

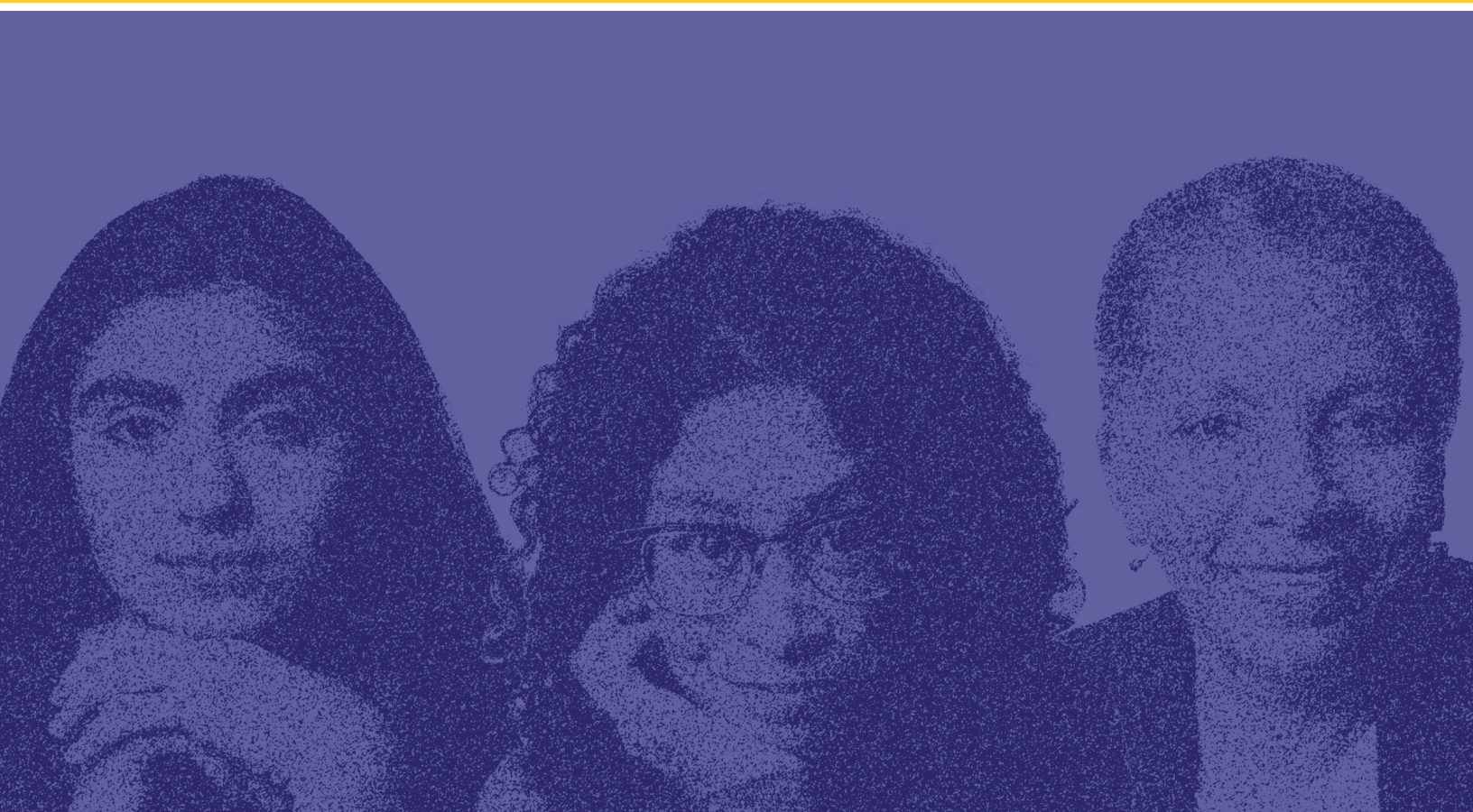
National Women's Health Survey

for Trinidad and Tobago

FINAL REPORT

Authors:

Cecile Pemberton and Joel Joseph



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1300 New York Avenue, N.W.
Washington, D.C. 20577
www.iadb.org

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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
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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 Violence¹ (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 act³ 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 of partner violence against women. There was, however, a highly significant relationship between a male partner's controlling behaviours and women's experience of emotional, physical, and sexual partner violence. Women whose

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 more common in East Indian households relative to other households.

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

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 VAWG⁹ 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.

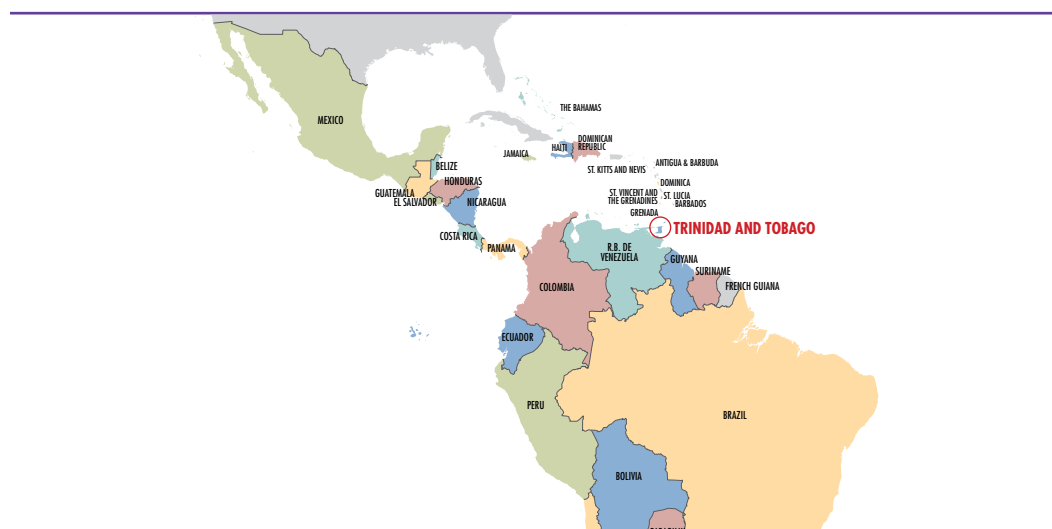
piloted in 2015–16, it was guided by the Statistical Institute (STATIN) of Jamaica with the support of UN Women and the IDB. The targeted rollout includes Trinidad and Tobago, Guyana, and Grenada. The CARICOM model is based on the original *World Health Organisation Multi-Country Study on Women's Health 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).

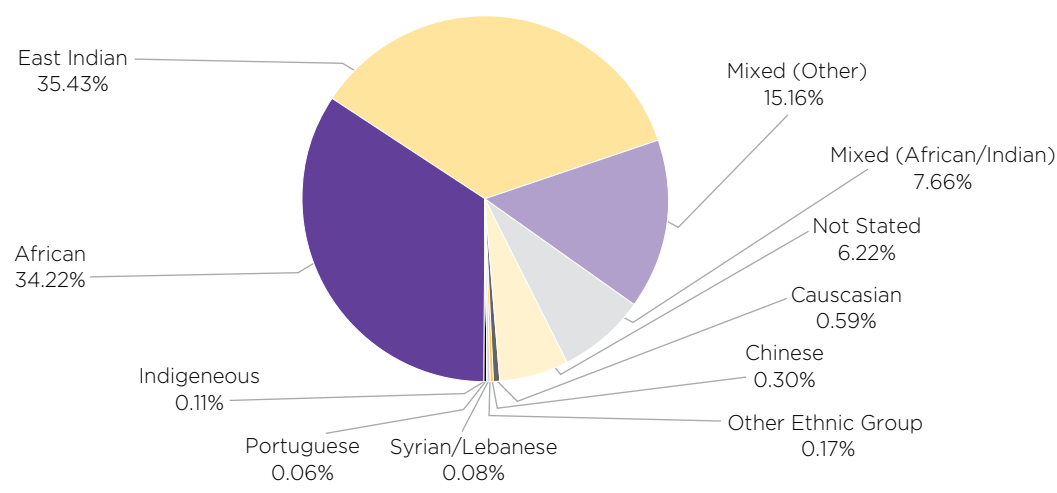
The country's diverse population of approximately 1.4 million inhabitants¹³ owes much of its diverse and complex culture, ethnic composition, and development to the legacy of

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.

