
Unemployed	177	67.8	84	32.2	32	12.3
Out of the labour force	91	62.3	55	37.7	26	17.8
p-values			0.75		0.27	
Main source of income						
Income from own work	155	57.0	117	43.0	26	9.6
Support from partner/ husband	188	68.9	85	31.1	36	13.2
Equal share self and partner	145	67.4	70	32.6	23	10.7
Support from relatives/ friends	94	71.2	38	28.8	12	9.1
No income/pension/ social services/other	71	58.7	50	41.3	14	11.6
p-values			0.01		0.63	
Age at first union (living together or married)						
19 or older	420	63.6	240	36.4	74	11.2
18 or younger	90	51.4	85	48.6	27	15.4
p-values			0.00		0.13	
Non-consensual marriage						
No	395	65.8	205	34.2	67	11.2
Yes	70	57.4	52	42.6	12	9.8
p-values			0.10		0.63	

TABLE A1.11 Prevalence of Partner Violence Based on Ever-Partnered Women's Partner Characteristics: Women's Health Survey Trinidad and Tobago, 2017

	Lifetime physical violence			Lifetime sexual violence			Lifetime economic violence			Lifetime emotional violence			Current physical violence			Current sexual violence			Current emotional violence			Current sexual and/ or physical violence			Lifetime physical and/ or sexual violence		
	%	n	P-value	%	n	P-value	%	n	P-value	%	n	P-value	%	n	P-value	%	n	P-value	%	n	P-value	%	n	P-value	%	n	P-value
Partner's age																											
15–24	16.9	11	0.017			0.261	1.5	1	0.274	24.6	16	0.062	3.1	2	0.197			0.001	9.2	6	0.439	3.1	2	0.083	16.9	11	0.011
25–34	31.0	48		9.7	15		9.0	14		38.1	59		12.3	19					17.4	27		12.3	19		32.3	50	
35–44	30.9	71		12.6	29		10.0	23		34.8	80		5.7	13		1.3	3		11.7	27		6.1	14		33.5	77	
45–54	31.6	65		11.2	23		10.7	22		37.4	77		4.9	10		1.5	3		13.6	28		5.8	12		33.0	68	
55–64	26.9	47		13.7	24		16.0	28		35.4	62		1.7	3		1.7	3		8.0	14		3.4	6		29.7	52	
65 +	28.3	26		9.8	9		16.3	15		43.5	40		3.3	3					7.6	7		3.3	3		30.4	28	
Difference of age between the partners																											
Woman is older	30.6	49	0.120	11.9	19	0.123	6.9	11	0.188	33.8	54	.273	3.8	6	0.297	.6	1	0.579	11.3	18	0.497	4.4	7	0.606	31.9	51	0.510
Partner at most 3 years older	26.4	78		8.5	25		10.2	30		34.9	103		6.4	19		1.4	4		11.5	34		7.1	21		28.8	85	
Partner 4 to 8 years older	26.9	74		10.5	29		12.4	34		33.8	93		4.7	13		.4	1		10.5	29		5.1	14		29.1	80	
Partner at least 9 years older	34.7	67		14.0	27		14.5	28		43.5	84		6.2	12		1.6	3		14.5	28		7.3	14		36.3	70	
Partner's education																											
No/Primary	36.3	70	0.000	15.0	29	0.159	24.9	48	0.004	40.9	79	0.016	6.2	12	0.005	1.0	2	0.670	14.0	27	0.982	6.7	13	0.464	37.3	72	0.637
Secondary	28.2	144		10.6	54		7.6	39		34.6	177		5.5	28		1.0	5		11.2	57		6.3	32		30.5	156	
Higher	21.6	50		6.5	15		4.7	11		32.3	75		4.3	10		.9	2		10.3	24		4.7	11		22.8	53	

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TABLE A1.11 Prevalence of Partner Violence Based on Ever-Partnered Women's Partner Characteristics: Women's Health Survey Trinidad and Tobago, 2017 *(continued)*

	Lifetime physical violence			Lifetime sexual violence			Lifetime economic violence			Lifetime emotional violence			Current physical violence			Current sexual violence			Current emotional violence			Current sexual and/ or physical violence			Lifetime physical and/ or sexual violence		
	%	n	P-value	%	n	P-value	%	n	P-value	%	n	P-value	%	n	P-value	%	n	P-value	%	n	P-value	%	n	P-value	%	n	P-value
Partner's employment status																											
Employed	27.9	209	0.043	10.2	76	0.100	9.2	69	0.042	35.2	263	0.049	5.3	40	0.035	1.1	8	0.009	11.9	89	0.703	6.0	45	0.117	29.9	224	0.022
Unemployed	45.2	19		16.7	7		19.0	8		50.0	21		14.3	6					19.0	8		14.3	6		47.6	20	
Out of the labour force	26.1	42		10.6	17		13.7	22		32.3	52		2.5	4		0.6	1		8.1	13		3.1	5		27.3	44	
Partner drinks alcohol at least once a week																											
No	24.2	185	0.000	8.1	62	0.000	8.2	63	0.000	30.1	230	0.000	3.7	28	0.000	0.7	5	0.000	8.1	62	0.173	4.2	32	0.000	25.9	198	0.000
Yes	40.7	103		17.8	45		18.6	47		51.4	130		9.5	24		1.6	4		19.4	49		10.3	26		43.1	109	
Partner uses recreational drugs at least once a week																											
No	26.1	241	0.000	9.5	88	0.000	9.6	89	0.000	33.0	305	0.001	4.1	38	0.000	.9	8	0.000	9.7	90	0.829	4.8	44	.000	28.0	259	0.000
Yes	51.1	47		20.7	19		22.8	21		59.8	55		15.2	14		1.1	1		22.8	21		15.2	14		52.2	48	
Partner has had another relationship																											
No	23.8	193	0.000	8.0	65	0.000	7.8	63	0.000	29.9	243	0.000	3.8	31	0.000	0.6	5	0.000	9.4	76	0.068	4.3	35	0.002	25.4	206	0.000
Yes	46.3	95		20.5	42		22.9	47		57.1	117		10.2	21		2.0	4		17.1	35		11.2	23		49.3	101	
Partner has had children with another woman																											
No	45.8	70	0.427	19.6	30	0.668	21.6	33	0.771	56.2	86	0.592	13.1	20	0.278	2.0	3	0.022	19.6	30	0.986	13.7	21	0.098	47.1	72	0.051
Yes	48.1	25		23.1	12		26.9	14		59.6	31		1.9	1		1.9	1		9.6	5		3.8	2		55.8	29	

TABLE A1.12 Percentage of Ever-Partnered Women According to Selected Lifetime Experiences and Childhood Encounters with Violent Episodes: Women's Health Survey Trinidad and Tobago, 2017

		Her mother was hit by mother's husband			She was hit as a child			She was insulted or humiliated as a child		
		Number	%	p-value	Number	%	p-value	Number	%	p-value
Total Sample	**Lifetime physical and/or sexual violence**									
	Ever-partnered	292	28.7	0.003	208	20.5	0.000	232	22.8	0.000
	No	170	23.9		114	16.1		123	17.3	
	Yes	122	39.7		94	30.6		109	35.5	
	Type of IPV (physical and sexual)									
	No violence	170	23.9	0.000	114	16.1	0.000	123	17.3	0.000
	Physical only	78	39.0		52	26.0		59	29.5	
	Sexual only	4	21.1		6	31.6		7	36.8	
	Both	40	45.5		36	40.9		43	48.9	
	Severity of lifetime physical violence									
	No violence	174	23.9	0.000	120	16.5	0.000	130	17.8	0.000
	Moderate	40	38.5		29	27.9		25	24.0	
	Severe	78	42.4		59	32.1		77	41.8	
CSP	**Lifetime physical and/or sexual violence**									
	Ever-partnered	72	32.1		47	21.0		50	22.3	
	No	49	30.8		27	17.0		31	19.5	
	Yes	23	35.4		20	30.8		19	29.2	
	Type of IPV (physical and sexual)									
	No violence	49	30.8		27	17.0		31	19.5	
	Physical only	14	32.6		13	30.2		10	23.3	
	Sexual only	1	20.0		1	20.0		1	20.0	
	Both	8	47.1		6	35.3		8	47.1	
	Severity of lifetime physical violence									
	No violence	50	30.5		28	17.1		32	19.5	
	Moderate	7	28.0		10	40.0		6	24.0	
	Severe	15	42.9		9	25.7		12	34.3	

TABLE A1.13 Gender Attitudes – Percentage of Interviewed Women Favouring Specific Gender Norms/Roles According to Selected Characteristics: Women's Health Survey Trinidad and Tobago, 2017

	Lifetime emotional violence			Current emotional violence			Lifetime physical violence			Current physical violence			Lifetime sexual violence			Current sexual violence			Lifetime physical and/or sexual violence			Current physical and/or sexual violence		
	No (%)	Yes (%)	p-value	No (%)	Yes (%)	p-value	No (%)	Yes (%)	p-value	No (%)	Yes (%)	p-value	No (%)	Yes (%)	p-value	No (%)	Yes (%)	p-value	No (%)	Yes (%)	p-value	No (%)	Yes (%)	p-value
It is wife's obligation to have sex with husband																								
No	65	35	0.899	89	10.7	0.696	72	28	0.832	95	5	0.863	90	10	0.728	99	1	0.325	70	30	0.991	95	5	0.444
Yes	65	35		88	11.7		72	28		95	5		89	11		99	1		70	30		93	7	
Women and men should share authority in the family																								
No	63	38	0.640	88	12.5	0.595	73	27	.787	95	5	0.961	95	5	0.076	100	0	0.331	73	27	0.495	95	5	0.830
Yes	65	35		89	10.7		72	28		95	5		89	11		99	1		70	30		94	6	
A woman's role is to take care of her home																								
No	67	33	0.247	92	8.4	0.030	75	25	0.072	96	4	0.124	90	10	0.838	99	1	0.929	73	27	0.074	95	5	0.178
Yes	63	37		87	12.7		70	30		94	6		89	11		99	1		68	32		93	7	
It is natural that men should be the head of the family																								
No	68	32	0.085	89	10.7	0.916	73	27	.691	95	5	0.784	91	9	0.364	99	1	0.458	73	27	0.194	94	6	0.788
Yes	63	37		89	11		71	29		95	5		89	11		99	1		69	31		94	6	
A wife should always obey her husband																								
No	64	36	0.839	90	10.4	0.404	72	28	0.548	95	5	0.838	90	10	0.515	99	1	0.253	71	29	0.401	94	6	0.688
Yes	65	35		88	12.2		70	30		95	5		89	11		100	0		68	32		95	5	
A woman should be able to spend her own money																								
No	65	35	0.818	92	7.9	0.175	67	33	0.164	95	5%	0.871	90	10	0.713	100	0	0.185	67	33	0.327	95	5	0.610
Yes	65	35		89	11.5		73	27		95	5%		89	11		99	1		70	30		94	6	

TABLE A1.14 Normalization of Violence – Percentage of Interviewed Women Favouring Specific Norms Associated with Violence According to Selected Characteristics: Women's Health Survey Trinidad and Tobago, 2017

	Lifetime emotional violence			Current emotional violence			Lifetime physical violence			Current physical violence			Lifetime sexual violence			Current sexual violence			Lifetime physical and/or sexual violence			Current physical and/or sexual violence		
	No (%)	Yes (%)	p-val.	No (%)	Yes (%)	p-val.	No (%)	Yes (%)	p-val.	No (%)	Yes (%)	p-val.	No (%)	Yes (%)	p-val.	No (%)	Yes (%)	p-val.	No (%)	Yes (%)	p-val.	No (%)	Yes (%)	p-val.
Violence between husband and wife is a private matter																								
No	64	36	0.448	89	11	0.753	72	28	0.863	95	5	0.577	89	11	0.726	99	1	0.111	70	30	0.893	94	6	0.920
Yes	67	33		90	10		72	28		94	6		90	10		100	0		70	30		94	6	
A woman should tolerate violence to keep her family together																								
No	64	36	0.106	89	11	0.767	72	28	0.677	95	5	0.764	89	10.8	0.049	99	1	0.587	70	30	0.521	94	6	0.890
Yes	78	22		88	13		75	25		94	6		100	0.0		100	0		75	25		94	6	
If a woman is raped she has done something careless to put herself in that situation																								
No	65	35	0.840	89	11	0.190	72	28	0.816	95	5	0.100	89	11	0.794	99	1	0.439	70	30	0.996	95	5	0.175
Yes	63	37		84	16		73	27		90	10		90	10		100	0		70	30		90	10	
If a woman does not physically fight back, it is not rape																								
No	64	36	0.299	89	11	0.310	71	29	0.233	95	5	0.965	89	11	0.196	99	1	0.379	69	31	0.195	94	6	0.781
Yes	70	30		93	8		78	23		95	5		94	6		100	0		76	24		95	5	
None																								
No	67	33	0.421	88	12	0.541	73	27	0.575	94	6	0.364	91	9	0.488	100	0	0.054	71	29	0.743	94	6	0.731
Yes	64	36		89	11		71	29		95	5		89	11		99	1		70	30		94	6	

TABLE A1.15 Justification of Violence – Percentage of Interviewed Women Favouring Men Hitting their Wives/Partners for Specific Reasons According to Selected Characteristics: Women's Health Survey Trinidad and Tobago, 2017

	Lifetime emotional violence			Current emotional violence			Lifetime physical violence			Current physical violence			Lifetime sexual violence			Current sexual violence			Lifetime physical and/or sexual violence			Current physical and/or sexual violence		
	No (%)	Yes (%)	p-val.	No (%)	Yes (%)	p-val.	No (%)	Yes (%)	p-val.	No (%)	Yes (%)	p-val.	No (%)	Yes (%)	p-val.	No (%)	Yes (%)	p-val.	No (%)	Yes (%)	p-val.	No (%)	Yes (%)	p-val.
If she goes out without telling him																								
No	65	35	0.384	89	11	0.548	72	28	0.770	95	5	0.175	89	11	0.576	99	1	0.704	70	30	0.652	94	6	0.236
Yes	75	25		94	6		75	25		88	13		94	6		100	0		75	25		88	13	
If she neglects the children																								
No	65	35	0.857	89	11	0.789	72	28	0.381	95	5	0.123	89	11	0.879	99	1	0.379	70	30	0.322	95	5	0.219
Yes	64	36		90	10		68	33		91	9		90	10		100	0		65	35		91	9	
If she argues with him																								
No	65	35	0.574	89	11	0.847	72	28	0.549	95	5	0.546	89	11	0.253	99	1	0.753	70	30	0.650	94	6	0.625
Yes	73	27		91	9		64	36		91	9		100	0		100	0		64	36		91	9	
If she refused to have sex with him																								
No	65	35	0.094	89	11	0.775	72	28	0.695	95	5	0.419	89	11	0.233	99	1	0.742	70	30	0.808	94	6	0.392
Yes	42	58		92	8		67	33		100	0		100	0		100	0		67	33		100	0	
If she burns the food																								
No	65	35	0.472	89	11	0.433	72	28	0.681	95	5	0.603	89	11	0.443	99	1	0.832	70	30	0.621	94	6	0.582
Yes	80	20		100	0		80	20		100	0		100	0		100	0		80	20		100	0	
None																								
No	63	37	0.739	89	11	0.881	68	32	0.357	91	9	0.032	88	12	0.531	100	0	0.305	66	34	0.363	91	9	0.079
Yes	65	35		89	11		72	28		95	5		90	10		99	1		70	30		95	5	

TABLE A1.16 Controlling Behaviour, among Ever-Partnered Women: Women's Health Survey Trinidad and Tobago, 2017

	Lifetime emotional violence			Current emotional violence			Lifetime physical violence			Current physical violence			Lifetime sexual violence			Current sexual violence			Lifetime physical and/or sexual violence			Current sexual and/or physical violence		
	No (%)	Yes (%)	p-val.	No (%)	Yes (%)	p-val.	No (%)	Yes (%)	p-val.	No (%)	Yes (%)	p-val.	No (%)	Yes (%)	p-val.	No (%)	Yes (%)	p-val.	No (%)	Yes (%)	p-val.	No (%)	Yes (%)	p-val.
Does not permit you to meet your female friends																								
No	69	31	0.000	92	8	0.000	76	24	0.000	97	3	0.000	92	8	0.000	99	1	0.000	74	26	0.000	96	4	0.000
Yes	16	84		60	40		25	75		76	24		60	40		95	5		24	76		74	26	
Tries to limit your contact with your family of birth																								
No	69	31	0.000	91	9	0.000	76	24	0.000	96	4	0.000	92	8	0.000	99	1	0.000	74	26	0.000	96	4	0.000
Yes	13	88		58	42		19	81		78	22		54	46		94	6		18	82		75	25	
Insists on knowing where you are at all times																								
No	72	28	0.000	92	8	0.000	78	22	0.000	97	3	0.000	93	7	0.000	99	1	0.122	76	24	0.000	96	4	0.000
Yes	40	60		78	22		50	50		89	11		77	23		98	2		48	52		88	12	
Gets jealous or angry if you talk with another man																								
No	75	25	0.000	94	6	0.000	80	20	0.000	97	3	0.000	94	6	0.000	100	0	0.013	78	22	0.000	97	3	0.000
Yes	39	61		76	24		53	47		89	11		79	21		98	2		51	49		88	12	
Frequently accuses you of being unfaithful																								
No	71	29	0.000	93	7	0.000	78	22	0.000	97	3	0.000	93	7	0.000	100	0	0.000	76	24	0.000	97	3	0.000
Yes	30	70		69	31		40	60		83	17		68	32		96	4		38	62		81	19	
Expects you to ask his permission before seeking health care for yourself																								
No	66	34	0.000	90	10	0.000	73	27	0.000	95	5	0.005	90	10	0.000	99	1	0.005	71	29	0.000	95	5	0.012
Yes	24	76		68	32		39	61		85	15		68	32		95	5		37	63		85	15	
Does not trust you with any money																								
No	67	33	0.000	91	9	0.000	74	26	0.000	95	5	0.006	91	9	0.000	100	0	0.000	72	28	0.000	95	5	0.000
Yes	35	65		71	29		43	57		88	12		70	30		94	6		43	57		84	16	
Checks your cellphone to see who you have called/who has called you																								
No	68	32	0.000	91	9	0.000	76	24	0.000	96	4	0.000	92	8	0.000	99	1	0.000	74	26	0.000	96	4	0.000
Yes	30	70		68	32		36	64		81	19		67	33		96	4		34	66		79	21	

TABLE A1.17 Controlling Behaviour, among Ever-Partnered Women: Women's Health Survey Trinidad and Tobago, 2017

	Lifetime emotional violence			Current emotional violence			Lifetime physical violence			Current physical violence			Lifetime sexual violence			Current sexual violence			Lifetime physical and/or sexual violence			Current sexual and/ or physical violence		
Controlling Behaviour	No (%)	Yes (%)	p-value	No (%)	Yes (%)	p-value	No (%)	Yes (%)	p-value	No (%)	Yes (%)	p-value	No (%)	Yes (%)	p-value	No (%)	Yes (%)	p-value	No (%)	Yes (%)	p-value	No (%)	Yes (%)	p-value
None	77.5	22.5	0.000	94.8	5.2	0.000	82.4	17.6	0.000	97.6	2.4	0.000	94.4	5.6	0.000	99.7	0.3	0.105	80.5	19.5%	0.000	97.3%	2.7%	0.000
One	68	32		92.8	7.2		75.7	24.3		97.8	2.2		93.9	6.1		99.4	0.6		74	26		97.2%	2.8%	
More than one	31.9	68.1		73.5	26.5		44.1	55.9		87	13		75.6	24.4		98.3	1.7		42	58		85.7%	14.3%	

TABLE A1.18 General, Physical, and Mental Health Problems Reported among Ever-Partnered Women, According to Women's Experience of Physical and/or Sexual Partner Violence, Women's Health Survey Trinidad and Tobago, 2017

General Health Status	Overall		Urban		Rural		CSP	
	Lifetime physical and/or sexual violence		Lifetime physical and/or sexual violence		Lifetime physical and/or sexual violence		Lifetime physical and/or sexual violence	
	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)
Some/many problems with overall health	40.4	28.0	38.0	27.7	45.7	28.7	38.5	32.1
Some/many problems with performing usual activities	13.4	6.6	10.8	5.1	19.1	10.2	10.8	5.0
Some/many problems of pain	24.4	10.6	26.3	9.3	20.2	13.4	24.6	5.7
None	48.2	66.3	50.7	66.8	42.6	65.3	53.8	64.8

TABLE A1.19 Use of Health Services and Medication in the Past Four Weeks Among Ever-Partnered Women, According to their Experience of Physical and/or Sexual Partner Violence, Women's Health Survey Trinidad and Tobago, 2017

Use of health services and medicines in the past 4 weeks	Overall		Urban		Rural		CSP	
	Lifetime physical and/or sexual violence		Lifetime physical and/or sexual violence		Lifetime physical and/or sexual violence		Lifetime physical and/or sexual violence	
	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)
Took medicine to sleep	13.4	6.5	12.2	6.7	16.0	6.0	10.8	8.8
Took medicine for pain	41.4	31.0	39.0	28.3	46.8	37.0	40.0	28.9
Took medicine for sadness/ depression	4.9	2.1	3.8	1.6	7.4	3.2	4.6	0.6
None	56.0	66.6	57.7	68.4	52.1	62.5	56.9	67.3

TABLE A1.20 Other Psychological Risk Factors Reported Among Ever-Partnered Women, According to Women's Experience of Physical and/or Sexual Partner Violence, Women's Health Survey Trinidad and Tobago, 2017

Other psychological risk factors	Overall		Urban		Rural		CSP	
	Lifetime physical and/or sexual violence		Lifetime physical and/or sexual violence		Lifetime physical and/or sexual violence		Lifetime physical and/or sexual violence	
	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)
Suicidal ideation or attempt	27.4	12.0	26.3	11.9	29.8	12.0	23.1	13.8
Drink alcohol at least once a week	10.7	5.6	9.9	5.3	12.8	6.5	12.3	5.7
Use of recreational drugs at least once a week	6.2	1.8	6.1	1.8	6.4	1.9	4.6	3.1

TABLE A1.21 Impact of Partner Behaviour on Income Generating Activities, According to Women's Experience of Partner Violence, Women's Health Survey Trinidad and Tobago, 2017

	Overall			Urban			Rural			CSP		
	Type of IPV			Type of IPV			Type of IPV			Type of IPV		
IPV Impact on income Generating Activities	Physical (%)	Sexual (%)	Both (%)	Physical (%)	Sexual (%)	Both (%)	Physical (%)	Sexual (%)	Both (%)	Physical (%)	Sexual (%)	Both (%)
Work not disrupted	46.5	52.6	27.3	47.5	46.2	24.6	44.3	66.7	33.3	44.2	40.0	23.5
Husband/partner interrupted work	3.0	—	14.8	3.6	—	13.1	1.6	—	18.5	2.3	—	17.6
Unable to concentrate	9.0	5.3	30.7	7.2	7.7	26.2	13.1	—	40.7	—	—	35.3
Unable to work/sick leave	6.5	5.3	19.3	5.0		21.3	9.8	16.7	14.8	—	—	11.8
Lost confidence in own ability	5.5	5.3	10.2	2.9	7.7	4.9	11.5	—	22.2	—	—	—
N/A (no work for money)	35.0	21.1	23.9	36.7	23.1	21.3	31.1	16.7	29.6	48.8	20.0	23.5
None	3.0	10.5	1.1	3.6	15.4	1.6	1.6	66.7	—	4.7	40.0	23.5

TABLE A1.22 Children's Well-Being as Reported by Ever-Partnered Women with Children 5–12 Years Old, According to the Woman's Experience Physical and/or Sexual Partner Violence, Women's Health Survey Trinidad and Tobago, 2017

IPV Impact on Children	Overall		Urban		Rural		CSP	
	Lifetime physical and/or sexual violence		Lifetime physical and/or sexual violence		Lifetime physical and/or sexual violence		Lifetime physical and/or sexual violence	
	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)
Impact IPV on children's life								
Nightmares	4.7	3.8	6.0	4.6	—	1.8	12.9	4.8
Bedwetting	14.0	8.1	13.1	9.2	17.4	5.5	19.4	9.5
Child quiet/withdrawn	12.1	4.9	9.5	4.6	21.7	5.5	12.9	2.4
Child aggressive	10.3	3.2	11.9	3.8	4.3	1.8	12.9	4.8
Child has run away	5.6	7.0	6.0	6.9	4.3	7.3	6.5	9.5
Impact of IPV on children at school								
Child dropped out of school	3.4	2.2	4.1	1.0	—	5.6	3.8	—
Child had to repeat school	18.4	8.6	16.4	6.8	28.6	13.9	23.1	14.3

TABLE A1.23 Main Reasons for Leaving Home Last Time She Left, as Mentioned by Women Who Experienced Physical or Sexual Partner Violence and Who Left Home: Women's Health Survey, Trinidad and Tobago, 2017

Reasons for leaving home	Overall		Urban		Rural		CSP	
	%	Number	%	Number	%	Number	%	Number
Total	100.0	128	100.0	90	100.0	38	100.0	27
Encouraged by friends/ her family	5.5	7	4.4	4	7.9	3	7.4	2
Could not endure more	52.3	67	52.2	47	52.6	20	44.4	12
Badly injured	5.5	7	4.4	4	7.9	3	3.7	1
He threatened or tried to kill her	1.6	2	2.2	2	—	—	3.7	1
He threatened or hit children	1.6	2	2.2	2	—	—	—	—
Saw that children were suffering	0.8	1	—	—	2.6	1	—	—
Thrown out of the home	3.9	5	2.2	2	7.9	3	3.7	1
Afraid she would kill him	1.6	2	1.1	1	2.6	1	3.7	1
Encouraged by organization								
Afraid he would kill her	1.6	2	1.1	1	2.6	1	3.7	1
No particular incident	5.5	7	5.6	5	5.3	2	3.7	1
Other	20.3	26	24.4	22	10.5	4	25.9	7

TABLE A1.24 Main Reasons for Not Leaving Home, as Mentioned by Women Who Experienced Physical or Sexual Partner Violence and Who Never Left Home: Women's Health Survey Trinidad and Tobago, 2017

	Overall		Urban		Rural		CSP	
Reasons for leaving home	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**	**Number**
Total	100.0	124	100.0	84	100.0	40	100.0	22
Didn't want to leave children	38.7	48	36.9	31	42.5	17	36.4	8
Holiness of marriage	8.9	11	8.3	7	10.0	4	9.1	2
Didn't want to bring shame on family	2.4	3	—	—	7.5	3	—	—
Couldn't support children	12.1	15	11.9	10	12.5	5	4.5	1
Loved him	16.1	20	17.9	15	12.5	5	22.7	5
Didn't want to be single	3.2	4	2.4	2	5.0	2	—	—
Family said to stay								
Forgave him	20.2	25	21.4	18	17.5	7	22.7	5
Thought he would change	8.1	10	8.3	7	7.5	3	4.5	1
Threatened her/children								
Nowhere to go	11.3	14	13.1	11	7.5	3	9.1	2
Violence normal/not serious	10.5	13	10.7	9	10.0	4	9.1	2
Children need a father/both parents	2.4	3	2.4	2	2.5	1	—	—

Annex 2: WHS Sample Allocation of Enumeration Districts

TABLE A2.1 Sample Allocation of Enumeration Districts (EDs) for Women's Health Survey Trinidad and Tobago, 2017

	Municipality	No of EDs	Total no. of households (HHs)	Total no. of EDs Selected	Total no. of HHs selected
Trinidad	City of Port of Spain	128	13,158	5	75
	City of San Fernando	125	16,421	4	60
	Borough of Arima	67	9,587	3	45
	Borough of Chaguanas	141	24,805	9	135
	Borough of Point Fortin	52	7,203	2	30
	Diego Martin	233	34,086	11	165
	San Juan/Laventille	349	49,853	19	285
	Tunapuna/Piarco	434	69,315	19	285
	Couva/Tabaquite/Talparo	352	50,212	14	210
	Mayaro/Rio Claro	79	11,171	3	45
	Sangre Grande	164	23,092	8	120
	Princes Town	192	28,987	8	120
	Penal/Debe	170	25,291	8	120
	Siparia	182	25,918	7	105
Tobago	St. George	13	2,184	0	0
	St. Mary	7	975	1	15
	St. Andrew	42	6,345	2	30
	St. Patrick	35	6,288	3	45
	St. David	23	2,927	0	0
	St. Paul	17	1,700	1	15
	St. John	12	1,067	0	0
Trinidad and Tobago		2817	410,585	127	1,905

TABLE A2.2 Sample Allocation of CSP and Non-CSP Enumeration Districts (EDs) for Women's Health Survey Trinidad and Tobago, 2017

	Municipality	Non-CSP No. of EDs	Non-CSP No. of households	CSP No. of EDs	CSP No. of Households
Trinidad	City of Port of Spain	2	30	3	45
	City of San Fernando	4	60	0	0
	Borough of Arima	3	45	0	0
	Borough of Chaguanas	6	90	3	45
	Borough of Point Fortin	2	30	0	0
	Diego Martin	8	120	3	45
	San Juan/Laventille	10	150	9	135
	Tunapuna/Piarco	18	270	1	15
	Couva/Tabaquite/Talparo	14	210	0	0
	Mayaro/Rio Claro	3	45	0	0
	Sangre Grande	5	75	3	45
	Princes Town	8	120	0	0
	Penal/Debe	6	90	2	30
	Siparia	7	105	0	0
Tobago	St. George	0	0	0	0
	St. Mary	1	15	0	0
	St. Andrew	1	15	1	15
	St. Patrick	2	30	1	15
	St. David	0	0	0	0
	St. Paul	1	15	0	0
	St. John	0	0	0	0
Trinidad and Tobago		101	1,515	26	390

TABLE A2.3 Surveyed Enumeration Districts (EDs) for Women's Health Survey Trinidad and Tobago, 2017

Community	Rural/Urban	Municipality	Admin Area	Community Code	ED Code
Talparo	Rural	Couva/Tabaquite/Talparo	90	3603	600
Preysal	Rural	Couva/Tabaquite/Talparo	90	4116	6100
Carlsen Field	Rural	Couva/Tabaquite/Talparo	90	4207	9303
Todd's Road	Rural	Couva/Tabaquite/Talparo	90	4217	7500
Nancoo Village	Rural	Couva/Tabaquite/Talparo	90	4308	12300
Gasparillo	Rural	Couva/Tabaquite/Talparo	90	7309	29001
Freeport	Rural	Couva/Tabaquite/Talparo	90	9913	2602
Libertville	Rural	Mayaro/Rio Claro	11	5207	3200
Radix	Rural	Mayaro/Rio Claro	11	5308	4800
Rio Claro	Rural	Mayaro/Rio Claro	11	9931	2800
Mendez Village	Rural	Penal/Debe	14	8113	14300
Penal	Rural	Penal/Debe	14	8117	12800
Scott Road Village	Rural	Penal/Debe	14	8125	12002
San Francique	Rural	Penal/Debe	14	9818	13600
Coryal Village	Rural	Princes Town	13	7507	14702
Princes Town Proper	Rural	Princes Town	13	7523	16300
Barrackpore	Rural	Princes Town	13	9802	6500
St Croix Village	Rural	Princes Town	13	9820	11400
Indian Walk	Rural	Princes Town	13	9919	11702
St Marys Village	Rural	Princes Town	13	9936	10600
Rampanalgas	Rural	Sangre Grande	12	6303	4000
Cumuto	Rural	Sangre Grande	12	6503	9702
Guaico	Rural	Sangre Grande	12	9915	5200
Sangre Grande	Rural	Sangre Grande	12	9933	6300
Sangre Grande	Rural	Sangre Grande	12	9933	5801
Sangre Grande	Rural	Sangre Grande	12	9933	6500
Tamana	Rural	Sangre Grande	12	9937	10500
Valencia	Rural	Sangre Grande	12	9940	4701
Dow Village	Rural	Siparia	15	8108	6400
Oropouche	Rural	Siparia	15	8116	4002
Siparia	Rural	Siparia	15	8127	7300
Los Bojos	Rural	Siparia	15	8209	9600
Guapo Lot 10	Rural	Siparia	15	8309	11000
Vance River	Rural	Siparia	15	8318	11700
Goodwood	Rural	St Mary	92	9202	300
Delaford/Louis D'or	Rural	St Paul	96	9603	700
La Paille Village	Rural	Tunapuna/Piarco	80	3326	14402
Wallerfield	Rural	Tunapuna/Piarco	80	3416	29500
Canaan	Semi-Urban	St Patrick	94	9405	401
Bon Accord	Semi-Urban	St Patrick	94	9413	203

(*continued on next page*)

TABLE A2.3 Surveyed Enumeration Districts (EDs) for Women's Health Survey Trinidad and Tobago, 2017 (*continued*)

Community	Rural/Urban	Municipality	Admin Area	Community Code	ED Code
Mt Pleasant	Semi-Urban	St Patrick	94	9414	603
Arima Proper	Urban	Borough of Arima	30	3001	402
Malabar	Urban	Borough of Arima	30	3004	2501
Tumpuna Road	Urban	Borough of Arima	30	3005	4001
Enterprise	Urban	Borough of Chaguanas	40	4001	4700
Enterprise	Urban	Borough of Chaguanas	40	4001	5600
Enterprise	Urban	Borough of Chaguanas	40	4001	6700
Esmeralda	Urban	Borough of Chaguanas	40	4005	1401
St Charles Village	Urban	Borough of Chaguanas	40	4009	3800
Edinburgh 500	Urban	Borough of Chaguanas	40	4012	8506
Lange Park	Urban	Borough of Chaguanas	40	4014	9600
Charlieville	Urban	Borough of Chaguanas	40	4019	400
Longdenville	Urban	Borough of Chaguanas	40	9814	7900
Point Ligoure	Urban	Borough of Point Fortin	50	8005	1703
Cochrane	Urban	Borough of Point Fortin	50	9808	2800
Gonzales	Urban	City of Port of Spain	10	1005	9100
Newtown	Urban	City of Port of Spain	10	1007	3400
Woodbrook	Urban	City of Port of Spain	10	1011	2900
East Port Of Spain	Urban	City of Port of Spain	10	1012	8700
East Port Of Spain	Urban	City of Port of Spain	10	1012	6900
San Fernando Proper	Urban	City of San Fernando	20	2003	1000
Pleasantville	Urban	City of San Fernando	20	2006	8003
Tarouba	Urban	City of San Fernando	20	2015	6400
Cocoyea Village	Urban	City of San Fernando	20	2017	7200
Couva Central	Urban	Couva/Tabaquite/Talparo	90	4409	17505
Mc Bean	Urban	Couva/Tabaquite/Talparo	90	4417	16800
St Andrew's Village	Urban	Couva/Tabaquite/Talparo	90	4425	14702
Cedar Hill	Urban	Couva/Tabaquite/Talparo	90	7303	23100
St Margaret	Urban	Couva/Tabaquite/Talparo	90	7320	24100
Carapichaima	Urban	Couva/Tabaquite/Talparo	90	9906	9900
St Mary's Village	Urban	Couva/Tabaquite/Talparo	90	9944	14200
La Horquette	Urban	Diego Martin	60	3105	1902
Simeon Road	Urban	Diego Martin	60	3110	3900
Diego Martin Industrial Estate	Urban	Diego Martin	60	3113	6500
Covigne	Urban	Diego Martin	60	3115	6900
Waterhole	Urban	Diego Martin	60	3120	17300
Champ Elysees	Urban	Diego Martin	60	3122	19200
Bagatelle	Urban	Diego Martin	60	3127	8200

(*continued on next page*)

TABLE A2.3 Surveyed Enumeration Districts (EDs) for Women's Health Survey Trinidad and Tobago, 2017 (*continued*)

Community	Rural/Urban	Municipality	Admin Area	Community Code	ED Code
Petit Valley	Urban	Diego Martin	60	3133	11101
Maraval Proper	Urban	Diego Martin	60	3138	12301
Dibe/Belle Vue	Urban	Diego Martin	60	3144	18900
Upper St James	Urban	Diego Martin	60	3145	17500
Duncan Village	Urban	Penal/Debe	14	7209	4000
La Romaine	Urban	Penal/Debe	14	7218	5900
La Romaine	Urban	Penal/Debe	14	7218	6802
Palmiste	Urban	Penal/Debe	14	7222	4800
Cedar Hill	Urban	Princes Town	13	7204	5600
St Madeline	Urban	Princes Town	13	7232	3900
Upper Belmont	Urban	San Juan/Laventille	70	3204	1500
St Barbs	Urban	San Juan/Laventille	70	3205	18400
Eastern Quarry	Urban	San Juan/Laventille	70	3206	11700
El Socorro	Urban	San Juan/Laventille	70	3207	7100
Barataria	Urban	San Juan/Laventille	70	3209	4300
San Juan	Urban	San Juan/Laventille	70	3210	6500
Aranguez	Urban	San Juan/Laventille	70	3211	8700
Laventille	Urban	San Juan/Laventille	70	3212	13000
Morvant	Urban	San Juan/Laventille	70	3213	16500
Morvant	Urban	San Juan/Laventille	70	3213	14800
Morvant	Urban	San Juan/Laventille	70	3213	21000
Cascade	Urban	San Juan/Laventille	70	3214	17901
Mon Repos	Urban	San Juan/Laventille	70	3215	20000
Petit Bourg	Urban	San Juan/Laventille	70	3217	30200
Beetham Estate/ Gardens	Urban	San Juan/Laventille	70	3218	31800
Mt Hope	Urban	San Juan/Laventille	70	3224	17000
Santa Cruz	Urban	San Juan/Laventille	70	3232	26500
Mount D'or	Urban	San Juan/Laventille	70	3237	31000
Champ Fleurs	Urban	San Juan/Laventille	70	9807	31101
Cochrane	Urban	Siparia	15	9808	11200
Darrel Spring	Urban	St Andrew	93	9307	1202
Patience Hill	Urban	St Andrew	93	9312	501
Tunapuna	Urban	Tunapuna/Piarco	80	3302	5001
St Augustine	Urban	Tunapuna/Piarco	80	3303	1702
Tacarigua	Urban	Tunapuna/Piarco	80	3305	8200
Cane Farm	Urban	Tunapuna/Piarco	80	3310	18900
Arouca/St	Urban	Tunapuna/Piarco	80	3311	20704
Valley View	Urban	Tunapuna/Piarco	80	3317	11102
Five Rivers	Urban	Tunapuna/Piarco	80	3335	19300

