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## Domestic Violence Through a Caribbean Lens: Historical Context, Theories, Risks and Consequences

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### ABSTRACT

Studies show that increasing and escalating rates of violence prominently exist among Caribbean family and intimate relationships. As known to many, the social and cultural norms that underscore gendered disparities within Caribbean societies disproportionately increases the risk of violence for women and children. With general knowledge surrounding these issues within Caribbean communities and across its Diaspora, the scientific literature lacks critical in-depth analysis of the risks and consequences of violence, along with important steps in curbing this social and public health concern that continues to impact the lives and well-being of individuals who experience higher than usual victimization rates. This manuscript highlights historical perspectives, theories, prevalence, risks and consequences of violence among Caribbean descendants. The article further proposes recommendations for prevention and intervention measures that might be useful in addressing the escalating rate of violence within the family and relationship contexts.

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Domestic (or family) violence is an important global issue that remains a threat to the health and well-being and quality of life for individuals of all ages, socioeconomic backgrounds, ethnicities/races and cultures. Historical records indicate that women and children have been the recipient of the most severe forms of violence and tragic encounters around the world, including the Caribbean. Violence against women has been especially identified within societies where rigid gender norms and greater inequality between men and women are common ways of life (Hayes & Franklin, 2017). Due to such conditions that are common within Latin America and Caribbean (LAC) cultures, women are likely to face challenges and increased risks for violence in comparison to other societies around the world. Statistics indicate one in three (35%) women worldwide have either experienced physical and/or sexual intimate partner violence or non-partner sexual violence (UN Women, 2010; World Health Organization

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[WHO], 2016). While estimates vary considerably for Caribbean women, population-based studies indicate approximately half (or more) of women across the region are physically or sexually victimized by an intimate partner (LeFranc, Samms-Vaughan, Hambleton, Fox & Brown, 2008).

Early exposure to family violence is particularly concerning for children and adolescents in the region. As research shows, most initial sexual intercourse experiences were coerced and initiated before Caribbean children and adolescents were physically and psychologically independent human beings (Reid, Reddock, & Nickenig, 2014). Even more startling, 34.1% of Caribbean children reported being sexually active before the age of 16 (Halcón et al., 2003). Although rates of physical abuse are much more difficult to obtain across the region, corporal punishment, which can be argued as a form of violence, remains a common disciplinary practice that is justified in the home and viewed as necessary in rearing children (Smith, 2016b). In countries such as Jamaica, approximately 71.4% of males and 65% of females between the ages of 2 and 14 were subjected to some form of physical punishment (Smith, 2016b; Statistical Institute of Jamaica [STATIN] and United Nations Children Fund [UNICEF], 2013). This paper provides an understanding of domestic violence that affect Caribbean descendants with an emphasis on historical background, theoretical perspectives, prevalence, and risk and consequences of victimization.

### ***Contextualizing violence in the Caribbean***

The high incidences of domestic violence in the Caribbean and its people can be traced to its pre-independent practices of plantation economies, enslavement and indentureship (Thorton, 2015). Caribbean identities were formed among the commerce of sugar and rum on plantations, where European men asserted a monopoly over the enslaved labor force to maximize the production of those goods for export (Best & Levitt, 1969). Plantations became one of the few places where enslaved people interacted with Europeans under strict social rules and practices of violence to ensure a hierarchal paradigm of race, gender and class (Torres-Saillant, 2006). The perpetuation of violence ensured political, social, and cultural ordering – ultimately establishing and justifying the boundaries between those who (men) could exercise power and control on those who are likely to be victims (women and children). Thus, from those historical practices, violence was institutionalized in the Caribbean, shaped by race, gender, class, and became part of Caribbean men's masculine identities and strategies for gaining and retaining power and control within families and communities (Barrow, 1998; Wekker, 2006). Consequently, Caribbean contemporary societies emerged from what many consider to be among the most violent and destructive examples of the colonization process, making violence a product of its past into today's social

and cultural norms (Ashcroft, Griffiths, & Tiffin, 2013, Best & Levitt, 1969). Today, the Caribbean is a product of its past, where violence remains prevalent (Morgan & Youssef, 2006).