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 Victimization Survey²² 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).

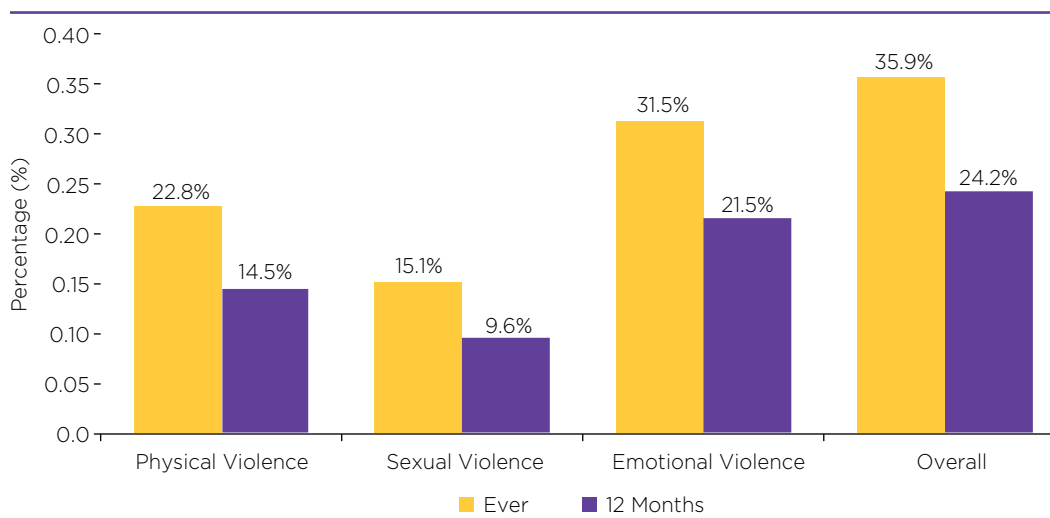
Human Rights Monitoring and Reporting

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).

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 WHO³³ 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 referrals³⁴ as necessary. Additional protocols included having no publicity about the study prior to or during field-work 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 Women³⁷ 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 questionnaire³⁸ 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/>.

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.

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 women⁴⁷ 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

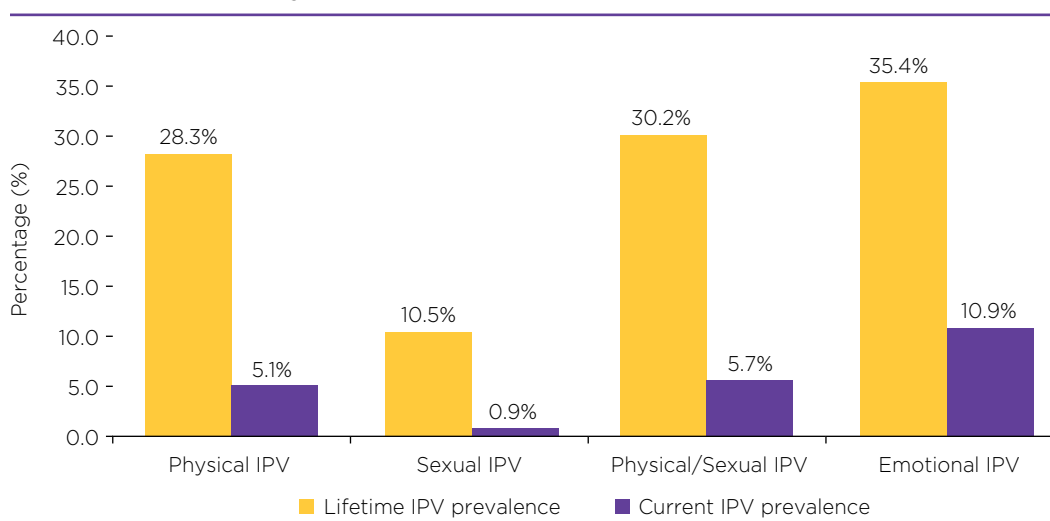
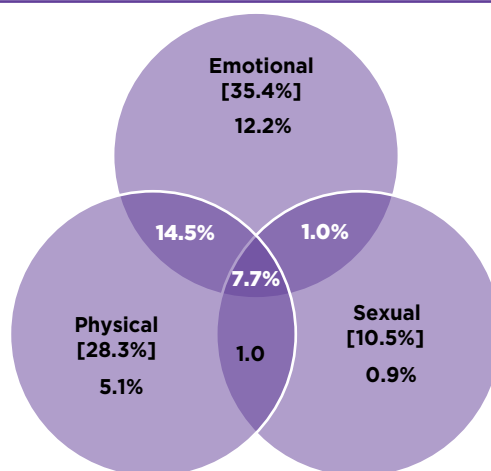


FIGURE 4.2 ○ Overlap between Sexual, Physical, and Emotional Violence Experienced by Survivors of IPV Nationally: Women's Health Survey Trinidad and Tobago, 2017^a

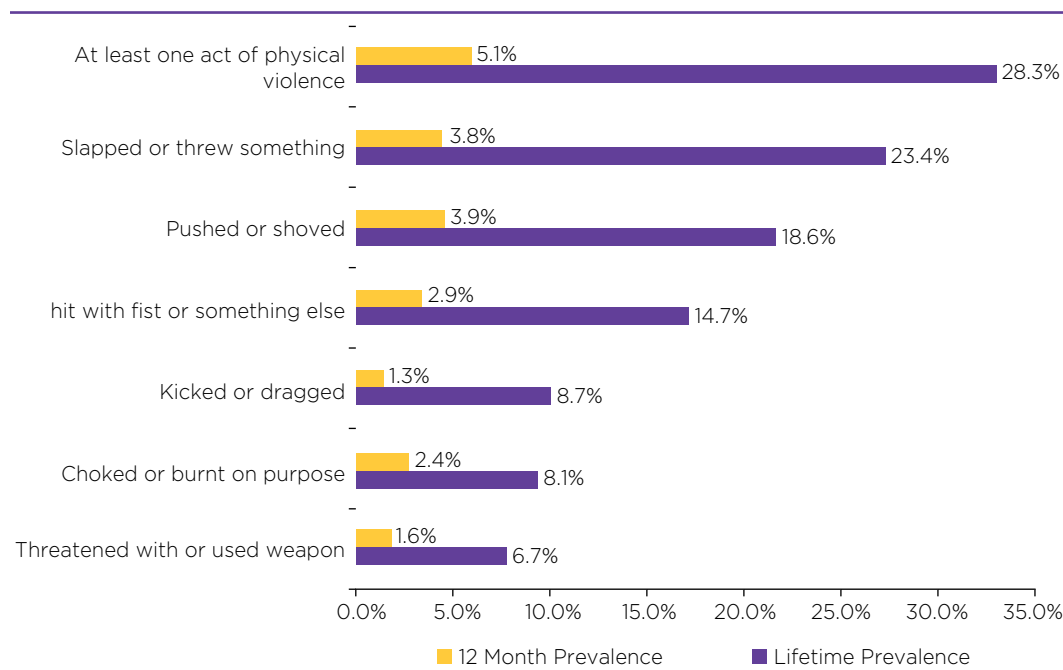


^a Figures in parentheses indicate the proportion of all ever-partnered women who have experienced each type of abuse. All other numbers represent specific combinations of violence.