(*continued on next page*)

TABLE A2.3 Surveyed Enumeration Districts (EDs) for Women's Health Survey Trinidad and Tobago, 2017 (*continued*)

Community	Rural/Urban	Municipality	Admin Area	Community Code	ED Code
Curepe	Urban	Tunapuna/Piarco	80	3341	1500
Curepe	Urban	Tunapuna/Piarco	80	3341	3500
Dinsley	Urban	Tunapuna/Piarco	80	3344	16702
Dinsley/Trincity	Urban	Tunapuna/Piarco	80	3346	18600
La Resource	Urban	Tunapuna/Piarco	80	3408	25500
Pinto Road	Urban	Tunapuna/Piarco	80	3413	27600
La Horquetta	Urban	Tunapuna/Piarco	80	3418	31700
Champ Fleurs	Urban	Tunapuna/Piarco	80	9807	100
Mausica	Urban	Tunapuna/Piarco	80	9927	23600
D'abadie	Urban	Tunapuna/Piarco	80	9942	25103

Annex 3: National Committee Members

National Steering Committee

Chair: ***Antoinette Jack-Martin,*** Director Gender Affairs (Ag), Office of the Prime Minister, Gender and Child Affairs Division
Ashvini Nath, Ministry of Health
Charmaine Manzano Antoine, Ministry of Planning
Neisha George-Thomas, Central Administrative Services, Tobago (CAST)
Owen Hender. Office of the Prime Minister, Gender and Child Affairs Division
Sherla McKenzie, Tobago House of Assembly, Division of Health and Social Services

Research Sub-Committee

Chair: **Gabrielle Hosein**, Director, Institute for Gender and Development Studies
Marina Smith, Statistical Analyst, Office of the Prime Minister, Gender and Child Affairs Division
Preeya Mohan, Post-Doctoral Research Fellow, SALISES
Sally-Ann Lucas, Statistician II, Population, Social and Vital Statistics Division, Central Statistical Office
Simone Rawlins, Senior Statistician, Central Statistical Office

Consultative Sub-Committee

Asiya Mohammed, Conflict Women Limited
Aurora Noguera-Ramkissoon/Stephanie Leitch, UNFPA
Deborah McFee, WINAD
Dona Da Costa Martinez, FPATT
Elizabeth Talma-Sankar, The Shelter
Khadija Sinanan, WOMANTRA
Monique Augustine, National Domestic Violence Hotline (800 SAVE)
Natalie O'Brady, Rape Crisis/Coalition Against Domestic Violence
Pepsi Monderoy, TTPS Victim and Witness Support Unit
Sharon Mottley/Moira Lindsay, PSI Caribbean

Annex 4: Trinidad and Tobago WHS 2017 Survey Instrument

Administration Form

Identification

Country Code	____
Parish (Tobago)	[ ][ ]
Municipality	[ ][
Enumeration District (ED).....	[ ][ ][ ]
Dwelling No.	[ ][[ ][ ]
Household Number	[ ][ ]
	[ ]
Name Of Household Head : _____	
Urban = 1/Rural = 2	

Interviewer Visits

	1	2	3	Final Visit
Date	_____	_____	_____	Day [ ][ ]
Interviewers Name	_____	_____	_____	Month [ ][ ]
Result***	_____	_____	_____	Year [ ][ ][ ][ ]
				Interviewer's no [ ][ ][ ][ ]
				Result [ ][ ]
Next Visit:	_____	_____		Total number
Date	_____	_____		of visits [ ]
Time	_____	_____		
Location				

Questionnaires completed?	*** Result Codes	☐ **Need To Return**	Check HH selection form:
[ ] 1. None completed ☐	Refused (Specify): 11	☐ **Need To Return**	Total in household (Q1) [ ][ ]
	Dwelling vacant or address not a dwelling..... 12		Total eligible women in hh of selected woman (Q3, total with yes) [ ][ ]
	Dwelling destroyed 13		
	Dwelling not found, not accessible..... 14		
	Entire HH absent for extended period..... 15		Line number of selected female respondent (Q3) [ ][ ]
	No HH Member at home at time of visit..... 16		
	HH respondent postponed interview 17		

(*continued on next page*)

(*continued*)

Interviewer Visits

[ ] 2. HH Selection Form (and in most cases HH questionnaire) only ☐	Selected woman refused (Specify): .... 21 No eligible woman in household ..... 22 Selected woman not at home..... 23 Selected woman postponed interview..... 24 Selected woman incapacitated 25	☐ **Need to return** ☐ **Need to return**
[ ] 3. Woman's Questionnaire partly ☐	Does not want to continue (Specify): .... 31 Rest of interview postponed to next visit..... 32	☐ **Need to return**
[ ] 4. Woman's questionnaire completed ☐	41	

Language of questionnaire [ ][ ]
Language Interview conducted in [ ][ ]

Field Supervisor/Editor		Office Editor		Entered By
Name	[ ][ ]	Name	[ ][ ]	Entry 1:
Day	[ ][ ]	Day	[ ][ ]	_____
Month	[ ][ ]	Month	[ ][ ]	Entry 2:
Year	[ ][ ]	Year	[ ][ ]	_____

Administration Form

Identification

Country Code ____
Parish (Tobago) [ ][ ]
Municipality [ ][
Enumeration District (Ed)..... [ ][ ][ ]
Dwelling No. ..... [ ][[ ][ ]
Household Number ..... [ ][ ]

Name Of Household Head : _____ [ ]
Urban = 1/Rural = 2

Interviewer Visits

	1	2	3	Final Visit
Date	_____	_____	_____	Day [ ][ ]
Interviewers Name	_____	_____	_____	Month [ ][ ]
Result***	_____	_____	_____	Year [ ][ ][ ][ ]
				Interviewer's no [ ][ ][ ][ ]
				Result [ ][ ]

(*continued on next page*)

(*continued*)

Interviewer Visits

Next Visit: Date Time Location	_____ _____ _____ _____ _____ _____		Total number of visits [ ]
Questionnaires completed? [ ] 1. None completed ☐	*** Result Codes Refused (Specify): .... 11 Dwelling vacant or address not a dwelling..... 12 Dwelling destroyed ..... 13 Dwelling not found, not accessible..... 14 Entire HH absent for extended period..... 15 No HH Member at home at time of visit..... 16 HH respondent postponed interview 17	☐ **Need To Return** ☐ **Need To Return**	Check HH selection form: Total in household (Q1) [ ][ ] Total eligible women in hh of selected woman (Q3, total with yes) [ ][ ] Line number of selected female respondent (Q3) [ ][ ]
[ ] 2. HH Selection Form (and in most cases HH questionnaire) only ☐	Selected woman refused (Specify): .... 21 No eligible woman in household..... 22 Selected woman not at home..... 23 Selected woman postponed interview..... 24 Selected woman incapacitated 25	☐ **Need to return** ☐ **Need to return**	
[ ] 3. Woman's Questionnaire partly ☐	Does not want to continue (Specify): .... 31 Rest of interview postponed to next visit..... 32	☐ **Need to return**	
[ ] 4. Woman's questionnaire completed ☐	 41		
Language of questionnaire Language Interview conducted in			[ ][ ] [ ][ ]
Field Supervisor/Editor Name [ ][ ] Day [ ][ ] Month [ ][ ] Year [ ][ ]	Office Editor Name [ ][ ] Day [ ][ ] Month [ ][ ] Year [ ][ ]		Entered By Entry 1: _____ Entry 2: _____

If More than One HH in Selected Dwelling: Fill Out Seperate HH Selection Form for Each One

Household Selection Form

Hello, my name is _____. I am visiting your household on behalf of **Qure Limited, a research firm** We are conducting a survey on behalf of the Inter-American Development Bank across Trinidad and Tobago to learn about family health and safety.

1	Please can you tell me how many people live here, and share food? PROBE: Does this include children (including infants) living here? Does it include any other people who may not be members of your family, such as domestic servants, lodgers or friends who live here and share food? **Make sure these people are included in the total**	**Total number of people in household** [ ][ ]
2	Is the head of the household male or female?	Male.....1 Female.....2 Both 3

	Female household members	**Relationship to head of HH**	**Residence**			**Age**	**Eligible**	
3 Line num.	Today we would like to talk to one woman or girl from your household. To enable me to identify whom I should talk to, would you please give me the first names of all girls or women who usually live in your household (and share food).	What is the relationship of **name** to the head of the household.* (**use codes below**)	Does name usually live here? **special cases: See (A) below.**			How old is **name**? (**Years**, more or less)	**See criteria below** (A +B)	
			Yes	No			Yes	No
1			1	2			1	2
2			1	2			1	2
3			1	2			1	2
4			1	2			1	2
5			1	2			1	2
6			1	2			1	2
7			1	2			1	2
8			1	2			1	2
9			1	2			1	2
10			1	2			1	2

Codes

1. Head
2. Wife
3. Partner)
4. Daughter
5. Daughter-In-Law
6. Granddaughter
7. Mother
8. Mother-In-Law
9. Sister
10. Sister-In-Law
11. Other Relative
12. Adopted/Foster/Step Daughter
13. Domestic Worker/Employee
14. Lodger
15. Friend
98. Other Non Relative: _____

(*continued on next page*)

(*continued*)

Household Selection Form

(A) Special cases to be considered member of household:

- *Domestic* worker/employee if they sleep 5 nights a week or more in the household.
- *Visitors* if they have slept in the household for the past 4 weeks.

(B) Eligible: Any *woman between 15 and 64 years* living in household.

More than one eligible women in HH:

- **Randomly Select** One Eligible Woman For Interview Using A Kish Table.
- **Put circle around line number of woman selected.** Ask If you can talk with the selected woman. If she is not at home, agree on date for return visit.
- Continue with household questionnaire

No eligible woman in HH:
- **Say "I cannot continue because i can only interview women 15–64 years old. thank you for your assistance." Finish here.**

* If both (male and female) are the head, refer to the male.

Administered to Any Responsible Adult in Household

Household Questionnaire

	Questions & Filters	Coding Categories
QUESTIONS 1–6: COUNTRY-SPECIFIC SOCIOECONOMIC INDICATORS, TO BE ADAPTED IN EACH COUNTRY		
1	If you don't mind, I would like to ask you a few questions about your household. What is the main source of drinking-water for your household?	Public piped into dwelling ..... 01 Public piped into yard ..... 02 Private piped into dwelling ..... 03 Private catchment, not piped ..... 04 Public standpipe ..... 05 Truckborne (and not piped into dwelling) ..... 06 Spring/river/well/pond ..... 07 Other:..... 96 Don't know/don't remember..... 98 Refused/no answer..... 99
2	What type of toilet facilities does your household have?	Flush toilet .....01 Flush toilet shared ..... 02 Pit latrine.....03 None ..... 04 Other:..... 96 Don't know/don't remember..... 98 Refused/no answer..... 99
3	What is the main type of material used in constructing the roof? **Record *observation***	Sheet metal (zinc, aluminum, galvanize)..... 1 Shingle – (asphalt)..... 2 Shingle (wood)..... 3 Concrete ..... 4 Tile ..... 5 Thatch/makeshift ..... 6 Other:..... 7 Don't know/don't remember..... 8 Refused/no answer..... 9

(*continued on next page*)

(*continued*)

Household Questionnaire					
Questions & Filters		**Coding Categories**			
4	Does your household have: a. Electricity b. A refrigerator c. Computer d. Air Conditioner e. Clothes Dryer f. Internet g. A vehicle	a. Electricity b. Refrigerator c. Computer d. Air Con e. Clothes Dryer f. Internet g. Vehicle	Yes 1 1 1 1 1 1 1	No 2 2 2 2 2 2 2	DK 8 8 8 8 8 8
5					
6					
7	How many rooms in your household are used for sleeping?	Number of rooms ..... [ ][ ] Don't know/don't remember ..... 98 Refused/No answer 99			
8	Are you concerned about the levels of crime and/or violence in your neighbourhood (like robberies or assaults)? Would you say that you are not at all concerned, a little concerned, or very concerned?	Not concerned ..... 1 A little concerned ..... 2 Very concerned ..... 3 Don't know/don't remember ..... 8 Refused/no answer 9			
9	In the past 4 weeks, has someone from this household been the victim of a crime in this neighbourhood, such as a robbery or assault?	Yes ..... 1 No ..... 2 Don't know/don't remember ..... 8 Refused/no answer 9			
10	**Note sex of respondent**	Male ..... 1 Female 2			

Thank you very much for your assistance.

Is now a good time to talk?

It's very important that we talk in private. Is this a good place to hold the interview, or is there somewhere else that you would like to go?

Individual Consent Form for Woman's Questionnaire

Hello, my name is *. I work for QURE Limited. We are conducting a survey for the Inter-American Development Bank in Trinidad and Tobago to learn about Women's Health and Wellbeing. You and many other women have been chosen by chance to participate in the study.

The questionnaire will include questions regarding your general health and life experiences including incidents of gender-based violence. Some of the topics may be personal and difficult to discuss, but many women have found it useful to have the opportunity to talk. You have the right to skip any questions that you don't want to answer or to pause or stop the interview at any time. There are no right or wrong answers.

I want to assure you that all of your answers will be kept strictly confidential. I will not keep a record of your name or address. Your participation is completely voluntary, but your experiences could be very helpful to other women in Trinidad and Tobago. The information you provide will be anonymously combined with that of women aged 15–64 from around the country to inform policies and programmes that will benefit women and girls.

In order to protect your privacy, depending on the topic of the interview, if anyone enters the room while we are talking, we may stop the interview or change questions. We don't want you to feel under any pressure to talk to us, especially if you're worried that it might be risky for you. Please take a few moments to consider whether talking to us may increase your risk of violence, whether at home or in your community. We want to ensure you that you are as safe as possible if you do choose to participate.

Do you have any questions?

The interview takes about an hour to complete. Do you agree to be interviewed?

NOTE WHETHER RESPONDENT AGREES TO INTERVIEW OR NOT

[ ] DOES NOT AGREE TO BE INTERVIEWED → THANK PARTICIPANT FOR HER TIME AND END

[ ] AGREES TO BE INTERVIEWED

↓

_____

TO BE COMPLETED BY INTERVIEWER

I CERTIFY THAT I HAVE READ THE ABOVE CONSENT PROCEDURE TO THE PARTICIPANT.

SIGNED: _____

DATE OF INTERVIEW: day [ ][ ] month [ ][ ] year [ ][ ][ ][ ]

100. Record the start time of the woman's interview (24H system)	HH:MM [ ][ ]:[ ][ ] (00–24 h)

SECTION 1 RESPONDENT AND HER COMMUNITY

Questions & Filters		Coding Categories	Skip to
If you don't mind, I would like to start by asking you a little about <COMMUNITY NAME>. *Insert name of community/village/neighbourhood above and in questions below.* *If no name, say "in this community/village/area" as appropriate.*			
101	Do neighbours in this community generally tend to know each other well?	Yes ..... 1 No ..... 2 Don't know ..... 8 Refused/no answer 9	
102	If there were a street fight in this community would people generally do something to stop it?	Yes ..... 1 No ..... 2 Don't know ..... 8 Refused/no answer 9	
103			
104			
105	If someone in your family suddenly fell ill or had an accident, would your neighbours offer to help?	Yes ..... 1 No ..... 2 Don't know ..... 8 Refused/no answer 9	
106	I would now like to ask you some questions about yourself. What is your date of birth (day, month and year that you were born)?	Day ..... [ ][ ] Month ..... [ ][ ] Year ..... [ ][ ][ ][ ] Don't know year ..... 9998 Refused/no answer 9999	
107	How old are you (completed years)? (**More or less**)	Age (years) ..... [ ][ ]	
108	How long have you been living continuously in this community?	Number of years ..... [ ][ ] Less than 1 year ..... 00 Lived all her life ..... 95 Visitor (at least 4 weeks in household) ..... 96 Don't know/don't remember ..... 98 Refused/no answer 99	
108a	What is your religious affiliation or denomination? (**Do not read categories**)	None ..... 01 Anglican ..... 02 Baptist – Spiritual Shouter ..... 03 Baptist – Other ..... 04 Hinduism ..... 05 Islam ..... 06 Jehovah Witness ..... 07 Methodist ..... 08 Moravian ..... 09 Orisha ..... 10 Pentecostal/evangelical/full gospel ..... 11 Presbyterian ..... 12 Rastafarian ..... 13 Roman Catholic ..... 14 Seventh Day Adventist ..... 15 Other: ..... 96 Don't Know/Don't Remember ..... 98 Refused/No Answer 99	

(*continued on next page*)

(*continued*)

SECTION 1 RESPONDENT AND HER COMMUNITY

Questions & Filters		Coding Categories	Skip to
108b	To which race or ethnic group would you say you belong? (**Do not read categories**)	African ..... 01 Caucasian ..... 02 Chinese ..... 03 East Indian ..... 04 Indigenous ..... 05 Mixed (african and east indian) ..... 06 Mixed – other ..... 07 Portuguese ..... 08 Syrian/lebanese ..... 09 Other (specify) .... 96 Refused/no answer 99	
110	Have you ever attended school?	Yes ..... 1 No ..... 2 Don't know/don't remember ..... 8 Refused/no answer 9	☐ 111c
111	a. What is the highest level of education that you achieved? **Mark Highest Level**. b. ***Convert total years in school, locally-specific coding***	Primary ..... Year ..... 1 Secondary ..... Year ..... 2 Higher ..... Year ..... 3 Number of years schooling ..... [ ][ ] Don't know/don't remember ..... 98 Refused/no answer 99	
111c	*What is* your *main* daily occupation? **Prompt**: Do you earn money by yourself? [**mark one**]	Not Working ..... 1 Housewife ..... 2 Student ..... 3 Agricultural work ..... 4 Government ..... 5 Clerical ..... 6 Small business ..... 7 Professional ..... 8 Retired ..... 9 Seasonal work ..... 10 Selling/trading ..... 11 Other (specify) .... 96 Don't know/don't remember ..... 98 Refused/no answer 99	
111d	What is *now* the main source of income for you and your household? [**Mark one**]	No income ..... 1 Money from own work ..... 2 Equal share own work and partner ..... 3 Support from husband/partner ..... 4 Support from other relatives ..... 5 Pension ..... 6 Social services/welfare ..... 7 Remittances (from abroad) ..... 8 Other (specify) .... 9 Refused/no answer 99	
	Now I would like to ask you some questions about things that you own and your earnings. We need this information to understand the financial position of women nowadays.		

(*continued on next page*)

(*continued*)

SECTION 1 RESPONDENT AND HER COMMUNITY

Questions & Filters		Coding Categories				Skip to
1101	Please tell me if you own any of the following, either by yourself or with someone else:		Yes own by self	Yes own with others	No, don't own	
	a. Land	Land	1	2	3	
	b. Your house	House	1	2	3	
	c. A company or business	Company	1	2	3	
	d. Large animals (cows, horses, etc.)	Large animals	1	2	3	
		Small animals	1	2	3	
	e. Small animals (chickens, pigs, goats, etc)	Small animals	1	2	3	
		Financial	1	2	3	
	f. Produce or crops from certain fields or tree	Vehicle	1	2	3	
	g. A financial investment (units, mutual funds,					
	h. stocks or bonds)					
	i. Vehicle					
	For each, probe: Do you own this on your own, or do you own it with others?					
112	Where did you grow up? **Probe**: Before age 12 where did you live longest?	This Community/neighbourhood	1			
		Another rural area/village	2			
		Another Town/city	3			
		Another country	4			
		Another neighbourhood in same town	5			
		Don't know/don't remember	8			
		Refused/no answer	9			
113	Do you have access to your family so that you can easily see or visit them?	Yes	1			☐ **115**
		No	2			
		Living with family of birth	3			
		Don't know/don't remember	8			
		Refused/no answer	9			
114	How often do you talk freely to a member of your family? Would you say at least once a week, once a month, once a year, or never?	Daily/at least once a week	1			
		At least once a month	2			
		At least once a year	3			
		Never (hardly ever)	4			
		Don't know/don't remember	8			
		Refused/no answer	9			
115	When you need help or have a problem, can you usually count on members of your family for support?	Yes	1			
		No	2			
		Don't know/don't remember	8			
		Refused/no answer	9			
115a	How do you receive OR access information on women's health? [**Don't read/check all that apply**)	Personal doctor	A			
		Health centre/hospital/clinic	B			
		Friends/family	C			
		Newspaper/magazine	D			
		Radio	E			
		Television	F			
		Internet health sites	G			
		Social media sites/facebook	H			
		Refused/no answer	I			
		Other	X			

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(*continued*)

SECTION 1 RESPONDENT AND HER COMMUNITY

Questions & Filters		Coding Categories	Skip to
119	Are you *currently* married and living together? **If no:** are you *involved in a relationship with a man without living together?* **If needed probe:** *Such as a regular boyfriend or a fiancé?* **If needed probe:** Do you and your partner live together?	Currently married, living together ..... 1 Currently married, not living together ..... 2 Living with man, not married (common-law)..... 3 Currently having a regular male partner (engaged or dating or Visiting) not living together ..... 4 Not currently married or having a male partner..... 5 Currently having a female partner 6	☐ **123** ☐ **123** ☐ **123** ☐ **123**
120 a	Have you ever been married or lived with a male partner?	Yes, married ..... 1 Yes, lived with a man, but never married..... 3 No 5	☐ **121** ☐ **121**
120b	Have you *ever* been involved in a relationship with a man without living together (such as being engaged or dating or a boyfriend)?	Yes ..... 1 No ..... 2 Refused/no answer..... 9	☐ **S2** ☐ **S2**
121	Did the *last partnership with a man* end in divorce or separation, or did your husband/partner die?	Divorced ..... 1 Separated/broken up ..... 2 Widowed/partner died..... 3 Don't know/don't remember..... 8 Refused/no answer..... 9	☐ **123**
122	Was the divorce/separation initiated by you, by your husband/partner, or did you both decide that you should separate?	Respondent ..... 1 Husband/partner..... 2 Both (respondent and partner) ..... 3 Other:..... 6 Don't know/don't remember..... 8 Refused/no answer..... 9	
123	How many times in your life have you been married and/or lived together with a man? (**include current partner if living together**)	Number of times married or lived together ..... [ ][ ] Never Married or lived together ..... 00 Don't Know/don't remember ..... 98 Refused/No Answer..... 99	☐ **S2**
123a	How old were you the first time you were married or lived together with a man?	Age In Years ..... [ ][ ] Don't know/don't remember..... 98 Refused/no answer..... 99	
124	The next few questions are about your **current or most recent** partnership. Do/did you live together (in the same home) with your husband's family, your family, both families, or alone by yourselves?	His family ..... 1 Her family ..... 2 Both families ..... 3 Alone ..... 4 Don't know/don't remember..... 8 Refused/no answer..... 9	

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SECTION 1 RESPONDENT AND HER COMMUNITY			
Questions & Filters		**Coding Categories**	**Skip to**
131	Did you yourself choose your **current/most recent** husband/partner, did someone else choose him for you, or did he choose you? **If she did not choose herself, probe**: Who chose your current/most recent husband/partner for you?	Both chose ..... 1 Respondent chose..... 2 Respondent's family chose ..... 3 Husband/partner chose ..... 4 Husband/partner's family chose ..... 5 Other:..... 6 Don't know/don't remember..... 8 Refused/no answer..... 9	☐ **1103** ☐ **1103**
132	Before the marriage with your **current** partner/**most recent** husband, were you asked whether you wanted to marry him or not?	Yes..... 1 No..... 2 Don't know/don't remember..... 8 Refused/no answer..... 9	
* **CHECK**: **Ref. sheet, Box A** *(s11mar)*	**Currently married/currently living with a man (Option K) [ ] ☐** *(1)*	**Not currently married or living with a man/*current or past male dating Partner* (Options L, M, N) [ ] ☐** *(2)*	S2
CHECK 111D	**1. Options 2 or 3 Marked [ ] ☐**	**2. Any other option marked [ ] ☐**	S2
1103	Are you able to spend the money you earn how you want yourself, or do you have to give all or part of the money to your husband/partner?	Self/Own Choice..... 1 Give part to husband/partner..... 2 Give all to husband/partner ..... 3 Don't know..... 8 Refused/no answer..... 9	
1104	Would you say that the money that you bring into the family is more than what your husband/partner contributes, less than what he contributes, or about the same as he contributes?	More than husband/partner ..... 1 Less than husband/partner..... 2 About the same ..... 3 Do not know..... 8 Refused/no answer..... 9	

Before Starting with Section 2:

Review Responses in Section 1 and Mark Marital Status on Reference Sheet, Box A.

SECTION 2 GENERAL HEALTH		
201	I would now like to ask a few questions about your health and use of health services. In general, would you describe your overall health as excellent, good, fair, poor, or very poor?	Excellent .....1 Good.....2 Fair .....3 Poor.....4 Very poor .....5 Don't know/don't remember.....8 Refused/no answer.....9
201a	Do you have difficulty seeing, even if wearing glasses?	No – no difficulty.....1 Yes – some diffculty.....2 Yes – a lot of diffculty.....3 Cannot do at all .....4 Don't know/don't remember.....8 Refused/no answer.....9
201b	Do you have difficulty hearing, even if using a hearing aid?	No – no difficulty.....1 Yes – some diffculty.....2 Yes – a lot of diffculty.....3 Cannot do at all .....4 Don't know/don't remember.....8 Refused/no answer.....9
201c	Do you have difficulty walking or climbing steps?	No – no difficulty.....1 Yes – some diffculty.....2 Yes – a lot of diffculty.....3 Cannot do at all .....4 Don't know/don't remember.....8 Refused/no answer.....9
201d	Do you have difficulty remembering or concentrating?	No – no difficulty.....1 Yes – some diffculty.....2 Yes – a lot of diffculty.....3 Cannot do at all .....4 Don't know/don't remember.....8 Refused/no answer.....9
201e	Do you have difficulty (with self-care such as) washing all over or getting dressed?	No – no difficulty.....1 Yes – some diffculty.....2 Yes – a lot of diffculty.....3 Cannot do at all .....4 Don't know/don't remember.....8 Refused/no answer.....9
201f	Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?	No – no difficulty.....1 Yes – some diffculty.....2 Yes – a lot of diffculty.....3 Cannot do at all .....4 Don't know/don't remember.....8 Refused/no answer.....9

(*continued*)

SECTION 2 GENERAL HEALTH

202	Now I would like to ask you about your health in the **past 4 weeks ONLY**. How would you describe your ability to walk around? I will give 5 options, which one best describes your situation: Would you say that you have no problems, , some problems, many problems or that you are unable to walk at all?	No problems .....1 Some problems .....2 Many problems .....3 Unable to walk at all .....4 Don't know/don't remember.....8 Refused/no answer.....9
203	In the **past 4 weeks** did you have problems (difficulty) with performing usual activities, such as work, study, household, family, or social activities? Please choose from the following options. Would you say no problems, some problems, many problems or unable to perform usual activities?	No problems .....1 Some problems .....2 Many problems .....3 Unable to perform activities .....4 Don't know/don't remember.....8 Refused/no answer.....9
204	In the **past 4 weeks** have you been in pain or discomfort? Please choose from the following options. Would you say not at all, some pain or discomfort, moderate, or severe or discomfort?	No pain or discomfort .....1 Some pain or discomfort.....2 Moderate pain or discomfort....3 Severe pain or discomfort.....4 Don't know/don't remember.....8 Refused/no answer.....9
205	In the **past 4 weeks** have you had problems (difficulty) with your memory or concentration? Please choose from the following 5 options. Would you say no problems, some problems, many problems or extreme memory or concentration problems?	No problems .....1 Some problems .....2 Many problems .....3 Extreme memory problems .....4 Don't know/don't remember.....8 Refused/no answer.....9

			No	Once or twice	A few times	Many times
207	In the past 4 weeks, have you taken medication: a. To help you calm down or sleep? b. To relieve pain? c. To help you not feel sad or depressed? **For each, if yes probe**: How often? Once or twice, a few times or many times?	For sleep For pain For sadness	1 1 1	2 2 2	3 3 3	4 4 4

		Yes	No
209	Over the **last 2 weeks**, have you been bothered by any of the following problems?		
	d. Feeling nervous, anxious or on edge	1	2
	e. Not being able to stop or control worrying	1	2

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(*continued*)

SECTION 2 GENERAL HEALTH

	f. Worrying too much about different things		1	2	
	g. Trouble relaxing		1	2	
	h. Being so restless that it is hard to sit still		1	2	
	i. Becoming easily annoyed or irritable		1	2	
	j. Feeling afraid as if something awful might happen		1	2	
	k. Little interest or pleasure in doing things		1	2	
	l. Feeling down, depressed, or hopeless		1	2	
	m. Trouble falling or staying asleep, or sleeping too much		1	2	
	n. Feeling tired or having little energy o. Poor appetite or overeating		1	2	
	p. Feeling bad about yourself—or that you are a failure or have let yourself or your family down		1	2	
	q. Trouble concentrating on things, such as reading the newspaper or watching television		1	2	
	r. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual		1	2	
	s. Thoughts that you would be better off dead or of hurting yourself in some way		1	2	
210	Just now we talked about problems that may have bothered you recently. I would like to ask you now: Have you **ever** seriously thought about ending your life?	Yes.....1 No.....2 Don't know/don't remember.....8 Refused/no answer.....9			☐ **214**
211	Have you ever tried to take your life?	Yes.....1 No.....2 Don't know/don't remember.....8 Refused/no answer.....9			
211a	Have you thought seriously about ending your life in the last 12 months?	Yes.....1 No.....2 Don't know/don't remember.....8 Refused/no answer.....9			☐ **214** ☐ **214** ☐ **214**
211b	Have you ever tried to end your life **in the past 12 months**?	Yes.....1 No.....2 Don't know/don't remember.....8 Refused/no answer.....9			☐ **214**

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SECTION 2 GENERAL HEALTH

211 c	At the (last) time when you tried to end your life, did you require medical care or hospitalization?	Yes.....1 No.....2 Don't know/don't remember.....8 Refused/no answer.....9	
214	Do you **now smoke** cigarettes…….… 1. Daily? 2. Occasionally? 3. Not at all?	Daily.....1 Occasionally .....2 Not at all .....3 Don't know/don't remember.....8 Refused/no answer.....9	☐ **216** ☐ **216**
215	Have you **ever** smoked cigarettes in your life? 1. Daily? (smoking at least once a day) 2. Occasionally? 3. Not at all?	Daily.....1 Occasionally .....2 Not at all .....3 Don't know/don't remember.....8 Refused/no answer.....9	
216	How often do you drink alcohol? Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1–3 times a month 4. Occasionally, less than once a month 5. Never/Stopped more than a year ago	Every day or nearly every day.....1 Once or twice a week .....2 1–3 Times in a month .....3 Less than once a month .....4 Never .....5 Don't know/don't remember.....8 Refused/no answer.....9	☐ **220**
217	On the days that you drank in the **past 4 weeks**, about how many alcoholic drinks did you usually have in a day?	Usual number of drinks.....[ ][ ] No alcoholic drinks in past 4 weeks.....00	
218	In the **past 12 months** (In the **last 12 months** of your relationship), have you experienced any of the following problems, related to your drinking? a. Money problems b. Family problems c. Any other problems, specify.		

	Yes	No	Don't Know
A) Money problems	1	2	3
B) Family problems	1	2	3
x) Other: _____	1	2	3

220	Did you ever use marijuana? Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1–3 times a month 4. Occasionally, less than once a month 5. Never/Stopped more than a year ago	Every day or nearly every day.....1 Once or twice a week .....2 1–3 Times in a month .....3 Less than once a month .....4 Never .....5 Don't know/don't remember.....8 Refused/no answer.....9	

SECTION 3 REPRODUCTIVE HEALTH

Now I would like to ask about all of the children that you may have given birth to during your life.

301	Have you ever given birth? How many children have you given birth to that were alive when they were born? (**include births where the baby didn't live for long**)	Number of children born [ ][ ] ☐ **302a** **If 1 or more** ☐ None 00	
302	Have you ever been pregnant?	Yes..... 1 ☐ **310** No..... 2 ☐ **310** Maybe/not sure ..... 3 ☐ **S5** N.A. (Never had intercourse)..... 7 ☐ **310** Don't know/don't remember..... 8 ☐ **310** Refused/no answer..... 9	
302a	How old were you when you first became pregnant?	Age in years [ ][ ] Don't know/don't remember..... 8 Refused/no answer..... 9	
303	How many children do you have, who are alive now? **Record number**	Children ..... [ ][ ] None 00	
304	Have you ever given birth to a boy or a girl who was born alive, but later died? This could be at any age. **If no, probe:** Any baby who cried or showed signs of life but survived for only a few hours or days?	Yes..... 1 ☐ **306** No 2	
305	a) How many sons have died? How many daughters have died? (**This is about all ages**)	A) Sons dead ..... [ ][ ] B) Daughters dead ..... [ ][ ] If none enter '00'	
306	Do (did) all your children have the same biological father, or more than one father?	One father..... 1 ☐ **308** More than one father ..... 2 N/A (never had live birth)..... 7 Don't know/don't remember..... 8 Refused/no answer..... 9	
307	How many of your children receive financial support from their father(s)? Would you say none, some or all? **If only one child and she says 'yes,' code '3' ('all')**.	None..... 1 Some ..... 2 All..... 3 N/A ..... 7 Don't know/don't remember..... 8 Refused/no answer..... 9	
308	How many times have you been pregnant? Include pregnancies that did not end up in a live birth, and if you are pregnant now, your current pregnancy? **Probe:** How many pregnancies were with twins, triplets?	a) Total no. of pregnancies . [ ][ ] b) Pregnancies with twins..... [ ] c) Pregnancies with triplets..... [ ] d) other ..... [ ]	

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SECTION 3 REPRODUCTIVE HEALTH

309	Have you ever had a pregnancy that miscarried, or ended in a stillbirth? Or a terminated pregnancy (abortion)? **Probe:** How many times did you miscarry, how many times did you have a stillbirth, and how many times did you abort? *Probe may need to be locally adapted*	a) Miscarriages ..... [ ][ ] b) Stillbirths ..... [ ][ ] c) Abortions..... [ ][ ] If none enter '00'	
310	Are you pregnant now?	Yes..... 1 No..... 2 Maybe..... 3	☐ **A** ☐ **B** ☐ **B**
Do either a or b:	**if pregnant now ==>**	**[301] .....+ [309 A+b+c] ..... + 1 =** **[308A]....+ [308b]..... + [2x308c]..... = ...**	
	If not pregnant now ==>	**[301] .....+ [309 A+b+c] ..... =** **[308A]....+ [308b]..... + [2x308c]..... = ...**	
Verify that addition adds up to the same figure. If not, probe again and correct.			
311	Have you **ever** used anything, or tried in any way, to delay or avoid getting pregnant?	Yes..... 1 No ..... 2 N.A. (Never had intercourse)..... 7 Don't know/don't remember..... 8 Refused/no answer..... 9	☐ **315** ☐ **S.5**
312	Are you **currently** doing something, or using any method, to delay or avoid getting pregnant?	Yes..... 1 No..... 2 Don't know/don't remember..... 8 Refused/no answer..... 9	☐ **315**
313	What (main) method are you and your partner **currently** using? **If more than one, only mark main method**	Pill/tablets ..... 01 Injectables ..... 02 Implants (norplant)..... 03 Iud (mirena/copper t) ..... 04 Diaphragm/foam/jelly..... 05 Calendar (rhythm)/mucus method .. 06 Female sterilization..... 07 Condoms ..... 08 Male sterilization (vasectomy) ..... 09 Withdrawal..... 10 Herbs .....11 Other:..... 96 Don't know/don't remember..... 98 Refused/no answer..... 99	
314			
315	Has/did your **current/most recent** husband/partner ever refused to use a method or tried to stop you from using a method to avoid getting pregnant?	Yes..... 1 No ..... 2 N.A. (Never had a partner).... ..... 7 Don't know/don't remember..... 8 Refused/no answer..... 9	☐ **S.5**
316			
317			
317a			
318			
319	Has your **current/most recent** husband/partner ever refused to use a condom?	Yes..... 1 No ..... 2 Don't know/don't remember..... 8 Refused/no answer..... 9	

Before Starting with Section 4:

Review Responses and Mark Reproductive History on Reference Sheet, Box B.