Both women and men are perpetrators of violence, though frequency is greater among men (Fleming et al., 2015). The circumstances for which women are likely to perpetuate violence are different in comparison to male perpetrators. In many instances, a female perpetuates violence in retaliation to being victimized by a partner or husband. Her use of violence is aimed at defending herself and her family. Beyond defensive actions, Caribbean women perpetuate violence among their disciplinary practices of children. Female-headed households are not uncommon in most Caribbean societies, which also means women are not only providers, but often bear the responsibility of disciplining their children. Such early exposure to violence through disciplinary actions can be linked to increased risks of being victimized and perpetrating violence into adulthood (Iverson, Jimenez, Harrington, & Resick, 2011; Smith, 2016a). Through these patterns of exposure to violence, it becomes clear to delineate how domestic violence is reinforced in social and cultural norms through parenting and within intimate relationships. By no means are these explanations intended to justify the use of violence. Instead, it illustrates that where there are lapses in the Caribbean systems, patterns and promotion of non-violent behaviors, violence is commonly enacted within social and cultural interactions. These practices are driven by several competing factors across the region, for which the application of several theoretical frameworks enable us to recognize the complex nature of violence in the Caribbean.

### ***Theoretical frameworks to understand domestic violence on Caribbean peoples***

#### ***Intersectionality***

Influenced by the second-wave of feminism (1960s-1980s), critiques of Caribbean gender norms began “unpacking/interrogating” Caribbean masculinities to illustrate the dominance of hegemonic masculinities (Barriteau, 2003). The feminist theoretical framework of *Intersectionality* compliments the *Interrogation of Caribbean Masculinities* by insisting that violence must be understood within the stratification of class, race, sexual orientation, disability and gender that has persisted throughout Caribbean history (Crenshaw, 1991; Jeremiah, Gamache, & Hegamin-Younger, 2013). Intersectionality qualifies how the dominant desire to assert Caribbean masculinities justified the use of violence to ensure Caribbean men and their masculinities would be in control as breadwinners, providers, and protectors. As a result, consensual ideology of such actions has permeated institutions and cultural reasoning, with the resultant view that domestic violence is the

fault of women. *Interrogation of Caribbean Masculinities* scholarship operationalizes intersectionality within the Caribbean context to demonstrate why Caribbean men perform traditional roles of masculinities (e.g., breadwinners, providers, protectors) with violence to the detriment of Caribbean women and children. Furthermore, the motives of violence tend to be individualized ways of controlling women to assert a perception about Caribbean men and their masculinities within larger social and cultural norms (Heise, 1998; Jeremiah et al., 2013). Thus, domestic violence in the Caribbean has been justified as means of protecting Caribbean traditional masculine identities and practices at the expense of women and children.

### ***Social learning theory***

Social learning theory provides another logical explanation for the persistence of violence within the family, households, and intimate relationships. The framework emphasizes that behavior is learned, while establishing that learning comes through observation and imitation (Bandura, 1978; Shorey, Cornelius, & Bell, 2008). While violence within the Caribbean context is arguably a byproduct of its colonial past, previous studies continue to find a relationship between childhood abuse and perpetuation of violence into adulthood (Jeremiah, Quinn, & Alexis, 2017). Violence in the Caribbean is learned at the earliest stage of the life course and continues at each life stage, evolving from cultural acceptance of corporal punishment as a form of discipline. Ultimately, such behavior over time becomes a normalized and a tolerable method of addressing disputes and conflict into adulthood and in relationships where women and children are frequently the victims.

### ***Intergeneration transmission hypothesis***

Intergenerational transmission hypothesis extends social learning theory by suggesting that violent behavior is learned through modeling and imitation, and this is especially acquired during childhood through observation of parents and peer relationships (Bell & Naugle, 2008). Intergeneration transmission asserts that by experiencing household violence and/or witnessing it especially during childhood, may lead to subsequent intimate partner violence, either perpetration or victimization (Powers, Cochran, Maskaly, & Sellers, 2017). Likewise, violence within the home or against children is rooted in the subconscious and intergenerational cycle from one generation to the next (Pollak, 2004). While social learning theory explicitly places emphasis on perpetration of violence, intergenerational transmission accounts for both perpetration and victimization and signifies how violence has evolved through the Caribbean's history and became normalized within Caribbean homes (Powers et al., 2017).