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

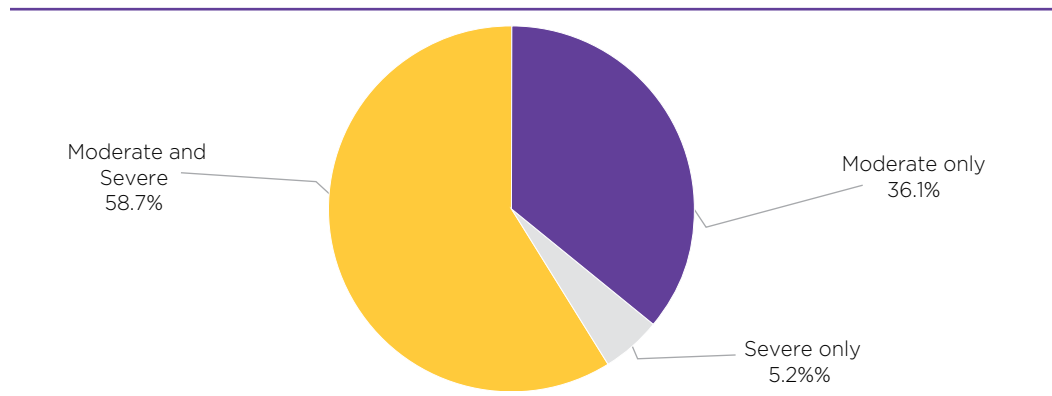
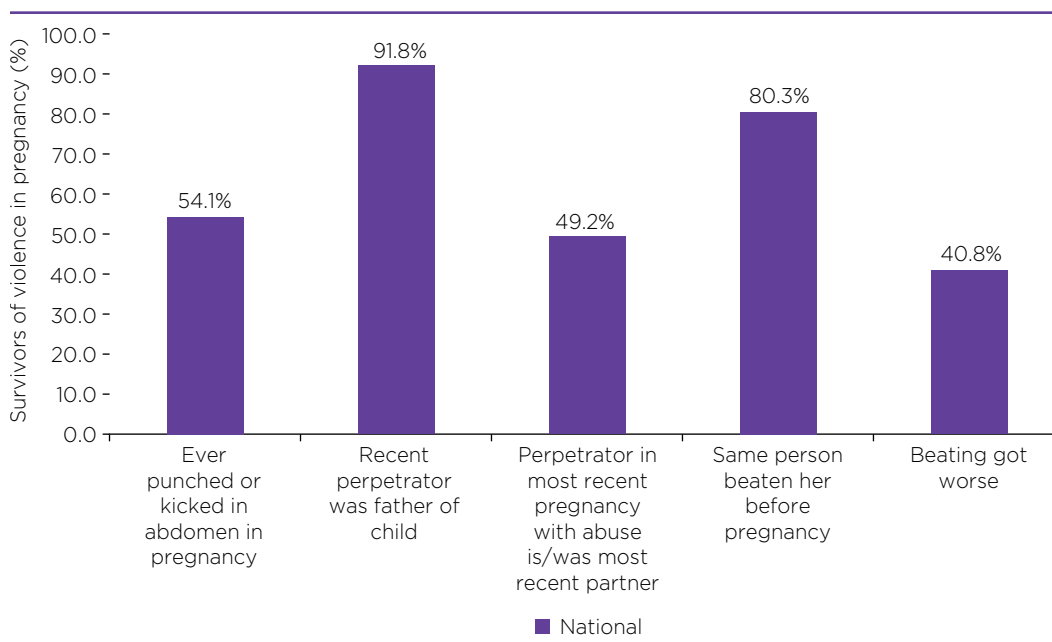


FIGURE 4.5 ○ Characteristics of Physical Violence among Women Who have Experienced Physical Violence in Pregnancy: Women's Health Survey Trinidad and Tobago, 2017

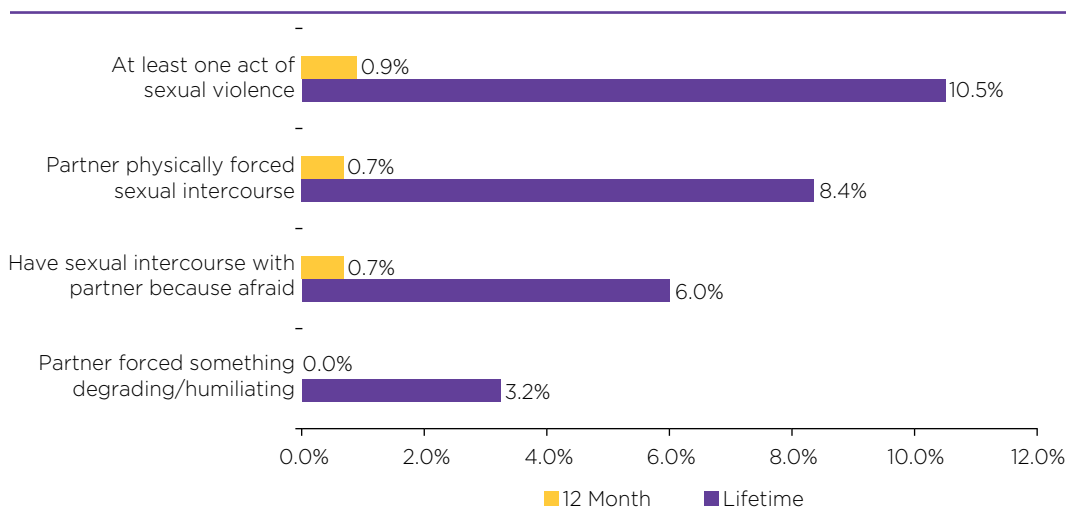


stayed the same during pregnancy (31%). More than half of the ever-pregnant women who experienced violence during a pregnancy indicated that they had been punched or kicked in the abdomen when pregnant. See Figure 4.5 above.