SECTION 4 CHILDREN			
CHECK: Ref. Sheet, box B, point Q *(s4bir)*	**ANY LIVE BIRTHS [ ] ☐** *(1)*	**NO LIVE BIRTHS [ ] ☐** *(2)*	**☐ S.5**
401	I would like to ask about the last time that you gave birth (Live birth, regardless of whether the child is still alive or not). What is the date of birth of this child?	Day ..... [ ][ ] Month..... [ ][ ] Year ..... [ ][ ][ ][ ] Refused/no answer..... 9	
402	Is your last child a boy or a girl?	Boy ..... 1 Girl ..... 2 Refused/no answer..... 9	
403	Is that child still alive?	Yes..... 1 No ..... 2 Refused/no answer..... 9	☐ **405**
404	How old was (he/she) at his/her last birthday? **Record age in completed years** **Check age with birth date**	Age in years ..... [ ][ ] If not yet completed 1 year ..... 00 Refused/no answer..... 9	☐ **406** ☐ **406** ☐ **406**
405	How old was (he/she) when he/she died?	Years ..... [ ][ ] Months (if less than 1 year) [ ][ ] Days (if less than 1 month). [ ][ ] Refused/no answer..... 9	
406	**Check if date of birth of last child (in q401) is more or less than 5 years ago**	5 Or more years ago..... 1 Less than 5 years ago ..... 2 Refused/no answer..... 9	☐ **417**
407	I would like to ask you about the **pregnancy for your last born (son/daughter)**. At the time you became pregnant with (him/her), did you want to become pregnant then, did you want to wait until later, did you want no (more) children, or did you not mind either way?	Become pregnant then ..... 1 Wait until later..... 2 Not want children..... 3 Not mind either way..... 4 Don't know/don't remember..... 8 Refused/no answer..... 9	
408	At the time you became pregnant with (him/her) did your husband/partner want you to become pregnant then, did he want to wait until later, did he want no (more) children at all, or did he not mind either way?	Become pregnant then ..... 1 Wait until later..... 2 Not want children..... 3 Not mind either way..... 4 Don't know/don't remember..... 8 Refused/no answer..... 9	
409	When you were pregnant with this child did you see anyone for an antenatal (prenatal) check? IF YES: Whom did you see? Anyone else? **Mark all that apply** *Use 'prenatal' if better understood*	No one ..... a Obstetrician/gynaecologist ..... b Other doctor.....c Nurse/midwife ..... d Traditional birth attendant..... e Other:.....x	
410	Did your husband/partner stop you, encourage you, or have no interest in whether you received antenatal care for your pregnancy?	Stop ..... 1 Encourage ..... 2 No interest ..... 3 Don't know/don't remember..... 8 Refused/no answer..... 9	

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SECTION 4 CHILDREN

411	When you were pregnant with your last (son/daughter) did your husband/partner have preference for a son, a daughter or did it not matter to him whether it was a boy or a girl?	Son ..... 1 Daughter ..... 2 Did not matter ..... 3 Don't know/don't remember ..... 8 Refused/no answer 9	
412	During this pregnancy, did you consume any alcoholic drinks?	Yes ..... 1 No ..... 2 Don't know/don't remember ..... 8 Refused/no answer 9	
413	During this pregnancy, did you smoke any cigarettes or use tobacco?	Yes ..... 1 No ..... 2 Don't know/don't remember ..... 8 Refused/no answer 9	
414	Were you given a (postnatal) check-up at any time during the 6 weeks after delivery?	Yes ..... 1 No ..... 2 No, child not yet six weeks old ..... 3 Don't know/don't remember ..... 8 Refused/no answer 9	
415	Was your (son/daughter) weighed at birth?	Yes ..... 1 No ..... 2 Don't know/don't remember ..... 8 Refused/no answer 9	☐ **417** ☐ **417**
416	How much did he/she weigh? **Record from health card where possible**	Lbs/ozs from card [ ][ ] ..... 1 Lbs/ozs from recall [ ][ ] ..... 2 Don't know/don't remember ..... 8 Refused/no answer 9	
417	Do you have any children aged between **5 and 12** years? How many? (include 5-year-old and 12-year-old children) *This should be school age—if needed adapt age range for this and subsequent questions*	Number ..... [ ][ ] None 00	☐ **S.5**
418	a. How many are boys? b. How many are girls? **Make sure only children aged 5–12 years.**	a) Boys ..... [ ] b) Girls ..... [ ]	
419	How many of these children (ages 5–12 years) currently live with you? **Probe:** a. How many boys? b. How many girls?	a) Boys ..... [ ] b) Girls ..... [ ] If "0" for both sexes ==== go to ☐	☐ **S.5**
420	Do any of these children (ages 5–12 years): a. Have frequent nightmares? b. Wet their bed often? c. Are any of these children very timid or withdrawn? d. Are any of them aggressive with you or other children?	Yes / No / Dk a. Nightmares 1 2 8 b. Wet bed 1 2 8 c. Timid 1 2 8 d. Aggressive 1 2 8	
421	Of these children (ages 5–12 years), how many of your boys and how many of your girls have ever run away from home?	a) Number of boys run away ..... [ ] b) Number of girls run away ..... [ ] If none enter '0'	

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SECTION 4 CHILDREN

422	Of these children (ages 5–12 years), how many of your boys and how many of your girls are studying/in school/homeschooled?	a) Boys ..... [ ] b) Girls ..... [ ] If "0" for both sexes ==== go to ☐	☐ **S.5**
423	Have any of these children had to repeat (failed) a year at school? **Make sure only children aged 5–12 years.**	Yes..... 1 No ..... 2 Don't know/don't remember..... 8 Refused/no answer..... 9	
424	Have any of these children stopped school for a while or dropped out of school? **Make sure only children aged 5–12 years.**	Yes..... 1 No ..... 2 Don't know/don't remember..... 8 Refused/no answer..... 9	

SECTION 5 CURRENT OR MOST RECENT HUSBAND/PARTNER

CHECK: Ref. sheet, Box A *(s5mar)*	***CURRENTLY* MARRIED, OR LIVING WITH A MAN/ENGAGED OR DATING A MALE *PARTNER* (Options K, L) [ ]** ☐ *(1)*	***FORMERLY* MARRIED/LIVING WITH A MAN/ ENGAGED OR DATING A MALE *PARTNER*** (Option M) [ ] ☐ *(2)*	***NEVER* MARRIED/ NEVER LIVED WITH A MAN *(NEVER MALE PARTNER)* (Option N) [ ] [ ]** ☐ *(3)*	☐ **S.6**
501	I would now like you to tell me a little about your **current/most recent** husband/partner. How old is your husband/partner (completed years)? **Probe: more or less** **if most recent husband/partner died:** How old would he be now if he were alive?	Age (years) ..... [ ][ ] Refused/no answer..... 99		
502	In what year was he born?	Year ..... [ ][ ][ ][ ] Don't know/don't remember..... 9998 Refused/no answer..... 9999		
502a	Where is he from? Is he from the same community or town as you?	Same community/neighbourhood..... 1 Another rural area/village ..... 2 Another town/city ..... 3 Another country ..... 4 Other:..... 6 Don't know/don't remember..... 8 Refused/no answer..... 9		
503	Can (could) he read and write?	Yes..... 1 No ..... 2 Don't know/don't remember..... 8 Refused/no answer..... 9		
504	Did he ever attend school?	Yes..... 1 No ..... 2 Don't know/don't remember..... 8 Refused/no answer..... 9		☐ **506**

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SECTION 5 CURRENT OR MOST RECENT HUSBAND/PARTNER

505	a. What is the highest level of education that he achieved? **Mark highest level.** b. Convert total years in school	Primary _____ year ..... 1 Secondary _____ year ..... 2 Higher _____ year ..... 3 Don't know ..... 8 Number of years schooling.... [ ][ ] Don't know/don't remember..... 98 Refused/no answer..... 99	
506	**If currently with husband/partner**: Is he currently working, looking for work or unemployed, retired or studying? **If not currently with husband/partner:** Towards the end of your relationship was he working, looking for work or unemployed, retired or studying?	Working ..... 1 Looking for work/unemployed..... 2 Retired ..... 3 Student ..... 4 Disabled/long term sick ..... 5 Don't know/don't remember..... 8 Refused/no answer..... 9	☐ **508** ☐ **508** ☐ **509**
507	When did his last job finish? Was it in the past 4 weeks, between 4 weeks and 12 months ago, or before that? (**For most recent husband/partner:** in the last 4 weeks or in the last 12 months of your relationship?)	In the past 4 weeks..... 1 4 Wks – 12 months ago..... 2 More than 12 months ago..... 3 Never had a job ..... 4 Don't know/don't remember..... 8 Refused/no answer..... 9	☐ **509**
508	What kind of work does/did he normally do? **Specify kind of work**	Professional:..... 01 Semi-skilled: ..... 02 Unskilled/manual: ..... 03 Military/police:..... 04 Other:..... ..... 96 Don't know/don't remember..... 98 Refused/no answer..... 99	
509	How often does/did your husband/partner drink alcohol? a. Every day or nearly every day b. Once or twice a week c. 1–3 times a month d. Occasionally, less than once a month e. Never/	Every day or nearly every day ..... 1 Once or twice a week ..... 2 1–3 Times in a month ..... 3 Less than once a month ..... 4 Never ..... 5 Don't know/don't remember..... 8 Refused/no answer..... 9	☐ **512A**
510	In the **past 12 months** (**In the last 12 months of your last relationship**), how often have you seen (did you see) your husband/partner drunk? Would you say most days, weekly, once a month, less than once a month, or never?	Most days ..... 1 Weekly..... 2 Once a month ..... 3 Less than once a month ..... 4 Never ..... 5 Don't know/don't remember..... 8 Refused/no answer..... 9	
511	In the past 12 months (In the **last 12 months** of your relationship), have you experienced any of the following problems, related to your husband/partner's drinking? a. Money problems b. Family problems c. Any other problems, specify.	a. Money problems: Yes 1, No 2, Refused/don't know 9 b. Family problems: Yes 1, No 2, Refused/don't know 9 c. Other: _____ _____: Yes 1, No 2, Refused/don't know 9	

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SECTION 5 CURRENT OR MOST RECENT HUSBAND/PARTNER

512A	Does your husband/partner currently or has he ever used marijuana? 1. Would you say: 2. Every day or nearly every day 3. Once or twice a week 4. 1–3 times a month 5. Occasionally, less than once a month 6. Never *In countries where appropriate to ask about drug use. Include local examples*	Every day or nearly every day ..... 1 Once or twice a week ..... 2 1–3 Times in a month ..... 3 Less than once a month ..... 4 Never ..... 5 In the past, not now ..... 6 Don't know/don't remember..... 8 Refused/no answer..... 9	
512	Doesyour husband/partner currently or has he ever used other illegal drugs (e.g. cocaine)? 1. Would you say: 2. Every day or nearly every day 3. Once or twice a week 4. 1–3 times a month 5. Occasionally, less than once a month 6. Never	Every day or nearly every day ..... 1 Once or twice a week ..... 2 1–3 Times in a month ..... 3 Less than once a month ..... 4 Never ..... 5 In the past, not now ..... 6 Don't know/don't remember..... 8 Refused/no answer..... 9	
513	**Since you have known him**, has he ever been involved in a physical fight with another man?	Yes..... 1 No ..... 2 Don't know/don't remember..... 8 Refused/no answer..... 9	☐ **515** ☐ **515**
514	In the **past 12 months** (In the **last 12 months** of the relationship), has this happened once or twice, a few times, many times or never?	Never (not in past 12 months) ..... 1 Once or twice..... 2 A few (3–5) times..... 3 Many (more than 5) times..... 4 Don't know/don't remember..... 8 Refused/no answer..... 9	
515	As far as you know Has your **current/ most recent** husband/partner had a relationship with any other women while being with you?	Yes..... 1 No..... 2 May have ..... 3 Don't know/don't remember..... 8 Refused/no answer..... 9	☐ **1008** ☐ **1008**
516	As far as you know has your **current/ most recent** husband/partner had children with any other woman while being with you?	Yes..... 1 No..... 2 May have..... 3 Don't know/don't remember..... 8 Refused/no answer..... 9	
	As far as you know, was your (most recent) husband/partner's mother hit or beaten by her husband/partner?	Yes..... 1 No ..... 2 Parents did not live together ..... 3 Don't know ..... 8 Refused/no answer..... 9	
	As far as you know, was your (most recent) husband/partner himself hit or beaten regularly by someone in his family, when he was a child?	Yes..... 1 No..... 2 Don't know..... 8 Refused/no answer..... 9	

SECTION 6 ATTITUDES

In this community and elsewhere, people have different ideas about men and women, families and what is acceptable behaviour for men and women in the home. I am going to read you a list of statements, and I would like you to tell me how much you personally agree or disagree with the statement. There are no right or wrong answers.

601	Gender norms/roles	Agree	Disagree	Don't know
a	It is the wife's obligation to have sex with her husband whenever he wants it, except when she is sick or menstruating.	1	2	8
b	Women and men should share authority in the family.	1	2	8
c	A woman's most important role is to take care of her home and cook for her family.	1	2	8
d	It is natural (god intended) that men should be the head of the family.	1	2	8
e	A wife should obey her husband even if she disagrees.	1	2	8
f	A woman should be able to spend her own money according to her own will.	1	2	8

602	Normalization/acceptability of violence	Agree	Disagree	Don't Know
a	Violence between husband and wife is a private matter and others should not intervene	1	2	8
c	A woman should tolerate violence to keep her family together	1	2	8
d	If a woman is raped, she has usually done something careless to put herself in that situation	1	2	8
e	If a woman doesn't physically fight back, you can't really call it rape	1	2	8

607	In your opinion, is a husband justified in hitting or beating his wife in the following situations:		Yes	No	DK
		a. Goes out	1	2	8
		b. Neglects child	1	2	8
	a. If she goes out without telling him?	c. Argues	1	2	8
	b. If she neglects the children?	d. No sex	1	2	8
	c. If she argues with him?	e. Burns food	1	2	8
	d. If she refuses to have sex with him?	f. Ouside relationship	1	2	8
	e. If she burns the food?				
	f. If he suspects she has an outside relationship?				

SECTION 7 RESPONDENT AND HER HUSBAND/PARTNER

CHECK: Ref. sheet, Box A *(s7mar)*	EVER MARRIED/EVER LIVING WITH A MAN/MALE *PARTNER* (Options K, L, M) [ ] ☐ *(1)*	NEVER MARRIED/NEVER LIVED WITH A MAN/*NEVER MALE PARTNER* (Option N) [ ] ☐ *(2)*	☐ S.10

When two people marry or live together, they usually share both good and bad moments. I would now like to ask you some questions about your current and past relationships and how your husband/partner treats (treated) you. If anyone interrupts us I will change the topic of conversation. I would again like to assure you that your answers will be kept confidential, and that you do not have to answer any questions that you do not want to. If you need some time to rest between questions, please let me know. You do not have to give me any reason for not responding to any question. May I continue?

			Yes	No	DK
701	In general, do (did) you and your (**current or most recent**) husband/partner discuss the following topics together: a. Things that have happened to him in the day b. Things that happen to you during the day c. Your worries or feelings d. His worries or feelings	a. His day	1	2	8
		b. Your day	1	2	8
		c. Your worries	1	2	8
		d. His worries	1	2	8

702	In your relationship with your (**current or most recent**) husband/partner, how often would you say that you quarrelled? Would you say rarely, sometimes or often?	Rarely .....1 Sometimes.....2 Often.....3 Don't know/don't remember.....8 Refused/no answer.....9

			Yes	No
703	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?: a. Stops you from meetingyour female friends b. Tries to limit contact with your family of birth c. Insists on knowing where you are at all times d. Gets jealous or angry if you talk with another man e. Frequently accuses you of being unfaithful f. Expects you to ask his permission before seeking health care for yourself	a. Seeing friends	1	2
		b. Contact family	1	2
		c. Wants to know	1	2
		d. Jealous or angry	1	1
		e. Suspicious	1	2
		f. Health care	1	2
		g. Money	1	2
		h. Cellphone	1	2

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SECTION 7 RESPONDENT AND HER HUSBAND/PARTNER

703	i. Does not trust you with any money j. Checks your cellphone logs/messages to see who you have called or messaged/who has called or messaged you											
703N	Does your current or most recent husband/partner generally do any of the following? a. Prohibits you from getting a job, going to work, trading, earning money or participating in income generation projects? b. Takes your earnings from you against your will? c. Refuses to give you money you needed for household expenses even when he has money for other things (such as alcohol and cigarettes)?		a. Prohibited work b. Taken earning c. Refused money	Yes 1 1 1	No 2 2 2							
	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. Has your **current** husband/partner, or **any** other **partner** ever….	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. Insulted you or made you feel bad about yourself? b. Belittled or humiliated you in front of other people? c. Done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)? d. Verbally threatened to hurt you or someone you care about?	Yes 1 1 1 1	No 2 2 2 2	Yes 1 1 1 1	No 2 2 2 2	One 1 1 1 1	Few 2 2 2 2	Many 3 3 3 3	No 0 0 0 0	One 1 1 1 1	Few 2 2 2 2	Many 3 3 3 3

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SECTION 7 RESPONDENT AND HER HUSBAND/PARTNER

Check: Question 704	**Mark when yes for any act (at least one "1" circled in column a)** [ ] ☐	**Mark when all answers no circled (only "2" circled in column a)** [ ]	☐ **705**
704 e	Who did the things you just mentioned happen? (**Mention acts reported in 704**) Was it your **current or most recent** husband/partner, any other husband or partner that you may have had before or both?	Current/most recent husband/partner..... 1 Previous husband/partner ..... 2 Both ..... 3 Don't know/don't remember..... 8 Refused/no answer..... 9	

705	Has **he or any other partner** ever….	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?			
		Yes	No	Yes	No	One	Few	Many	No	One	Few	Many
	a. Slapped you or thrown something at you that could hurt you?	1	2	1	2	1	2	3	0	1	2	3
	b. Pushed you or shoved you or pulled your hair?	1	2	1	2	1	2	3	0	1	2	3
	c. Hit you with his fist or with something else that could hurt you?	1	2	1	2	1	2	3	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

Check: Question 705	Mark when yes for any act (at least one "1" circled in column a) [ ] ☐	**Mark when all answers no circled (only "2" circled in column a)** [ ]	☐ **706**

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SECTION 7 RESPONDENT AND HER HUSBAND/PARTNER

705 g	Who did the things you just mentioned? (**Mention acts reported in 705**) Was it your *current or most recent* husband/partner, any other husband or partner that you may have had before or both?	Current/most recent husband/partner..... 1 Previous husband/partner ..... 2 Both ..... 3 Don't know/don't remember..... 8 Refused/no answer..... 9

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?
706	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 1 / No 2	Yes 1 / No 2	One 1 / Few 2 / Many 3	No 0 / One 1 / Few 2 / Many 3
	b. Did you ever have sexual intercourse 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?	1 / 2	1 / 2	1 / 2 / 3	0 / 1 / 2 / 3

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SECTION 7 RESPONDENT AND HER HUSBAND/PARTNER

	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?	1 2 1 2 1 2 3 0 1 2 3	
CHECK: **Question 706**	**Mark when yes for any act (at least one "1" circled in column a)** **[ ]** ☐	**Mark when all answers no circled (only "2" circled in column a)** **[ ]**	☐ **707**
706 d	Who did the things you just mentioned? (**Mention acts reported in 706**) Was this your *current or most recent* husband/partner, any other husband or partner that you may have had before or both?	Current/most recent husband/partner.....1 Previous husband/partner .....2 Both .....3 Don't know/don't remember.....8 Refused/no answer.....9	
	Verify whether answered yes to any question on physical violence, **see question 705**	Yes, physical violence .....1 No physical violence 2	**Mark in box c**
	Verify whether answered yes to any question on sexual violence, see question 706	Yes, sexual violence .....1 No sexual violence 2	**Mark in box c**
708a	Are you afraid of your **current/most recent** husband or partner? Would you say never, sometimes, many times, most/all of the time?	Never.....1 Sometimes.....2 Many times .....3 Most/all of the times.....4 Don't know/don't remember.....8 Refused/no answer.....9	
CHECK: Ref. sheet, Box B	*(s7preg)* *(s7prnum)* *(s7prcur)*	**Ever been pregnant (option p)** *(1)* **[ ]** ☐ Never pregnant *(2)* **[ ]** ☐ **Number of pregnancies (option t) [ ][ ]** **[ ]** ☐ **Currently pregnant? (Option s)** **yes….1** **No…. 2** ☐	☐ **s8**
709	You said that you have been pregnant TOTAL times. Was there ever a time when you were pushed, slapped, hit, kicked or beaten by (**any** of) your husband/partner(s) while you were pregnant?	Yes.....1 No.....2 Don't know/don't remember.....8 Refused/no answer.....9	☐ **S8** ☐ **S8** ☐ **S8**
710	**If respondent was pregnant only once, enter "01"** **If respondent was pregnant more than once**: Did this happen in one pregnancy, or more than one pregnancy? In how many pregnancies did this happen (in how many pregnancies were you pushed, slapped, hit, kicked or beaten)?	Number of pregnancies in which this happened.....[ ][ ]	

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SECTION 7 RESPONDENT AND HER HUSBAND/PARTNER

710a	Did this happen in the **last** pregnancy? **If respondent was pregnant only once, circle code '1'.**	Yes.....1 No.....2 Don't know/don't remember.....8 Refused/no answer.....9	
711	Were you ever punched or kicked in the abdomen while you were pregnant?	Yes.....1 No.....2 Don't know/don't remember.....8 Refused/no answer.....9	
If violence reported in one pregnancy, refer to that particular pregnancy If violence reported in more than one pregnancy, the following questions refer to the last/most recent pregnancy in which violence reported			
712	During the **most recent pregnancy in which you were beaten**, was the husband/partner who did this to you the father of the child?	Yes.....1 No.....2 Don't know/don't remember.....8 Refused/ no answer.....9	
713	Was the man who did this your current or most recent husband/ partner?	Yes.....1 No.....2 Don't know/don't remember.....8 Refused/ no answer.....9	
714	Had the same person also done such things to you before you were pregnant?	Yes.....1 No.....2 Don't know/don't remember.....8 Refused/ no answer.....9	☐ **S8** ☐ **S8**
715	Compared to before you were pregnant, did the slapping/beating (REFER TO RESPONDENT'S PREVIOUS ANSWERS) get less, stay about the same, or get worse while you were pregnant? By worse I mean, more frequent or more severe.	Got less.....1 Stayed about the same.....2 Got worse.....3 Don't know/ don't remember.....8 Refused/ no answer.....9	

SECTION 8 INJURIES

Check: Ref. sheet Box C *(S8phsex)*	**WOMAN EXPERIENCED PHYSICAL AND/OR SEXUAL VIOLENCE (“YES” TO Option U or V)** [ ] ☐ *(1)*	**WOMAN HAS NOT EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE (“NO” to BOTH Option U and V)** [ ] ☐ *(2)*	☐ **S.10**
	I would now like to learn more about the injuries that you experienced from (**any** of) your husband/partner’s acts that we have talked about (**may need to refer to specific acts respondent mentioned in section 7**). By injury, I mean any form of physical harm, including cuts, sprains, burns, broken bones or broken teeth, or other things like this.		
801	Have you **ever** been injured as a result of these acts by (any of) your husband/partner(s). Please think of the acts that we talked about before.	Yes ..... 1 No ..... 2 Don’t know/don’t remember ..... 8 Refused/no answer 9	☐ **805a**
802a	**In your life**, how many times were you injured by (any of) your husband(s)/partner(s)? Would you say once, several times or many times?	Once ..... 1 Several (2–5) times ..... 2 Many (more than 5) times ..... 3 Don’t know/don’t remember ..... 8 Refused/no answer 9	
802b	Has this happened **in the past 12 months**?	Yes ..... 1 No ..... 2 Don’t know/don’t remember ..... 8 Refused/no answer 9	

803a — What type of injury did you have? Please mention any injury due to (any of) your husband/partners acts, no matter how long ago it happened. **Mark all probe:** Any other injury?

b) only ask for responses marked in 803a: Has this happened **in the past 12 months?**

	YES	NO	DK
Cuts, bites ..... a	1	2	8
Scratch, abrasion, bruises ..... b	1	2	8
Sprains, dislocations c	1	2	8
Burns ..... d	1	2	8
Penetrating injury, deep cuts, gashes ..... e	1	2	8
Broken eardrum, eye injuries ..... f	1	2	8
Fractures, broken bones ..... g	1	2	8
Broken teeth ..... h	1	2	8
Internal injuries i	1	2	8
Other (specify): x	1	2	8

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SECTION 8 INJURIES

805a	In your life, were you **ever** hurt badly enough by (any of) your husband/partner(s) that you needed health care (even if you did not receive it)? **If yes:** How many times? **If not sure:** More or less?	Times needed health care..... [ ][ ] Don't know/ don't remember ..... 98 Refused/no answer..... 99 Not needed 00	☐ **S.9**
805b	Has this happened **in the past 12 months**?	Yes..... 1 No ..... 2 Don't know/ don't remember ..... 8 Refused/no answer..... 9	
806	In your life, did you **ever** receive health care for this injury (these injuries)? Would you say, sometimes or always or never?	Yes, sometimes ..... 1 Yes, always..... 2 No, never ..... 3 Don't know/ don't remember ..... 8 Refused/no answer..... 9	☐ **S.9**
807	In your life, have you ever had to spend any nights in a hospital due to the injury/injuries? **If yes:** How many nights? (**More or less**)	Number of nights in hospital ..... [ ][ ] If none enter '00' Don't know/ don't remember ..... 98 Refused/no answer..... 99	
808	Did you tell a health worker the real cause of your injury?	Yes..... 1 No ..... 2 Don't know/ don't remember ..... 8 Refused/no answer..... 9	

SECTION 9 IMPACT AND COPING

This section is for women who report physical or sexual violence by husband/partner.
I would now like to ask you some questions about what effects your husband/partner's acts have had on you. By acts I mean… (**refer to specific acts the respondent has mentioned in section 7**).
If reported more than one violent husband/partner, add: I would like you to answer these questions in relation to the *most recent/last husband/partner who did these things to you*.

CHECK: Ref. sheet Box C *(S9phys)*	**WOMAN EXPERIENCED PHYSICAL VIOLENCE ("YES" TO Option U)** [ ] ☐ *(1)*	**WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY ("NO" to Option U and "YES" to option V)** [ ] ☐ *(2)*	☐ **906**
	Are there any particular situations that tend to lead to (or trigger) your husband/partner's behaviour? **Refer to acts of physical violence mentioned before.** **Probe:** Any other situation? **Mark all mentioned**	No particular reason .....a When man drunk .....b Money problems .....c Difficulties at his work .....d When he is unemployed .....e No food at home .....f Problems with his or her family.....g She is pregnant .....h He is jealous of her.....i	

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SECTION 9 IMPACT AND COPING

901		She refuses sex.....j She is disobedient.....k He wants to teach her a lesson, educate or discipline her.....l He want to show he is boss .....m Other (specify): x	
CHECK: (Ref. sheet, Box B, option R) *(s9child)*	**CHILDREN LIVING** [ ] ☐ *(1)*	**NO CHILDREN ALIVE** [ ] ☐ *(2)*	☐ **906**
902	For any of these incidents, were your children present or did they overhear you being beaten? **If yes:** How often? Would you say once, several times or most of the time?	Never.....1 Once.....2 Several (2–5) times .....3 Many times/most of the time.....4 Don't know.....8 Refused/no answer.....9	
904	During the times that you were hit, did you ever fight back physically or to defend yourself? **If yes:** How often? Would you say once, several times or most of the time?	Never.....1 Once.....2 Several(2–5) times .....3 Many times/most of the time.....4 Don't know/don't remember.....8 Refused/no answer.....9	☐ **905**
904a	What was the effect of you fighting back on the violence at the time? Would you say, that it had no effect, the violence became worse, the violence became less, or that the violence stopped, at least for the moment.	No change/no effect .....1 Violence became worse .....2 Violence became less.....3 Violence stopped.....4 Don't know/don't remember.....8 Refused/no answer.....9	
905	Have you ever, hit or beaten your husband/partner when he was not hitting or beating you? **If yes:** How often? Would you say once, several times or many times?	Never.....1 Once .....2 2–5 Times.....3 > 5 Times.....4 Don't know/don't remember.....8 Refused/no answer.....9	
906	Would you say that your husband/partner's behaviour towards you has affected your physical health? Would you say, that it has had no effect, a little effect or a large effect? **Refer to specific acts of *physical and/or sexual violence* she described earlier**	No effect .....1 A little.....2 A lot.....3 Don't know/don't remember.....8 Refused/no answer.....9	
907	In what way, if any, has your husband/partner's behaviour (the violence) disrupted your work or other income-generating activities? **Mark all that apply**	N/a (no work for money).....a Work not disrupted .....b Husband/partner interrupted work.....c Unable to concentrate .....d Unable to work/sick leave.....e Lost confidence in own ability.....f Other (specify): x	

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SECTION 9 IMPACT AND COPING

908	Whom have you told about his behaviour? **Mark all mentioned** **Probe:** Anyone else?	No one .....a Friends.....b Mother .....c Father .....o Brother or sister .....d Uncle or aunt .....e Husband/partner's family.....f Children .....g Neighbours .....h Police.....i Doctor/health worker .....j Priest/religious leader.....k Counsellor .....l Ngo/women's organization .....m Community leader .....n Other (specify): x
909	Did you ever seek help from anyone for your situation? **If yes**, whom did you ask for help? **Mark all mentioned** **Probe:** Anyone else?	No one .....a Friends.....b Parents .....c Brother or sister .....d Uncle or aunt .....e Husband/partner's family.....f Children .....g Neighbours .....h Police.....i Doctor/health worker .....j Priest/religious leader.....k Counsellor .....l Ngo/women's organization .....m Local leader .....n Other (specify): x

910a	Did you ever go to any of the following for help? read each one a. Police b. Hospital or health center c. Social Services d. Court/Magistrate e. Hotline (800-SAVE) f. Women's Shelter g. Women's organization, specify _____ h. Community Drop-in centre	Police Hospital/hC Social Services Community drop-in Court/magistrate	910 b. ASK ONLY FOR THOSE MARKED YES in 910a. Were you satisfied with the help given?

	Yes	No	Yes	No
a. Police	1	2	1	2
b. Hospital/Health center	1	2	1	2
c. Social services	1	2	1	2
d. Court/magistrate	1	2	1	2
e. Hotline (800-Save)	1	2	1	2
f. Women's shelter	1	2	1	2
g. Women's organization	1	2	1	2
h. Community drop-in centre	1	2	1	2

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SECTION 9 IMPACT AND COPING

CHECK: Question 910a * ** *(s9check)*	MARK WHEN YES FOR ANY IN Q. 910a (AT LEAST ONE "1" CIRCLED IN COLUMN MARKED WITH *) [ ] ☐ *(1)*	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED **) [ ] *(2)*	☐ 912
911	What were the reasons that made you go for help? **Mark all mentioned and go to 913**	Encouraged by friends/family ..... A Could not endure more ..... B Badly injured ..... C He threatened or tried to kill her ..... D He threatened or hit children ..... E Saw that children suffering ..... F Thrown out of the home ..... G Afraid she would kill him ..... H Afraid he would kill her ..... I Afraid he would hit her/more violence ..... J Other (Specify): X	**For all options go to 913**
912	What were the reasons that you did not go to any of these? **Mark all mentioned**	Don't know/no answer ..... A Fear of threats/consequences/ More violence ..... B Violence normal/not serious ..... C Embarrassed/ashamed/afraid would not be believed or would be blamed ..... D Believed not help/know other women not helped ..... E Afraid would end relationship ..... F Afraid would lose children ..... G Bring bad name to family ..... H Did not know her options ..... I Other (Specify): X	
913	Is there anyone that you would like (have liked) to receive (more) help from? Who? **Mark all mentioned**	No one mentioned ..... A His relatives ..... B Her relatives ..... C Friends/neighbours ..... D Health centre ..... E Police ..... F Priest/religious leader ..... G Social worker ..... I Other (Specify): X	
914	Did you ever leave, even if only overnight, because of his behaviour? **If Yes:** How many times? (**More or less**)	Number of times left ..... [ ][ ] Never ..... 00 N.A. (not living together) ..... 97 Don't know/don't remember ..... 98 Refused/no answer 99	☐ **919** ☐ **S.10**

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SECTION 9 IMPACT AND COPING

915	What were the reasons why you left **the last time**? **Mark all mentioned**	No particular incident ..... A Encouraged by friends/family ..... B Could not endure more ..... C Badly Injured ..... D He threatened or tried to kill her ..... E He threatened or hit children ..... F Saw that children suffering ..... G Thrown out of the home ..... H Afraid she would kill him ..... I Encouraged by organization: ..... J Afraid he would kill her ..... K Other (Specify): x	
916	Where did you go **the last time**? **Mark one**	Her relatives ..... 01 His relatives ..... 02 Her friends/neighbours ..... 03 Hotel/lodgings ..... 04 Street ..... 05 Church/temple ..... 06 Shelter ..... 07 Other (Specify): ..... 96 Don't know/don't remember ..... 98 Refused/no answer 99	
917	How long did you stay away **the last time**? **Record number of days or months**	Number of days (if less than 1 month) ..... [ ][ ] ..1 Number of months (if 1 month or more) ..... [ ][ ] ..2 Left husband/partner / did not return/ Not with husband/partner **3**	☐ **S.10**
918	What were the reasons that you returned? **Mark all mentioned and go to section 10**	Didn't want to leave children ..... A Holiness of marriage ..... B For sake of family/children (Family honour) ..... C Couldn't support children ..... D Loved him ..... E He asked her to go back ..... F Family said to return ..... G Forgave him ..... H Thought he would change ..... I Threatened her/children ..... J Could not stay there (where she went) ..... K Violence normal/not serious ..... L The children need a father/both parents ..... M Other (Specify): X	**For all options go to section 10**
919	What were the reasons that made you stay? **Mark all mentioned**	Didn't want to leave children ..... A Holiness of marriage ..... B Didn't want to bring shame on family ..... C Couldn't support children ..... D Loved him ..... E Didn't want to be single ..... F Family said to stay ..... G Forgave him ..... H Thought he would change I	

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SECTION 9 IMPACT AND COPING

919	Threatened her/children ..... J Nowhere to go .....K Violence normal/not serious ..... L The children need a father/both parents..... M Other (Specify): X

SECTION 10 OTHER EXPERIENCES

N01 **Read to respondent:**
In their lives, many women have unwanted experiences and experience different forms of maltreatment and violence from all kinds of people. These may be relatives, other people that they know, and/or strangers. If you don't mind, I would like to ask you about some of these situations. Everything that you say will be kept confidential. I will first ask about what has happened in your whole life, and thereafter during the past 12 months.
FOR WOMEN WHO WERE EVER MARRIED OR PARTNERED ADD: These questions are about people other than your husband/partner(s).