## ***Gender inequality***

Gender inequality serves as a driver in the high rate of violence against Caribbean women as compared to other ethnic women and is associated with the patriarchal masculinity norms, practices and discrimination that undermine the significance of Caribbean women's role, work, and worth in society (Barriteau, 1998). These practices seek to limit full involvement and to segment or subjugate women into a certain sphere of society promoting the role of men and their masculinities. Norms based on patriarchal principles are also responsible for promoting beliefs that relegate women to traditional domestic duties and nurturing roles, which may partly explain their large representation in the informal work sector. Traditionally, the informal work sector has allowed Caribbean women to sustain some economic independence to provide for their families and children, but the conflicting cultural expectation of being a mother with children creates a juxtaposition with the need for Caribbean men to reproduce children. But the existence of hegemonic masculinity supersedes gender equality, with women earning less wages in comparison to their male counterparts and being at greater risk of being unemployed or under-employed even with more educational and skills credentials. General estimates suggest that women's unemployment is twice the rate of men (United Nations, 2009). In certain parts of the Caribbean, it is estimated that the unemployment rate of women compared to men is: 207% in Jamaica; 240% in Guyana; 164% in St. Lucia; and 190% in Trinidad (Bailey & Ricketts, 2012).

In particular, inequality in income earning and employment, along with limited opportunities for Caribbean women, both increases possibilities for subordination, and reduces bargaining power within the family and household, leaving women vulnerable to abuse or unable to leave such volatile relationships (Foster & Reddock, 2011). In part, some acts of domestic violence have been linked to unequal power relations between men and women (Jeremiah, 2011). Today, a number of women and girls are affected by violence within households and relationships due to such inequality. We therefore believe it is important to reflect a bit more about prevalence and the risk factors of violence that are uniquely specific to lived experiences of Caribbean women and girls.

## ***Prevalence rates***

Researchers over time have employed different measures, with the Conflict Tactics Scale (CTS and CTS2) being more notable and frequently used, to estimate various forms of partner violence such as emotional/psychological, physical, and sexual victimization (see Straus, 1979; Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Largely, lifetime and past year victimization

estimates have varied considerably in studies on intimate partner violence within the Caribbean population. Population based studies conducted in Barbados (50% vs. 53.9%), Trinidad and Tobago (45.2% vs. 48.2%) and Jamaica (45.3% vs. 52.4%) revealed that approximately one-half of the respondents had been victims or perpetrators of physical aggression, respectively (Le Franc et al., 2008). The study also shows that a high percentage of women in Barbados (52.8%), Trinidad and Tobago (51.6%), and Jamaica (72.6%) reported experiences with sexual victimization. However, more recent studies conducted in Jamaica using similar scales (modified CTS) have yielded lower lifetime IPV rates. Data from the Reproductive Health Survey (RHS), revealed that 17.2% of Jamaican women experienced physical abuse, while 7.8% reported unwanted sexual intercourse (Bott, Guedes, Goodwin, & Mendoza, 2012; Serbanescu, Ruiz, & Suchdev, 2010). In the same study, past year physical and sexual abuse was 6.5% and 2.8% respectively (Bott et al., 2012; Serbanescu et al., 2010).

Within other parts of the Caribbean region there are also differences in rates of victimization than those previously discussed. Data from the 2007 Demographic and Health Survey (DHS) indicate an overall lifetime physical victimization rate of 16.1%, with 5.2% for *any* act of violence among participants in the Dominican Republic (Bott et al., 2012). Past year reported rate of *any* acts of sexual violence was 3.6% in the same country. Meanwhile, data from the DHS found that nearly one-third (29%) of Haitian women experienced some form of IPV in the year prior to the survey, and that approximately 16% of currently married women reporting intimate partner sexual assault (Gage, 2005; Gage & Huchinson, 2006). Another study using the same administered survey reported that 12.5% and 10.8% of Haitian women respectively were victims of both moderate and severe physical aggression (Bott et al., 2012).