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

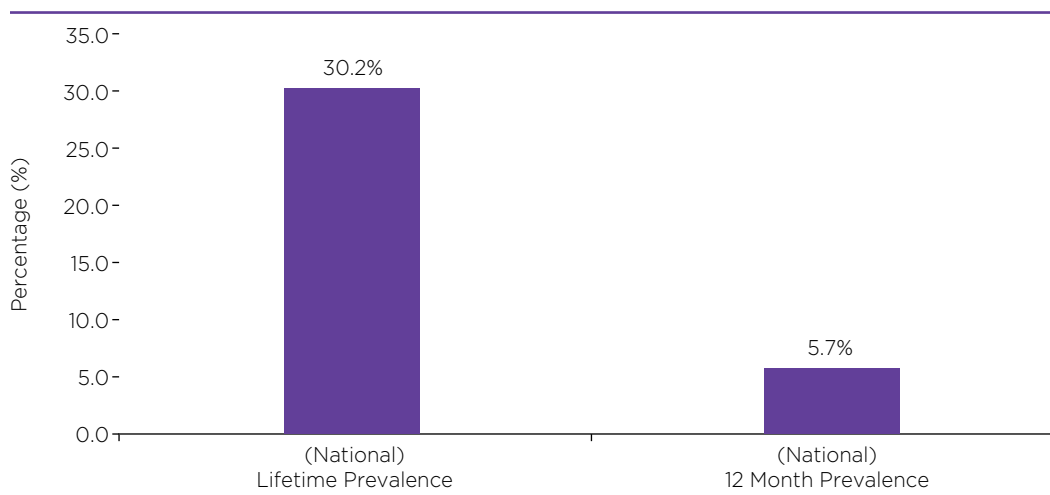
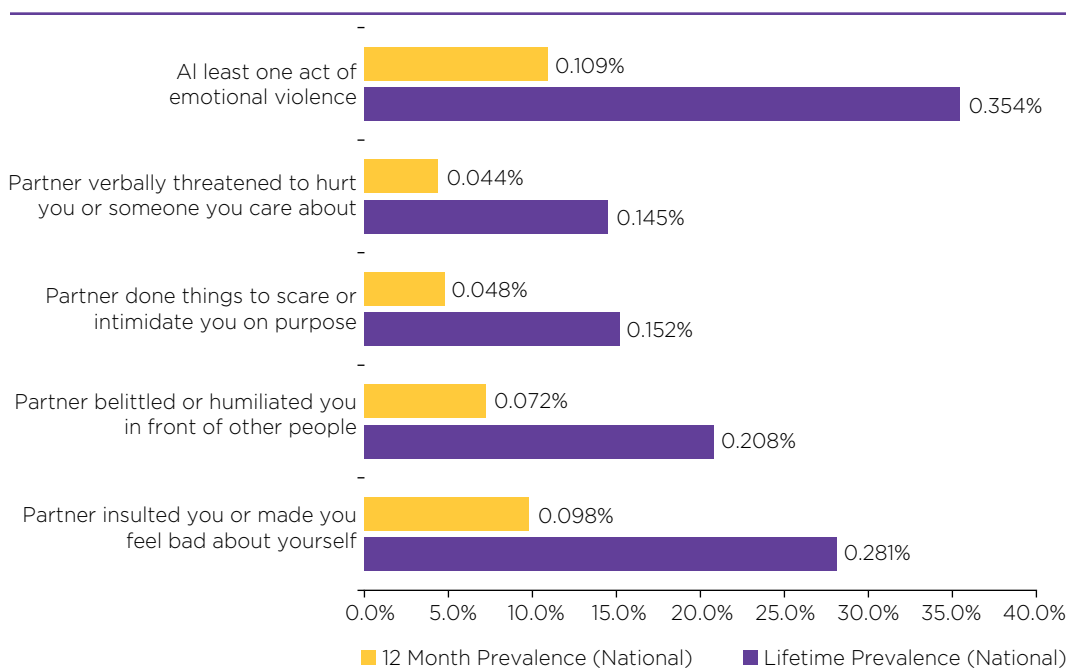


FIGURE 4.8 ○ Lifetime and Current Prevalence of Different Acts of Emotional Partner Violence among Ever-Partnered Women: Women's Health Survey Trinidad and Tobago, 2017



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

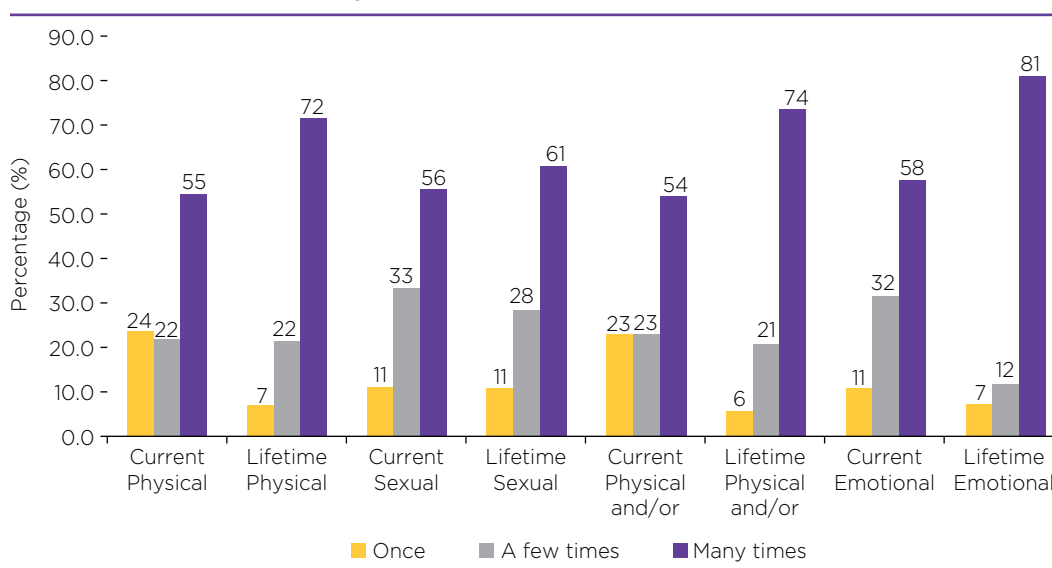


Figure 4.9 shows that across all types of IPV, whether lifetime or current, at least half of all survivors reported that they had experienced partner violence “many times.” Conversely, across all dimensions save current physical violence, approximately 11 percent or less experienced only one violent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

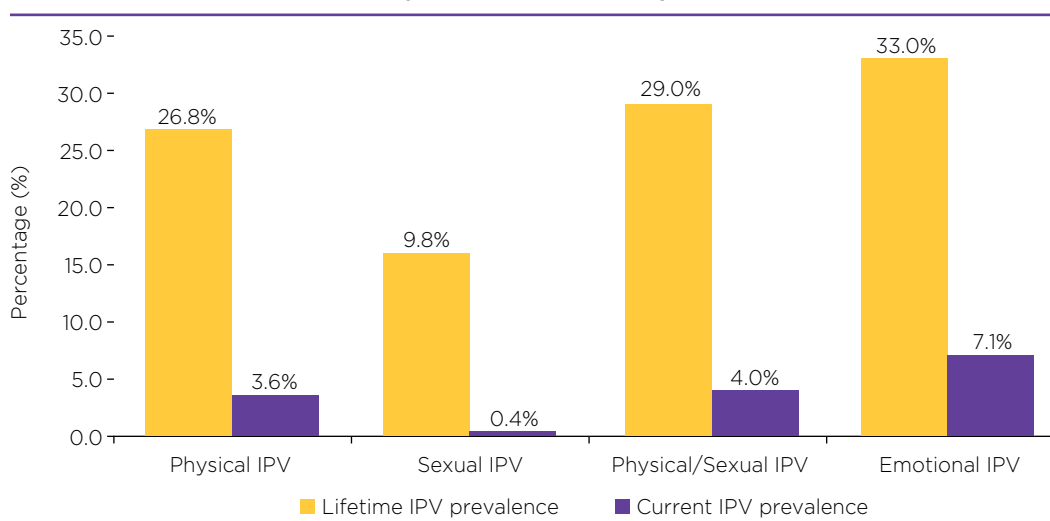
Economic Partner Violence

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

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



CSP 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.