N06	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?			
	Yes	No	Yes	No	One	Few	Many	No	One	Few	Many
a. **During your whole life,** including when you were a child has any male person except any husband/ male partner ever **forced you into sexual intercourse** when you did not want to, for example by threatening you, holding you down, or putting you in a situation where you could not say no. Remember to include people you have known, as well as strangers. Please at this point exclude **attempts** to force you.	1	2	1	2	1	2	3	0	1	2	3

(*continued on next page*)

(*continued*)

SECTION 10 OTHER EXPERIENCES

b. Has a man who was not a husband or boyfriend ever **forced you** to have sex with when you were too drunk or drugged to refuse? **If necessary:** We define sexual intercourse as penetration (when a man puts his penis, other body part, or an object inside) of a vagina, mouth or anus. **Note that this question is about rapes that actually happened**	1	2	1	2	1	2	3	0	1	2	3

CHECK	AT LEAST ONE 'YES' ('1') MARKED IN COLUMN A. [ ] ☐	ONLY 'NO' ('2') MARKED [ ] ☐	☐ N08
N07	a) Who did this to you [Mention acts above]? **Probe:** Anyone else? How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else? Do not read out the list Mark letter for all mentioned Make sure that the person perpetrating this abuse was not already covered in section 7	b) How old were you when it happened with this person for the first time? (more or less)	c) How old was this person? PROBE: roughly (more or less).
	Father ..... a	[ ][ ]	[ ][ ]
	Father-in-law ..... b	[ ][ ]	[ ][ ]
	Sibling (brother or sister) c	[ ][ ]	[ ][ ]
	Other family member ..... d	[ ][ ]	[ ][ ]
	Someone at work ..... e	[ ][ ]	[ ][ ]
	Friend/acquaintance ..... f	[ ][ ]	[ ][ ]
	Recent acquaintance ..... g	[ ][ ]	[ ][ ]
	Complete stranger ..... h	[ ][ ]	[ ][ ]
	Teacher i	[ ][ ]	[ ][ ]
	Doctor/health staff ..... j	[ ][ ]	[ ][ ]
	Religious leader ..... k	[ ][ ]	[ ][ ]
	Police/soldier l	[ ][ ]	[ ][ ]
	Boyfriend (not mentioned in section 7) ..... m	[ ][ ]	[ ][ ]
	Other (specify) x	[ ][ ]	[ ][ ]
			DK = 98

(*continued on next page*)

(*continued*)

SECTION 10 OTHER EXPERIENCES

N07e	I am now going to ask you about your experience of **forced sex**, when was the most recent incident that you were forced to have sex?	Less than one year ago .....1 Between one and five years ago .....2 Longer than five years ago .....3 Refused/no answer.....9	
N07f	Did you report the incident to the police?	Yes.....1 No.....2 Refused/no answer.....9	☐ N07i
N07g	How did the police respond? COUNTRY SPECIFIC CODING	They opened a case.....1 They sent me away .....2 Other.....3 Refused/no answer.....9	
N07h	Was the person who did this to you arrested and convicted?	Not arrested.....1 Arrested but not convicted.....2 Convicted.....3 Refused/no answer.....9	
N07i	Did you report it to a health service (doctor or nurse)?	Yes.....1 No.....2 Refused/no answer.....9	☐ N07l
N07j	Were you offered any medication/treatment for preventing pregnancy?	Yes.....1 No.....2 Don't know.....8 Refused/no answer.....9	
N07k	Were you offered any medication/treatment for preventing transmission of HIV (PEP)?	Yes.....1 No.....2 Don't know.....8 Refused/no answer.....9	
N07l	Did you receive (formal) counselling with regards to the incident that you experienced?	Yes.....1 No.....2 Refused/no answer.....9	
N07m	Did you tell anyone in your family about the incident? Anyone else, such as a friend or neighbour?	No one.....a Female member of your family of birth.....b Male member of your family of birth .....c Female member of your in-laws .....d Male member of your in-laws .....e Your child/children .....f Friend/neighbour .....g Other (specify): x	☐ N08
N07n	How did they respond? Anything else?	Blamed me for it .....a Supported me.....b Were indifferent .....c Told me to keep it quiet .....d Advised to report to police.....e Other (specify): x	

(*continued on next page*)

(*continued*)

SECTION 10 OTHER EXPERIENCES

		A.		B. Has this happened **in the past 12 months?**		
N08	I want you to think about any male person. **For women who ever had a partner add:** except your husband/male partner. Apart from anything you may have mentioned, can you tell me if, **in your whole life**, if any **male** person has done the following to you? Remember to include people you have known, as well as strangers.	Yes	No	Yes	No	DK
	a. Has anyone **attempted but NOT succeeded to force** you into sexual intercourse when you did not want to, for example by holding you down or putting you in a situation where you could not say no?	1	2	1	2	8
	b. Has anyone touched you sexually when you did not want them to. This includes for example touching of breasts or private parts?	1	2	1	2	8
	c. Has anyone made you touch their private parts against your will?	1	2	1	2	8

				B. **If yes:** What was the sex of the person or people who did this?		
N09	Now, I want you to think about any male or female person. **For women who ever had a partner add:** except your husband/male partner. Apart from anything you may have mentioned, can you tell me if, **in your whole life**, any person, **male or female** has done the following to you? Have you ever been asked to perform sexual acts against your will in order to get a job or keep your job, or to get promoted?	Yes	No	**Male**	**Female**	**Both**
		1	2	1	2	8
N09	a. Have you ever been asked to perform sexual acts against your will in order to pass an exam or get good grades at school?	1	2	1	2	8
	b. Have you ever been groped, sexually touched, or had someone rubbed against you in the bus or another public space?	1	2	1	2	8
	c. Have you ever received personal electronic messages with sexual content (e.g. remarks, invitations, pictures) that were hurtful to you or made you feel uncomfortable? For example, via Facebook, Whatsapp, cellphone, e-mail, **excluding spam**	1	2	1	2	8

N10	In the past 12 months, have you become sexually involved with someone because they provided you with, or you expected that they would provide you with, gifts, help you to pay for things, or help you in other ways?	Yes…….....…… .....1 No…….....2 Don't know.....8 Refused/no answer.....9

(*continued on next page*)

(*continued*)

SECTION 10 OTHER EXPERIENCES

1004	How old were you when you first had sexual intercourse? **If necessary:** We define sexual intercourse as vaginal, oral or anal penetration.	Age years (more or less) ..... **[ ] [ ]** Not had sex ..... 95 Refused/no answer..... 99	☐ **1006**
1005	How would you describe the first time that you had sexual intercourse? Would you say that you wanted to have sex, you did not want to have sex but it happened anyway, or were you forced to have sex?	Wanted to have sex ..... 1 Not want but had sex ..... 2 Forced to have sex ..... 3 Don't know/don't remember..... 8 Refused/no answer..... 9	
1005c	The first time you had sexual intercourse, was this with your (future) husband/cohabiting partner, or was it with someone else? **If someone else:** Was he your age or was he older?	(Future) husband/partner…..... 1 Someone else more or less your own age ..... 2 Someone else who was older..... 3 Someone else who was younger..... 4 Refused/no answer 9	
1006	**If over 18** When you were a child (under the age of 18), was your mother hit by your father (or her husband or boyfriend)? **If under 18** Was your mother ever hit by your father (or her husband or boyfriend)?	Yes..... 1 No..... 2 Don't know..... 8 Refused/no answer..... 9	
1006a	**If over 18** When you were under the age of 18, were you were beaten so hard at home that it left a mark or bruise? **If under 18** Were you ever beaten so hard at home that it left a mark or bruise?	Yes..... 1 No..... 2 Don't know..... 8 Refused/no answer..... 9	
1006b	**If over 18** When you were under the age of 18, were you insulted or humiliated by someone in your family in front of other people? **If under 18** Were you insulted or humiliated by someone in your family in front of other people?	Yes..... 1 No..... 2 Don't know..... 8 Refused/no answer..... 9	

SECTION 11 COMPLETION OF INTERVIEW

1201	I would now like to give you a card. On this card are two pictures. No other information is written on the card. The first picture is of a sad face, the second is of a happy face. No matter what you have already told me, I would like you to put a mark below the sad face if someone has ever touched you sexually against your will, or made you do something sexual that you didn't want to, **before you were 18 years old** (when you were a girl younger than 18 years old). For example, has any of these things ever happened to you? • touching of breasts or private parts • making sexual remarks or showing sexual explicit pictures against your will • making you touch their private parts • having sex or trying to have sex with you	Card given for completion 1 Card **not** given for completion 2
	Please put a mark below the happy face if this has never happened to you. Once you have marked the card, please fold it over and put it in this envelope. This will ensure that I do not know your answer. Give respondent card and pen. Make sure that the respondent folds the card; puts it in the envelope; and seals the envelope before giving it back to you. On leaving the interview securely attach the envelope to the questionnaire (or write the questionnaire code on the envelope).	
1202	We have now finished the interview. Do you have any comments, or is there anything else you would like to add?	
	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
1202a	Do you have any recommendations or suggestions that could help to stop domestic violence against women in this country?	
	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	

(*continued on next page*)

(*continued*)

SECTION 11 COMPLETION OF INTERVIEW

	I have asked you about many difficult things. How has talking about these things made you feel? **Write down any specific response given by respondent** _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Good/better Bad/worse Same/ no difference	1 2 3
	Finally, do you agree that we may contact you again if we need to ask a few more questions for clarification? **Countries to specify time period depending on when they plan to do quality control visits**	Yes No	1 2
	Finish one – if respondent has disclosed problems/violence I would like to thank you very much for helping us. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by hearing from women themselves that we can really understand about their health and experiences of violence. From what you have told us, I can tell that you have had some very difficult times in your life. No one has the right to treat someone else in that way. However, from what you have told me I can see also that you are strong, and have survived through some difficult circumstances. Here is a list of organizations that provide support, legal advice and counselling services to women in STUDY LOCATION. Please do contact them if you would like to talk over your situation with anyone. Their services are free, and they will keep anything that you say confidential. You can go whenever you feel ready to, either soon or later on.		
	Finish two – if respondent has not disclosed problems/violence I would like to thank you very much for helping us. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by hearing from women themselves that we can really understand about women's health and experiences in life. In case you ever hear of another woman who needs help, here is a list of organizations that provide support, legal advice and counselling services to women in **study location**. Please do contact them if you or any of your friends or relatives need help. Their services are free, and they will keep anything that anyone says to them confidential.		
1205	Record time of end of interview: HH:MM [ ][ ]:[ ][ ] (00–24 h)		
1206	Ask the respondent. How long did you think the interview lasted? This should be her own estimate Hours [ ] minutes [ ][ ]		

INTERVIEWER COMMENTS TO BE COMPLETED AFTER INTERVIEW

For office use only:
1 Sad
2 Happy
3 Not clear
4 Card empty
5 No card

Reference sheet (this will be used if violence questions applied to all women who ever had a husband/partner, current or past)

Box A. Marital Status

Copy exactly from Q119 and 120. Follow arrows and mark only ONE of the following for marital status:

119	Are you **currently** married, living together or *involved in a relationship with a man without living together?*	Currently married and living together ..... 1 Currently married not living together ..... 2 Living with man, not married..... 3	[ ] Currently married and/or living with man **(K)**
		Currently having a regular partner (*engaged, dating*), *not living together* 4	[ ] Currently with regular partner; dating relationship **(L)**
		Not currently married or living with a man (*not involved in a relationship with a man*)..... 5 Currently having female partner 6	[ ] Previously married/ previously lived with man; *no current (dating) relationship* **(M1)**
120a	Have you **ever** been married or lived with a male partner?	Yes, married ..... 1 Lived with a man, not married…... .3 No 5	[ ] Previously had (dating) relationship **(M2)**
120b	Have you ever been involved in a relationship with a man without living together (such as being engaged or dating)?	Yes……..... 1 No… 2	[ ] Never married/never lived with man; *never (dating) relationship* **(N)**
123	Number of times married/lived together with man:		[ ][ ] **(O)**

Box B. Reproductive History

Check and complete ALL that applies for reproductive history of respondent:

Respondent has been pregnant at least once (Question 308, 1 or more)	[ ] Yes	[ ] No
Respondent had at least one child born alive (Question 301, 1 or more)	[ ] Yes	[ ] No
Respondent has children who are alive (Question 303, 1 or more)	[ ] Yes	[ ] No
Respondent is currently pregnant (Question 310, option 1)	[ ] Yes	[ ] No
Number of pregnancies reported (Question 308):	[ ][ ]	

Box C. Violence by Husband/Partner

Check and complete ALL that applies for respondent:

Respondent has been victim of physical violence (Question 707)	[ ] Yes	[ ] No
Respondent has been victim of sexual violence (Question 708)	[ ] Yes	[ ] No

Improving lives through research in the Caribbean

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Gender-Based Violence in Trinidad and Tobago:

A Qualitative Study

UN WOMEN
United Nations Entity for Gender Equality
and the Empowerment of Women

Study Conducted by:

Gabrielle Hosein, PhD, Team Leader

Research Team: Tricia Basdeo, Colin Robinson, Sabrina Mowlah-Baksh, Simone Leid, Amilcar Sanatan

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List of Abbreviations

BPfA	Beijing Platform for Action
CARICOM	Caribbean Community and Common Market
CSW57	57th Session of the Commission of the Status of Women
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CRDV	Central Registry on Domestic Violence
CAPA	Crime and Problem Analysis Branch of the Trinidad and Tobago Police Service
CSP	Citizen Security Programme
CVS	Crime and Victimisation Survey
GBV	Gender-Based Violence
IADB	Inter-American Development Bank
IGDS	Institute of Gender and Development Studies
IPV	Intimate Partner Violence
NCDF	NGO Caribbean Development Foundation
OPMGCA	Office of the Prime Minister, Gender and Child Affairs Division
PSI	Population Services International
TTCADV	Trinidad and Tobago Coalition Against Domestic Violence
TTPS	Trinidad and Tobago Police Service
USU	Ultimate Sampling Unit
UN	United Nations
UNICEF	United Nations Children's Fund
VAW	Violence Against Women
VAWG	Violence Against Women and Girls
VWSU	Victim and Witness Support Unit
WHO	World Health Organisation
WHS	Women's Health Study

Definitions

Key terms and Concepts

Gender refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men (UN Women, OSAGI Gender Mainstreaming – Concepts and definitions).

Gender-Based Violence (GBV) is an umbrella term which seeks to distinguish violence based on gendered expectations and or the sex or gender identity of another person from other types of violence (UNFPA).

Perpetrator in this report is used to refer to a person who commits acts of intimate partner violence: physical, sexual, emotional or economical.

Survivor is used to represent a woman who has experienced at least one form of intimate partner violence. It is sometimes used interchangeably with the term victim.

Violence Against Women (VAW) is a sub-category of GBV and is defined as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." It includes (a) physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; (b) physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution; (c) physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.[1]

[1] Articles 1 and 2 of the UN Declaration on the Elimination of Violence Against Women; see also subsequent General Assembly Resolutions on intensification of efforts to eliminate all forms of violence against women, including Res. 61/143, 30 January 2007; Res. 62/133, 18 December 2007; Res. 63/155, 18 December 2008; Res. 64/137, 18 December 2009; RES/65/187, 21 December 2010; and Res/67/144, 20 December 2012, all available at http://www.un.org/womenwatch/daw/vaw/v-work-ga.htm.

The terms **“intimate partner violence,” “wife abuse”** and **“domestic violence”** are used interchangeably to refer to the range of sexually, psychologically, and physically coercive acts used against adult and adolescent women by current or former male intimate partners.

Executive Summary

Gender-Based Violence (GBV) is a prevalent issue that occurs across all settings and groups around the globe. GBV is an umbrella term to describe violence directed against a person because of his or her gender and expectations of his or her role in a society or culture. Violence against women is one form of GBV. In 2012, it was estimated that almost 47% of female victims of homicide were killed by their intimate partners or family members.[2] According to a 2013 global review of available data, 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence.[3] For the Caribbean in general, GBV is one of the most widespread forms of violence and it directly impacts citizen security, including the stability and health of a family and community.

Trinidad and Tobago is a twin-island Caribbean country located off the northern coast of the South American continent and is densely populated with 5,131 square kilometers of land. A small island developing state, Trinidad and Tobago faces unique development challenges. The Government of Trinidad and Tobago outlined its development priorities and strategies to address these challenges in Vision 2030. A key development priority outlined in Vision 2030 is Citizen Security, which is threatened by increasing levels of crime and violence. The number of reported cases of sexual offences and intimate partner violence in Trinidad and Tobago has been increasing over the last few years. These reported cases inform administrative data on intimate partner violence and indicate that in addition to high levels of crime, GBV, particularly intimate partner violence and child sexual abuse are an ongoing challenge to citizen security in Trinidad and Tobago.

While the quality of administrative data on violence against women has vastly improved over the past few decades, data has never been available on the prevalence of violence against women in Trinidad and Tobago. The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), CARICOM statistical experts and governments reviewed the various models of assessing the prevalence of gender-based violence, and agreed to adopt a CARICOM Model on National Prevalence Surveys on Gender-Based Violence. The CARICOM Model is based on the original World Health Organization (WHO) global model for assessing prevalence of violence against women specifically. The specific focus on violence against women is because its prevalence is usually manifested in forms not captured by crime statistics and this GBV data reflects the violence that occurs in intimate partnerships and the home in

[2] See the Global Study on Homicide 2013, p14.
https://www.unodc.org/documents/gsh/pdfs/2014_GLOBAL_HOMICIDE_BOOK_web.pdf
[3] WHO, *Global and Regional Estimates of Violence against Women*: http://apps.who.int/iris/handle/10665/85239.

general. The model promotes a quantitative and qualitative approach to assessing the prevalence of violence against women. The objective of this qualitative study is to complement the quantitative perspective on intimate partner violence and its impact on women's health. The Inter-American Development Bank (IDB) managed the implementation of the quantitative survey and UN Women managed the implementation of the qualitative study. The qualitative study draws on interview and focus group data collected between February and September 2017. The study population included survivors, perpetrators, service providers, state agents, university students, police, magistrates, religious leaders, women's rights activists, women's professional associations and men's groups. Thirty-eight interviews and fourteen focus groups with 122 persons provided the main data used in this study.

The qualitative study focused on the nature, patterns, contributing factors and consequences of violence against women in Trinidad and Tobago. The specific concerns investigated during the qualitative component of the study were:

1. The impact of beliefs about manhood and womanhood on IPV;
2. The gendered impacts of economic insecurity on men, women and their relationships;
3. The role of ideals of romantic love in women and men's understanding of and response to violence in relationships; and
4. The perception of the availability and efficacy of state and civil society services for persons who experience intimate partner violence.

The study is grounded in the ecological model[4] of violence, which proposes that violence is a result of factors operating at four levels: individual, relationship, community and societal."[5] The model promotes an understanding that violence against women (VAW), is rarely the result one single factor, rather VAW is multifaceted in nature.

[4] United Nations Framework to underpin action to prevent violence against women- http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2015/prevention_framework_unwomen_nov2015.pdf?la=en&vs=5223.

[5] http://apps.who.int/iris/bitstream/10665/77432/1/WHO_RHR_12.36_eng.pdf?ua=1.

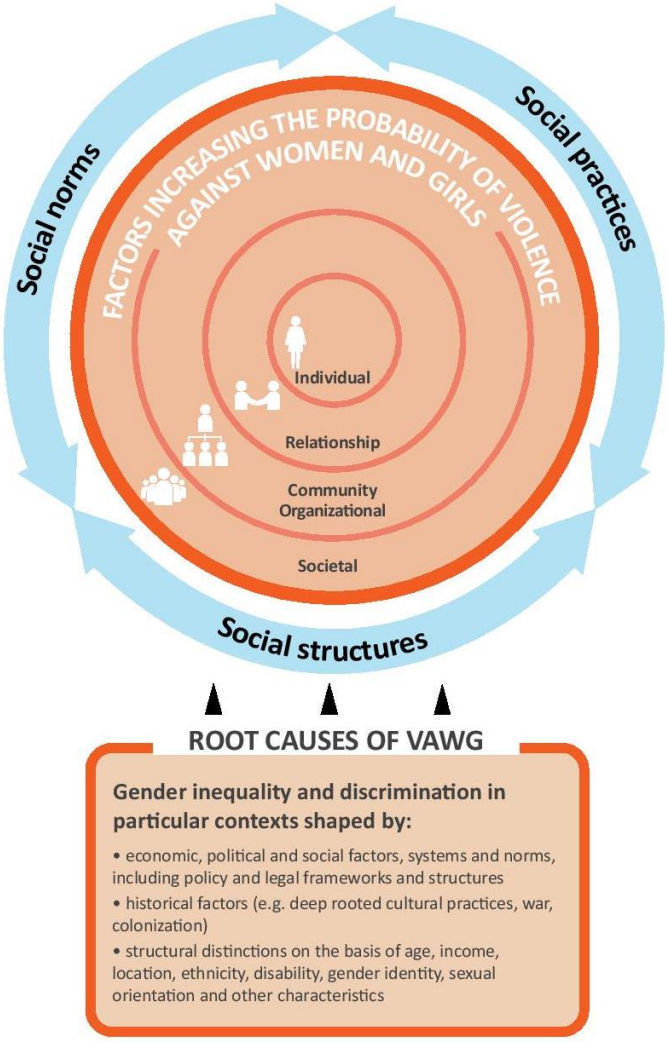

Figure 1. Understanding Violence Against Women.[6]

The findings of this qualitative study support the results of the quantitative survey i.e one third of women experience IPV in their lifetime. The study also highlights that the intimate partner violence which Trinidadian and Tobagonian women face, varies in severity and includes occasional moderate acts, emotional abuse and controlling behaviours, threats and stalking, sexual violence, and battering. Beliefs about manhood and womanhood, love and family, reinforced by messages from religion and the media, were observed to have a significant influence on what people believe about how women and men should interact. These beliefs contributed to the basis for women's vulnerability in situations of familial and intimate partner violence, and were often the source of motivation for men's violent behaviour towards women. Men's substance abuse also increased the probability of being a perpetrator and their partners risk

[6] http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2015/prevention_framework_unwomen_nov2015.pdf?la=en&vs=5223, p 23

of IPV. This study also suggests that men's, women's or familial economic precarity is also an extremely significant risk factor for intimate partner violence.

A significant finding from the study reflects that children who witnessed intimate partner violence had a higher probability of entering violent relationships. Reflecting the UN framework to prevent VAW, the study found that the risk factors associated with intimate partner violence in Trinidad and Tobago are[7]:

1. At the individual level, the man had witnessed intimate partner violence in the home, was abused as a child, had an absent or rejecting father, or frequently uses alcohol.
2. At the individual level, the woman witnessed intimate partner violence as a child, experienced abuse as a child, and had a low educational attainment.
3. At the level of the family and relationship, the man controls wealth and decision-making within the family and marital conflict is frequent.
4. At the community level, women were isolated with reduced mobility and lack of social support.
5. At the community level, men's peer groups condone and legitimize intimate partner violence.
6. At the societal level, gender roles are rigidly defined and enforced and the concept of masculinity is linked to toughness, male honour, or dominance. The study also found that violence was normalized and that when the prevailing culture tolerates physical punishment of women and children, accepts violence as a means to settle interpersonal disputes, and perpetuates the notion that men "own" women, it creates an environment, which fosters violence.

Data gathering also sought to explore the implications of economic insecurity, unemployment and economic dependence as well as conflicts over work and money in order to highlight how contemporary socio-economic policy-making should take account of the relationship between these and IPV when reducing state expenditures on jobs and social services. The findings therefore suggest that economic insecurity and dependence are key factors that lead to IPV and need to be taken into account in periods of economic downturn.

Unfortunately, the study found that help-seeking behaviours vary widely and have uneven success. This could be the case for a range of reasons, from norms that discourage women from seeking help or downplay the duty of family and bystanders to intervene in the abuse; to a failure by perpetrators and victims to identify abusive behaviours, particularly when they are less severe. Reasons reported during

[7] Ibid. p. 25.

the study also include women's fear of seeking help or an inability to do so without incurring further threats, stalking and physical violence; economic dependence and/or loss of confidence; insufficient knowledge about services available and the need for more appropriate services. Many women spoke of feeling they have nowhere to turn to be safe on islands where they could be easily found by perpetrators, and where they experience multiple intervention failures whether in relation to social services, police or the justice system. Nonetheless, women continue to turn to these interventions for help, and these intervention services must take up a range of recommendations made over several different reports and studies in order to improve the extent to which they can empower women to constructively end violent relationships and live safely rather than in fear. The report ends by citing a range of reports where relevant recommendations have been made, which also speak to the findings of this study, highlighting that at this stage commitment to implementation is required.

The main recommendations of the study to address the challenge of violence against women in Trinidad and Tobago are as follows:

- The approval and full costing of the National Strategic Plan on Gender-Based and Sexual Violence in Trinidad and Tobago 2016-2020, (GBV NSAP);
- Establish a monitoring committee for the implementation of the GBV NSAP to ensure that VAW is linked to broader issues of citizen security and ensuring programmes in the GBV NSAP are implemented through comprehensive approaches;
- Develop and implement standard operating protocols for essential services;
- Concerted advocacy and communications on healthy relationships and sustainable conflict resolution techniques;
- Establish a working group with representatives from the judiciary, police, prisons and social services to develop a monitoring and referral system to ensure protection orders are enforced; and
- Re-institute the Partnership for Peace Batterers Intervention Programme.

Although insightful and reflective of results from the quantitative component and other studies on VAW in the Caribbean, there were some limitations to the study. One limitation was the difficulty interviewing both survivors and perpetrators across class groups. This was mitigated through the use of focus groups to counter a class bias toward low-income women and men, with professional women and middle-class religious men interviewed in these groups. The study is also limited by its exclusion of persons living with

disabilities, and young people between fifteen and nineteen years old. One of the challenges of the study is that it was limited to adults and persons in heterosexual relationships. It is recommended that further research is undertaken on the experience of violence within same-sex relationships, and by girls under eighteen years old. There should also be studies that focus on gender-based violence experienced by and among persons with disabilities. Additionally, more research on men's experience as victims and perpetrators would be useful though it should not detract from the necessary and sufficient focus on addressing and ending the effects of IPV on women's health and lives, and that of their families.

Violence Against Women

Gender-Based Violence (GBV) is a prevalent issue that occurs across all settings and groups around the globe. In 2012, it was estimated that almost 47% of female victims of homicide were killed by their intimate partners or family members.[8] According to a 2013 global review of available data, 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence.[9]

For the Caribbean in general, GBV is one of the most widespread forms of violence and it directly impacts citizen security, including the stability and health of a family and community. Arguably, the most prevalent form of GBV is violence against women, which results from the structures and relationships of power, domination and privilege between men and women.

VAW can have serious consequences.[10] The UN Framework identifies some of these consequences as:

- Injury to physical, mental and sexual and reproductive health
- Social and economic consequences
- Effects on children including school dropouts, poor school performance and depression

These consequences are often amplified in situations of intimate partner violence, because the place of violence is supposed to be a space of safety, the home.

VAW deprives women of their ability to enjoy fundamental freedoms and represents a serious obstacle to equality between women and men.[11] Since the 1990s, GBV and VAW have been prevalent in the international dialogue and organizations came together to voice their concerns and offer responses to the growing occurrence of VAW. Recognizing this, the elimination of all forms of VAW (EVAW) are now part of the Sustainable Development Goals 2030 Agenda.[12] There are several international frameworks that capture the State's obligation to respond to GBV including but not limited to:

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[8] See the Global Study on Homicide 2013, p14 https://www.unodc.org/documents/gsh/pdfs/2014_GLOBAL_HOMICIDE_BOOK_web.pdf

[9] WHO, *Global and Regional Estimates of Violence against Women*: http://apps.who.int/iris/handle/10665/85239

[10] United Nations Framework to underpin action to prevent violence against women- http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2015/prevention_framework_unwomen_nov2015.pdf?la=en&vs=5223.

[11] The Council of Europe Campaign to Combat Violence against Women, including Domestic Violence https://www.coe.int/t/dg2/equality/domesticviolencecampaign/Source/FS_VAWCampaign_en.pdf.

[12] http://www.unwomen.org//media/headquarters/attachments/sections/library/publications/2015/prevention_framework_unwomen_nov2015.pdf?la=en&vs=5223.

- The UN General Assembly's Declaration on the Elimination of Violence against Women adopted in 1993, places the issue of violence, in all of its forms, squarely on the international human rights agenda. It expressly includes violence in both the public and private spheres.
- The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) was adopted by the UN General Assembly in 1979 and ratified by Trinidad and Tobago in 1989. The Committee recommended that State parties ensure that laws against family violence and abuse, rape, sexual assault and other gender-based violence give adequate protection to all women, and respect their integrity and dignity and take all legal and other measures that are necessary to provide effective protection of women against gender-based violence, including effective legal measures, penal sanctions, civil remedies and compensatory provisions to protect women against all kinds of violence.[13]
- The Beijing Platform for Action (BPfA), adopted in 1995 at the Fourth World Conference on Women in Beijing, calls on Governments to adopt, implement and review legislation to ensure its effectiveness in eliminating VAW.
- The Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (aka Belem do Para) was signed and ratified in 1996 focusing on women's right to be free from violence.
- The 1994 Cairo Programme of Action adopted at the International Conference on Population and Development and its subsequent Montevideo Consensus on Population and Development which addresses issues of gender inequality and the empowerment of women.
- The Convention on the Rights of the Child[14] signed in 1990 and ratified in 1991. By ratifying, the Government of Trinidad and Tobago (GoTT) has pledged through the process of ratification to "undertake all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention." (Article 4 of the Convention on the Rights of the Child).

Violence Against Women in Trinidad and Tobago

Trinidad and Tobago is a twin-island country located off the northern coast of the South American continent and is densely populated with 5,131 square kilometres of land. It obtained independence from

[13] http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm.
[14] http://caribbean.unwomen.org/en/caribbean-gender-portal/caribbean-gbv-law-portal/gbv-and-state-accountability.

Britain in 1962 and then became a Republic in 1976. The country has an approximate population of 1.4 million[15]. The majority of the population identify with one of two ethnic groups (Africans and East Indians), with less than 1.3% identifying as European, Chinese, Indigenous heritage.

Gender-based violence, particularly, intimate partner violence and incest, is an ongoing challenge in Trinidad and Tobago, and the number of reported cases of sexual offences and domestic violence has been constantly increasing in the last few years.

Between 2009 and 2012, almost 12,000 domestic violence applications were made in the Magistrate's Court, according to a report[16] by a group called the NGO Caribbean Development Foundation (NCDF). Data from the Crime and Problem Analysis (CAPA) Branch of the Trinidad and Tobago Police Service (TTPS) revealed that there were approximately 19,078 reports relating to domestic violence incidents between 2000 and 2013. Approximately 75% of these reports were related to female individuals. During the same period, there were 131 domestic violence related deaths of which 56% were female. For the period 1995 to 2013, there has been a total of 5264 murders. Out of this, 442 cases were due to domestic violence.[17]

[15] Central Statistical Office mid-year population estimates for 2016 (http://cso.gov.tt/data/?productID=32-Mid-Year-Estimates-of-Population-by-Age-Group).
[16] http://www.guardian.co.tt/lifestyle/2015-05-25/stop-violence-against-women
[17] Crime and Problem Analysis Branch of the Trinidad and Tobago Service

The table below shows the number of domestic violence related cases for the period 2007 to 2013.

Offences	2007	2008	2009	2010	2011	2012	2013	Total
Murder/Homicides	18	37	23	33	21	13	27	172
Sexual abuse	42	67	64	31	41	74	14	333
Wounding	34	61	38	176	69	53	46	477
Assault by beating	545	859	568	560	1140	1042	821	5535
Malicious damage	18	24	26	18	29	33	22	170
Threats	437	422	405	244	650	787	493	3438
Verbal abuse	3	0	0	97	34	81	44	259
Emotional /Psychological abuse	0	0	0	52	5	36	45	138
Financial Abuse	0	0	0	0	0	0	0	0
Child abuse & abandonment	2	3	5	10	4	5	12	41
Breach of protection order	72	83	127	159	180	177	108	906
Offensive phone calls	0	0	0	17	2	31	1	51
Total	**1171**	**1556**	**1256**	**1397**	**2175**	**2332**	**1633**	**11520**

Source: Crime and Problem Analysis Branch of the Trinidad and Tobago Service.

Population Services International (PSI) Caribbean conducted a survey of women between the ages of 18-49 in three counties (Caroni, St. George and Victoria) from December 2014 to January 2015. A total of 723 women participated which includes 137 in Caroni, 432 in St. George and 154 in Victoria. The survey measured experiences of IPV and social norms, as well as attitudes and perceptions associated with IPV. The study also looked at factors associated with IPV victimization using the ecological framework. The findings showed that of the 723 women, 138 experienced some form of physical violence, 90 experienced sexual violence and 186 experienced emotional abuse from their most recent or current partner.

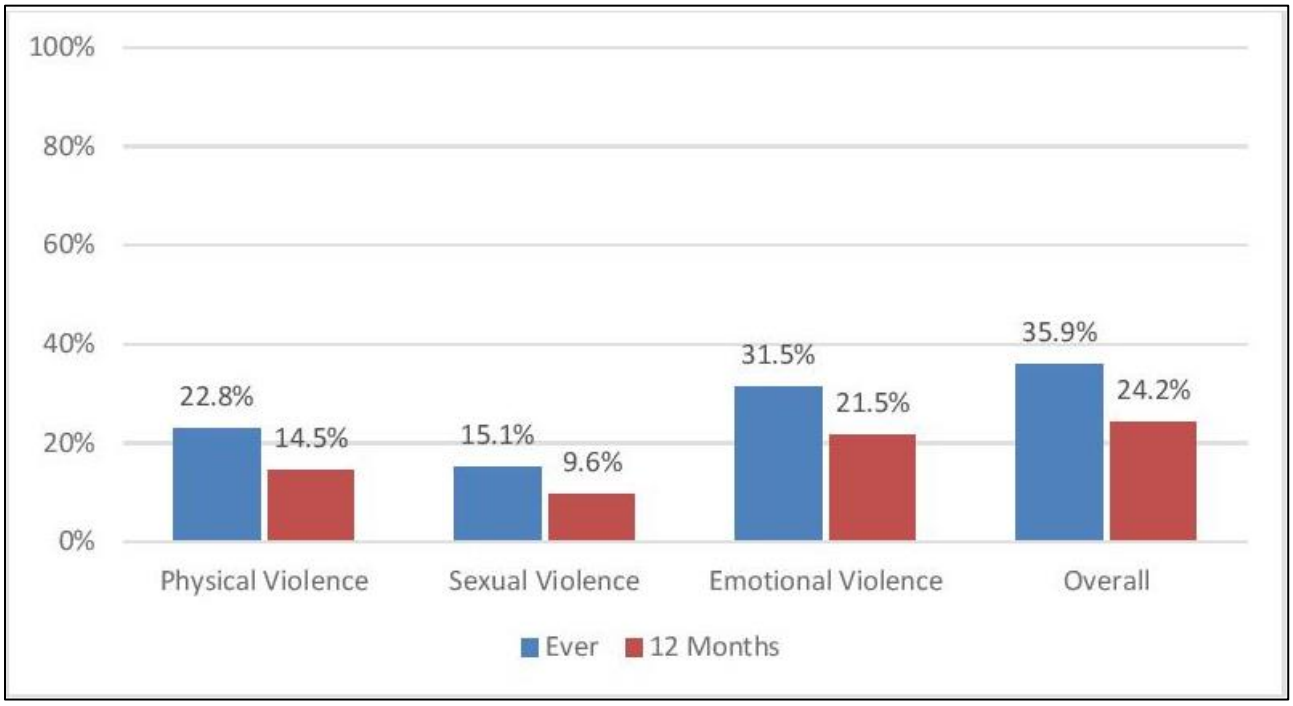
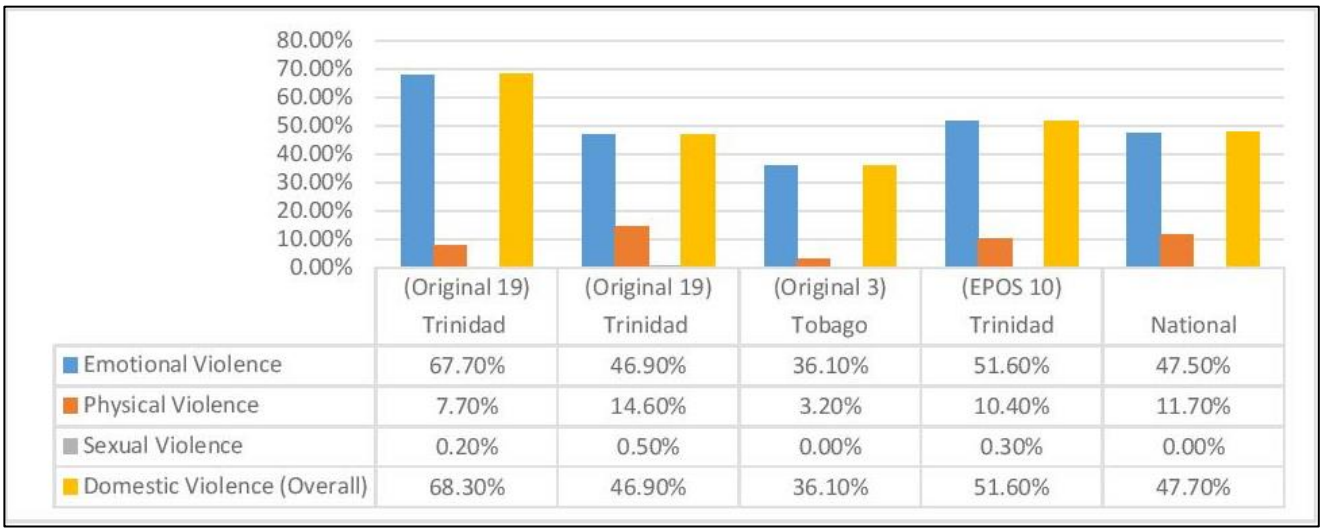


Figure 2. Prevalence of physical, sexual and emotional forms of IPV experienced by women in the counties of Caroni, St. George and Victoria.[18]

The National Crime and Victimisation Survey (CVS) was first conducted in 2007[19] to measure crime victimisation rates and community perceptions on social attitudes and cultural norms around safety in 19 communities. In 2015, the second round of the Crime and Victimisation Survey was conducted and this measured crime victimisation and perceptions and attitudes about crime and violence, safety and social behaviour both nationwide and in communities under the Citizen Security Programme (CSP). The Citizen Security Programme falls under the Ministry of National Security and is co-funded by the IDB. CSP initially operated in 22 communities (19 in Trinidad and 3 in Tobago), which were selected during project design based on their high serious crime levels. In 2014, ten additional communities in East Port of Spain which were perceived as "at high risk of violent crime" were included in the CSP. In the 2015 CVS, domestic violence rates were recorded in three dimensions: physical, sexual and emotional. For the period 2007 to 2015 there was a decrease in domestic violence in the CSP communities from 68.3% to 46.9%. The survey found that in 2015 47.7% of the respondents reported recent experiences of domestic violence with an intimate partner.

[18] http://psicaribbean.com/v2/wp-content/uploads/2015/03/PSI-C-Gender-Norms-and-IPV-TT-Face-to-Face-2015.pdf.
[19] Available from: http://cso.gov.tt/media/publications-documents/.



	(Original 19) Trinidad	(Original 19) Trinidad	(Original 3) Tobago	(EPOS 10) Trinidad	National
Emotional Violence	67.70%	46.90%	36.10%	51.60%	47.50%
Physical Violence	7.70%	14.60%	3.20%	10.40%	11.70%
Sexual Violence	0.20%	0.50%	0.00%	0.30%	0.00%
Domestic Violence (Overall)	68.30%	46.90%	36.10%	51.60%	47.70%

Figure 3. Types of Domestic Violence experienced in the last 12 months.[20]

Though women can also be perpetrators, usually they are at a higher risk for experiencing IPV. In a study conducted for the IDB, Sutton and Alvarez noted that women are more likely to be killed by an intimate partner than men[21].