While studies about violence among the Caribbean population within the United States and its territories such as US Virgin Islands (USVI) have been few, cross-sectional data from the National Survey of American Life, the only known representative study on Caribbeans residing in the United States, revealed that 12% of US Caribbean black women reported severe physical intimate partner violence (Lacey, West, Matusko, & Jackson, 2016). Data from the 2005 Behavioral Risk Factor Surveillance System, conducted by the Centers for Disease Control and Prevention (CDC), estimated that 22% of women in the USVI experienced lifetime physical and sexual IPV (Breiding, Black, & Ryan, 2008). Research to follow using clinical samples further revealed a lifetime prevalence of more than one-third (38%) of women in St. Thomas, USVI and more than a quarter of women in St. Croix, USVI (28%) of having been victimized by a partner (Stockman et al., 2014). Furthermore, approximately one-third of women in the USVI had experienced unwanted sex by an intimate partner (Draughon et al., 2015).

### ***Caribbean women and risk factors for abuse/violence***

As with other populations, the risk for intimate partner violence among Caribbean women has consistently been associated with age, relationship status, socio-economic positions, alcohol abuse, and childhood victimization (Smith, 2016a). Research indicates that younger adult women are generally at risk for intimate partner violence (e.g., Le Franc et al., 2008; Smith, 2016a; Stockman et al., 2013). Domestic violence prevalence among adults in Curacao was typically higher for those within the 18 to 30 years old age range compared to those in older age categories (van Wijk & de Bruijn, 2012). Using a representative sample of women in Jamaica, Priestley (2014) found the risk for intimate partner violence increased among women within the 25 to 34 age group compared to other age categories. In the United States, Caribbean Black women found to be at the highest risk for severe physical abuse were those between the ages of 25 to 34 years old as compared to women in both younger (e.g., 18 to 24) and older age categories (e.g. > 35) (Lacey, West, Matusko, & Jackson, 2016). Meanwhile in Trinidad and Tobago, higher reported incidence of reported violence was found among women less than 49 years old women compared to women 50 years of age and older at walk-in clinics (Maharaj et al., 2010).

### ***Relationship status***

Partner violence has been documented in all conjugal unions – married, common-law, dating or visiting relationships (Maharaj et al., 2010). The domestic violence literature has generally reported higher incidence of victimization among single (not married) participants. This was partly supported for women within the Caribbean population. Reported incidence of physical and any abuse were found to be higher in Curacao among individuals who were divorced compared to individuals with other statuses (e.g., cohabiting, widowed) (van Wijk & de Bruijn, 2012). Among US Caribbean Black women, a higher percentage of severe physical victimization were found among separated or divorced women than those married, partnered, separated, widowed or never married (Lacey et al., 2016). However, among abused female patients attending a walk-in clinic in Trinidad and Tobago, a higher representation of victimized women were married or in common law relationships compared to those who were divorced or widowed (Maharaj et al., 2010). Similarly, higher victimization incidences were found among common-law women than those with other relationship statuses in Jamaica (Priestley, 2014). Women in cohabiting relationships additionally had a greater likelihood of reporting domestic violence than married women in the Dominican Republic and Haiti (Hindin, Kishor, & Ansara, 2008).

### ***Socio-economic status***

The literature largely illuminates an inverse relationship between intimate victimization and socioeconomic status; women with fewer or limited resources generally are at greater risk for IPV (Smith, 2016a). This was supported by a study that showed US Caribbean Black women with household incomes of less than \$35,000 were at a greater risk for severe physical victimization compared to those in higher household income category women (Lacey et al., 2016). Also, in comparison to higher household wealth quintiles in Jamaica, women in the lowest household quintile category generally had higher incidences of intimate partner victimization (Priestley, 2014). Nagassar et al.'s (2010) study of women across six communities in Trinidad and Tobago further indicate a higher prevalence of violence among the working and lower and lower middle-class women.

Employment status has also played a role in intimate victimization. Maharaj et al. (2010) noted a high proportion of victimization among women who were not employed compared to employed women in a walk-in clinic in Trinidad and Tobago. Similarly, a higher percentage of reported victimization was found for unemployed Caribbean Black women in the United States than those not in the labor force or were employed (Lacey et al., 2016). Priestley (2014) also reported a higher percentage of intimate partner violence among non-working women compared to working women in Jamaica.