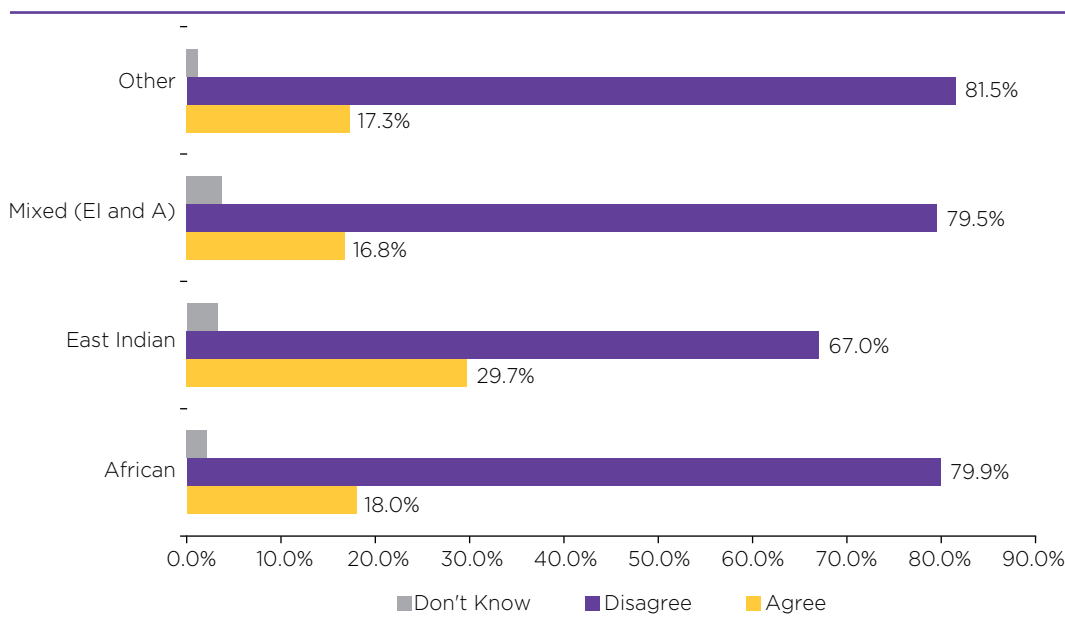
Across all age groups the prevalence of current physical partner violence was higher among younger women in five-year age groups between 20 and 34 years, ranging from 7 percent to 11 percent. This trend continued with prevalence rates decreasing among women in age groups between 35 and 49 years and ranging 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	<i>Lifetime only</i> Primary only = 33.5% Secondary = 29.8% Higher = 23.4% p-value = 0.04	—	—
Current Partnership	<i>Lifetime</i> Married = 25.9% Cohabiting = 46.1% No partner = 14.5% p-value = 0.00	<i>Lifetime</i> Married = 9.1% Cohabiting = 18.2% No partner = 7.9% p-value = 0.03	<i>Lifetime</i> Married = 27.8% Cohabiting = 47.9% No partner = 15.8% p-value = 0.01
Age	<i>Current</i> 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	—	<i>Lifetime</i> 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	<i>Current</i> Urban = 4.1% Rural = 7.4% p-value = 0.03	—	—
Ethnicity	—	<i>Lifetime</i> African = 12.6% East Indian = 8.8% Mixed (EI & A) = 6.0% Other = 15.8% p-value = 0.03	—
Ever pregnant	<i>Lifetime</i> Yes = 32.0% No = 9.8% p-value = 0.00	<i>Lifetime</i> Yes = 12.1% No = 3.1% p-value = 0.00	<i>Lifetime</i> Yes = 34.0% No = 11.0% p-value = 0.00
Age at first union	<i>Lifetime</i> 19 or older = 27.1% 18 or younger = 47.4% p-value = 0.00 <i>Current</i> 19 or older = 4.5% 18 or younger = 10.9% p-value = 0.00		<i>Lifetime</i> 19 or older = 5.5% 18 or younger = 10.9% p-value = 0.01 <i>Current</i> 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)

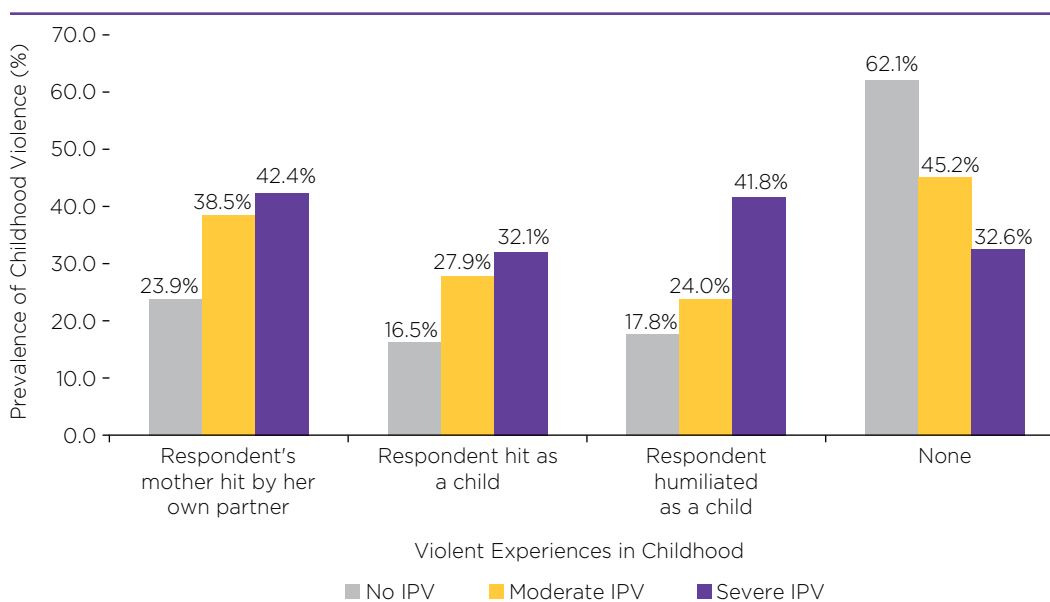
Significant factors	Physical IPV	Sexual IPV	Physical +/or sexual
Main source of income	—	<i>Lifetime</i> Own work = 16.2% Husband/partner = 7.7% Self/partner equal = 7.4% Relatives/friends = 8.3% None/pension/social services = 12.4% p—value = 0.00	—
Non-consensual marriage	—	<i>Lifetime</i> Yes = 14.8% 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 use⁵⁶ 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

⁵⁶ Consumed alcohol or drugs at least once a week.

with a partner who had no prior relationships (4%). Further, the prevalence rate of current 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.