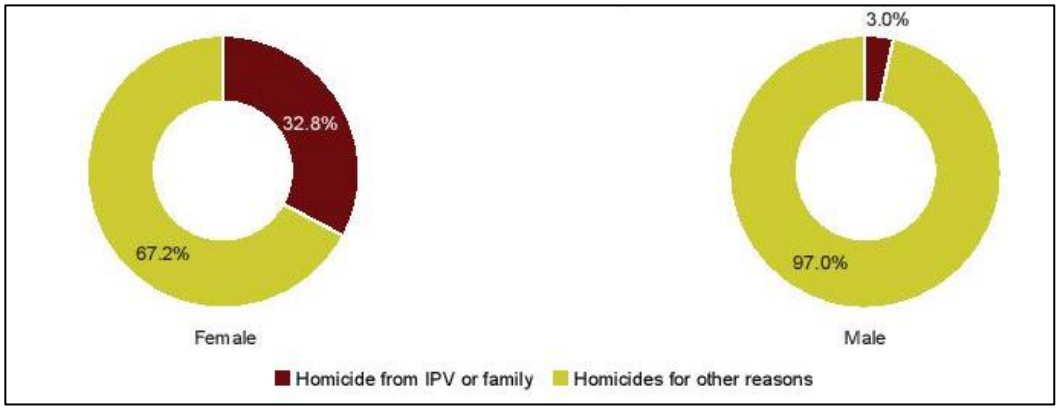


Figure 4. Percentages of Female and Male Victims of Homicides by Intimate Partners or Family Members for the period 2006-2011.[22]

[20] http://csp.gov.tt/Portals/0/Documents/Evaluation.
[21] https://publications.iadb.org/bitstream/handle/11319/8262/Restoring-Paradise-in-the-Caribbean-Combatting-Violence-With-Numbers.PDF?sequence=1&isAllowed=y
[22] ibid.

The GoRTT, in recognition of its obligations to protect the citizens from all forms of violence including acts of violence against women and girls, has enacted several pieces of legislation. "The Constitution of Trinidad and Tobago recognizes and guarantees the protection of fundamental rights and freedoms for all citizens, including the right to life, liberty, security of the person and property, equality before the law, respect for private and family life and the right of equality of treatment by public authorities."[23]

There are several laws which address GBV in Trinidad and Tobago. **The Domestic Violence Act**[24] which was passed in 1991, revised in 1999 and amended in 2006, serves as the governing law on domestic violence. This Act defines domestic violence as any type of physical, emotional, financial and sexual abuse. "The 1999 Domestic Violence Act is not meant as an alternative to the criminal process, but to expand the range of remedies available to victims of domestic violence. These are intended to form part of a National Domestic Violence Register to be maintained by the Commissioner of Police and mandated by the Act. According to available information, this registry is not yet operational."[25]

When domestic violence began to be discussed by women's groups during the late 1970s, this occurred in tandem with other forms of violence against women being addressed, including sexual violence. By 1986, **The Sexual Offences Act**[26] was passed with two amendments, in 1994 and 2000, and considers the protection for children and persons with mental disorders.

There have also been several specific state interventions to combat GBV:

- State Agencies such as the Office of the Prime Minister, Gender and Child Affairs Division (OPMGCA),[27] The Ministry of National Security, and The Children's Authority. These regulatory agencies act as protective agents, facilitators and implementers of GBV programmes and policies.
- In 2016, the OPMGCA launched the Central Registry on Domestic Violence (CRDV) which is an information system that collects data on victims and perpetrators of domestic violence.
- The 2009 National Policy on Gender and Development, revised in 2012, was developed primarily to provide a framework to include gender perspectives in all government activities and

[23] See UNDP report- Legal Aid for Women Victims of Gender Violence in the Caribbean, p124 http://www.tt.undp.org/content/dam/trinidad_tobago/docs/DemocraticGovernance/Publications/Legal%20Aid%20and%20Gender%20Violence%20Study.%20UNDP%20RBLAC.%20JAN.%202014.pdf.
[24] See the Domestic Violence Act of Trinidad and Tobago http://rgd.legalaffairs.gov.tt/laws2/alphabetical_list/lawspdfs/45.56.pdf.
[25] Ibid.
[26] See the Sexual Offences Act of Trinidad and Tobago http://rgd.legalaffairs.gov.tt/laws2/alphabetical_list/lawspdfs/11.28.pdf.
[27] http://www.opm-gca.gov.tt/.

programmes.[28] The most recent version of the document is the 2015 version which has revisions to the 2012 document and was submitted in 2016 for review by a Cabinet sub-committee.

- Counselling and psycho-social services mainly through the National Domestic Hotline[29] and the Rape Crisis Society of Trinidad and Tobago.[30]
- Safe Homes or Shelters such as the Halfway House, Madinah House, the Hope Shelter and the Shelter,[31] which are emergency shelters for women and children who suffer from domestic abuse
- Police Service: The Victim and Witness Support Unit (VWSU)[32] formed to help bridge the gaps between the police, victims and witnesses. The VWSU offers support to victims and witnesses by providing services such as information about legal aid and the justice system and referrals to other support agencies.
- Legal Aid for survivors.

Objectives and Research Questions

This study, in contrast to the quantitative study which primarily provides quantitative information on women's experience of violence in Trinidad and Tobago, aimed to understand the nature, consequences and patterns of violent situations and to explore in what contexts violence against women occurs and its meaning. The results of this qualitative study should contribute to a better understanding of how and why VAW manifests itself in Trinidad and Tobago, and use this knowledge to inform targeted interventions.

The specific concerns investigated in this qualitative component were:

1. The impact of beliefs about manhood and womanhood on violence against women;
2. Increasing economic insecurity, and its gendered impacts on men and women;
3. The role of ideals of romantic love in survivor and perpetrators' understanding of and response to violence in relationships;
4. The availability and efficacy of state and civil society interventions on violence against women, and women's perceptions, experiences and use.

These areas were chosen to explore how increasing economic precarity in the region may be shaping the prevalence of violence against women; to highlight the contradictions regarding how the process of

[28] National Gender Policy for Trinidad and Tobago https://oig.cepal.org/sites/default/files/trinidad_y_tobago_2009_genero_y_desarrollo.pdf.
[29] (868) 800-SAVE.
[30] https://www.bordeglobal.org/rapecrisis/index.php.
[31] http://www.ngocaribbean.org/index.php/the-halfway-house.
[32] http://ttps.gov.tt/Safety-Tips/Victim-Support.

interventions and services for survivors may both empower and fail women; to interrogate the influence of popular notions of love and family as they shape women's vulnerabilities to, as well as men's perpetration of, repeated IPV and intra-familial violence; and the contradictions of pervasive masculinist power despite a popular myth of male marginalization in the Caribbean.

In its formative process, the study sharpened the focus of its inquiry on three particular questions. A review of the literature, local policy debates, media reporting and organizing work on gender-based violence in Trinidad and Tobago against the prevalence survey's areas of focus, guided the identification of three questions of high relevance for local knowledge and action needs, to which the qualitative research sought to contribute.

- **How ideologies of gender and family, and cultural narratives about love and intimacy factor in the way men and women experience, explain and respond to intimate partner violence;**
- **How increasing economic precarity may shape the prevalence of violence against women; and**
- **How state and civil society interventions prevent, punish or ameliorate violence may empower, fail, or increase the vulnerability of women.**

The relevance of these focus areas was validated by UN Women and in focus groups and interviews with nine expert key informants engaged in intervention, advocacy and research on gender-based violence in Trinidad and Tobago and Grenada, including leaders of the quantitative survey local research team.

The study is grounded in the ecological model,[33] to help understand the multifaceted nature of violence. The ecological model "proposes that violence is a result of factors operating at four levels: individual, relationship, community and societal."[34] In other words, there is not one single factor that causes VAW.

Drawing from the UN framework to prevent VAW some risk factors associated with the ecological model include:

[33] United Nations Framework to underpin action to prevent violence against women- http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2015/prevention_framework_unwomen_nov2015.pdf?la=en&vs=5223.
[34] http://apps.who.int/iris/bitstream/10665/77432/1/WHO_RHR_12.36_eng.pdf?ua=1.

1. At the individual level, the male was abused as a child or witnessed marital violence in the home, had an absent or rejecting father, or frequently uses alcohol. For women, low educational attainment, being under 25 years of age, having witnessed her father's violence against her mother, living in a rural area, and low socio-economic status were consistently associated with an increased risk of abuse.
2. At the level of the family and relationship, the male controls wealth and decision- making within the family and marital conflict is frequent.
3. At the community level, women are isolated with reduced mobility and lack of social support. Male peer groups condone and legitimize men's violence.
4. At the societal level, gender roles are rigidly defined and enforced and the concept of masculinity is linked to toughness, male honour, or dominance. The prevailing culture tolerates physical punishment of women and children, accepts violence as a means to settle interpersonal disputes, and perpetuates the notion that men "own" women.

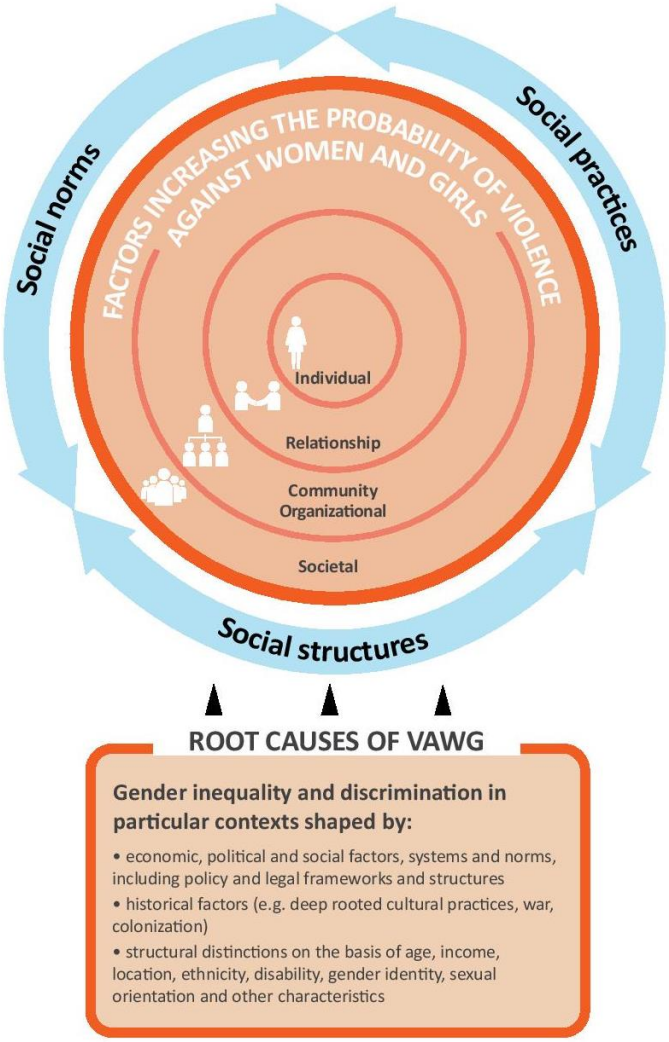


Figure 4. Understanding Violence Against Women

Methodology

Methods

The study used a qualitative approach to collect and analyse the data. This approach allows for the exploration of details about experiences, emotions, preferences and opinions, motivations and gender dynamics. As a complementary of the quantitative, it will explain how particular factors interact and why. Two qualitative methods were used in this study: interviews and focus groups.

Study Limitations

The study faced a range of limitations such as difficulty interviewing both survivors and perpetrators across class groups. Focus groups were used to counter a class bias toward low-income women and men, with professional women and middle-class religious men interviewed in these groups. The study is also limited by its exclusion of persons living with disabilities, and young people between fifteen and nineteen years old.

Additional information on the Methodology used for the survey can be found in Annex A.

Causes for and Risk Factors of Intimate Partner Violence

As the discussion below shows, different types of violence coexist, highlighting the complexity of women's experience of different forms. The range of forms of violence women experience were outlined for key informants, including "physical abuse, verbal abuse, emotional abuse, financial abuse", "use of money or child support as a tool of retribution for women who take action", and cyberstalking. They considered intimate partner violence, gender-based violence and domestic violence "a category of sex discrimination".

This section reviews the forms and prevalence of violence which characterize IPV. These forms are acts of physical violence, sexual violence, emotional (psychological) abuse, and controlling behaviours. The ecological model proposes that violence is a result of factors operating at individual, relationship, community and societal levels. These categories are used below to highlight some of the factors reported by informants as relevant to IPV in Trinidad and Tobago.

Individual Factors

Some of the most consistent factors associated with men's increased likelihood of committing IPV are young age, low level of education, witnessing or experiencing violence as a child, harmful use of drugs and alcohol, and acceptance of violence as a strategy of control. For women, increased risk to IPV is associated with low level of education, exposure to violence between parents, child sexual abuse, and acceptance of violence.

The study did not examine other factors such as personality disorders in men or past history of abusing partners. With regard to levels of education, the majority of survivors who were interviewed had secondary level schooling.

The sample of male perpetrators was too small and limited to low-income men to make any generalisations about education as a factor. There were significant challenges accessing men with higher than secondary levels of schooling. As the methodology details, the study relied on referrals from service providers for survivors who could be interviewed, and the majority of women who self-selected to be interviewed were older, rather than young women in relationships.

History of Family Violence and Child Sexual Abuse: Implications for Recognising IPV

Survivors described family histories of violence, trauma and insecurity in their partner's and their own lives, and used this as part of an explanation for men "who are broken" and become violent. This is significant because it shows how survivor perception of men's experiences of childhood trauma become a source of vulnerability for women. Women described partners who were left by both parents and raised by extended family members or "different people at different times", who were beaten as children or saw their mothers being beaten, and who may have had to leave school early preventing them from meeting aspirations.

Economic insecurity in childhood, is one of the factors survivor's highlighted as part of their own stories of familial violence and trauma, and combines with the effects of IPV on children who have "horrific memories of childhood". This point is borne out later in survivors' stories of the impact of IPV on their own children.

Indeed, family insecurity, neglect and emotional instability in childhood occur again and again as factors linked to women's later vulnerability. Survivors remember growing up with mothers who were in hospital

with broken bones from beatings, who had to be hid from their fathers who were trying to kill them, and who would repeatedly be debased. What is clear is that for victims and perpetrators, IPV is accompanied by other forms of violence, from family violence experienced as a child to child sexual abuse and later non-partner sexual violence. All this highlights women's vulnerability, and the normalization of violence in their lives.

There are continuities between childhood and adult experiences of violence for both victims and perpetrators, highlighting the potential for IPV to become generational. The impact on children watching their mothers experience violence seems to be a significant factor in men and women perpetrating and experiencing IPV themselves. The normalization of violence in family life may be a factor preventing women from recognizing it when IPV begins in their own lives because of its familiarity. As one survivor explained,

> *"You feel like you are not good enough. I still feel that way because of the way how they made you feel, like yuh nothing. You always feel so. So, when somebody tell you, you are a queen, you are nice, you'd want to hear anything else, because all the time you are hearing that you are stupid and you are dotish". (Indo-Trinidadian, 42 years old, primary school educated)*

Another survivor related,

> *"Sometimes, I could not even tell what had triggered it and he would start to yell at my mother, telling her that she's stupid, she's completely worthless and that she's cheating on him, and my mother would give as good as she got, she would call him every word in the book, and then eventually he would hit her or try to hit her. I remember as young as four I would go in front of my mother and defend her, there was a time when he jumped on her and pulled her hair, jumped on her in the bed and started beating her, I was crying out, and so I jumped on him, I was beating him up with my fist and I had my dolly and I was beating him up, and I was like, "leave mommy alone", and I bit him so hard that I broke a tooth and I saw blood. He would take an axe and break up the furniture in the house, he would break plates, he would throw food...Every Saturday morning when he had to go out to the market, he would get up and start cursing about how worthless we are, how we are holding him down, how we are just leeches on him, when I started to blossom into puberty I would become a whore, when I wanted to go out for extra-curricular activities like geography or the environmental science club or go hiking or something like*

that, he would see that I was just using that as an excuse to go and look for man. Everything eventually ended up with him threatening chopping up my mother and putting her in a sheet and dumping her in the river and then killing us, the kids. One of his favourite threats was that he will chop her up and dump her in the river, and chop us up too and leave us all to die, the final night he was actually going to do it because he had put poison in our water tank, he had hid a cutlass in the bushes, because my mother had gone out and when she came back, he pretended that he wanted to talk to her and tried to lead her down to the river to do what he had to do, he had everything". (Indo-Trinidadian, 29 years old, tertiary school educated)

In addition to familial violence, survivors also experienced child sexual abuse by uncles, brothers, cousins, stepfathers, stepbrothers, and older men who groomed them into relationships as teenagers. This left them depressed, suicidal, silent from fear of not being believed and in generational contexts for future sexual abuse of their own children. Rarely did families react to or report the sexual abuse of which they were aware, leaving survivors feeling alone, unloved and unhappy as children, and precipitating their greater vulnerability to mistaking domination for protection or love.

Men in focus groups and interviews also spoke about learning violence from the households they grew up in because "that is what I was surrounded with". One man said,

"Yeah, I've seen women get beaten to a pulp. I see a woman get licks and throw over the banister as a child growing up. Lift up and throw over, like she's garbage". (Dougla-Trinidadian, no age recorded, fisherman)

Another man, a perpetrator, described,

"From small growing up, I always see my father, beating my mother. And if he tell she, bring ah cup of water, she have to bring it. And if he tell she, do so and whatever, and she ain't do it, she going and get licks. I always grow to know that whatever I tell a woman she have to do. I is the boss; you can't be boss over me". (Afro-Trinidadian, 37 years old, driver)

At the same time, men talk about how the extent of male violence they have seen has led them to want to either avoid relationships or wonder if their own relationships might end up like that. They also describe possible changes to power relations between women and men. As one put it,

"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)

Finally, highlighting the correlation between violence and men at younger age, one man related,

"Is how I was young, and didn't know life then, nah, and grow up under seeing them thing. I find I was the boss. So, if I tell you anything, and you back-answer me, or don't answer me, for example, I used to get real vex and I coming to lash. Me ain't coming to tell you, "Well, why you ain't answer me?" I coming to hit you one time. I coming to lash you one time. I getting up, wherever I is, and I coming and I lashing you. Yeah, that's how I was". (Afro-Trinidadian, 37 years old, driver)

Harmful Use of Alcohol and Drugs

Men's substance abuse emerged as one of the main contexts for IPV. First, families have long histories of substance abuse that shape women's vulnerabilities to violence as adults. As one survivor articulated,

"My sister was in an abusive relationship, because her husband was a drunkard too so I used to watch him drinking rum and want to beat she up so it come like a normal thing because your father drinking, your sister husband drinking, everybody drinking". (Afro-Trinidadian, 50 years old, secondary school educated)

Second, substance abuse is also cited as a factor turning men from being non-violent to violent. One survivor pointed out that,

"We plant, we make cook, we lime, and he used to study come and look for me, be nice, anything I wanted he buying, but he never show no signs of violence and is after we marry, in between, in between, he will start to quarrel. When he started to get heavy on the drugs, he started to well beat me". (Mixed-race Trinidadian, 44 years old, secondary school educated)

Finally, men's substance abuse has implications for women's economic insecurity. A survivor related,

"He was a fisherman and I never know he used to take drugs. I in the house with three babies right through and he gone fishing and then after, when he come home sometime next to nothing, just fish he bringing home and gone look for a piece of yam. So, I saying, you ain't work for nothing. He saying he ain't work for nothing and that time people telling me he hold the fish and he taking drugs, which I didn't know. I had no money to buy no pampers, he make me buy one set of diaper cloth and then we couldn't buy milk so I had to breastfeed three of them so I look at that as abusive, no stove with no gas and three babies. Because he drink alcohol and he come home, he always picking on the children, the two small one that's my two, is not he own, he say they interfere with his tool kit and scatter he tools and he drink rum and take a broomstick and real beat me". (Afro-Trinidadian, 50 years old, secondary school educated)

Summary

Individual factors related to a childhood history of witnessing or experiencing intimate partner violence between parents or close family members, childhood sexual abuse and, for men, harmful substance abuse are related to all four forms of IPV: physical, sexual and emotional violence, and controlling behaviours. Related issues of economic stress and male dominance are discussed further below. In terms of consequences, mothers experiencing violence are particularly challenged to provide healthy parenting for their children. Also, the trauma of home life may mean that in order to escape their home situation survivors "never check the background of the person, just go and just friend with them just to come out the house". In these stories, experiences of early instability, violence, and lack of care or love create risk of IPV, staying with violent partners, or becoming violent as a man. This situation repeats itself in survivors' own lives taking a toll on children, their school work and their emotions.

As a survivor said,

"The children started to grow up and he would verbally abuse the children, you fool, you stupid, you dotish, you is an ass, he abused them like that. He would throw in my face that I have no education, you are a dunce, you are stupid. He started to get aggressive, a night he pulled a knife for me. He started to quarrel, he was getting aggressive because we used to have no sex, and he pulled a knife on us, coming at me and I tried to get the keys to open the door, and he is saying to the children, don't open the door and he is coming to me with the knife". (Mixed-race Trinidadian, 49 years old, primary and vocational school educated)

Eventually, this situation can lead to even more extreme forms of violence, such as murder. In one situation where a stepfather, who abused a survivor and her sons by beating them, making them sleep in the dog kennels and starving them, was eventually killed by one of them when he was twenty-one years old, after an argument. What stands out is that IPV directly affects children, potentially creating a pattern for both perpetrators and survivors.

Relationship Factors

Relationship factors are associated with risk of both victimization of women and perpetration by men. These factors include conflict and dissatisfaction in relationships, male dominance in the family, economic stress and women's higher level of education.

Conflict and Dissatisfaction in Relationships

The following example illustrates how relationships conflict or dissatisfaction plays a role in creating greater risk of physical violence, one of the four main forms of violence. As one survivor described,

> *"He was saying I was trying to control him by, you know, telling him to stay at home, but it was not like that, I asking him to just stay until the children fell asleep. Of course, I accused him of infidelity and he denied it down and that night I was kind of like persistent, at least stay with us, let the children fall asleep because every night you going out, they going to bed without seeing you, so he insisted that he was going out with his friends. It was not about me really and we were in the garage and he was playing, you know, "Girl, don't get no harass, I coming home just now", and I said, "Listen, do not touch me because I am angry". I said, 'Do not touch me' and he continue touching me, you know, I coming home just now, don't worry, I gonna hang out a bit and he touch me again and I push his hand. The next I knew is that I was on the floor in the garage and so I got up, you know, spaced out and dazed. When I got up, I put my hand to my mouth and I realize my mouth was wet so I walked at the of the house only to see my neighbor standing there and my neighbor what is wrong with you, what this is, why are you allowing this, but at this time, I didn't even know what was going on with my face. When I went inside, I looked in the mirror and I fell down because it was like a horror story, my lip was stuck between my teeth right and I was bleeding, bleeding. By this time, he had already left so when I bat his hand, he hit me, you know, and knock me out and I was there crying, crying, crying, and not sure what to do". (Afro-Trinidadian, 43 years old, tertiary school educated)*

This extensive quote highlights the intersection of a number of relationship dissatisfaction issues, including accusations of infidelity, women's unequal responsibility for child care, and physical violence when men's autonomy, decisions and lack of accountability are challenged by women.

In interviews and focus groups, men cite relationship conflicts which include nagging, quarrelling, cussing, mashing up things in the house, public embarrassment, and both men and women's other partnerships as reasons for violence. The account below highlights the pressures on women to forgive as a basis for avoiding abuse as opposed to men's responsibility to manage conflict resolution without physical violence,

> *"I think what annoys a man the most is women always brings up stuff from the past. And that guy, although it was a year or three years ago, he immediately goes back into that emotional state at that point in time. And that could trigger aggression, because you took him back right to the time when he was totally pissed off. You bring that up again? So, it's like the woman is constantly dragging her partner through this emotional state where he is angry. And if she forgives him, she would not be bringing these things up, which would cause future aggression". (Pentecostal men's focus group)*

In another example, which outlines the significance some perpetrators place on a hierarchy of disrespect with being cheated on as the highest form of disrespect, one man described,

> *"When me hear the part when me hear she horn me, da's the part when me get ignorant. Dats the part when me say me really going and kill this girl, and go and sit down back in prison. I coulda take the part where she cussing me in public, she mashing up the house, she embarrassing me in front of people, she embarrassing me in front of she family or she embarrassing me in front of my family and them kinda thing. Me coulda take all that with she. Me coulda take the part where she galavanting. I coulda take all that. But you see the horn part". (Afro-Trinidadian, 28 years old, unemployed welder)*

Men's multiple partnerships, is often a source of conflict in relationships and can be a potential trigger for violence, particularly when it creates the possibility for women to demand accountability from their partners. Repeatedly, survivors cited violence occurring because they pressured men to stay home with

them and the children, accused them of infidelity or got angry about openness by men about their other partners.

One survivor explained,

> *"The abuse became physical after the affair because before it was more verbal, emotional, financial, mental, but it wasn't physical as yet until after the affair, almost like he felt like he was a man and needed to prove something". (African-mixed race Trinidadian, 35 years old, secondary school educated)*

This survivor continued:

> *"I would be sleeping and he won't care, he would just take what he want and then roll over and go to sleep and many nights I would cry because, even when I was pregnant with my children, he would do it or even when I just had the baby. I remember my doctor asking if I was married to a monster because my first time I was nine months, I was already pregnant with my second son. So, yeah, she was like what kind of person are you married to, so that was abuse, but with respect to actual battering, that was not until late down in the marriage when he started to cheat and then it became physical". (African-mixed race Trinidadian, 35 years old, secondary school educated)*

This story highlights how women experience multiple forms of violence, including sexual violence and rape within marriage, even when in late-term pregnancy. It also shows the specific vulnerabilities of mothers and pregnant women.

Both men's violence and multiple partnerships occur in contexts where women were paying the bills. This survivor continued:

> *"I had stop paying for the car and when he found out he call and he was like, "so how was the car supposed to be paid for?" I said the person you have driving up and down in it can help you pay, I am no longer paying for something that I don't benefit from, the children don't even get a ride to school anymore because he's going with the girl all over the place and she two little boys. So, I stop paying for the car and that's when he started back to go counselling and he used to ask, so*

you giving me any money this month to help me pay?" (African-mixed race Trinidadian, 35 years old, secondary school educated)

And, in another instance, one man described,

> *"She quarrelling how I with other women…. And take up my phone and watching through it and thing. And I did get vex, and I pick up a 2x4, and hit she it across she back, and lift she up, and slam she down, nah. And she was pregnant with my daughter at that time—the second child, yeah. And I thought: You know maybe I overdo it this time? Like, you know, like this time, like I feel like I would have get lock up. Because the way how I see she on the ground, you know, like she can't move—and plus too, she pregnant, yuh understand? And about six months, going in seven months she was pregnant, eh, yeah". (Afro-Trinidadian, 37 years old, driver)*

Pregnancy, birth and motherhood particularly put women in a more difficult situation, especially in situations where women want to abandon an abusive relationship. As another survivor described, "There was nothing I could've done, nowhere I could've gone when I found out that I was pregnant". Families will refuse to house women after warning them against their partners, exacerbating their limited options. "I told you that and you didn't listen, so now you have to stand it", said one mother to a survivor. Women will also stay in relationships for the children. As the survivor continued, "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".

Male Dominance in the Family

Male dominance in the family is a key factor creating risk of violence. The following discussion particularly highlights how male dominance is associated with sexual violence and controlling behaviours such as accusation, isolation, threats and stalking, and their intersections with emotional and physical violence.

What was interesting was the extent to which men contested, didn't understand or didn't consider emotional violence to be sufficiently significant for action. As one man who was part of a focus group described,

> *"When I was growing up, that was an issue in my house, not physical violence, but definitely verbal abuse and emotional abuse. And, to this day, I not only sure that anything could have been done about that in the legal point of view. Because what you gonna say: "My husband cussing me?" (Tobago youth focus group)*

Sexual violence is also associated with IPV because experiences of sex are both informed by gender ideologies and sex as a site for exercise of power and control.[35] Survivors describe experiencing "the whole circle" of violence and "being forced to do things you do not want to do", including "rape at nights to have sex" and physical violence for refusing.

Refusing sex may be a reaction to violence and love turning "ugly" or be a reaction to male infidelity, because women "get licks when I don't want to stay and take it".

It is important to note that sexual violence may also be directed at children. Survivors discussed having to protect children from being interfered with. "He didn't want her out of his sight at all, he wanted the child for himself" said one survivor, who kept her children with her all the time, and who herself experienced a sexual relationship she described as "terrible" and "torture".

It is also important to note that sexual violence continues after women have tried to end relationships. As one survivor described,

> *"I was at one of the places I was renting and he would have come in the middle of the night making noise, my landlady was right there and I did not want to involve her because as soon as they hear of domestic things, I'm going to have to find somewhere else to go and rent, and I was comfortable because the rent was not too bad. I let him in and ask, what is it you want? It was interrogation and a whole set of nonsense and question about children, in the middle of the night, so eventually, it would lead to him physically abusing me, pulling me down, and then raping me, because he*

[35] Marital rape is against the law in TRINIDAD AND TOBAGO under specific circumstances (2000 Sexual Offences Amendment Act).

wanted to have sex and I am not doing that with you because we are not together, and you do not own me. These men feel you are their property, so you cannot have any man or any relationship, but I must control you still or whatever. I was raped, after he would have left, I really cry, and cry and cry. Well, I did go to the court and I got a temporary restraining order and after that expired, that was it, but it did not really make a difference because after that I was pregnant for him with that episode. So, that was the result of me being sexually abused, assaulted by him". (African-Trinidadian, 43 years old, tertiary school educated)

This experience also noted how perpetrators can also affect women's ability to leave and move on by stalking them thereby creating a challenge for them to rent spaces from landlords who do not want 'trouble'. This is further explored when discussing stalking and how it can promote victim's homelessness.

As another survivor related,

"I had done, but he did not want to done, so when he want sex and I don't want none because I done with you, he would just rip off my clothes and do whatever, so is years, I had just given up, and just lie down and cry all night, and say Lord how much of this again you want me to take, how long, you know, it was not easy, you ever feel like you could blind? I felt like I was blind, like literally blind, like I can't see, like my eyes open, but it's closed and I can't see, like the Lord just blind me". (Indo-Trinidadian, 42 years old, primary school educated)

Indeed, perpetrators and some men in focus groups agreed that being denied sex was a factor explaining and even justifying violence. This belief ties in to a number of ideas, such as men's greater biological need for sex, men's right to sex, especially as a reward for how they treat women, and the responsibilities of women to men in relationships. As one man said,

"To my knowledge, sex is in a relationship when you are married, it is something that needs to be met. It have no want. And that is something you have to get—especially men. So sometimes not getting that could cause a frustration, leading to lash the woman or beat the woman. And it could cause a bit of anxiety in the relationship. A lack of sex can lead to violence. Or the lack of it. In a relationship, sex is considered to be a building block of the relationship itself. I have a partner who is a acting corporal in the Police Service. Was his wife birthday. The man bless she up from

morning, carry she out, lunch everything. Carried her fancy restaurant in the evening. They went party, liming, everything. Treat she real nice. When he say he going and eat ah food, watch she turn she back on him and sleep. And my boy done tempted already, he all 300 degrees, you understand. He went and hold down he wife; and he on suspension now from work". (Men's rights organisation focus group)

Male dominance in the family was key in these situations. Controlling behaviours such as isolation tactics, accusation, threats and stalking also highlight the relationship between male dominance in the family and multiple, intersecting forms of violence. Indeed, accusation by partners is common, repetitive and used to precipitate threatening, hitting, slapping, cursing and choking. It's ironic because accusation by partners often occurred in the context of their own multiple partnerships. Accusation was also a technique for isolating women, preventing them from talking with anyone – other males, family and friends, and from leaving the house except to go, for example, to work or to the grocery. Men behave in ways that suggest constant insecurity and paranoia about women's infidelity, and are jealous of any relationships that women have. This means that women are less likely to have close relations in whom they can confide. They are not allowed leisure time with others for fear of others telling them to resist or leave. It also reinforces men's admonishment to keep their business private. Both alcohol and drug abuse are relevant here as survivors reported that men would be nicer, more caring and more cooperative when they are not smoking or drunk. This is a common theme in their stories. As one said,

"He don't want me to have no communication with nobody, is either accusation, I with this man, that man, and as I work he taking my money to go and get he drugs". (Mixed-race Trinidadian, 44 years old, secondary school educated)

Such violence wasn't only related to drug use however, but was part of broader controlling behaviour,

"I wasn't to talk to anybody around because he used to get vex, he start to accuse me of being with he step-father and he brother and how I bringing man inside the house. I gone in the shop, he start to accuse me, and he hit me, he hit me on my back and it peel off my skin, I couldn't keep on clothes for about 3 or 4 days. It had a time he did hit me and I died and they brought me back to life. He got scared and wet me back and I didn't even know nothing, I didn't know nothing until must be the next day". (Mixed-race Trinidadian, 44 years old, secondary school educated)

Women respond in various ways, from abiding by their isolation and staying indoors or refraining from seeing family or spending leisure time with co-workers. However, as seen in the example above, men will also follow them to their workplaces, harass them and their bosses and employees, abuse them until they stop working or close down their independent businesses, and lose their own jobs because of their stalking, and even require women to find jobs in their own workplaces for them. In one case,

> *"He would go to work and when he did, he would leave the job and come by me and he would get fired, so then wherever I worked I'd have to get a job for him there". (Indo-Tobagonian, 41 years old, secondary school educated)*

In addition to accusation, isolation is a controlling behaviour common to survivor stories. Women are prevented from using the family car, having time for themselves, visiting neighbours or furthering their education. "If I need to get something, both of us would probably go together or I have to go quickly and come back" and "I had to be home like I in prison right through" and "you are going in the grocery, buy everything one time because it have no going out again" were common representations of IPV.

One perpetrator would say, "*If I spit on the ground there and you ain't reach back and it dry, me and you fall out, don't let that spit dry and you ain't reach back yet".* Another prevented his partner from going to classes,

> *"He would make sure he was not home when I needed to get to class so that I couldn't go to class or if I would go to class, I would be in class and he would calling me and say he leaving the home now, he is leaving the house now and I would have to leave class and get home because he is leaving the children alone and they were really small at the time. They were about four, five and seven, so that was difficult for me". (African-mixed race Trinidadian, 35 years old, secondary school educated)*

This survivor sat her exams with her arm in a sling because of swelling, and muscle and soft tissue damage, from having her arms wrung behind her back.

At first, women may think that isolation strategies are an expression of their partners being in love or concerned, but then they realise that "he would do whatever he wants, go wherever he wants to go, and then when it comes to me, I should report to him". When they begin to recognize it as control, and possibly

negotiate and resist, partners would beat them before they go to visit their families and when they return, and insist that they do not see other people without them there or undermine their relationships particularly with female friends. This means that as IPV becomes more severe, women have fewer people to turn to because families are embarrassed and even scared to help. As one survivor related,

> *"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)*

Isolation exacerbates women's depression and thoughts of suicide as well as the difficulty of leaving violent relationships.

What is clear is the extent to which men threaten women, stalk them, make them fear leaving, make them vulnerable to homelessness. In one instance, *"because of him constantly coming there and that kind of thing all hours, the landlady said we need to find somewhere else to go".* This is also reflected in the case above even when the woman, rather than cause a scene and get evicted, let her former partner inside her apartment and was raped.

The following extended description of violence is important because it highlights the implications for women's working lives, their family's knowledge of violence and responsive interventions. Threats and fear pervade these episodes as a technique for power and control:

> *"You want to tell me when I should come home, I cannot do the government work as I see fit to do it I working with too much men, you cannot stay after work so late, if you are supposed to finish work at a certain time you are supposed to be home, it was real control. He would grab me, hold my face, my mouth and say don't say nothing and I am sharing an apartment with my mother and them. So, this is my room here and their room is further up and thing and nobody could hear anything. He would come over and visit and sleep over and corner me in the bedroom, and just keep intimidation and threats and, of course, I am embarrassed and I do not want people to know, so I figure if I pacify it. Then when my mother realized what was going on, she would never confront him, but she would confront me. I don't want him here. He sent for me with the vehicle*

and I went and he took me and carried me quite up in the mountain behind his family house in the dark and real beat me up, and put a gun to my head and threaten me, and beat me with the gun butt. But, he had this procedure that he will hit in places that not visible, besides the time he cuff me in my face and I got a black eye, other than that he would hit you in places that not visible, so I used to get a lot on my chest, my stomach, that kind of thing. So, after that I went back home. I cry and cry and he will wait till I finish and get myself together, and then send me back with the car and then drop me back. When I told him I do not want anything to have to do with you, of course he made calls and send threats, and say that I am sending a vehicle for you, get in the vehicle and come down the road, if you do not get in that vehicle, something to your family and them, your mother and them is going to happen". (African-Trinidadian, 43 years old, tertiary school educated)

Threats are not generally well-reported or understood in terms of how they represent IPV. Their implications are complex and debilitating for women, but they also intersect with the implications of sexual, physical and financial violence, highlighting their seriousness in the perpetuation of violence.