In general, lower education levels were associated with higher prevalence of intimate partner violence (Serbanescu et al., 2010). Gage's (2005) study of Haitian women demonstrates that an incompleteness of primary school was associated with greater risk for intimate sexual violence. In the Dominican Republic, women with fewer years of schooling reported higher rates of physical and sexual violence in comparison to those who did not report any violence (Hindin et al., 2008). US Caribbean Black women with a high school education (or less) were also vulnerable to severe physical intimate partner violence than those with a high school education and beyond (Lacey et al., 2016). In Trinidad and Tobago, a higher representation of victimized women was noted among lower education achieving women than those who had higher achievements (Maharaj et al., 2010). Moreover, violence was typically higher in Jamaica among women who completed 10 to 12 years of schooling than women with both fewer (e.g., 0–9 years) and more years (e.g. 13 or more) of schooling. The risk for physical and *any* abuse were also found to be higher among pre-vocational compared to pre-university educated domestic violence victims in Curacao (van Wijk & de Bruijn, 2012). Furthermore, Haitian women with less education than their partners were more likely to experience physical violence compared to women with comparable education as their spouses (Flake & Forste, 2006)

### ***Alcohol abuse***

The role of alcohol and victimization is more complex in relation to both the perpetrator and the victim. There are arguments that suggest that alcohol's disinhibiting effect may contribute to impulsive violent episodes (Lacey et al., 2016; Smith, 2016a). Yet, others have argued that the victimizer's use of alcohol is a rationale for the abuse (Lacey et al., 2016). In Trinidad and Tobago, drugs and alcohol were found as the most commonly cited factor in physical abuse against women (Nagassar et al., 2010). An evaluative study of UN Women's Partnership for Peace Program, a domestic violence diversion program in Grenada, found that substance use, specifically alcohol use and abuse among male perpetrators, was a factor associated with their violent behaviors toward their partners (Jeremiah, 2011). Data from the DHS revealed, that when compared to women whose partner did not get drunk, women in the Dominican Republic who reported having partners who frequently got drunk were 9.8 times more likely to report abuse (Flake & Forste, 2006). Similarly, Haitian women who reported having a partner with a history of drunkenness had 3.3 times greater odds of being physically assaulted than those who reported their partners had never been drunk (Cage, 2005).

### ***Childhood victimization and adverse exposures***

Although few researchers have examined the association between childhood and adulthood victimization within the Caribbean population, studies have generally found this association (Jeremiah et al., 2017; Reid et al., 2014; Smith, 2016a). Studies conducted in Curacao found a relationship between childhood violence and increased risk for perpetration and victimization of physical, psychological and sexual abuse into adulthood (van Wijk & de Bruijn, 2016). Haitian women who observed their fathers beating their mothers reported significantly higher rates of emotional and sexual violence when compared to those who had not witnessed violence (Gage, 2005). A greater percentage of abused Jamaican women reported having witnessed parental violence than those who did not have such experiences (Serbanescu et al., 2010). In fact, Jamaican women who were exposed to this form of family violence were more likely to be physically abused by an intimate partner (Priestley, 2014). This relationship was further observed between women victims of physical and sexual violence by a husband and exposure to parental violence in the Dominican Republic (Hindin et al., 2008).

### ***The consequences of Caribbean domestic violence***

#### ***Mental health risks associated with IPV among Caribbeans***

The scientific literature has associated intimate partner violence with a number of mental health risks (e.g., Dillion, Hussain, Loxton, & Rahman,

2013; Lacey, McPherson, Samuel, Powell Sears, & Head, 2013; Lagdon, Armour, & Stringer, 2014). Research conducted in the Caribbean region, specifically in Trinidad and Tobago, have found an association between abuse and the presence of depression, suicidal ideation, and post-traumatic stress disorder (Maharaj et al., 2010). In the USVI, similar findings were revealed as women victims of intimate partner violence were found to be at increased risk for PTSD and depression (Sabri et al., 2013). Women with a recent history of IPV were also more likely to have engaged in drug use than non-victims (Sabri et al., 2013).