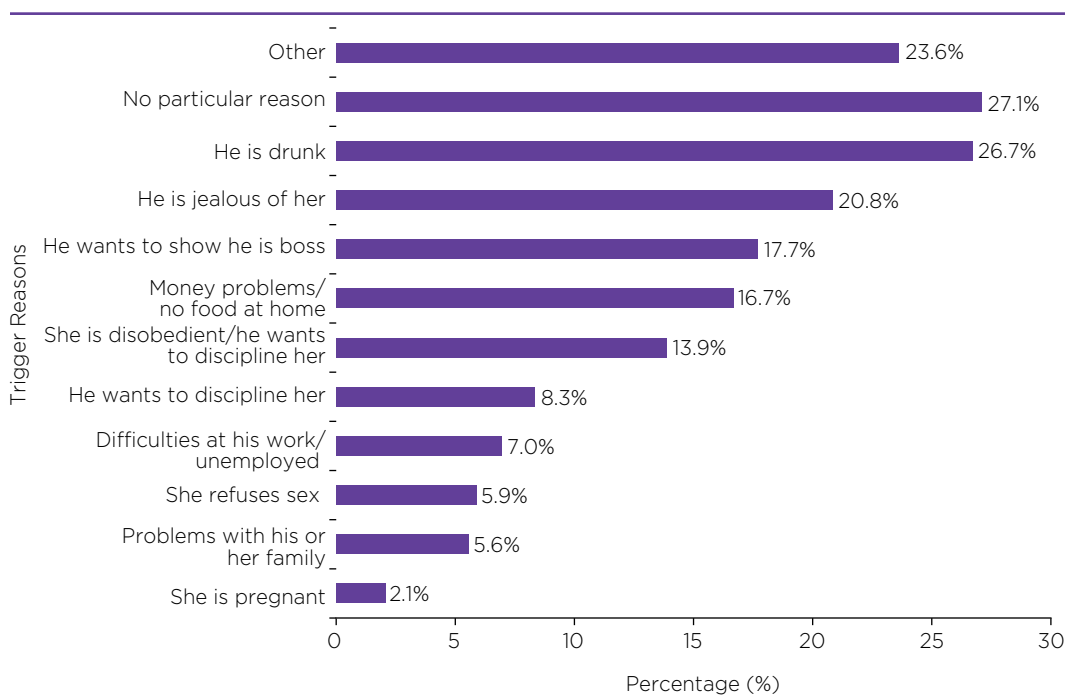
Perceived Triggers of Partner Violence

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 child-bearing 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 Violence 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.

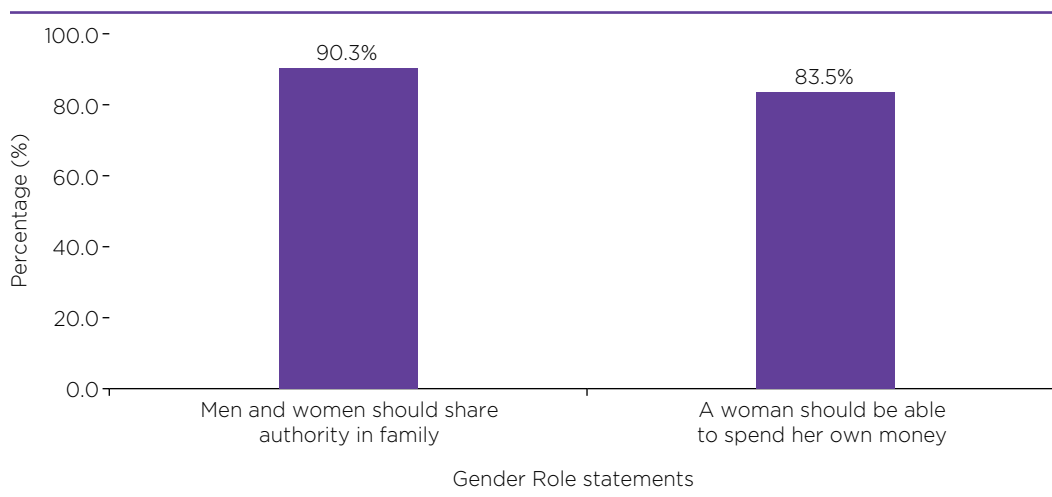
Gender Attitudes

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.

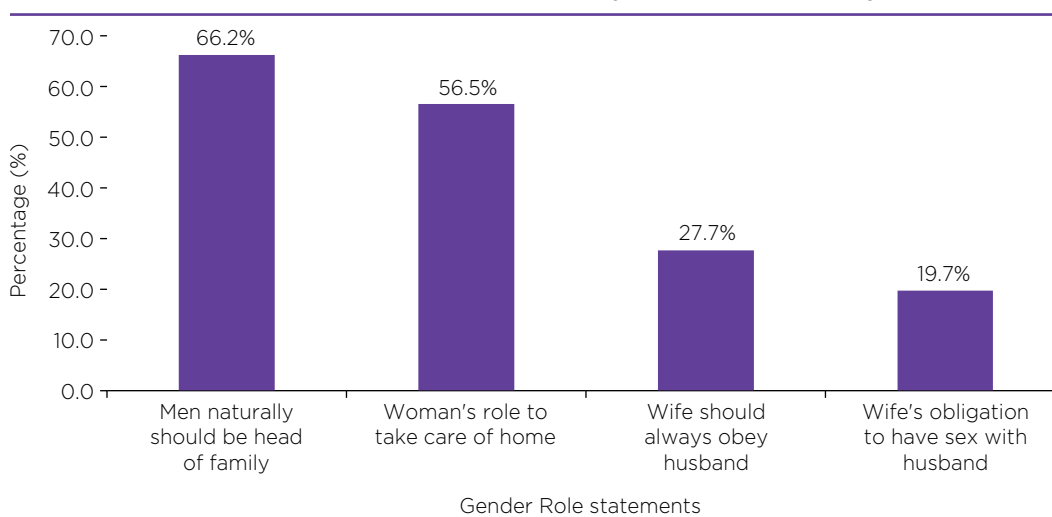
FIGURE 4.14 ○ Egalitarian Gender Attitudes. Proportion of Women Interviewed Who Said They Agree with Specific Statements Presented to Them: Women's Health Survey Trinidad and Tobago, 2017



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



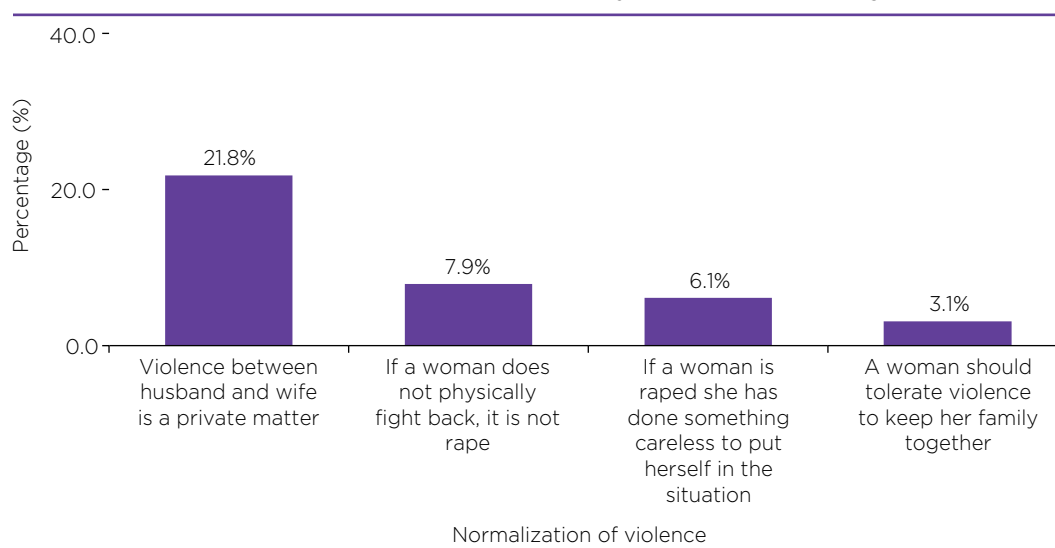
emotional partner violence was found to be higher among women who agreed that a woman's role is to take care of the family (13%), than among women who did not agree with that statement (8%). No other associations were statistically significant.