Threats and stalking have been proven to go hand in hand, with stalking often becoming worse after a relationship has ended. Stalking includes threats to kill women and their children and then commit suicide, and threats to family and friends. Women respond by reporting to police, applying for restraining orders, running to places where they think they cannot be found, applying to their workplaces for transfers or leaving their jobs, entering safe houses or getting men out of the home and then being followed by co-workers or others until inside and locked in safely. Using this as a strategy, one survivor related that,

"After a time, I recognize that it's like I'm living in prison".

Another survivor reported that her husband would:

"Park the car and sleep in it outside the gate so when I have to come to work, I have to wait till he move from there because when I walking he could do me something, cause he say he threaten, he say I will blind you and you won't be able to see, so I can't take no chance". (Indo-Trinidadian, 67 years old, primary school educated)

"He keep on threatening me, he will do this and he will do that, but I couldn't take him on, I had to be strong" concluded a third.

The story below continues to exemplify how stalking affects women's ability to travel about freely, to be safe when they reach home and to function their best at work:

"He say come in the car I go drop you home. I said no. I said I will travel, so he park the car and stand there and he telling all the drivers, don't pick me up, so I say, driver I paying my effing money and you won't pick me up, so the driver decide to pick me up, but he reach home before me and he take up a cutlass when he reach and was waiting by the door and if you notice a mark on my face here when I smile, the cutlass had a pointy tip, and he thing it and stick me right here and when he start to see blood, he drop the cutlass and bring a towel, he didn't realize it would of stick me so fast, but I had to go for stitches and so I didn't tell them this happen, I was still frighten and scared next day. I went to work with that cut on my face. I shame to tell them I get licks". (Indo-Trinidadian, 67 years old, primary school educated)

These examples demonstrate how threats and stalking connect to those on accusation and isolation, and highlight how significant these expressions of male dominance are as factors perpetuating IPV.

Men themselves acknowledge the need to transform boys and men's gender socialization. As one outlined,

The biggest obstacle for men is that men were taught not to be emotional, not to talk, not to express themselves. So, a lot of men are misguided by following trends from other persons that they may see, that may deem as being macho. So they just think this is what a man supposed to do, because I saw this guy doing that. But, guess what, all those guys were doing the wrong thing, but they have no right examples, so they just follow that pattern which leads to the same end…for men we need to show more emotion, really talk about how things affect us before it reaches the boiling point of aggression where things explode. So, more counselling groups even teaching men values and skills from a young age from even secondary school - primary school - because a lot of men haven't grown up with their parents, they follow the gangsters and other people that are trending socially. I think a lot of males, we need to bring them into some sort of session where we could teach them these values". (Pentecostal men's focus group)

Economic Stress

The significance of economic stress on relationships was a main theme of the study given the precarity of the Trinidad and Tobago economy. Economic stress is a key factor increasing likelihood and risk of IPV and can include economic insecurity, and economic or financial abuse. Employment or unemployment of one or the other partner is a risk factor for violence. Women's employment can also clearly be considered a threat to gender norms, and as the data on controlling behaviours show, much of it is related to controlling women's economic autonomy.

When the man is the main breadwinner women experience challenges affording basic items which they need, such as toiletries and menstrual pads for themselves, and food for their children. One survivor related standing in the road to look out for her child's father to bring money. Being on maternity leave meant she wasn't getting enough money, so she would mix flour and sugar for her son to eat, highlighting the implications of violence and economic insecurity for children's nutrition, well-being and academic achievement. Another survivor relied on teachers to feed her children when there was nothing in the house to eat, noting that both hunger and unmet emotional needs resulted in them "acting out". Some women eventually go to the court for maintenance, but find it difficult because men work intermittently, leaving them to use their salaries to pay all the bills, thus becoming unable to sustain themselves. As one said,

> *"My salary used to pay all the bills and everything. I had to rent and I couldn't pay all the bills, I couldn't maintain the children, I had to go to court (sic. to) file for maintenance". (African-mixed race Trinidadian, 35 years old, secondary school educated)*

Another related,

> *"When I get the book list, he will not help me with books at all. I would have to take the book list to a store and they would give me the figure and I would take it into the credit union and that was how I was able to keep my children in school. He was never the type of person who would provide for the children and he would just lay back there, and I would be the one year after year going to the credit union to buy books for the children, he was not this person who was willing go over and work at all you know, not at all". (Mixed-race Trinidadian, 49 years old, primary and vocational school educated)*

Thus, key informants expected that the economic downturn would make it harder to make ends meet. One summarized,

> *"I think women will become poorer, they will be hardest hit in terms of job losses, then you find that the social safety net may contract, their access to education may contract. The economic situation is causing this open war on women". (Domestic violence policy advocate)*

Economic insecurity doesn't only refer to an inability to make ends meet. It also refers to an inability to exercise decision-making over work and money. Thus, conflicts over work and money exemplify forms of economic insecurity and expressions of IPV. Repeatedly, women struggle to establish an ability to earn their own money and control money they earn. Survivors told similar stories, for example:

> *"While I working, he want my money, telling me how to spend it, what to buy, what not to buy, all these kind of thing". (Mixed-race Trinidadian, 44 years old, secondary school educated)*

Some men expressed insecurity and feelings of being emasculated because their partner made more than them and used it as a tool for control.

One survivor related,

> *"At a point in time, I was making more money than him so I don't think he wanted me to elevate any higher and he said I used to make him feel like less of a man and I used to talk down to him, at least that's how he used to feel, and then there were times he got paid and I didn't know and his boss would be like, but I paid him and he worked overtime, so he got x and x amount of money, and no money came into the home". (African-mixed race Trinidadian, 35 years old, secondary school educated)*

Men will also approach women's workplaces as a site of control, stalking them or undermining their independence and relations with colleagues and bosses. In general, constant accusation and abuse is a response to women working, particularly in conditions of men's joblessness or insecure labour arrangements. Arguments and abuse will ensue before women go to work, or follow them to their workplaces or prevent them from getting to work. As one survivor explained,

"Every time I going to work, he hitting me same day, he telling the taxi don't stop for me, don't take her up". (Indo-Trinidadian, 67 years old, primary school educated)

The following story graphically conveys the threat that IPV poses to women's livelihood and survival:

"When I started working, I moved from working in an environment with males and females to an environment with mainly males and he was really upset by that. I started training and, every morning, I would get a curse out, so I'm going down to my training crying. He would come to pick me up on evenings, the officers will be there, and when I get into his van, he would be like, "so who is that man you talking to and how come he decide to talk to you", and I say, "we weren't talking anything and I waiting for you to pick me up". I went to the bathroom to take a shower and this man choked me, he was just choking me, and I was like, what is wrong, what have I done, I didn't do anything to be choked, nobody does anything to deserve being choked by somebody else and he was trying to choke the life out of me. What made me finally decide that enough is enough was when this man went to my Sergeant and told him that I threaten to shoot him. Then I recognize that he is getting my job involve so he really doesn't care. So, my Sergeant, who was male, never asked any questions, he came, he wrote up in my pocket diary that I'm not to be issued a firearm to leave the compound, the only time I should be issued a firearm is if I'm on the compound, if I'm leaving the compound to go and patrol I should hand it in and I found it was very unfair, right, because he never asked what it's going on, nothing. I tried to keep working for as long as I could but it became these abuse episodes, and then for me to go to work, how to go to work and face the ridicule, because I have to go to work with a black eye, it was like I had to choose and I decided to stop going to work". (African-Trinidadian, 43 years old, tertiary school educated)

This experience also highlights that employers need training to deal with employees and their situations resulting from IPV.

Survivor responses demonstrated that while IPV influences women's economic independence, women's economic independence can also influence IPV. This is because IPV can inform negotiations over the control of money, as well as women's ability to challenge beliefs over who should make and/or control money in a relationship. Women's economic independence can initially create a backlash from men as they may feel their role is threatened. This is further explored in section 5.2.3 on Economic Stress.

Additionally, although a key informant concluded, *"A lot of these victims, they don't have a skill, which is one of the reasons why they keep staying in that relationship, because they not marketable"*, it is clear that even when women can find and keep jobs, male partner violence can still threaten their livelihoods.

Summary

Relationship factors contribute significantly to how IPV is experienced. The nexus of forms of violence emphasise the dysfunctional ways of dealing with conflict in relationships, the notion of male dominance and how economic stress can contribute to IPV. It is important to note that women are not simply passive victims here. The consequences for women and their responses show that the strategies they adopt negotiate extreme fear and actual and potential harm. In spite of this, controlling behaviours have implications for women's sexual and economic autonomy, and are contextualized by the pervasiveness of gender-inequitable norms discussed further below.

Community and Societal Factors

Community and societal factors include gender-inequitable norms, particularly those which inform the beliefs that connect manhood to dominance and aggression, and indirectly promote the low social and economic status of women in notions of submission and taking their 'rightful place'. Mainly, in addition to issues of economic stress explored above, gendered beliefs and norms were the second significant factor focused on in the study.

The study focused on exploring the ideological and material relations of gender (Barriteau 2003) specifically because of the pervasiveness of the myth of male marginalization over the past three decades, and its impact on how gender-based violence, and particularly intimate partner violence, is discussed and addressed (Rowley 2004; Robinson 2003; Hosein and Parpart 2016). Public discourse, and particularly men's rights movements (Hosein 2017), increasingly emphasize that men experience violence from women in equal numbers and severity as women experience from men, that men are now victims to more powerful women (and state agencies biased toward women), and that men are marginalized in resources dedicated to gender-based violence prevention, thus requiring greater parity with resources put toward violence against women on the basis that women benefitted from enough or too much already.

Yet, the violence data provided by CAPA suggested otherwise and specifically pointed to the resilience of masculinist or patriarchal gender ideologies (Reddock 2004), and male privilege and domination in intimate partnerships. It also points to the significance of the backlash to women's empowerment. As one

key informant noted, “I heard one man say in our church that, “All yuh woman asking for equal rights, okay, take equal rights, you want to be saying things, take licks”. These provide the ideological context for women’s experience of male violence and control, and highlight how misleading the influential myth of male marginalization is a basis for national policy, programmes and protocols.

The backlash to women who are not playing their rightful role appears again in another man’s explanation that,

> *“Plenty woman’s biggest issue in life is that they don’t know what they role and function in a relationship is. A woman need to understand that you are woman and I am a man. Certain things that I do may not be appropriate for you to do. And some women, you know, because they have a thing about equal agenda, and they think they should be even, on a level playing field as us.” (Dougla-Trinidadian, no age recorded, fisherman)*

Related to these, ideals of romantic love, family and marriage shape women’s decisions to enter and stay in violent relationships. Survivors described the stigma of remaining unmarried into their thirties, expectations that children should have the same father and a “fairy tale of getting older, getting married, having a family, living happily ever after”. This is especially compelling for women who grew up amidst difficult family relations, and entered in relationships as teenagers or who wanted to “make the perfect home, be the perfect wife, be the perfect mother and have the perfect husband”.

The pressures of such ideals are also associated with the respect due to fathers, even those who are violent.

One survivor admitted,

> *“I will always have a certain level of, I don't even know if to call respect, because that might sound strange considering that this man send people to kill me, but I always make the children understand that at the end of the day is one father you have and you need to respect him regardless of how you feel about him, whether he is acting like one or not”. (African-mixed race Trinidadian, 35 years old, secondary school educated)*

In individual interviews, the word “submissive” itself was repeated by survivors across ethnicity. As one described,

"We were taught to be submissive, and that Indian wives must be submissive, and you know she must be at home cooking and cleaning, looking after the children. You know because we are taught that, in church, you are taught as a woman to be submissive, and then you would wonder how could you be more submissive when your husband is beating you". (Indo-Tobagonian, 41 years old, secondary school educated)

As discussed later, under interventions by religious organisations, patriarchal gender ideologies result in minimizing of violence, whether in terms of men's actions, and pressures on women to stay married or even not report violence to police. As a key informant who works with men highlighted,

"You know, those churches really give powerful messages about women's submission, but across all faiths, in fact, fundamentalism is about that. I think now there's a lot more awareness about domestic violence but there is still a strong tendency in popular culture to minimize and just not understand how it is connected to gender and equality. I also observed in practice that men have minimized what they have done so they would use the word, 'little', like I give she a little hit, a little kick, it was always something small". (NGO leader)

Another survivor reported,

"I didn't want to be divorced because I grow up believing that was sin and there was something in there about wanting my son to have both parents and that kept me in the relationship for a long time, so those two things, for my son's happiness and because of religion". (Afro-Tobagonian, 57 years old, tertiary school educated)

Overwhelmingly, interviewees and focus group participants also emphasized that "the rules for men are different than those for women", with women expected "to be in a submissive position where they should obey what the men say", but not as they do.

As a key informant explained,

"Society has been teaching men that they are the head of the house and that they are the strong partner and that they shouldn't be weak so they put up this front, that they have to be controlling,

and if you not a controlling person and not handling your woman the right way, you is not really a man, so I think that men are afraid to be embarrassed, they afraid as people would say you controlled by your woman". (Indo-Tobagonian, 41 years old, secondary school educated)

Extremely significant in terms of patriarchal rules for women is the idea that women must not have friends, particularly male friends. These rules then shape the extent to which both accusation and isolation become significant factors in their experience of IPV and is shown in the data on controlling behaviours discussed below.

As well, as discussed further in the report in terms of responsibility for childcare, women are considered to be primarily responsible for "cooking, washing and taking care of the house". Violence is then used as a tool for men to insist on these roles or to refuse childcare. Based on facilitating support groups, one service provider detailed one story "with a man who came home drunk in the middle of the night and this woman has to wake up to cook for him and his drunk friends and he feels humiliated because she is not getting up so he beats her" and another story where "the woman had a newborn baby and she is sleeping, and the baby is crying, and he isn't going to pick up the baby, he is trying to wake her up and he beat her because, 'what kind of woman cannot get up and hear your baby crying'".

As another survivor summarized,

"You bring in the money, yes, but when you reach from work, "go and cook", 8 o'clock in the night, you want me to go and cook, and if you don't go and cook, he beating you, hitting you, you have to go and cook and see about this child. I only earning $300 for the week, and have to buy Pampers, have to buy milk, most of the times I could not have a full milk for my son…and then he would hit me because he is hungry". (Indo-Trinidadian, 42 years old, primary school educated)

This unequal responsibility for childcare occurs whether or not women are the primary income earners, and highlights a recurring theme of their vulnerability when men are not earning money, and are also not having their expectations met. What is significant is that this is especially an expectation placed on mothers.

As one survivor pointed out,

"I feel like men expect women, well, mothers to do more in a relationship. He put the full responsibility of watching the children on me so he always used to say, "the children, the children", and I can't do this because of the children". (Mixed-race Trinidadian, 32 years old, secondary school educated)

A second admitted,

"I wish I could finish my bachelor degree, but my husband say look after your children nah. I say alright". (Mixed-race Trinidadian, 44 years old, secondary school educated)

This reiterates the role of motherhood as a factor affecting women's ability to leave violent relationships, particularly if women can't make ends meet immediately after making a baby or if they leave paid employment to look after their children or if they stay in order to enable their children to survive.
Finally, motherhood and responsibility for childcare creates a risk of isolation, even preventing women from accessing antenatal care.

As one survivor described,

"I got up the morning and I started to get ready for clinic and he was like, "where you going", and I'm like, "well, I'm going to clinic". He said, "and who is watching the baby?" I said, "you will have to" and he simply said, "if you walk out the door, know what you doing" and that was intimidation right there cause I was afraid, cause I don't know what he gonna do if I walk out the door and I come back and he kill my child or I come back and all my things out in the road or some kind of thing so I had to go on and beg his sister to watch the baby. Now he stayed home all day, eh. I don't know if it is he just didn't want to watch the child or he didn't want me to go, I don't know". (African-mixed race Trinidadian, 35 years old, secondary school educated)

Gender ideologies have shaped men and women's understanding of power, thus normalizing toxic masculinity as an expression of manhood. Men have to be able to show that they are "handling" their women rather than being controlled by women, or "yuh is not really a man" and "she is playing man", so that even men who are not controlling are afraid to be embarrassed or seen like a "soft man". This ideal also includes having multiple partners, a factor discussed later on in terms of men's infidelity as creating a risk of IPV for women.

Returning to the question of men's joblessness, or lower qualifications or wages than women, key informants suggested that this creates a situation where men feel threatened and where physical power becomes a means of "subduing and letting her know who is really boss in this house because I can control what she does, I can say 'okay you give me your money at the end of the month and I manage it'". In this case, physical power combines with sexual power to demand sex and "you cannot tell me no, I have the right and I can do it whenever I want to do it".

This perception by key informants is borne out in the survivor interviews where men's lower earnings are combined with control over women's money, but also with physical and sexual violence. It highlights that ending intimate partner violence requires directly confronting gender ideologies, not just opportunities for women's economic participation in the labour force. Women are both vulnerable if less well-educated than their partners as that may be used to insult or degrade them, but also vulnerable if they are better-educated and earning more.

Men who work with perpetrators point out that,

> *"All of these things have really deep-seated notions of masculinity for them, in 16-week programme, it takes 10 or 11 sessions for the man really to understand why they are the way they are, it takes a long time for all of their fences to actually break down".*

This section on gender ideologies also illustrates the significance of notions of love and marriage, beliefs regarding femininity and masculinity, and male privilege, to IPV. Ideals of love, marriage and family mean that women may hide violence from friends and family as they feel ashamed or a failure in terms of "how society would look at me" or, as a survivor explained,

> *"I grew up hearing the person you have children for is the person you suppose marry and you suppose to stay and work things out and society would look at you as a slut if you go with somebody else". (Afro-Trinidadian, 43 years old, tertiary school educated)*

So, women make excuses or pretend to be the "happiest couple in town". This suggests that, far from gender ideologies now emphasizing women's dominance over men, patriarchal ideals are highly resistant and powerful.

As one key informant described,

> *"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)*

This is illustrated again further in the report when reasons for women staying in violent relationships as well as interventions by religious organisations are discussed. In addition to gender-inequitable norms, men also describe community violence as an explanatory factor for IPV. In other words, to survive in communities with "a lot of dreams but no jobs and no income and no nothing" means not showing weakness, and this translates to a resort to violence in moments of relationship conflict and family stress, even when men know that violence is wrong. It is significant that men are able to articulate that violence is a technique for controlling women even when they believe that it is wrong. As one man described,

> *"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 woulda 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)*

Summary

Community and societal factors are explored here through a focus on gender-inequitable norms. The significance of norms to forms of violence means that focus should also be on interventions beyond service provision to ones which engage in behaviour change communication to achieve social change, promote acceptance for the empowerment of girls and women, and engage men and boys to promote nonviolence and gender equality. Addressing the impact of gender ideologies is key to addressing IPV.

Intimate Partner Violence: Consequences and Women's Responses

IPV has implications for women's physical and mental health, even after violence has ended. IPV leaves scars. For some survivors, these are physical such as a permanent mark from stiches to a lip after it was split, others will have had unwanted pregnancies, or multiple miscarriages from stress, quarrels, infidelity and beating. Finally, women may turn to substance abuse, become suicidal, and need counselling, anti-

depressants and options for escape. Discussions above highlighted physical injury and poor self-esteem for women and their children, and even poor school performance. The consequences of IPV are exacerbated by the fact that many women feel they have nowhere to turn, even when they become suicidal. As one survivor described,

> *"Doh matter how much I do, the child quiet, he would still hit. He started drinking, he would drink in and out. He would drink and stop. I started drinking. I think it used to help me forget. We would all drink together and he would beat me really bad, so I would have numerous miscarriages. One day I tried to kill myself and went to the hospital and I remember the doctor saying, "Why you would do that, yuh know that's stupid, why don't you just get out?" But I couldn't just get out. I started to explain to the doctor what has been happening and how I felt, how I feel and how I have no support. I would leave and go by my family and try to get help, but they would always say go back. And he said, "You stupid, you shouldn't take that", and I realise he wasn't saying anything to help me move past that and he was telling me how stupid I was. I just sat and said nothing to that and I came out of the hospital and I went back because I had nowhere to go and the abuse just continued". (Indo-Tobagonian, 41 years old, secondary school educated)*

Before moving to examine how interventions both empower and fail women who try to end the abuse they experience, the next section first details how and why women respond to violent partnerships in the ways they do. Women may stay in violent relationships because of "fear of retaliation, lack of alternative means of economic support, concern for their children, lack of support from family and friends…and love and the hope that the partner will change" (WHO 3). All these considerations appear in women's qualitative experience of IPV in Trinidad and Tobago. However, one important insight from the interviews is women's realization that it takes a while to identify their experiences as forms of violence in their relationships. As one explained,

> *"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)*

Having learned to live with violent contexts is also significant to not recognising the signs. One survivor described,

"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 apologise, 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)

Another concurred,

"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 thing 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". (African-Trinidadian, 43 years old, tertiary school educated)

This suggests that key to women's ability to negotiate and leave violent relationships, and address their consequences, is a clear understanding of what constitutes violence in its overlapping and complex forms, and in its fraught connections with masculine dominance, love and forgiveness.

Fighting Back and Leaving Violent Partners

Some women fight back or begin to fight back. This may take the form of trying to prevent perpetrators from hurting them, quarrelling, pushing back and cursing, and even hitting back when they decide they are ready to stand up to abuse, even if they describe themselves as emotional, soft and fearful. As one

survivor said, “I quarrel back, cursing, but to initiate violence or fight like that, no”. This story highlights how risky standing up for oneself is, and how it compromises women’s status as victim:

> *“I wasn’t perfect when he hit, I would try to hit him back, when I realise he would hit me and kill me, I fight back for myself and when he say things to me I’d say it back to him. Yuh know they would always blame me for it because I shouldn’t say anything and I shouldn’t hit back so they would blame me. Before we go to church, he used to beat me and when we used to go to church, I don’t know why, I used to not raise my hand and worship, so when we would go back home he would beat me again”. (Indo-Tobagonian, 41 years old, secondary school educated)*

They begin to dream of killing their abusers. As another survivor related,

> *“I will kill you too because I feel that is what I have to do to get through to him because if you want to beat me, I am going to sit down and let him beat me?” (Indo-Trinidadian, 42 years old, primary school educated)*

However, fighting back sometimes works or sometimes exacerbates violence. As another story exemplifies,

> *“He used to take all the money from me. I give it to him then start to, you know, get some sense, then I start to retaliate. One day, he hit me and, in my mind, I say this is the last day this will happen. I pull ah ice pick for him. I didn't stab him or anything. I push the ice pick here, I didn't want to stab him, but I get real licks, real licks and, from that day, he stop lashing me”. (Indo-Trinidadian, 67 years old, primary school educated)*

The reasons and contexts within which women fight or do not fight back are complex, and sometimes related to men’s work roles. As one survivor highlighted,

> *“He is a soldier you know, what I am doing trying to fight back?” (Afro-Trinidadian, 42 years old, secondary school educated)*

They may also be prepared to repeatedly forgive when men say they will get better.

Women's stories of leaving are as important as their explanations for staying. A sense of depression, worthlessness and dependency prevents them from finally leaving, even if they try several times. Men's apologies and a sense that they will change also keep women forgiving men and in violent relationships. Additionally, family members to whom women confide in often send them back, leaving them with nowhere to turn. Nonetheless, women may start hiding and saving some of their pay if they are working. Children grow up and begin to encourage their mothers to leave. This latter point was more significant than expected.

Retribution by adult children also seems to provoke leaving. As one survivor explained,

> *"So he got out a bottle of water from the car and I washed my face, but I realized when I was washing my face my nose was shifting. So when we reach home, I asked my daughter to help me to tie my ribs, to take a band and started banding it. Because when I breathe its paining, I knew right there and then when my son said he would shoot him, I knew right there and then that I had to leave". (Indo-Tobagonian, 41 years old, secondary school educated)*

In another situation, a son killed his stepfather for his violence, resulting in exacerbated family trauma. When they become adults, children and especially sons will stand up to perpetrators, and hide their mothers and pressure them to leave. Watching their children resist or dream of retribution, even at the risk of jail, seems to prompt women to draw on their networks and resources to get a place to stay when they escape, to visit a lawyer and initiate divorce, and to get counselling for their children.

Women who have difficulty leaving violent relationships are concerned about ending intergenerational violence in their children's own relationships because they recognize the significance of their own experiences of intergenerational familial violence as a source of vulnerability. One survivor explained,

> *"I say your father was abusive to me, I don't want you be abusive to your wife, if you hit her again, I'm going to go to the police, you my son, but I'm going to go to the police because you take that girl and bring her and now she is my own daughter, now I count her as my own daughter and I say if you only do that again, I am going to carry you to the police station, I say she is a Christian and my son is a Christian so I want you to go to your pastor and get counselling". (Indo-Trinidadian, 67 years old, primary school educated)*

As already discussed in the sections on threats and stalking, men become or continue to be violent when women want to leave the relationship, even when men's infidelity is involved. Men leave threatening phone messages and threaten to kill women. Indeed, women's leaving may not end the violence they experience and may even provoke it. As one survivor emphasized,

> *"In the relationship, the abuse only came when I broke up, the abuse was like threatening to kill, if I cannot have you then nobody can have you". (Afro-Trinidadian, 42 years old, secondary school educated)*

In this story, a survivor describes her attempt to escape and the severity of violence she encountered,

> *"He threw a bucket of kerosene on me, and he proceeded to hold me and grab me to light me afire. He bounced me with the car so I couldn't move and then he dragged me over and he had this bottle of Lannette (poison), and he opened it and throw a cap and started choking me, and started throwing it down my throat, and then he throw another bucket of kerosene on me. When he threw the poison down on my chest, I started gagging and spitting and I ran away from the car. And on the main road, people just started stopping and looking, people just literally stop their vehicles and was out of their cars just looking, and I was fighting with him, because he threw the second bucket of kerosene on me and was trying to light me afire so I was holding on to his hands because if I held on to his hands the match is not striking, but I fought and fought and started screaming for help and no one was helping. I was stopping people, but nobody was stopping. Then eventually having the poison down my throat, the kerosene and fight and so long running, I just give up and then a man realized that what I was saying was true. He reverse his vehicle, grab me and throw me in the van and took me down to the police station. My husband did tell me when we were fighting, that if it is I had got away, he would go to the children school and give them poison to drink, and he will burn the house down". (Indo-Tobagonian, 41 years old, secondary school educated)*

Like so many others, the story above details how difficult it is to seek and get help. Women literally risk their and their children's lives to escape, explaining why it takes many so long to leave. Also, many women are too ashamed to tell people or afraid of the repercussions of speaking out, particularly in their workplaces. Others are unaware of support services, and when survivors with severe harm go to doctors, they don't necessarily get information on services there either. It doesn't help that doctors do not practice

clear and consistent protocols in order to identify and address IPV. This means that unless women disclose, the instances of IPV remain unidentified. Police stations and hospitals are not considered friendly environments for women to disclose violence, and even where counselling services are available, follow-through is insufficient.

In addition to submission, fear and harm, inadequate services help to explain under-reporting. One survivor described what kind of help is sought and emphasized,

> *"If you have a protection order, somebody should be in contact with me, know that I am alright, if it is that I have to go to court I have to know that somebody supporting me by attending with me as well, it has to be real support, not just systems there that supposed to be supportive but they're really not. From the time when a victim reaches that safe house, remember, everything that they are hearing has been negative and you start to believe that, that is what you think of yourself, that is why your self-worth is diminished and so you need somebody who is going to speak only positive things to get rid of all the negative you feed on, because just as how you start to believe all of that over a period of time, remember you lose your identity and that whole thing, so you see that kind of support". (African-Trinidadian, 43 years old, tertiary school educated)*

Keeping this in mind, the section below provides insight into different kinds of interventions, highlighting how the failure of interventions is part of the explanation for IPV's continued prevalence and impact on women. The final section briefly looks at life after violence and women's aspirations for themselves as they redefine their relationship ideals, economic prospects and sense of self.

Interventions

There are many kinds of interventions, including civil and criminal legal frameworks, media and advocacy campaigns for awareness-raising and behaviour change, strong coalitions of government and civil society, gender mainstreaming state strategies, life skill and school-based programmes, early intervention services, counselling programmes for perpetrators, shelters and other kinds of support for comprehensive service responses to survivors and their children. The failure of interventions is part of the explanation for IPV's continued prevalence and impact on women. This section primarily focuses on interventions by shelters and service providers, police and courts, health services, and religious community members, friends, family and co-workers. In essence, it focuses on the resources and networks available to women negotiating, resisting and escaping IPV.

Interventions by Shelters and Service Providers

Shelters and service providers are considered places to ease frustration, have people to talk to, and become comfortable, sometimes along with children. One survivor explained,

> *"Where I am, well, so far they are nice. I talk to the matron and they give me good advice, they giving me self-worth to appreciate yourself, appreciate your values and I think that is what most women do not appreciate because the men break you down, the morality of yourself, you think you don't worth anything and nobody will miss you when you gone". (Mixed-race Trinidadian, 44 years old, secondary school educated)*

However, children of a certain age and especially boys are not allowed at shelters and this can be a reason for women not staying. Additionally, places like Tobago are not considered to be well-serviced with shelters and counsellors. After an allocated time of three months, women may also have nowhere else to go and no income options, particularly if their partners were the main breadwinners.

Service providers themselves express frustration with authorities who dismiss the severity of violence and they tend to focus on getting women to a point where they feel safe. In emphasizing healing, and recognizing that lifetime experiences of familial or sexual violence may have disempowered women, service providers use story-telling and sharing which is not focused on domestic violence, but rather on "whatever is hurting". Providers' time is also taken up with "begging and networking" in the effort to help survivors. However, their challenges are also related to follow-up because when "they never even keep coming back and checking on us, everything start back again".

Survivors may also have difficulty accessing counselling because of isolation strategies. As one said,

> *"Rape Crisis and those people who have a hotline, they could probably counsel you or talk to you, but I'm not going to get to go there. How I'm going to explain going there? It come like I am a prisoner in my own home. I have to have a reason if it is not that he is sending me out and sending a car to carry me somewhere. I used to get accused of the people he is sending to pick me up to go to the grocery and drop the children to school". (African-Trinidadian, 43 years old, tertiary school educated)*

Generally, survivors do notseem to know about or access service provision. As one put it,

> *"I never really heard much about support systems and stuff, honestly speaking, never". (Afro-Trinidadian, 37 years old, driver)*

People also do not seem to know about counselling services for both partners "so that he won't remain the same while she is getting the help". As another described,

> *"A lot of people don't know there are places, they don't know the different things that are available to you. When I went and I found out, I got the food card and I got access to all the other grants that I could have gotten. A lot of people don't know about those things so they believe there isn't any help. When I started to speak to the people at National Family Services, they were the ones who actually enlighten me to a lot of the different grants that I could apply for and they helped me apply for it, so it made it easier to go through them". (State ministry professional)*

However, one survivor's story highlighted the value of counselling. She explained,

> *"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)*

At the same time, in the experience of some service providers,

> *"Even though you may be experiencing violence in the home, you do not qualify for public assistance for yourself or children unless you take them out before the court and you have to have police reports, evidence of the police report, it has to go up to a board and they have to discuss*

that and, in the meantime, you are at risk, in the meantime the children are starving". (Head of government support services agency)

Social service agencies provide meals, counselling, skills training, grants, help securing employment and housing, transportation, and continued visits to help women transition from violent relationships, and to cope. While there are a range of services, more outreach and confidential counselling through community-based drop-in centres are needed. Service providers also suggest that,

"More can be done or should be done at the shelters to assist the victims, to empower them, to give them the skills in order to cope when they go back outside because that's another major issue when they go back, nine out of ten times they go back to the same situation and it's just like a cycle". (Hotline manager)

Survivors themselves do not always feel well looked after in the shelters. As one explained,

"Most of the time it is people volunteering to just do something because they feel they doing something good, it is a good cause, but they come with their own biases and own problems and their own everything, so they not treating people humanly. I see children being abused because it may have orphans there and the adults are beating up children and, most of the time, the matron look up in the office or in her room or whatever and it is just like, survive, do what they say is the rules, it have different days you have to assist with cooking the food for everybody or whatever, and that is it". (African-Trinidadian, 43 years old, tertiary school educated)

Service providers also call for adequate training and constant re-training for police officers and for national sensitization on violence against women. As one key informant highlighted,

"If, for instance, we go on television and we have a conversation around domestic violence, and have a hotline, there are calls, constant calls". (Violence survivor programme service provider)

Survivors also experienced non-partner violence from employers or from situations where they were raped at parties, going to or from work or at home by burglars. In a story which speaks to multiple vulnerabilities, from domestic violence to burglary and rape, one survivor described herself after a break-in, highlighting

the difficulties of surviving several kinds of trauma while maintaining responsibility for family, and even after escaping IPV:

> *"I did everything for myself after, we went counselling through National Family Services and I continued to go after that because I had gone to counselling previously in Families in Action when I had postpartum depression with my daughter. I was able to reconnect with them cause they had a file on me already so I did counselling at Families in Action against domestic violence. I did counselling as well in National Family Services. I even took my sons. I did counselling in Victim and Witness Support Unit as well and my sons and my daughter did counselling in Rape Crisis after the break in. I got rape so I had to do counselling there. I do counselling all over the place, but to say anybody was there holding my hand, no. After the break in, a week after my mother was, like, "Ah well, life has to go back to normal". So, I picked up my children cause I stayed by her for that week, I picked up my children and I went back home and I slept on the same bed everything happen on and I lived for the first month. I have blank spots where I can't remember anything". (African-mixed race Trinidadian, 35 years old, secondary school educated)*

Interventions by Police

Interventions by police may be helpful or unsatisfactory. For example, one survivor said,

> *"I went to the police station at one time and the police officer is the one who said to apply for a restraining order, but when you apply for the restraining order, apply for custody and maintenance one time because in most cases when you apply for a restraining order they react, right, so they may want to take away the children, not that they really want the children, but just to spite you they would want to do it so based on his advice, I just went ahead and do it". (Afro-Trinidadian, 43 years old, tertiary school educated)*

Police also follow up on threats and come to speak to men, but women remain afraid that after the police leave there may be acts of revenge for applying for the protection order or for making the report. Interestingly, a number of women suggested that they had hoped the police would suggest counselling, but they didn't.

As one said,

"They just asked me what I wanted to do, so I told them that I did not want him to find out really, just do something to put in place in case anything happened, but they did not really do anything to see if I needed any help or otherwise or any counselling. I was expecting them to be a little bit more, but they were just normal and that was it, there was no sort of conversation, nothing like that". (Mixed-race Trinidadian, 32 years old, secondary school educated)

As well, sometimes police are also both victims and perpetrators. Police can also get engaged in supporting friends and/or family who are perpetrators by warning them that their wives are trying to make a case against them. One survivor detailed,

"All the places I would have turned to looking for assistance, it was not really forth coming, he had a lot of contacts and links and friends, including police and detective 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)

On the one hand, police response can be very good as police will contact shelters, direct women to a Justice of the Peace, and accompany women to their homes to get their things to take with them. They can also be seen as "supportive, calm, compassionate and sensitive" as well as "non-judgmental" in how they assist women. On the other hand, survivors spoke about difficulties in terms of enforcing protection and maintenance orders. One woman complained,

"I had to beg the police to go and serve him and give them a picture of him and all kind of rubbish till eventually he got serve". (African-mixed race Trinidadian, 35 years old, secondary school educated)

A number of women spoke about not feeling *"more or less safe going to the police"*. Police may ask,

"So what have you done, how have you contributed, you must have done something to cause this, you sure it wasn't your mouth, you know women, your mouth always get you into trouble, so I think it's an issue because they never really take you seriously and it is sad because if a woman reach

to the point where she goes for help, she would expect that she would get help and not be judged". (Afro-Trinidadian, 43 years old, tertiary school educated)

It seems that police also get fed up when women complain and then return to the relationship. Sometimes, said one survivor,

> *"Three, four, several reports and you running up and down, then you make back up and, eventually, one day, the police go hear you dead and say, "Oh God, you know this woman make several report plenty time and we wasn't really taking she on". (Afro-Trinidadian, 50 years old, secondary school educated)*

Another related,

> *"One time he had me chained to the bed, I call them, they come, the police woman, he lied and say he didn't have me chained to bed, I showed them and they left me there and they left. They didn't say, well, we'll carry you somewhere where you could be safe, they left me in the home, they left me in the house with the man so when they left I could have died". (Mixed-race Trinidadian, 44 years old, secondary school educated)*

From a slightly different perspective, service providers felt that the police needed better training on the Domestic Violence Act because *"they don't really know much about it"*. Relatedly, some key informants agreed that,

> *"The biggest problem has been the fact they have the option of running a criminal investigation alongside civil domestic violence procedure and they don't. If someone is beaten up, charge him with assault and then run that track together with the protection order because the problem with the protection order is it is just a piece of paper". (Family Court official)*

The risk of that piece of paper is that women are also afraid that protection orders can exacerbate their vulnerability to violence by provoking men's anger.

Finally, survivors tended to prefer to call the station, rather than to go to it. As one described,

"He turn and tell me, "you playing you like police station", but I didn't used to really go much, more call them and they used to come sometime if they right in the area so once they in the area and I call and they ain't staying long to reach. I used to call them and they come when I called them". (Afro-Trinidadian, 50 years old, secondary school educated)

This mixed experience women have with police, and the potential for victim blame is cited as one of the reasons so many women do not report abuse or rape by partners.