Using Diagnostic Statistical Manual (DSM-IV) criteria, US based representative studies of Caribbean Black women revealed associations between severe physical intimate partner violence (SPIPV) and mental disorders and conditions (Lacey & Mouzon, 2016; Lacey, Powell Sears, Matusko, & Jackson, 2015). Lacey and Mouzon (2016) consistently found that US Caribbean women exposed to SPIPV had higher rates of various mood, anxiety, substance, and eating disorders than non-victim of SPIPV (Lacey & Mouzon, 2016). The study further highlighted significant differences in rates of suicide attempts and ideation between the two populations with those reporting SPIPV being at great risk of engaging in this behavior (Lacey & Mouzon, 2016).

### ***Physical health risks associated with IPV among Caribbeans***

Overall, poor health outcomes have been associated with IPV victimization. For example, a greater proportion of victims of abuse rated their health negatively when compared to nonvictims. More than one-third (38.1%) of the Jamaican women who were victims of violence rated their health as either “fair” or “poor,” compared with 25.4% of those without exposure to IPV (Priestley, 2014). In addition, abused women reported higher rates of general health problems and sexually transmitted infections (STIs), including HIV.

Among Jamaican women in a population-based survey, 30.7% reported at least one type of physical injury related to IPV, including bruises or scratches, pain, cut, sprains, or burns (Serbanescu et al., 2010). An even higher number of IPV-related injuries were found in a sample of callers and visitors to a Jamaican battered women service, with 89% of respondents experienced injuries, including bruises, cuts, bites, broken bones (Arscott-Mills, 2001). Also, when compared to their non-abused counterparts who sought medical treatment in the USVI, recent physical and sexual IPV victimization was associated with triple the odds of reporting multiple injuries (Anderson, Stockman, Sabri, Campbell, & Campbell, 2015).

When compared to US Caribbean Black women without a history of SPIPV, women with a history of SPIPV reported higher rates of arthritis, liver problems, and kidney problems (Lacey & Mouzon, 2016). In Trinidad, abused women reported higher prevalence rates of somatic complaints than

their non-abused peers (48.8% vs. 36.7%). Further analysis revealed that women who complained of being “bothered a lot” in the past four weeks with either menstrual cramps, pain or problems with sexual intercourse, headaches, feeling the heart racing, shortness of breath or nausea, gas and indigestion (Maharaj et al., 2010).

Victims of IPV further reported higher rates of STIs and HIV. According to the DHS, women in the Dominican Republic and in Haiti who experienced IPV in the year prior to the survey reported higher rates of STIs when compared to their non-victimized counterparts (Kishor & Johnson, 2006). Women in the USVI reporting an STI in the past year were nearly three times more likely to report recent IPV. Specifically, compared to non-abused, abused women reported higher rates of having had any STI, chlamydia, and gonorrhea in the year prior to the survey (Stockman et al., 2013). In a national sample of US Caribbean Black women, there was a low prevalence of HIV/AIDS overall; yet, rates were nonetheless highest among women with a history of SPIPV than those without such a history (Lacey & Mouzon, 2016).

The links between intimate partner violence and HIV/AIDS are complex and influenced by biological, socio-cultural, and economic factors (Allen, 2011; Serbanescu et al., 2010). First, men who engaged in physical or sexual partner violence, which tend to co-occur with attitudes that support IPV and risky sexual behavior, increased battered women’s risk of STIs, including HIV. For example, using data from the 2012 DHS, Haitian men who endorsed wife beating reported lower odds of condom use (Conserve, Whembolua, & Surkan, 2016). Moreover, the perpetration of physical IPV was associated with a history of STIs and inconsistent condom use with all kinds of partners, including sex workers, casual partners, and intimate partners (wives, girlfriends) among Haitian men who used the services of prostitutes (Couture, Soto, Akom, Joseph, & Zunzunegui, 2010).

### ***Violence and fatality***

The consequences of domestic violence extend much further than mental and physical health risks. In some instances, it can be life threatening or become fatal. Internationally, an estimated 58 percent of women were killed by an intimate partner or family member in 2017 (United Nations Office on Drugs and Crime [UNODC], 2018). While reliable estimates are lacking across the Caribbean and the Diaspora, in such places as the Bahamas and Trinidad and Tobago, it was noted that intimate partner violence accounted for half of all cases among murdered women (see Sewell, Martin, & Abel, 2010). More recent estimates show varied rates of intimate partner homicide within the region for Suriname (4.3), Guyana (2.1), Dominican Republic (1.6) and Jamaica (0.1) per 100,000 female population (UNODC, 2018). Information on Caribbean women and children victims of homicide outside the

Caribbean region (Canada, USA, England) is limited. As such, it is clear that the absence of comprehensive surveillance systems is a regional challenge that hinders how to address domestic violence in the Caribbean.