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.

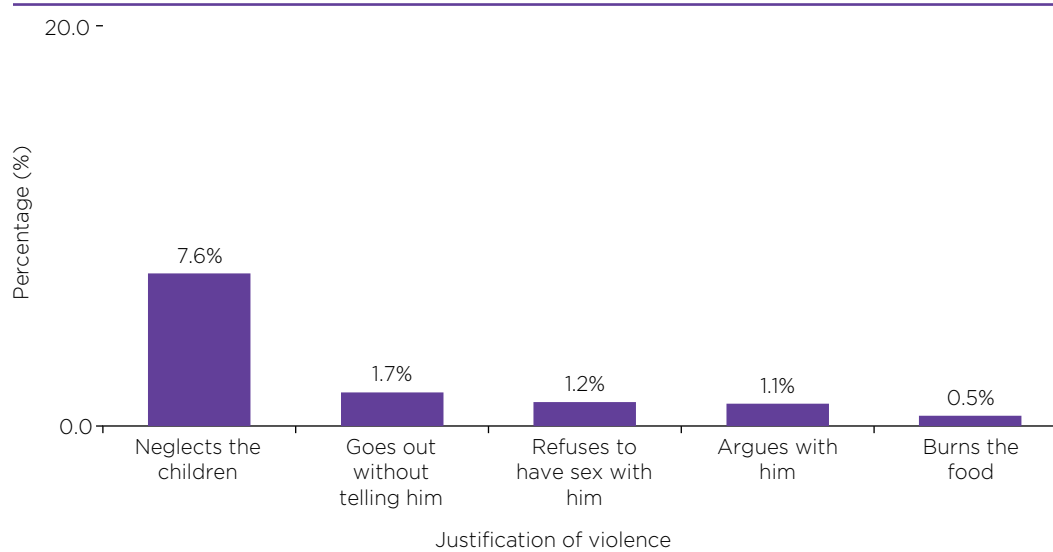
FIGURE 4.16 Normalisation of Violence. Proportion of Interviewed Women Who Said They Agree with Specific Statements Presented to Them: Women's Health Survey Trinidad and Tobago, 2017



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 woman⁵⁹ (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 partner⁶⁰ (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

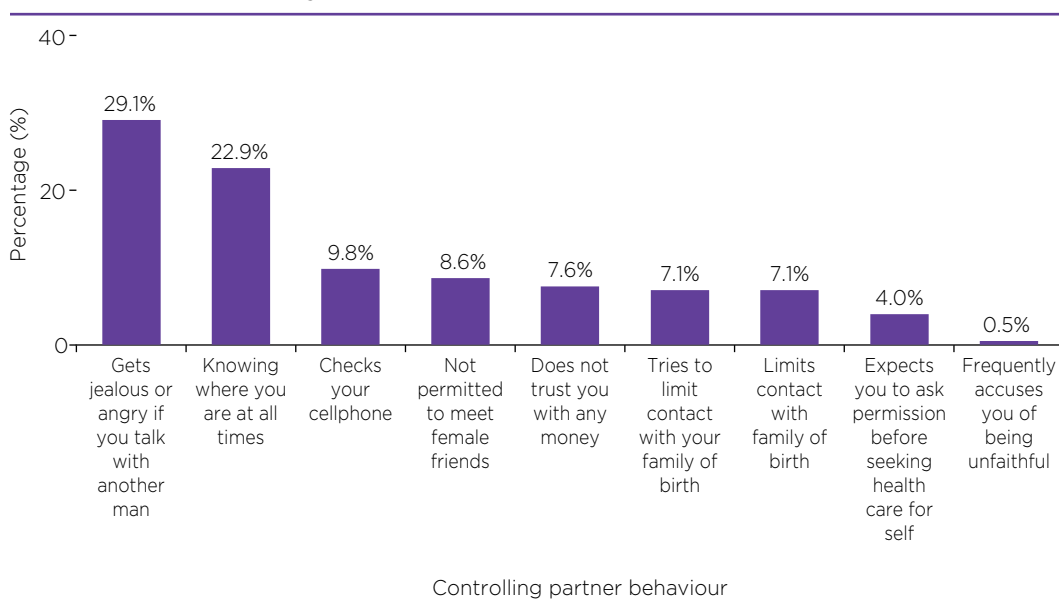
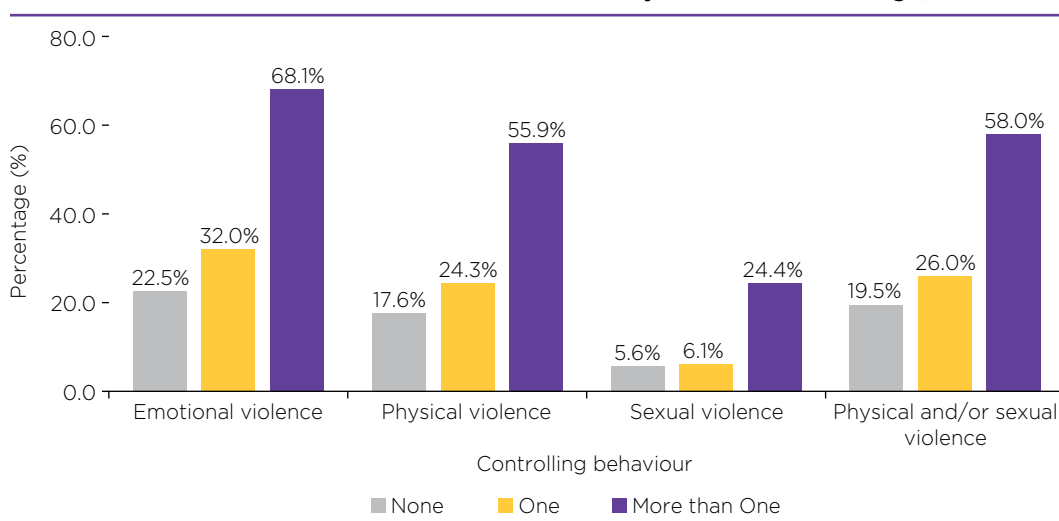


FIGURE 4.19 Partner Controlling Behaviour and Lifetime Experience of Partner Violence: Women's Health Survey Trinidad and Tobago, 2017