Men's experiences with police also speak to a process that doesn't seem to be able to help end a cycle of violence. One man related,

"When she did gone with the fella, boy, I come home, and me and she fall out and thing. And I beat she up. She gone and she take out a restraining order for me. When she take out the restraining order and they bring the paper, the evening when she come home, I beat she up. And they come and they lock me up. I get 16 months; I do that. They say the least that does really be is two years, nah boy; but how we come and have a youth together, they give me 16 months. I come and I do out that. As I come out, I maybe stay about 3 months out here, and I get lock up again". (Indian-Chinese mixed Trinidadian, 31 years old, PH taxi driver)

Highlighting the extent and intractability of the violence, another described,

"Sometimes she calling the police for me. Every day, the police locking me up. Every day, the police putting me in Marabella station. In the evening, they let me go. Sometimes they keep me for two, three days. Sometimes they call in she, and they leave me and she to talk. When they leave me and she, all in the station me and she fighting. And the police does say look lock him up…So it was violent and me didn't like it, honest to God". (Afro-Trinidadian, 28 years old, unemployed welder)

Interventions with Courts

What is clear is that restraining orders do not necessarily work because men can still harass, threaten and stalk women, even kill them when there is a restraining order. Nonetheless, women still turn to them as a form of protection, particularly when abuse gets "really, really bad". One survivor explained,

"Well, the thing about it is, I got my restraining order and I fled and I came to Tobago where I was safe because I didn't trust being in Trinidad, fearing all the stuff, you know, women may have taken out restraining orders and the man kill them and that kind of thing so because I fled, I felt comfort, I felt safe with my family being around because I never thought he would come over here and try to come by my parents to do me something, so I felt safe that way". (Afro-Trinidadian, 43 years old, tertiary school educated)

Key informants suggest that,

"Court has become heavily over-subscribed and the workload that court was initially designed to shoulder has increased exponentially without an increase in staffing. The initial cadre of trained judges and staff have long since left and, in my view, there has been a difficulty with attracting persons who have the right training, inclination and philosophy to man that court, so that the philosophy that one would expect to inform a Family Court isn't there". (Domestic violence policy advocate)

Finally, both survivors and service providers noted that judges may advise women to go back home if their husbands appear repentant. Women have to turn to lawyers, increasing the constraint on women across classes using the court. As a survivor pointed out,

"I lost the case because that first time the judge ask me to come back home, which I didn't want, but my husband say, "yeah, yeah, he want me to come home", he say how nice life will be. I was in the shelter already and I didn't get any lawyer yet, but the second time, I get a lawyer so I won the case so I got the children custody and a restraining order for one year". (Afro-Trinidadian, 28 years old, unemployed welder)

On the other hand, key informants also observed,

"Men never disputed that they perpetrated violence against women, their wives or their partners. Domestic violence is not, "I did not do it, it's I did it, but...". I did it but or I did not do it that much or but I had good cause are good examples of male entitlement, and the socialization really was very strong between both women and men as a backdrop to understanding violence against women". (NGO leader)

Courts have supported survivors by making men move out of the house. However, for others, even repetitive protection orders didn't help. One survivor described,

> *"I thought it would help, but it didn't. The protection order just is for him just to keep away from me but he wasn't keeping away and he wasn't stopping the things he was doing, it was getting more and more and more". (Indo-Trinidadian, 67 years old, primary school educated)*

For others, delays in the court process because of absent magistrates, police or forensic reports, or the need for women to get a lawyer, were seen as sources of impoverishment and disappointment as work days might have to be missed and money needed to support their household would have to go toward a lawyer. In the words of one survivor,

> *"The court system is designed to frustrate women, and I would go to court and go to court. Half of the time, I don't even know what going on, I have to ask people, "You could explain to me what going on?" People say, "Well, it off because the police ain't come, what I go tell yuh, come back again." And you just sit down there, sometimes you just sit down there until 12 o' clock, until the magistrate decide to call just to tell you, "Well, okay, the officer not here, summons for the officer, come back so and so". And, well you go back again, same thing. Some people would just not go, but I want justice, so I am going". (Indo-Tobagonian, 41 years old, secondary school educated)*

Connected to this, when police and even probation officers may encourage women to resolve their conflicts with violent partners or to encourage their children to still build their relationships with them, courts become a point of last resort for women seeking to keep perpetrators away. For this reason, the Family Court in particular is an especially important site for effectively protecting women from continued violence.

Interventions by Health Services Providers

When women go to health centres or the Accident and Emergency section of hospitals to address injuries, medical staff will record their information, provide medication, complete the tests needed to accompany a police statement, and assign them to a ward if necessary. However, they do not recommend or connect survivors to psychiatric services as part of their protocol. Counselling may be accessed or recommended when they are on the ward.

Interventions by Others: Religious Communities, Family, Friends and Co-Workers

Religious leaders and communities do not stand out as sources of support to women who wish to and need to leave violent relationships. One woman related,

> *"Going to church, the pastor encouraged me to go back and, you know, you married, you already married, and you Christian". (Afro-Tobagonian, 57 years old, tertiary school educated)*

Religious family members may believe that divorce is wrong and that women should make marriages work. Religious communities may even support the perpetrators, believing that women's improper behaviour caused the violence. In one case, a survivor was not even allowed to see her family and when her boss called to ask if they (employer and employee) could go for a drink, though her partner gave her permission, he later beat her, leaving bruises. In pastoral counselling, she was told,

> *"I'm wrong for going and having a drink, I shouldn't have do that, I am a Christian woman, I shouldn't do those things, the pastor said I look for that". (Indo-Tobagonian, 41 years old, secondary school educated)*

Survivors common complaint was that when they went to pastoral counselling, they would be blamed for everything or the violence would be trivialized, leaving women without hope. As the survivor continued,

> *"We started getting counselling from different pastors and same thing they would say, "Yuh know, this is your husband, yuh know a wife should be submissive, yuh know your husband would hit, but that is your husband, anyhow yuh take it, at the end of the day that is your husband" and that's all it boils down to at the end of it". (Indo-Tobagonian, 41 years old, secondary school educated)*

Another detailed,

> *"I went to my pastor and my pastor would have advised me about these men and they get on so when you go and make reports and do all this, and you get police involved, it will cause them to get more violent, so leave it alone. I went to the station still and I made a report and let them know I was attacked, that kind of thing, but I did not press any charges when it comes to rape. I did not want to go through that. I just said that he physically attacked me, I did not want to go through that, so I did not say that far, but I needed the report, I saw that in making the report, it will give*

me enough to go to the magistrate and probably explain that he constantly harassing me, threatening me, probably get a protection order or something like that". (African-Trinidadian, 43 years old, tertiary school educated)

However, when willing, religious leaders can play key roles. For example, one woman described,

"He did not drive straight home like he would normally do, he drove to a beach in Tobago and he started beating me, cuffing me, cuffing me, cuffing me and broke my nose and the only person he really listened to is the pastor, so I called the pastor". (Indo-Tobagonian, 41 years old, secondary school educated)

Women get inconsistent responses when they turn to religious leaders and religious community members as well as family and friends. For example, families may tell women that "they can pack their things and come home now" or repeatedly send them back to their partners. Women would hide with their children by family until they went back to their partners. Sisters and brothers are particularly important sources of support. What is interesting is how infrequently families, even supportive ones, turn to service provision or intervention. Families support women while becoming frustrated with them and their abusive partners if the relationships continue, and therefore both families and survivors are trying to manage without adequate guidance or protocols, straining relations, and adding to survivors' shame, embarrassment and vulnerability.

Family are the first persons that women turn to for support. Women also run to their friends, though sometimes that also puts their friends at risk. One survivor related,

"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 I had no friends and no family, so it was just the kids and I, we were there alone. It was the hardest and bleakest time of my life, we had no body to turn to, no body to talk to". (Indo-Tobagonian, 41 years old, secondary school educated)

This is extremely common and severely affects women's ability to speak out about the violence they are experiencing. In another instance, a woman who was being beaten was afraid her partner would begin to

threaten and even harm her family, for which she would feel responsible and be blamed. Though she told them of a terrible beating, but later, out of deep fear, said she made up the story, and recanted.

Both women and men still consider IPV to be "man-woman business", particularly when abuse is repeatedly forgiven. As one man asserted,

> *"A woman's defence is her mouth, a man's defence or method of exerting control is his physicality. So, yes, it is wrong to see anybody getting hurt. But I have been in situations with relatives who were victims or were involved in abusive relationships, and I could have lost my life parting fight and all this bacchanal. And then, the next day you see them hug up, like everything normal. So according to my grandparents, stay out married people business. So, whatever they are doing, they are adults. They are in control of their actions. I might step in trying to save somebody, and might end up getting stab or something. Yes, I don't agree with it. But it's very risky and flaky, because you swear to God, after that woman get that licks she done with that man, and then next day you seeing them together. So, if that working out for them, until somebody dies, fine, I wouldn't really intervene". (African-mixed race Trinidadian, 35 years old, secondary school educated)*

For others, workplaces are important spaces for breaking silences about IPV. One survivor indicated,

> *"At my workplace I used to tell my friends because if I wasn't talking I might of been dead all now". Another survived by talking to co-workers because, "I had to get it out because it was stressing my life out so I had to talk, it's a shameful thing, but I couldn't take it". (Indo-Trinidadian, 67 years old, primary school educated)*

Her co-workers would protect her by denying she was at work when her abuser came to look for her there. However, as one survivor described,

> *"I think the first thing is mental support, but family members may be seeing the situation, but they are not really reporting, they are not really understanding it. It takes people who are really experienced, who are educated in the field to present support for victims. I'm talking about follow through. I am talking about if you have a protection order, somebody in contact with me knowing that I am alright. If it is that I have to go to court, I know that somebody is supporting me by attending with me as well. The systems there are supposed to be supportive". (African-Trinidadian, 43 years old, tertiary school educated)*

Summary

It is clear that there are a range of successful interventions, for example counselling programmes and shelters run by the state or by NGOs, as well as support for provision of food, housing and jobs for women attempting to leave violent partnerships. However, in many cases, interventions were either inadequate in terms of not providing fast, frequent, consistent, long enough or holistic enough support, or they reproduced ideologies of male dominance in the family which are one of the relationship factors explaining IPV. Many women spoke of "having nowhere to turn but God for help". Survivors and service providers also discussed the limitations of the protection order system, which can be very effective in providing a fast and accessible way to get legal protection from a violent partner. However, violations of protection orders may lead to court processes that are interminable and beset by delays, the need for a lawyer, and psychological and economic costs. As well, even when perpetrators are imprisoned for violating a protection order, women continue to live in fear of the day he is released and returns to threaten or stalk them.

Police responses were also inconsistent, sometimes providing women with a sense of safety and protection, and other times leaving them with a sense of neglect, blame and trivialization. Police become extremely frustrated by women who repeatedly return to violent relationships and, eventually, tell women, "you go take your licks and then we pick up your body after". Police also need to be willing to charge perpetrators rather than advise women to seek protection orders so that a criminal process can be started by the State earlier. Women do not consider admittance to hospitals as a first point of access for support to leave relationships, and medical protocols in relations to IPV need to be improved and consistently applied. Even when women manage to leave relationships, the harm they experience has long-lasting effects on them and their children, highlighting why community-level programmes that are both preventative and restorative are important.

Life After Violence: Conclusions and Recommendations

Survivors articulate clear ideas on what non-violent and empowering relationships look like. They describe them as "loving, safe and comfortable, where a woman can be herself without fear or criticism"; "positive, something that helps you elevate yourself to reach further in life"; "playful, happy, where you could express yourself openly, if you have to have disagreements you can do so with respect and understanding and, even if you don't agree, it does not mean that I would not be there for you"; and "not like TV shows, but it should have communication, trust and honesty".

Common aspirations are for equal rights, freedom and success at responsibilities of both motherhood and jobs. Women leave abusive relationships and start careers, pursue degrees and support their children's pursuit of degrees, save their earnings, buy land and build a house and have their own vehicle, and even start their own NGOs. Ultimately, they want to consider that they have accomplished something, developed new skills and confidence, and imagine they can do better than before. For women, a key point of intervention should be focused on the fact that "some women really do not know their value or they actually do believe that he will outgrow the violence or that it's not that he doesn't love me, he just dealing with some stuff".

Both service providers and survivors agree that general beliefs are that its only abuse when violence becomes physical, and that public education to help women and men identify all forms of IPV and the cycle of violence are crucial to leaving abusive relationships early. Education towards recognising, preventing and addressing abuse is a consistent recommendation. Many also suggest school programmes to educate girls about violence and to emphasise that it can start even in new relationships of a few weeks or months if a partner does not want you to leave. As one survivor stated,

> *"I guess education is the key and having people in authority who are more compassionate towards the situation, understanding that some women are not even allowed to go to class to educate themselves". (African-mixed race Trinidadian, 35 years old, secondary school educated)*

Men agree that education is necessary, as one outlined,

> *"When you look at the court system and the police service, in most cases, you find a lot of repeat offenders. These same persons doing the same thing over and over. A guy does something, you put him in prison for a few months, he comes out, then she might go back with him or somehow they get back together, and then the whole cycle is repeated again. So, it doesn't really help per se. It may protect a woman in that particular instance from further harm, or maybe even losing her life, but even after that intervention, somehow she might still find herself with this guy - and it may be a worse-case scenario where she now loses her life. Because, she wasn't educated about how to deal with the situation like this. So even more important than the legal system, we need that sort of education and counselling to get people minds out of the situation that they in. Cause you could take somebody physically out of harm and somehow they gonna find themselves back there. So,*

the police is just probably playing cat and mouse with these people, until something really bad happen". (Pentcostal men's focus group)

Both examples highlight the pervasive perspective that the onus remains on women to leave relationships and to be responsible for their safety rather than on men to not do harm.

For complex reasons, many women end up going back to relationships and homes that are violent, even though interventions of various kinds can help with employment, housing, family counselling, and welfare. Many women do not understand the services available. They are also so traumatized that they have difficulty strategizing because of a "sense of being no more than a hunted animal". Women also experience victim-blame, from family to the police, which prevents them from reporting abuse for months, years or at all. This, along with embarrassment and shame, is one of the reasons why many do not seek counselling. Anonymous counselling services, mental health clinics, community-level programmes, and support groups for women's empowerment are repeatedly recommended as ways to help women understand when they are being abused, celebrate themselves, and be shown that they are worthy of living and can contribute to society.

Resource gaps are described by both survivors and service providers. NGOs are resource-strapped and do not have funds to remind women that they have appointments for counselling or even for court dates, for example. The recession has resulted in reduced donations so that many are struggling to finance staff, training and programmes. They also ask for more counselling spaces and funding for full-time counsellors because the social workers from Family Services are too stretched to be able to respond to meet clients' needs. One survivor described going to one state-supported service provider, and a counsellor there interrupting her session to counsel someone else who called on the phone, and her feeling that any trust in confidentiality was broken. At the same time, service providers highlight how difficult it is to tell clients that they can not deal with them when they come or call, but only by appointment. In another case, a survivor described,

"In terms of receiving counselling, when we started going to court, the magistrate said for us to go meet a probation officer, that's somewhere up town, when you there, they not there, they never there in the office, you would wait for them and, remember I am a single mother of two, so I can't lose my job sitting down in an office waiting for somebody and so it never happen". (Indo-Tobagonian, 41 years old, secondary school educated)

Shelters in particular cite a need for child psychologists as children wake up screaming in the night and throw tantrums in the day when they remember violence they have witnessed or experienced. Shelters also do not have the capacity to deal with mentally ill or suicidal clients and so these women have greater difficulty accessing shelters and support. Resources within the state are also too limited to adequately address IPV. Additionally, though gender focal points are established throughout the ministries, greater coordination is necessary. One survivor indicated,

> *"Each department helped with different things and what was needed is something to connect all those things cause I found all those things on my own". (African-mixed race Trinidadian, 35 years old, secondary school educated)*

Both service providers and survivors recommend more preventative services to help families resolve problems and conflicts without abuse. Far more counselling programmes for men, such as the Office of the Prime Minister's (Gender and Child Affairs) Masculine Excellence programme, and for perpetrators such as the Hope Programme, were also common recommendations. Overall, inadequate financing for safe spaces, shelters, counselling, and material and housing support for survivors and programmes for men were key to failures in reducing or addressing intimate partner violence.

Men themselves describe programmes as accessible, but point to a stigma in accessing them. They have concerns about confidentiality because men are taught that "you don't go and ask for help because that is a sign of weakness".

One young man described,

> *"I am like a hard shell. To get soft for me is-that is impossible. Because of my pride, I won't go to seek services. If I were in a situation, I don't see myself opening up to somebody. I see myself just holding it inside and keeping it there for however long. Sometimes I would explode, yes, but not to people; I explode privately. I just don't trust people". (University youth focus group)*

Reflecting on the violence they experienced, survivors described that the trauma will be with them "until the day I die" even if they do not let it take over their lives. Service providers agree.

"It's very hard for them to actually reach this space. This space in this room becomes safe for them, but to get to this space creates a lot of anxiety, fear, the amount of threats that come out of that, we always start from scratch. It's like always you're helping them through the coping as opposed to them learning how to manage what's happening with them, they always coping because there is a level of fear that's always around where is the violence. Sometimes clients come and you don't see them for a long time and they come back two, three months down the line and they in the same place you saw them the first time". (Violence survivor programme service provider)

Reflecting on the police, lawyers and service providers were critical of police who respond to assaults on women by telling them to go the civil route using the protection order system rather than charging perpetrators using the criminal charge, and leaving women "to face their death". Also, when police refuse to take reports or deal with women in a just manner, there are no penalties, leaving women without an effective remedy. One lawyer stated,

"A powerless woman who is already beaten and bleeding simply does not have the resources to access a police complaints authority mechanism. That's not an effective remedy for women".

Service providers also agreed on the need for continuing education of women. As one concluded,

"They get licks and they know they beaten, but do they really understand that domestic violence is a cycle and they are responsible for helping themselves, getting the information and saying, okay, am I prepared to stay in this, am I prepared to move on and, if they prepared to move on, definitely we must have the resources there to assist them". (Domestic violence policy advocate)

Survivors themselves create opportunities for interventions through enrolling in domestic violence workshops run by their religious communities, and taking their children with them so that they can develop enough awareness to avoid repetition of a cycle of violence. As well, survivors often start their own groups and NGOs to help women, provide sources of support and confidential spaces for women to "sit, talk, encourage one another, have hope in a second chance, and look for solutions".

The complexity, multiplicity and severity of forms of intimate partner violence stand out in survivor stories. Also significant is how often women and men do not identify IPV when it begins in the form of controlling behaviours. They then find themselves caught in cycles of abuse, fear, harm and forgiveness,

or in contexts where they are unable to or not allowed to escape because of economic dependence, potential homelessness, responsibility for children and lack of adequate familial or state support as well as stalking, intimidation and threats to their own lives, their families, their children and even friends and co-workers.

Abusive childhood homes are cause factors for IPV as they normalise the forms of love and relationship including toxic ones, with which women and men become familiar. It is very clear that experiences of early instability, violence, sexual abuse, and lack of care or love create risk of IPV, staying with violent partners, or becoming violent as a man. This situation repeats itself in survivors' own lives affecting children, their school work and their emotions, and potentially creating a pattern for both perpetrators and survivors. This stood out not only in survivor and perpetrator interviews, but also with key informants working in the field of gender-based violence.

Relationship factors, such as male dominance, economic stress, men's multiple partners and substance abuse exacerbate women's vulnerability and victimhood. IPV enacts, affirms and actualises men's dominance over women as a contemporary reality, regardless of women's level of education, their ability to work and earn and income, and their many forms of resistance and agency. Where men had multiple partners, this made women's ability to make their partners accountable to them for their behaviour even more precarious. This reality occurred even while partners' controlling behaviours sought to isolate women from other men, for example, in their workplace or neighbourhood or even within families, while generally isolating them from others. Familial substance abuse as children and, later, partners' substance abuse also stood out in survivor stories as a risk factor. Finally, the sexual violence or rape that accompanies IPV needs greater attention as it is an under-discussed factor in popular understanding of domestic violence.

One of the main foci of the study was economic insecurity. In the Trinidad and Tobago context, this was important because economic insecurity is likely to increase, and it was important to document how either or both women's and men's economic dependence affects decision-making and conflict-resolution in economically insecure households or ones where one partner is earning more than the other. Interestingly, even when survivors were the breadwinners, they were not exercising control over their earnings. Where they were not primary breadwinners, it was clear that they had great difficulty negotiating safety as well as sufficient access to money for themselves and their children. Fiscal and social mitigation policies must

take in consideration the connection between economic insecurity, poverty and IPV, or risk exacerbating it.

Disturbingly, ideologies of male dominance are highly resilient, despite decades of the popularisation of the male marginalisation thesis in the region. Tolerance for intimate partner violence against women in the Caribbean has already been noted as a causative factor (Sutton and Alvarez, 2016). Gender-inequitable norms are pervasive, powerful and lie at the heart of women's vulnerability, and they are reproduced through gender socialisation. This stood out in focus groups with Christian, Muslim and Hindu men, with men's rights advocates, and in interviews with survivors and perpetrators. These norms are mobilised by men who think that women should be subordinated as a form of respect for men, by women who hold idyllic notions of romantic love and wifely duty, and by religious leaders and communities who repeatedly advise and pressure women to stay in violent relationships. State and NGO service provision and the justice system stand out as the only sites where women can encounter explicitly egalitarian ideals of gender relations and family life, but the majority of women who experience violence do not necessarily access these, and when they do they are not sufficient. Deploying a broad and frontal challenge to still powerful ideals of male headship and dominance is absolutely necessary and overdue.

Repeatedly, women speak of feeling alone and having nowhere to turn despite a range of available and successful interventions by both state and NGOs. It is also clear that women remain at risk even when they leave violent relationships, and there are hardly provisions for their immediate and sustained protection. In many cases, interventions were either inadequate in terms of not providing fast, frequent, consistent, long enough or holistic enough support. The protection order system is far from effective enough, though women continue to see restraining orders – which is how it becomes - as both a point of empowerment and failure for women. Currently, when women report IPV, they are advised by police to seek a protection order, rather than the police charging the perpetrator for a crime under the Domestic Violence Act (2000).

As well, far greater coordination is needed between magistrates and the court system, prisons and social services such that when perpetrators breach protection orders, and are able to secure bail after an arrest or are released after imprisonment, survivors are notified and protected. Police responses were also inconsistent, sometimes providing women with a sense of safety and protection, and other times leaving them with a sense of neglect, blame and trivialization. Police did not always follow up on reports of domestic violence, particularly when made by phone or when it is out of their jurisdiction. There is also

no Victim and Witness Support Unit in Tobago. Regular training of police to implement victim-centred guidelines to responding to IPV, and establishment of a specialized unit for gender based violence cases is recommended.

Medical protocols regarding IPV are not consistently known or applied. Overall, the qualitative data should trigger solutions that take these cases seriously on the basis of what specific services would have made the difference in survivors' lives along the course of their experience, also enabling perpetrators to access support for changing their behaviour. Health services for women remain a particularly important point of contact for assisting survivors to understand and end violence in their lives.

Four key themes were central to data collection: gender ideologies, ideals of love and family, economic insecurity, and the extent to which interventions both empower and fail women. All remain strong causative factors, with a history of family violence and an inability to negotiate dominance and dependence in relationships as factors creating additional risk. Women told stories of being prevented from improving their autonomy through pursuing further education, being pressured out of jobs, staying for the sake of their children's safety, and living with continual threats to their bodies and lives (PAHO and CDC, 2012).[36]

During the fifth session of the Ninth Parliament the Joint Select Committee on Human Rights, Diversity, the Environment and Sustainable Development met with representatives of the Trinidad and Tobago Police Service and the Ministry of Gender Youth and Child Development to examine the programmes and services which provide support to victims of domestic violence.

In June 2015, the Committee presented its Report[37] on its findings in the Parliament. The Report though recognizing the work of State agencies as invaluable noted the following:

1. There were insufficient human resources to support the Victim and Witness Support Unit of the Trinidad and Tobago Police Service and the Domestic Violence Unit of the Ministry of Gender Youth and Child Development;

[36] Violence Against Women in Latin America and the Caribbean: A Comparative Analysis of Population-based Data from 12 Countries.
[37] http://www.ttparliament.org/committeebusiness.php?mph.

2. There was difficulty in obtaining shelter placement in the night and for families with boys over the age of nine;
3. Additional support needed for a seamless approach for victims and to provide a 24/7 sanctuary option for victims of violence;
4. There was the need for adequate training of staff to facilitate their appropriate intervention in extremely delicate and sensitive cases;
5. There were insufficient financial resources to adequately meet the demand for increased support programmes and services of the TTPS and the Domestic Violence Unit.

To address the problem cited above, the Committee made several recommendations. Included in those recommendations were:

1. Allocation of funding and human resources towards the DVU become a priority in the upcoming fiscal year in order that the Unit achieve its mandate and effectively oversee the Central Registry on domestic violence;
2. The ministry should include in its strategic plan provisions for transitional housing for victims. Focus should be placed on the Southern Division given the number of domestic violence cases reported;
3. The creation of a coordinating body in the form of a Committee towards the creation of a domestic violence policy and to provide continuity and consistency in the execution of the policy;
4. More funding on research with specific focus on tracking victims of DV to determine the impact on their lives;
5. Provision of additional resources to domestic violence shelters towards the provision of a 24/7 service and the creation of new 24/7 sanctuaries for domestic violence victims;
6. Development of programmes for victims of domestic violence to assist their reintroduction to society;
7. Coordination with other government ministries and state agencies to allow for early referral and access to financial and social services, training and counselling for victims and their family.

There are many other possible recommendations. Many have already been outlined in the GBV NSAP, which is not publicly available and has never been approved or resourced. Recommendations from earlier reports and studies are listed below:

A) An earlier study of 800 women by PSI Caribbean (2015) recommended that:

1. Younger women be taught networking skills which could help in their isolation when family members do not provide safety or shelter, and their isolation exacerbates their risk to IPV;
2. Positive parenting programmes, which address conflict resolution, anger management and communication skills, be implemented to end generational cycles of abuse in the lives of both perpetrators and survivors;
3. National and community-based campaigns which challenge the normalisation of violence and underreporting be undertaken, particularly among youth and children;
4. Information about available services, including hotlines, be widely promoted as many women, as well as potential networks of support, do not know where to begin to seek help;
5. Standardized operational guidelines for addressing IPV be developed for employers, teachers, police and medical professionals, with monitoring and evaluation mechanisms which enable improvement of service in response to client needs.

B) The Equal Opportunity Commission[38] has made a series of recommendations[39] for changes to the Domestic Violence Act (2000). They are as follows:

1. Remove the perpetrator from the home not the victim (Amend Sec 23(1) and 23(A) of the Domestic Violence Act Chap 45:56 (the DV Act)).
2. Police must respond to all complaints (see Sec. 21 of the DV Act).
3. Amend definition of cohabitant to include same-sex relationships (Sec. 3).
4. Police must charge for assaults and other crimes committed in domestic situations (Sec. 25(1)), and for breaches of Protection Order (see Sec. 20).
5. No bail for persons charged with breaches of Protection Order (Sec. 27(1)).
6. Provide network of support to persons who have a protection order – observers must have a duty to report (new section).
7. Create intervention for perpetrators threatening to kill (new section).
8. Create inter agency protocols between police, magistrates, prosecutors, social workers and shelters (new section).
9. Create mandatory programmes for victims and perpetrators (see Sec. 6(1) (c) (VIII).
10. Resuscitate an electronic Police Domestic Violence Register (Sec. 21(2)

[38] http://www.equalopportunity.gov.tt/.
[39]https://sta.uwi.edu/media/documents/2017/IGDS_EOC_PublicForum24Nov2017_UPDATED_11212017.pdf.

Additional recommendations regarding amendments to the DV Act and its implementation are:

11. Use the form provided by the DV Act to record reports of the domestic violence. This thorough form is not used consistently by police and legally needs to be as part of meeting the requirements of a National Domestic Violence Register, with mechanisms to ensure better compliance;
12. Eliminate the twelve-month requirement to be able to secure a protection order. These must be able to be triggered by one act of violence regardless of how long the parties have been in a relationship. This is particularly important for young women, who have a higher risk of violence, and may be in shorter-term relationships.

C) A Participatory Baseline Review of Legislative, Policy and Programmatic Action and Multi-Sectoral Responses to Address GBV in Trinidad and Tobago (2015, 89-92) has recommended:

1. Prosecutorial responses should be informed by the guidelines already outlined so as to facilitate a more victim-sensitive approach to the prosecution of GBV cases. The guidelines should be applied at all stages of the prosecution process, including pretrial interventions;
2. Delays in the conduct of trials may not only increase the risk to the victim of retaliation, but can also deter the victim from proceeding with prosecution. Acknowledgment of these realities advances the call for law and policy actions which will provide for timely and expeditious legal proceedings and encourage fast-tracking of cases of gender-based violence;
3. The discretion to withdraw a case for want of evidence is a powerful prosecutorial tool that should be informed by clearly defined guidelines. Written guidelines should be established to clearly define the circumstances that may warrant the withdrawal of cases and the steps that ought to be followed in those circumstances;
4. Social services across the board are insufficiently resourced and in desperate need of strengthening. Capacity building of the social service sector is a necessary first step in bolstering the much-needed support that victims require. Allocation of resources to the state agencies and NGO entities that provide critical services and programs for victims of gender-based violence needs to be seriously reviewed and attributed more significance.

This recommendation is particularly weighty for the more rural areas which are even more underserviced than Port of Spain;

5. Referrals to counselling and other psychosocial services should occur as soon as possible after the traumatic incident so as to facilitate the very necessary trust between the counsellor and the victim. Last minute referrals, just before commencement of the court process compromises the readiness of the victim for the legal proceedings;
6. Legal aid is a critical component of a victim's access to, and understanding of, the legal system and the remedies to which they are entitled. Legal representation has proven to increase the likelihood of a positive outcome for the victim in the legal process. Enhanced access to legal aid for victims of GBV is urgently needed and should be granted almost as of right, given the context of the violence and the State's commitment to ending GBV.

D) Recommendations for Counselling Programmes for Men: The "Partnership for Peace" Programme or an alternative should be recommenced in Trinidad and Tobago so that male participants understand that violence is a choice, that they are responsible and accountable for their behaviours, learn skills for addressing conflict and stress, examine the origins of their violent behaviour and seek to change, and understand the costs of their violence to themselves, their partners and society. Among other points, a review of the programme in Grenada (Amuleru-Marshall 2013, 102-103) recommended:

a. Greater focus on skills development, relapse prevention, and strategies for anger management and conflict resolution;
b. Facilitate development of a personal development Plan that can be shared in the court process as an indicator of progress;
c. Consider a programme to specifically address substance abuse;
d. Develop programmes for long term follow-up and for involving partners in a parallel programme where appropriate.

Taking into consideration the challenges highlighted and previous recommendations identified and outlined above, this study recommends the following:

- The approval and full costing of the GBV NSAP;

- Establish a monitoring committee for the implementation of the GBV NSAP to ensure that VAW to broader issues of citizen security and ensuring programmes in the GBV NSAP are implemented through comprehensive approaches;
- Develop and implement standard operating protocols for essential services;
- Concerted advocacy and communications on healthy relationships and sustainable conflict resolution techniques;
- Establish a working group with representatives from the judiciary, police, prisons and social services to develop a monitoring and referral system to ensure protection orders are enforced; and
- Re-institute the Partnership for Peace Batterers Intervention Programme.

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Annex A:

Methodology

Methods

The study used a qualitative approach to collect and analyse the data. This approach allows for the exploration of details about experiences, emotions, preferences and opinions, motivations and gender dynamics. As a complementary of the quantitative, it will explain how particular factors interact and why. Two qualitative methods were used in this study: interviews and focus groups.

Instruments

The study used interviews and focus groups[40] to collect data on experiences, feelings, beliefs and opinions from perpetrators and survivors of intimate partner violence; from key stakeholders responsible for policy, advocacy, prevention, intervention and adjudication related to IPV; and from specific demographic populations and economic participation and, finally, experience of childhood sexuality.

Study Population and Characteristics

The study population included survivors, perpetrators, service providers, state agents, university students, police, magistrates, religious leaders, women's rights activists, women's professional associations and men's groups.

Thirty-eight interviews and fourteen focus groups with 122 persons provided the main data over the period of February to September 2017.[41]

Fifteen interviews were conducted with women who are survivors of intimate-partner violence. These women represented a national convenience sample of English-speakers who were referred anonymously. They were invited to participate by officials from four organizations in northwest, southeast and southwest Trinidad and western Tobago that provide them with services or advocacy. The table below shows the demographic data for both survivor and perpetrator interviewees.

[40] See Annex B for the interview and focus group study-specific guides, and recruitment letters for survivor, perpetrator and other key stakeholder interviews.
[41] See tables below.

SURVIVOR INTERVIEWS							
Seq	**Date**	**Age**	**Ethnic Self-Identification**	**Religious Self-Identification**	**Education**	**Residence**	**Interview Site**
si01	16 March	44	Mixed	Christian	Secondary	San Fernando	CADV San Fernando
si02	22 March	49	Asian migrant	Muslim	N/A	Gran Couva	CADV San Fernando
si03	27 March	57	African	Pentecostal	Tertiary	Bon Accord	Establishment selected by interviewee
si04	27 March	43	African	Pentecostal	Tertiary	Lowlands	Establishment selected by interviewee
si05	27 March	41	East Indian	Christian	Secondary	Scarborough	Establishment selected by interviewee
si06	29 March	42	Indian	Independent Baptist	Primary	Moruga	CADV San Fernando
si07	29 March	32	Mixed	Catholic	Secondary	Princes Town	CADV San Fernando
si08	30 March	42	African	African Spirituality	Secondary	Maraval	CAISO House Port of Spain
si09	6 April	43	African	Christian	Tertiary	Chaguanas	CAISO House Port of Spain
si10	24 April	67	Indian	Christian (grew up Muslim)	Primary	St. Helena	UWI St. Augustine
si11	2 May	35	African mixed	Nazarene	Secondary	Diego Martin	CAISO House Port of Spain
si12	8 May	49	Mixed	Christian	Primary Vocational	St. Helena	UWI St. Augustine
si13	10 May	29	East Indian/ Mixed	Hindu	Tertiary	California	Company Pt. Lisas

si14	20 May	50	African	Adventist	Secondary	Guayaguayare	Mayaro-Guayaguayare Community School
si15	20 May	42	African	Pentecostal	Secondary	Mayaro	Mayaro-Guayaguayare Community School

Table 2: Interviews conducted with survivors of IPV.

Nineteen key informants who are responsible for IPV-related policymaking, advocacy, prevention, interventions were interviewed. The table below shows the key informant interviews with the roles they occupied.

INTERVIEWS WITH KEY INFORMANTS				
SEQ	**DATE**	**ROLE**	**PARTICIPANTS**	**SITE**
ki01-02	18 March	violence survivor programme clinician-administrators	2 W	UWI St. Augustine
ki03	20 March	leading domestic violence policy advocate & state human rights commissioner	1 W	Law office Port of Spain
ki04	10 April	clinician & leading male anti-violence programmer	1 M	Clinical office Port of Spain
ki05	11 April	rural women's network coordinator	1 W	UWI St. Augustine
ki06	18 April	manager, state-supported national abuse/domestic violence referral service	1 W	UWI St. Augustine
ki07	18 April	hotline manager	1 W	UWI St. Augustine
ki02	24 April	clinician, violence survivor counselling service	1 W	NGO office San Fernando
ki08	2 May	CBO placing women in shelters	1 W	NGO office Port of Spain
ki09	9 May	policy reform advocate (NGO leader, lawyer, UN official)	1 W	UWI St. Augustine
ki10	10 May	domestic violence survivors' advocacy organization	1 W	NGO office Chaguanas

ki11	10 May	domestic violence shelter manager	1 W	UWI St. Augustine
ki12	17 May	family court judge	1 W	Family Court Port of Spain
ki13	18 May	nurse, urban teaching hospital	1 W	Health facility San Fernando
ki14	18 May	doctor, urban teaching hospital	1 W	Health facility San Fernando
ki15	25 May	school system psychosocial support professional	1 W	Government office, Port of Spain
ki16	27 May	government gender affairs unit professional	1 W	Government office, Port of Spain
ki19	8 June	head, government family support services unit	1 W	Government office, Tunapuna
KEY: Ki – Key informant W – Women M – Men				

Table 3: Key Informants Interview.

Four interviews were conducted with men who acknowledged being a past perpetrator of violence against women who were their intimate partners. These men were referred by a single community organization. The table summarizes the demographic description for the perpetrator interviews.

Male Perpetrator Interviews							
SEQ	**DATE**	**AGE**	**ETHNIC ID**	**RELIGION**	**EMPLOYMENT**	**RESIDENCE**	**SITE**
pi01	9 August	31	Indian-Chinese mix	Hindu	PH driver	Marabella	Toco Foundation Marabella
pi02	9 August	28	African	Seventh Day Adventist	Unemployed welder (recent releasee)	Marabella	Toco Foundation Marabella
pi03	9 August	N/A	Dougla	Pentecostal	Fisherman	Marabella	Toco Foundation Marabella
pi04	11 August	37	African	seeking Islam	Driver	San Juan	UWI St. Augustine

Key: pi – perpetrator interview							

Table 4: Demographics-Male Perpetrators.