## Discussion

Violence against women and children is endemic in Caribbean countries, as it is in most countries around the world (UNODC Report 37820 2007). However, the risk of violence in the Caribbean region is greater and alarmingly above global prevalence rates (UNODC Report 37820 2007). Higher rates of violence in Caribbean countries are attributed to several factors, including an enduring colonial past that has shaped cultural norms surrounding the use of violence to assert gender, race and class boundaries including the cultural and social norms that are preoccupied with a heteronormative assertion of Caribbean men and their masculinities. This incidentally has resulted in a cycle that has filtered down into households and relationships, and endured generations. Coupled with the colonial history, social and cultural norms surrounding gender inequality and women's role in society has resulted in their continued vulnerability to abuse and the dire consequences that follow. In addition to the risk of mental and physical consequences, the fatality risk also heightens. Finally, the evolution of the region's economies, and global push and pull factors that are attributed to gendered shifts in unemployment and under-employment patterns, can be attributed to the continued existence of violence in the Caribbean.

Despite the evidence of high incidences of domestic violence among Caribbean women and children, limitations to the understanding prevail, partly due to the lack of quality data. To date, and to our knowledge, there are very few nationally representative studies conducted that provide reliable estimates and associations of violence against women within the region. A number of factors have contributed to the disparity of information and inadequate data, namely culturally-standardized definitions and measures of domestic violence and inconsistencies of routinely collecting data. Moreover, the data captured are generally collected for purposes other than that of establishing an epidemiology of violence and are only cross-sectional in nature (Clarke & Sealy-Burke, 2005). In the absence of prevalence and incidence rates, these factors pose a major challenge to justify the need to investigate domestic violence as a continuous major public health problem. The absence of domestic violence data also signals both a lack of political and legal will to make domestic violence a priority. To understand the significance of domestic violence in the Caribbean and within its population, data will be required to further critique the ways in which cultural and social norms define Caribbean gendered relations.

## Recommendations

### *Data collection*

A need for more comprehensive and systematic data collection to garner a full scope and understanding of the consequences associated with domestic violence has not been extensively investigated. It is suggestive that data collection should move beyond physical violence and be inclusive of other types of violence (e.g. psychological/emotional, sexual, threat) as well as adverse childhood experiences. Data collection should include structured clinical or physician diagnosed assessments as part of routine health (physical and mental) visits to understand population trends and inform better public health interventions. Until these and other measures are taken, an understanding of domestic violence in the Caribbean and throughout the Caribbean Diaspora will remain a public health challenge.

### *Intervention*

Aside from measures surrounding data collection, there are important suggestions for multi-level interventions to address domestic violence in the Caribbean. Violence interventions should focus on addressing the *culture of silence* that encourages individuals not to speak out about the implications and consequences of violence. The failure to address domestic violence needs to be considered an important public health concern, one that seeks to answer how and why women and children in the Caribbean are prevented from seeking redress for the violence to which they have been so vulnerable for so long? Insight to such questions might provide partial answers, especially as it relates to family violence in the endemic code of silence that is an embodied experience of life in Caribbean society.

It is believed that the patriarchal orientation of the Caribbean's so-called cultural master narrative helps us understand the "cultural script, a kind of social character" that directly links violence from the Caribbean's past to the unprecedented rates of violence in its society today (Mattingly & Garro, 2000). This cultural script establishes patriarchal masculine qualities, in a way that cannot be challenged or sanctioned. Thus, the Caribbean values of personal responsibility, control of the environment, and arrangement of daily life, have seen to legitimize violence within Caribbean social and cultural norms in ways that ensure the dominant role of Caribbean men and their masculinities.

In the case of victims and survivors of violence, interventions should focus on targeting social organization and dominant attitudes that support patriarchy and hegemonic masculinity, and the social controls and ritual interactions that enable violence. Silence in social groups depends on a person's position in that society; for women and children in particular – and in the

Caribbean, specifically – that position is proscribed first by their perceived status as “others” or subordinates, and then by such other dimensions as age, ethnicity, and class. In patriarchal societies such as the Caribbean, children and women are people with little or no power. To survive and exist within these dominant social and cultural norms, women and children have had to learn how to maneuver through the cultural censorship imposed by institutions (e.g., schools, churches) and social groups (e.g., the elderly) in order to establish their own legitimacy (Tankink, 2004). Efforts should be made to understand how operationalizing silence as a coping strategy limits the ability of victims and survivors to speak out (Jeremiah et al., 2017).

Violence interventions that focus on reducing the rate of violence among this population requires greater attention and recognition to the endemic nature that it imposes on individuals and communities. Greater vigilance should also be given to cultural norms which have not totally condemned the culture of violence that is associated with Caribbean masculinities. Until these norms are exposed, only then can the dialog begin about ways to prevent and deal with this social concern moving forward.

Along with addressing the culture of silence, another intervention is to invest in non-violent conflict resolutions at the earliest stages of the life course, some of which should be implemented in educational curriculums and conflict resolution skills for children, adolescents and young adult Caribbean generations. Given that relationships largely begin early in this population compared to others, this measure is not only useful for identifying effective efforts of resolving and solving disputes, but to also recognize that conflict is a natural part of relationships that should not be resolved with violence (Lacey et al., 2017). When conflict disputes and threats are addressed appropriately, it can clarify boundaries and often times lead to greater resolve (Lacey et al., 2017).

Even so, it is important that measures implemented should be culturally appropriate and sensitive to the Caribbean population. It should be recognized that some cross-cultural measures used are very effective in resolving issues. It is equally important that we recognize that the ‘one size fits all’ approach is not often the most prudent course of action. Rather, the use of *Intersectionality* to illuminate the various experiences of race, ethnic, class and gender is vital in finding solutions. Therefore, we must tailor these measures to fit the uniqueness of the Caribbean culture and population.

### **Prevention**

Just the same, we should recognize that harsh disciplinary methods used on children can and may haunt us in the long run. For years, research continues to show that early victimization can continue into adulthood (Lamers-Winkelmann, Willems, & Visser, 2012; Smith, 2016a), thereby continuing

this vicious cycle of violence and crime. Moving forward, we must recognize and embrace other effective forms of disciplinary measures and practices used among children. This may be a starting point in reducing the long term and escalating rate of violence enacted against women and children of this population.

Further, it is important that we consider the perpetrators of violence. In many cases, men are the abusers with other co-existing factors that contribute to the problem. For example, there is a need to explore how substance abuse and economic patterns may influence the risk for violence in Caribbean homes. Such an approach requires reframing of inquiries and interventions to consider the social determinants of violence that are inclusive of more than just the individual as the perpetrator. Preventative efforts should also be geared to managing stress and frustration, particularly for men who face social pressures of being heads of household and providers. Again, this measure should be culturally appropriate and sensitive. Similarly, culturally appropriate and sensitive measures should be considered for Caribbean adult men, who themselves have been abused as children, but have been deemed violent as adults. Although their number might be fewer compared to other populations, it should be acknowledged that these individuals may have such experiences, but are confronted by cultural norms that prevent them from understanding that previous adverse exposures may be linked to adult-related behaviors and health problems.

## **Conclusion**

This paper offered a multidimensional reflection about violence among Caribbean populations by focusing on historical perspectives, theories, prevalence, risks and consequences of violence that affect people within the region and across the Diaspora. Our argument provides critical insights into the origins of the Caribbean's social and cultural norms that have reinforced the pervasive threat of violence against women and children, and its impact on the broader Caribbean society. We delineated the significance of the problem and offered recommendations on how it can be addressed with the implementation of robust research studies and culturally-appropriate interventions that reflect the realities of the Caribbean. Our goal was to establish a call to action that expands the scholarship of Caribbean domestic violence in ways that would afford a reduction in the prevalence and enhancing the human rights of women and children.

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## Disclosure of Interest

The authors declare no conflict of interest.

## Ethical Standards and Informed Consent

Human subjects were not involved in this article. An institutional review oversight was not required.

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