A total of eighty-four persons participated in focus groups. They came from a range of backgrounds including the judicial system, professional associations, political parties, tertiary education students, cultural groups and community groups. The table below describes characteristics for the participants for the focus groups. For confidentiality purposes, participant's names are not disclosed.

Focus Group Dataset				
SEQ	**DATE**	**FOCUS/PARTICIPANT ROLES**	**PARTICIPANTS**	**SITE**
fg01	22 February	methodology & recruitment (GBV research manager, managers of shelter/non-shelter-based intervention programmes, ethno-religious women's voluntary organisation leader)	4 W	UWI St. Augustine
fg02	13 May	Single Fathers Association of Trinidad and Tobago	7 M	Flaming Word Ministry, Chaguanas
fg03	13 June	Pentecostal men's ministry	3 M	Warriors Assembly
fg04	13 June	female judicial officers	8 W	Caribbean Court of Justice, Port of Spain
fg05	23 June	female executives	9 W	Powerful Ladies of TRINIDAD AND TOBAGO office Port of Spain
fg06	30 June	campus youth	2 M, 3 W	UWI St. Augustine
fg07	1 July	youth performance company	4 M, 3 W	2 Cents Movement office, Trincity
fg08	17 July	youth	2 M, 3 W	Citizen Security Programme, Tobago
fg09	14 August	women executives	5 W	UWI St. Augustine
fg10	28 August	political party female officeholders	9 W	Constituency office Couva
fg11	29 August	Family Court officers (intake, field, policy, social work)	1 M, 5 W	Family Court Port of Spain
fg12	30 August	women active in political party	5 W	UWI St. Augustine
fg13	12 September	Hindu male temple leaders	5 M	Personal residence Barackpore
fg14	20 September	Muslim men of faith	6 M	Marabella

Table 5: Focus Group Dataset.

Fieldwork

Formative Process

The research process included formative and reflective steps to strengthen its relevance, feasibility and acceptability. Semi-structured interviews and focus groups were conducted with local IPV intervention and advocacy leaders and with leaders in past and current UN Women-guided research and intervention on gender-based violence, to validate the localized focus proposed for the qualitative research, to assess recruitment feasibility for IPV survivors and perpetrators, and to guide ethical protocols, interviewing techniques and instrumentation. Participants in these interviews enrolled in recruiting women survivors of IPV and providing facilities for their interviews, and identified key stakeholders to interview.

Prior to field interviewing, the research team completed training with a leading regional field researcher of gender-based violence, focused on interviewing skills and techniques, confidentiality, security protection and attentiveness with subjects. The training process developed initial drafts of interview guides, which were reviewed in the formative sessions above.

Pilot testing

A pilot testing was conducted with GBV researchers, intervention leaders and advocates (including entities responsible for the prevalence study and past UN Women interventions) that guided and tested research focus and strategy, recruitment feasibility for survivors, interviewing techniques, and instrumentation. Participants in those activities enrolled in providing interview facilities and recruiting survivors.

Interviews

Interviews with survivors[42] and with perpetrators[43] were face-to-face, were semi-structured, with questions flexibly sequenced, and were all conducted by the same interviewer, who was of the same sex. Interviewers were selected for empathy and non-judgment. Direct interviewing was used for all topics, including childhood sexuality, which ended question sets. Survivors and perpetrators were each given a TT$500 cash honorarium on completion of the interview. None of them declined or cut short interviews. Key informant[44] interviews were face-to-face, highly structured, and conducted by different interviewers. Interviews took place in private rooms in a range of settings. One (with expert stakeholders) took place

[42] Referred to as “si” in the study analysis.
[43] Referred to as “pi” in the study analysis
[44] Referred to as “ki” in the study analysis

by Skype. Half of the interviews with survivors were held at venues where IPV counselling or support is delivered.

Fifteen semi-structured in-depth interviews were conducted with women who are survivors of intimate partner violence. These women were convened by four organizations in northwest, southeast and southwest Trinidad and western Tobago that provide services or advocacy.

Twenty-three key informant interviews were conducted with key stakeholders who are involved in IPV-related policymaking; advocacy; prevention; intervention; adjudication and men who acknowledged being a past perpetrator of violence against women who were their intimate partners. These were referred by a single community organization.

Focus Groups

Focus groups were driven by customized question sets. Similar questions were used for each of the four clusters of groups above. Groups ranged in size from two (in the case of some key stakeholder groups) to nine persons. Single-sex groups were conducted by an interviewer of the same sex. However, youth focus groups, which were all mixed-sex, were conducted by the same male interviewer. Stakeholder groups involved one or more interviewer. Of the 64 participants in demographic focus groups, 39% were men.[45] Fourteen focus groups were conducted:

- Four with key stakeholders - one of these with officers of the Family Court, and another with IPV intervention leaders in the Eastern Caribbean;
- Five with women - three organized by professional associations, and two by political parties;
- Four with men -one organized by a men's rights group; and the others with Hindu, Muslim and Pentecostal Christian men of faith; and
- Three with mixed-sex groups of young people (47% of them men), recruited through a tertiary institution and a cultural organization in Trinidad and a social programme in Tobago with which they are affiliated.

The average stakeholder interview lasted half an hour, with two ranging over an hour. Most survivor interviews ranged from one to two hours; and perpetrator interviews averaged three-quarters of an hour.

Focus groups typically lasted an hour and a quarter; with the initial, formative one running over three hours.

Data Analysis

Except in two cases (one where the interviewee declined; and the other where equipment was not available), interviews were recorded for accuracy, then transcribed for textual analysis.

Thematic analysis of interview data was undertaken using Atlas TI software. Themes and sub-themes were generated collectively by the research leader and interview team prior to the start of data coding, in response to the three key research questions and to patterns and meanings that emerged during the interview process. Additional sub-themes were added as interviewers coded their interviews. Themes included ideological and economic contexts for intimate partner violence, gender ideologies, economic insecurity, experiences of violence and interventions with shelters, police, religion and social services. The ecological model was used to present the thematic data using four levels; individual, relationship, community and society.

Ethical Considerations

This study used recommendations from the World Health Organization (WHO)[46] report 'Putting Women's Safety First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women, as a best practice global tool to ensure that the ethical and safety issues were met. Confidentiality, trauma and safety were key concerns in the study design. The perpetrators and survivors were almost all anonymous to their interviewers, and able to withhold their names throughout their participation. Following interviewer ethical disclosure to participants, through written forms, reviewed orally, consent to be interviewed was obtained from participants orally, on the interview recording.[47] At the end of each interview and focus group, recordings were kept safely with limited access; and the interviewees were reassured that digital recordings of their voices would be deleted following transcription to text. Focus group participants were instructed to withhold names and were assigned a pseudonym. Stakeholders' names are not used in data presentation and would be referred to either key informant or stakeholders; reference is made only to participants' functional roles in relation to IPV. No central record exists of participants' names.

[46] World Health Organization (WHO). 2001. Putting Women's Safety First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women. Geneva.
[47] See Annex A for consent form used in the study.

A gender-sensitive, trauma-informed clinical practice was kept on retainer to provide crisis counselling within 24 hours at the study's referral for survivors, perpetrators or interviewers if interview material was triggering; and was also engaged to conduct a group debrief with the research team. Additionally, providers who recruited half of the survivors committed to providing pre- and post-counselling, as needed.

Annex B: Study's Interview and Focus Groups Guides

IPV SURVIVORS

- **Recruitment**
- **Ethical Consent**
- **Interview Guide**

10 March 2017

Good day,

We're seeking your help in better understanding the lives of women like you!

Help us better understand women's lives and relationships with men, so we can improve policies and resources for dealing with conflict in relationships.

Our "Qualitative Study on Women and Relationships," funded by UN Women, is a Trinidad and & Tobago research project for which Dr. Gabrielle Hosein is responsible. The study is being guided by [Referrer] and other groups who work with women who've experienced violence. It is being supported by the Institute for Gender and Development Studies at The University of the West Indies, St. Augustine campus.

We want to talk to different kinds of women who have been in relationships with men who have hurt them or who have threatened to do so. We want to know what women think about the violence they've experienced and how they feel about their relationships.

We want to understand the role economic issues play in interpersonal conflict. And we want to get better insights into how local interventions to address or prevent domestic violence are working or not working. Our interview will last between an hour and an hour and a half. It will be conducted by a sensitive female researcher and will take place in private at a location and time you agree to. We will not keep a record of your name. The interview will be recorded so we capture what you say accurately. Only the researchers will have access to the recording. When we share any analysis, we will talk about patterns, not personal details.

Some questions we ask will be about difficult memories and experiences. If you feel uncomfortable, you can change your mind. [Referrer] will support you if you experience distress.

We will offer you an honorarium for your time when you complete the interview. [Referrer] will contact you later if you wish, to invite you to a forum where we share the patterns we have heard and what people have told us is needed.

Please let [Referrer] know if you are interested in participating. We will answer any questions you have before we begin.

Sincerely,
[Study Lead Contact]

Ethical Consent

Thank you for agreeing to be interviewed. We want to be sure that you understand the purpose of the study and your role before you decide if you want to be in it. Please ask me to explain any words or information you may not fully understand. You can keep this copy of this document if you would like.

Why we would like to talk to you

We are interested in your help in better understanding women's lives, the relationships between men and women, and how to improve resources in Trinidad and Tobago for dealing with conflict in relationships. Our interview will ask questions that allow us better insight into the life experiences, views and needs of women who have been in relationships in which their male partner threatened to hurt them or did. We see you as someone whose recommendations we want to listen to.

Who is responsible for the study?

This is a research project being done in Trinidad and Tobago, for which Dr. Gabrielle Hosein is primarily responsible. It is paid for by a contract with UN Women. UN Women and other bodies are supporting a number of related research projects taking place in the Caribbean and internationally to better understand women's lives and experiences of violence. Our Trinidad and Tobago study is being guided and supported by several groups who work with women who've experienced conflict, and by the University of the West Indies Institute for Gender and Development Studies at St. Augustine.

Privacy

The purpose of our interview today is so that we can make decision-makers aware of the kinds of experiences people like you have had, and so that we can compare your experiences carefully with those of others. Your name and contact information will not be written, recorded or attached on anything you share with us today. They will not be shared with the research team. Only the researchers will have access to what you share in today's interview. When we present findings we will focus on patterns and not individual life details, and no names will be used. If you would like to, the provider who referred you can contact you again when the study is completed and invite you to attend an event where we can share what we found with a group of persons who assisted us in the study.

Discomfort

During the interview, I will ask you questions about various aspects of your life experience. Some of the questions may touch on difficult memories and experiences and sensitive subjects. If at any moment you feel like you want to stop the interview or skip a question, please let me know. You do not have to respond to any question, and you can stop the interview at any time if you decide you no longer wish to participate. If you would like to speak to a counsellor or someone else, the provider who referred you has agreed to assist you. I can also connect you with a counsellor.

Recording, Honorarium & Consent

I would like your permission to record the interview so that we get everything you say accurately. I will transcribe the recording and destroy it. Try not to use real names on the recording. Our interview should last between an hour and an hour and a half. When we complete the interview, I will offer you an honorarium in appreciation of your participation, and I will ask you to confirm on the recording that you received it. When I begin recording I will ask you to state that you understand the information I have just given you, and that you consent to the interview. If there is anything that you don't understand, please ask me now.

If you have any concerns or questions related to the study after I leave you, you can use the contact information below:

Name of Study:	Qualitative Study on Women and Relationships
Sponsor:	United Nations Entity for Gender Equality & the Empowerment of Women
Principal Investigator:	[Study Lead Contact]
Local contact:	[Contact]

RESEARCHER INTRODUCTION/ETHICAL CONSENT

I. DEMOGRAPHIC DATA

1. Age
2. City/town/village of residence ("Where do you live")
3. Ethnic/race self-identification (Open-ended question)
4. Religion
5. Schooling
6. Current work/employment
7. Current relationship status
8. Children: number, ages, fathers

II. SELF-IMAGE

9. Tell me about yourself. ("What kind of person would you describe yourself as?")
10. As a woman, what are some of the things that are important to you?
11. What do you think the relationship between a man and a woman should be?
12. What sort of rules and expectations does society have for women and men? How do you feel about that? How do these rules affect your life?

III. ECONOMIC AUTONOMY

13. Do you work? What type of work do you do?
14. Can you tell me about the history of your working life? Has your experience with working changed over time?
15. Have you experienced any changes in your economic condition, or the economic situation in your household, in the not too distant past? How; and how did things in your life change as a result?
16. What is your vision for yourself in terms of money and work? Have you achieved any of those goals; why (not)? What have been the challenges?

IV. CHILDHOOD & FAMILY VIOLENCE

17. When you look back on your childhood, what was it like in the family or home you lived in?
18. How were conflicts settled?
19. Tell me about the relationships among the adults (include experiences of quarrels, substance use, violence)? Between adults and children (include experiences of discipline, fairness, violence, CSA)? Among the children (experiences of bullying, incest)?
20. What was the community you lived in like (poverty? how close-knit? crime? violence?)?

V. IPV

21. Tell me about the relationship[48*] during which you sought help most recently.
22. Tell me about your feelings for your partner*? Did they change over time?
23. Why/how did you get into the relationship?
24. What kind of a person would you describe your partner* as? Tell me about his feelings for you?
25. What type of relationship were you in (marriage/co-habiting/visiting/other)?
26. Ask demographic questions 1-8 for partner (If relationship was visiting, ask residence (2) at the time of the relationship. Ask employment (6) at time of relationship. Ask women any children were with (8).)
27. Childhood & childhood violence experiences of partner* (§V questions)
28. Please take a few minutes to look at this chart. It describes a range of things, in addition to physical violence, that women can experience in relationships. Please share with me your history of physical violence or any of these kinds of experiences with partners. As a shorthand, I'm going to call anything on this chart "violence".
29. Can we talk about the most recent time violence occurred with your last partner*? (triggers, actions, responses? • elicit justifications, blame/excuses, meanings • explore any links raised between violence and gender • explore intervention sought)
30. Were there other experiences of violence? If so, can we talk a bit about the first time (same probes as 29)?
31. Were there any other experiences that were worse than those two? Could we talk, finally, on this topic, about the worst experience you had (same probes as 27)?
32. How did things work in the relationship with regard to money and spending?
33. Tell me about your closest relationships, and how they were affected by your partner. Did any of them share advice or thoughts with you about your relationship?
34. (If applicable) Can you tell me why you stayed/returned after the experience you described; and how did you manage to remain in the relationship?
35. (If applicable) Can you share what made you decide to leave your partner*?
36. What did it mean for you to be in a relationship?
37. Were you ever violent or aggressive toward your partner (explore unequal vulnerability to injury)?

VI. REPORTING & INTERVENTIONS

38. Did you ever report your partners' abuse or violence to authorities like the police or the courts? What was the result? (probe whether reporting had an impact on her safety/sense of safety)

[48] * refers to "most recent male partner because of whom she sought intervention".

39. What do you think about the kinds of help available to people experiencing conflict in relationships?
40. When you needed help, what help were you aware existed, and how did you become aware of it?
41. Were there reasons that you did not use help you were aware of? What help have you used or tried to, and why? Did it make the difference you imagined it would?
42. How do you imagine help ought to look like?

VII. CSA

43. I have one last question I hope you will be willing to answer. As a child or teenager, was any adult ever sexual with you?

VIII. WRAP-UP

44. How did you feel about our interview?
45. Do you have anything else you would like to share, or recommendations you would like to make?

IX. Thanks, payment, recording of receipt

IPV PERPETRATORS

- **Recruitment**
- **Ethical Consent**
- **Interview Guide**

Good day!

Help us better understand the lives of men like you!

Message or call: [Interviewer]

We are seeking your help in better understanding men's lives and relationships with women, so we can improve policies and resources that prevent and address conflict in relationships.

Our study, funded by UN Women, is a Trinidad and Tobago research project for which Dr. Gabrielle Hosein is responsible. The study is being guided and assisted by various bodies that work with men and women who've experienced or inflicted violence in relationships. It is being supported by the Institute for Gender and Development Studies at The University of the West Indies, St. Augustine campus.

We want to talk to different kinds of men who have been in relationships with women, and have hurt them or threatened to do so. We want to know what men think about the violence that occurred, and how men understand their relationships, women and their lives.

We want to know the role economic issues play in interpersonal conflict. And we want to gain better insight into how local interventions to respond to or prevent domestic violence are working or not working for men.

Our interview will last around an hour and a half. It will be conducted by a sensitive male researcher and will take place in private at a location and time you agree to. We will offer you an honorarium for your participation when you complete the interview.

We will not ask for or keep any record of your real name. The interview will be recorded so we capture what you say accurately. The recording will be destroyed after we do, and only the researchers will have access to it before then. When we share any study analysis, we will talk about patterns, not personal details.

Some questions we ask will be about difficult memories and experiences. If you feel uncomfortable, you can change your mind. A professional is on call as a free crisis counsellor if you need us to refer you because of something that comes up in the interview.

[Referrer] can contact you later, if you wish, to invite you to a forum where we will share the patterns we have heard and the things people have told us are needed.

Please message or phone [Interviewer] **or** if you are interested in participating in our research, or if you have more questions. Or give [referrer] your consent for us to contact you directly. We do not need your name.
Thank you for considering participating.
Sincerely,
[Study Lead Contact]

Qualitative Study on Women and Relationships

Ethical Consent

Thank you for agreeing to be interviewed. We want to be sure that you understand the purpose of the study and your role before you decide if you want to be in it. Please ask me to explain any words or information you may not fully understand. You can keep this copy of this document.

Why we would like to talk to you

We are interested in your help in better understanding men's lives, the relationships between women and men, and how to improve resources in Trinidad and Tobago for dealing with conflict in relationships. Our interview will ask questions that allow us better insight into the life experiences, views and needs of men who have been in relationships in which they threatened to hurt their female partner or did. We see you as someone whose recommendations we want to listen to.

Who is responsible for the study?

This is a research project being done in Trinidad and Tobago, for which Dr. Gabrielle Hosein is primarily responsible. It is paid for by a contract with UN Women. UN Women and other bodies are supporting a number of related research projects taking place in the Caribbean and internationally to better understand people's lives and experiences with intimate partner violence. Our Trinidad and Tobago study is being guided and supported by several groups who work with men and women who've experienced conflict, and by the University of the West Indies Institute for Gender and Development Studies at St. Augustine.

Privacy

The purpose of our interview today is so that we can make decision-makers aware of the kinds of experiences people like you have had, and so that we can compare your experiences carefully with those of others. Your name and contact information will not be written, recorded or attached on anything you share with us today. They will not be shared with the research team. Only the researchers will have access to what you share in today's interview. When we present findings, we will focus on patterns and not individual life details, and no names will be used. If you would like to, the group or person who referred you can contact you again when the study is completed and invite you to attend an event where we can share what we found with a mixed group of persons who assisted us in the study.

Discomfort

During the interview, I will ask you questions about various aspects of your life experience. Some of the questions may touch on difficult memories and experiences and sensitive subjects. If you wish to speak with a counsellor as a result, I will refer you to an experienced professional who can provide you crisis counselling free of charge. I can call to connect you, and share their contact information. If at any moment you feel like you want to stop the interview or skip a question, please let me know. You do not have to respond to any question, and you can stop the interview at any time if you decide you no longer wish to participate.

Recording, Honorarium & Consent

I would like your permission to record the interview so that we get everything you say accurately. I will transcribe the recording and destroy it. Try not to use real names on the recording. Our interview should last around an hour and a half. When we complete the interview, I will offer you an honorarium in appreciation of your participation, and I will ask you to confirm on the recording that you received it. When I begin recording I will ask you to state whether you understand the information I have just given you, and if you consent to the interview. If there is anything that you don't understand, please ask me now.

If you have any concerns or questions related to the study after I leave you, you can use the contact information below:

Name of Study:	Qualitative Study on Women and Relationships
Sponsor:	United Nations Entity for Gender Equality & the Empowerment of Women
Principal Investigator:	[Study Lead Contact]
Local contact:	[Contact] womenandrelationshipstudy@gmail.com

I. RESEARCHER INTRODUCTION/ETHICAL CONSENT

II. DEMOGRAPHIC DATA

46. Age
47. City/town/village of residence ("Where do you live")
48. Ethnic/race self-identification (Open-ended question)
49. Religion
50. Schooling
51. Current work/employment
52. Current relationship status
53. Children: number, ages, mothers

III. SELF-REFERENCES

54. Tell me about yourself.
55. What is life like for you?

IV. ECONOMIC PARTICIPATION

56. Do you work? What type of work?
57. Tell me about your experiences with work and money over time?
58. How have changes in these affected your life, your relationships, or your household?

V. GENDER & RELATIONSHIPS

59. What are your ideas or characteristics of a good man?
    - How many of those things do you currently live up to?
    - Do you think women have similar ideas about what a good man is?
60. What are your ideas or characteristics of a good woman?
61. Where do these ideas (about good men and good women) come from?
62. How often, in your experience, do women live up to these; and what happens when they don't?
63. Tell me about your most recent relationship[49] where there was violence: What kind of a person would you describe your partner* as?
64. Why/how did you get into the relationship?
65. Tell me about your feelings for her*? Did they change over time?
66. Tell me about her* feelings for you?
67. What does being in a relationship mean for you?
68. Tell me your thoughts and feelings about aggression and anger in intimate relationships.

[49] Most recent female partner who sought intervention, in the case of Court or programme referrals; or, otherwise, the most recent female partner with whom the subject admits violence occurred

- When men are angry in relationships, what do they do?
- When you get angry, what do *you* do?

69. What expectations should men and women have of each other in loving relationships?
70. When people do wrong or hurtful things in relationships, is forgiveness always one of those expectations? Why?
    - What has to happen for a man to be forgiven?

VI. STORYING VIOLENCE

Tell me a bit more about your relationship[50] during which there was violence most recently.

71. What type of relationship were you in (marriage/co-habiting/visiting/other)?
72. Ask demographic questions 1-8 for partner (If relationship was visiting, ask residence (2) at the time of the relationship. Ask employment (6) at time of relationship. Ask men her children are with (8).)
73. People have different understandings of violence. What is violence and what isn't violence for you?
74. Can we talk about the most recent time violence occurred with your last partner*?
    - triggers, actions, responses?
    - elicit justifications, blame/excuses, meanings
    - explore any links raised between violence and gender
    - explore intervention sought
75. Were there other experiences of violence? If so, can we talk a bit about the first time.
76. Were there any other experiences that were worse than those two? Could we talk about the worst experience you had?
77. *Duluth wheel:* Do you do any of these in relationships? Does your partner?
78. Did anyone close to you or your partner share advice or thoughts with you about your relationship?
79. (If applicable) Can you tell me why both of you continued the relationship after the experience(s) you described? How did you feel?
80. Did you take any measures to prevent violence reoccurring?
81. (If applicable) Can you share what made the relationship end?
    - How did you feel about the relationship ending?
    - How did you behave towards her?

[50] Most recent female partner who sought intervention, in the case of Court or programme referrals; or, otherwise, the most recent female partner with whom the subject admits violence occurred

- Did you do any of the things on the wheel?

82. Was your partner ever violent or aggressive toward you? Tell me about it, and how you responded.
83. In your experience and your opinion, what causes men to be violent against women?
    - What about stress? Say how.
    - Do issues of money and work play a role?
    - Does sex?
    - Are men always responsible for being violent to women? Explain.
84. Can you love a woman and be violent? Tell me more.
    - Is it wrong to be violent to her?
85. How do you feel about your past experiences of violence toward a partner?
86. How likely do you think you are to be violent again? Why?

VII. INTERVENTION & JUSTICE

87. What has your experience been with authorities and social services regarding violence in your relationships?
    - What were the results?
88. What do you think about the kinds of support and services available to people experiencing conflict in relationships?
    - When you or your partner were violent, were *you* personally aware of any of these, and if so, how did you become aware of them? Have you become aware of any since?
    - What help have you used or tried to, and why? Did it make the difference you imagined it would?
    - Were there reasons that you did not use avenues you were aware of?
89. How do you feel about the current laws and police responses intended to protect people from violence in relationships or punish those who commit it?
    - Do you have specific thoughts about the "order of protection"?
    - Have you ever breached an order? Tell me about it.
90. How would you change the laws? What are the right measures for protection and punishment?
91. What are the kinds of services and policies that are needed by men to deal with conflict in relationships?

VIII. CHILDHOOD

92. When you look back on your childhood, what was it like in the family or home you lived in?
93. What was the community you lived in like (poverty? how close-knit? crime? violence?)?

94. Do you remember feeling safe, happy and good about yourself? Why not?
    - Do you remember any fears, anxieties or difficulties?
    - Did you ever experience helplessness; can you share how?
95. How were conflicts settled in your home?
96. Tell me about the relationships
    - among the adults (include experiences of quarrels, substance use, violence)?
    - between adults and children (include experiences of discipline, fairness, violence, CSA)?
    - among the children (experiences of bullying, incest)?
97. I have one last question I hope you will be willing to answer. As a child or teenager, was any adult ever sexual with you?

IX. WRAP-UP

98. How did you feel about our interview?
99. Do you have anything else you would like to share, or recommendations you would like to make?

X. Thanks, payment, recording of receipt

OTHER KEY STAKEHOLDERS

- **Recruitment**
- **Interview Guide**

10 March 2017

Dear Colleague:

The United Nations Entity for Gender Equality and the Empowerment of Women is currently supporting a research study, along with a small Trinidad and Tobago research team, which I am leading. The study is one of a number of related research projects taking place in the Caribbean and internationally to better understand and prevent violence.

We want to develop a richer understanding of how people make sense of violence in intimate relationships, how the economy plays a role in interpersonal conflict, notions of manhood and womanhood, and how interventions to address or prevent domestic violence are functioning. Our goal is to improve the quality of policies and resources in Trinidad and Tobago for dealing with conflict and violence.

We are interested in talking to you because we believe that you can offer insights into one or more of these areas. We want to use these insights to guide our recommendations. Your name will not be used in the research. However, we are interested in how your professional or community role shapes what you share with us.

[Interviewer], a member of the research team, would like to ask you a series of questions that last a little over an hour that allow us to deepen our insight into these matters. She will ask your permission to record the interview so that we get everything you say accurately, and she will ask you to confirm that you understand the purpose of the study and have consented to the recorded interview. We will transcribe the recording and destroy it.

Thank you for your time and willingness to share your insights. If you have any concerns or questions related to the study, please reach me at [Study Lead Contact].

I. ROLES & INTERVENTION PROCESS

Please take a few minutes to look at this chart, which describes a range of things that, in addition to physical violence, women can experience in relationships, and which are grouped under the framework of "domestic violence".

1. What is your/your unit's role in responding to cases and threats of violence against women and girls?
2. What is your training, and how long have you been doing this work? Have your received any training related to gender-based violence?
3. What resources support your work? What further resources do you feel you/your unit need(s)?
4. Can you lead me through the process of the service you provide?
5. Do you think the intervention(s) you offer meet(s) women's needs; and how? How can it/they be improved?
6. Is domestic violence legislation adequate?
7. What do you think are the intervention or interventions that are ideally needed in Trinidad andTobago/the location in which you work (need, resources, effectiveness/ weakness, recommendations)?

II. GBV FACTORS

8. What do think are the factors underlying violence against women and girls in Trinidad and Tobago?
9. Do you think economic issues or the recent state of the economy are having any impact; and how so?
10. How do you think that ideas about gender, masculinity and womanhood play out in such violence? How do they shape your response?

III. ADDITIONAL PROBES

FOCUS GROUPS

- **Facilitator Guidelines**
- **Sample questions**
- **Family Court Consent**

Focus group facilitation guidelines

Distribute the study letter to group participants. Summarise its contents for participants, making sure to cover:

- **study goal -** to understand how people **make sense** of violence in intimate relationships, the role of the **economy**, notions of **man/womanhood**, and how **interventions** are functioning
- focus group is a series of questions we would like each person to respond to in an orderly fashion (starting with a different person each time); session should last **90 minutes or less**
- own **thoughts & opinions** are "right answers"; **not** asking for revelation of **personal experiences of violence**; goal is not for participants to agree, but to listen to all perspectives
- each person's **participation is voluntary** and can be ended at any time, or any question skipped
- group will be **recorded** for research accuracy; recording destroyed after transcription
- **won't use names** in the study/group, but want to know what kinds of people participated
- request participants to agree **not to share what others have** said outside the focus group
- some questions may be difficult; a **referral to counselling** is available if requested
- **study contact** is on handout for any questions
- need **oral consent** on tape at start of recording before beginning

Ask each participant to select one of the creature images, and to give it/themselves a name, which is how they will be referred to on the tape

Ask each to write on an index card you collect their:

- age
- relationship status
- parental status
- racial/ethnic self-identification
- religion

Record the group using two recorders. You can place them at different places in the room, but you should encourage participants to speak singly, and so they are audible to both devices. After turning on the

recorders, ask all participants if they understand the goals of the study, and consent to participate and to the ground rules.

To refer someone who needs it to free crisis counselling, provide them the name, phone number and e-mail -[Contact]. Offer to place a call on their behalf; allow them to leave callback information and a message. Advise them to cite the study, that their call is anticipated, and that they will be contacted within one day. Alert us immediately.

No more than one working day after the end of the interview, write an email to the study lead and coordinator, providing observations about context, concerns, conduct and anything else notable about the group (this is *not* a summary of participants' contributions). Upload *both* sound files directly to the study Google Drive for the transcribers. You can have [Transcriber] do so directly from the recorder at the office. Erase the files from the recorders once you verify that they are playing in the cloud. Do **not** copy the sound files to any other media or transfer them to the study by e-mail.

Youth

Are relationships between men and women your age, and how people understand and behave in them, different from relationships between members of older generations? How so?

- Do you think women in your generation have a greater ability than previous generations to negotiate their roles and their safety in relationships?
- Domestic violence seems to be on the rise. Are there ways in which young people are more vulnerable to violence in relationships than people were before?
- Are some sub-groups of young people at greater risk than others? Why?

Where did you learn the lessons you have about how to handle conflict in your relationships?

When you hear the terms "domestic violence" and "intimate partner violence", what is the range of things you think of?

What causes men to be violent against women?

- Are stressful events one cause? Say how.
- Do issues of money and work play a role?
- Does sex?
- Do ideas about what a man, a woman or a partner is supposed to do?

When people love each other, does that affect how they respond after violence happens in a relationship? How so?

How do other young people in your social network respond to violence, or the threat of it, in their relationships?

- Do they use services? Which ones?
- Are any of these on campus?
- How do they use the law?
- Do they disclose their situation to peers or family members, or seek support from them?
- What, if anything, prevents them from using particular strategies?

Are you aware of young people who have used available interventions and services for intimate partner violence? Can you assess how those choices addressed their needs?

How do you feel about the current law and criminal justice responses intended to protect people from violence in relationships or punish those who commit it?

What do you think will decrease a woman's likelihood of being attacked or hurt by a partner?

What resources and responses to intimate partner violence are you aware of on campus, and what do you think of them?

- What would you like to see?
-

Is there anything more that you would like to share before we close?

Men 1

What does it mean to be a man?

- What are some of your thoughts and expectations about men, relationships and family?

What are your thoughts and feelings about violence in relationships?

- People have different understandings of violence. What does violence look like in your experience?

What causes men to be violent against women?

- Are stressful events one cause? Say how.
- Do issues of money and work play a role?
- Does sex?

I'd like to hear your thoughts about two kinds of feelings in intimate relationships. First, tell us about aggression or anger.

- Now tell me about love and forgiveness.

What do you feel about the current laws and police responses intended to protect people from violence in relationships or punish those who commit it?

- How would you change the laws? What are the right measures for protection and punishment?
- Do you have specific thoughts about the "order of protection"?

What are the kinds of services that are needed by men to deal with conflict in relationships?

Is there anything more that you would like to share before we close?

Men 2

What does it mean to be a man?

Do you all agree with each other on the rules about relationships between men and women?

- Allow discussion; then probe:
- Should a man provide satisfaction for his partner every time she desires it?
- Can a husband rape his wife?
- Are there physical behaviours, kinds of control or hard talk that are allowed between men and women?
- Do women agree with you? How (not)?
- What does your faith tell you about violence against women?

What causes men to be violent against women?

- What about stress? Say how.
- Do issues of money and work play a role?
- Does sex?

How would you respond if you believed someone in your network was being violent towards his partner?

- What would you advise the woman to do?

Share some of your thoughts about aggression or anger in intimate relationships.

Now tell me about love and forgiveness.

What do you feel about the use of courts and police to protect people from violence in relationships or punish those who commit it?

- Do you have specific thoughts about the "order of protection"? What do you understand about it, and how do you feel about it?

What kinds of services and support are needed by men to deal with conflict in relationships?

Is there anything more that you would like to share before we close?

Women 1

1. What do you know or believe about the prevalence and the nature of intimate partner violence experienced by well-educated and professional women?
    - Are some sub-groups of women at greater risk? Why?
2. How do these women respond to such violence, or the threat of it? What strategies do they use?
    - Do they use available services? Which ones?
    - How do they use the law?
    - What, if anything, prevents women from using particular strategies?
3. Does her professional status or education make it less likely that a woman would experience violence in a relationship? Why (not)?
4. Does her status make it easier to negotiate conflict and violence with a partner?
5. Are there pressures on professional women to hide violence or to not seek interventions due to their reputation or that of their partner? How so?
6. What changes over the course of her life and professional development can alter the likelihood a woman will experience violence with a partner? (e.g. from being a student to a lawyer to a judicial officer?)
    - Are there changes simply with age?
    - Are there some things that cut across age?
7. How do education and professional development shape how women negotiate gender roles?
8. Is intimate partner violence an issue that the Association of Women Judges has ever seen as important to address among the membership?
9. Based on your experience in the courts, are there any insights you'd like to share in relationship to four themes we think may be important to how we understand and address intimate partner violence:
    - how available interventions empower or fail women (or men)
    - economic insecurity
    - love
    - ideas about gender and men and women's roles
10. How can you see the court system improving in its response to intimate partner violence?
11. Is there anything else that you would like to share before we close?

Women 2

We are primarily interested in learning more, through this group, about your perspectives and insights as professional and prominent women. Towards the end of the session, I will also ask you to share thoughts and recommendations based on your experience with the law.

1. What do you know or believe about the prevalence and the nature of intimate partner violence experienced by well-educated and professional women?
    - Are some sub-groups of women at greater risk? Why?
2. How do these women respond to such violence, or the threat of it? What strategies do they use?
    - Do they use available services? Which ones?
    - How do they use the law?
    - What, if anything, prevents women from using particular strategies?
3. Does her professional status or education make it less likely that a woman would experience violence in a relationship? Why (not)?
4. Does her status make it easier to negotiate conflict and violence with a partner?
5. Are there pressures on professional women to hide violence or to not seek interventions due to their reputation or that of their partner? How so?
6. What changes over the course of her life and professional development can alter the likelihood a woman will experience violence with a partner? (e.g. from being a student to an aspiring professional to an experienced worker?)
    - Are there changes simply with age?
    - Are there some things that cut across age?
7. How do education and professional development shape how women negotiate gender roles?
8. Is intimate partner violence an issue that PLOTT has ever seen as important to address among the membership?
9. Are there any other insights as a professional that you'd like to share in relationship to four themes we think may be important to how we understand and address intimate partner violence:
    - how available interventions empower or fail women (especially professional women)
    - economic insecurity in Trinidad and Tobago
    - love
    - ideas about gender and men's and women's roles
10. Is there anything else that you would like to share before we close?

Family Court

17 July 2017

Dear Family Court Stakeholders:
The United Nations Entity for Gender Equality and the Empowerment of Women is currently supporting a research study, along with a small Trinidad and Tobago research team, which I am leading. The study is one of a number of related research projects taking place in the Caribbean and internationally to better understand and prevent violence.

We want to develop a richer understanding of how people make sense of violence in intimate relationships, how the economy plays a role in interpersonal conflict, how do notions of manhood and womanhood, and how interventions to address or prevent domestic violence are functioning. Our goal is to improve the quality of policies and resources in Trinidad & Tobago for dealing with conflict and violence in relationships.

We are interested in talking with you as a group, because we believe that you can offer insights from your professional experience into one or more of these areas that can allow us to deepen and broaden our understanding of them, and guide the recommendations the study makes. A member of our research team would like to ask your group a short series of questions. We are interested in your thoughts and opinions, whatever they are, on those questions. No answer is incorrect.

The session should last between one hour and one hour and a half. No names will be used in the research. However, we do ask your permission to record the interview so that we get everything you say accurately; after we transcribe the recording, we will destroy it. We will ask you to confirm on the recording that you understand the purpose of the study, and that you consent to the recorded interview. Alternatively, we can capture your consent and responses through writing and note-taking; the duration of the group will be somewhat longer. We also ask your collaboration in capturing some key demographic characteristics of the group's participants.

Please do not use personal names during the interview. Further, to ensure that people speak freely, we ask that you agree to not share outside of the group what any other participants say.

It is possible that one of our questions may touch on difficult or sensitive subjects. You do not have to respond to any question, and can decide not to participate further at any time if you do not feel to. If any participant feels the need to speak to a crisis counsellor because of something that has come up in the group, the interviewer is able to refer you confidentially to an experienced professional free of charge.

Thank you for your time and willingness to share your insights. If you have any concerns or questions related to the study, please reach me by phone at [Study Lead Contact], or e-mail the study at WomenAndRelationshipsStudy@gmail.com.