- 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

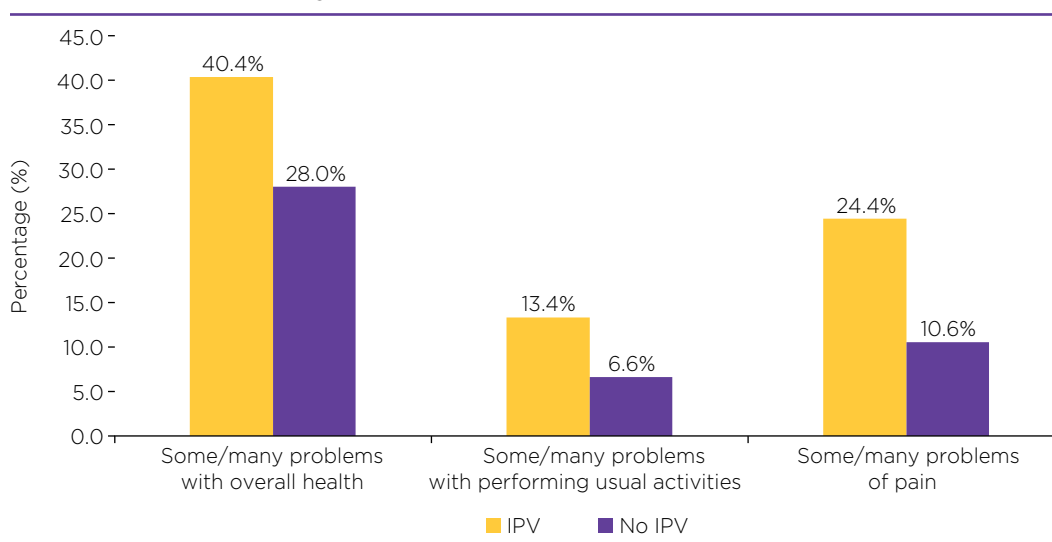
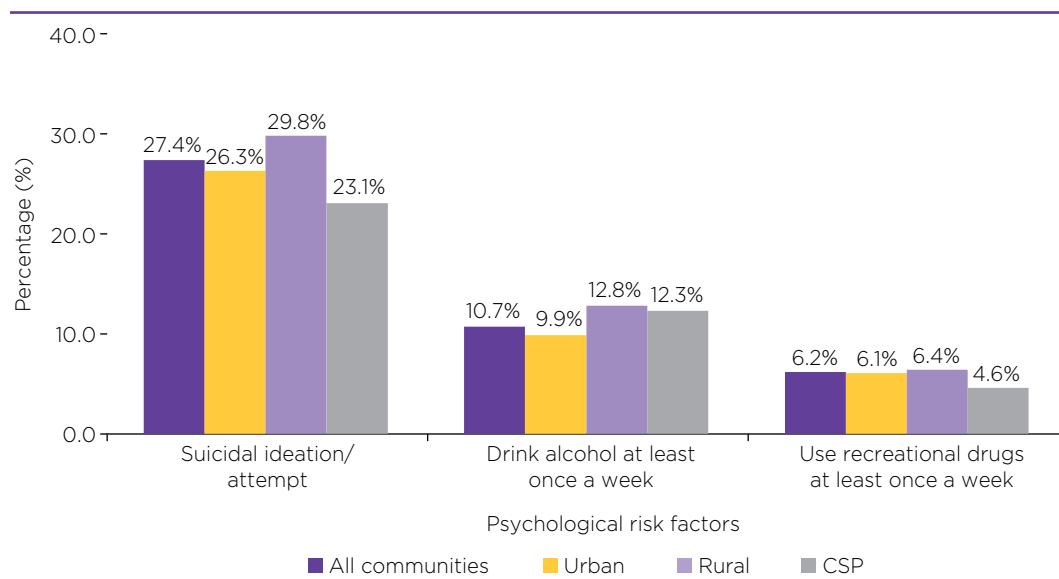


FIGURE 4.21 ● Psychological Risk Factors Reported among Ever-Partnered Women According to their IPV Experience: Women's Health Survey Trinidad and Tobago, 2017



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

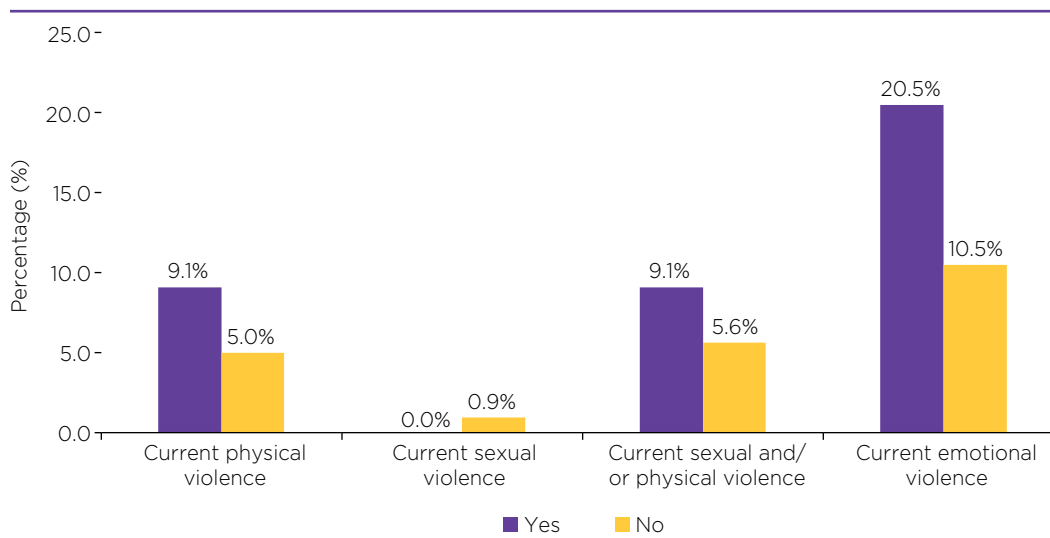
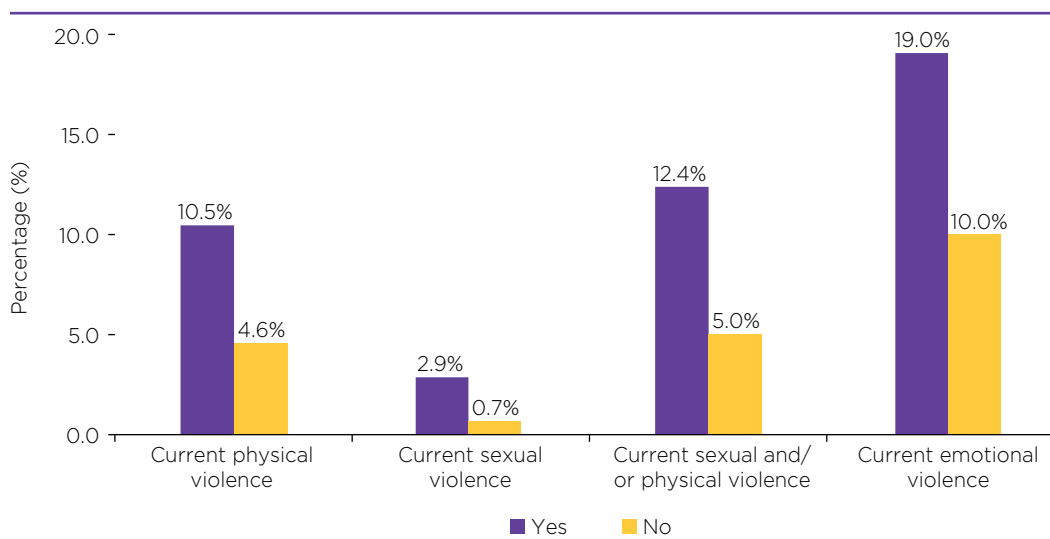


FIGURE 4.23 ○ Current/most Recent Husband/Partner Ever Refused to Use a Condom by Experience of Current Physical, Sexual, Sexual and/or Physical, and Emotional IPV among Ever-Partnered Women: Women's Health Survey Trinidad and Tobago, 2017



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

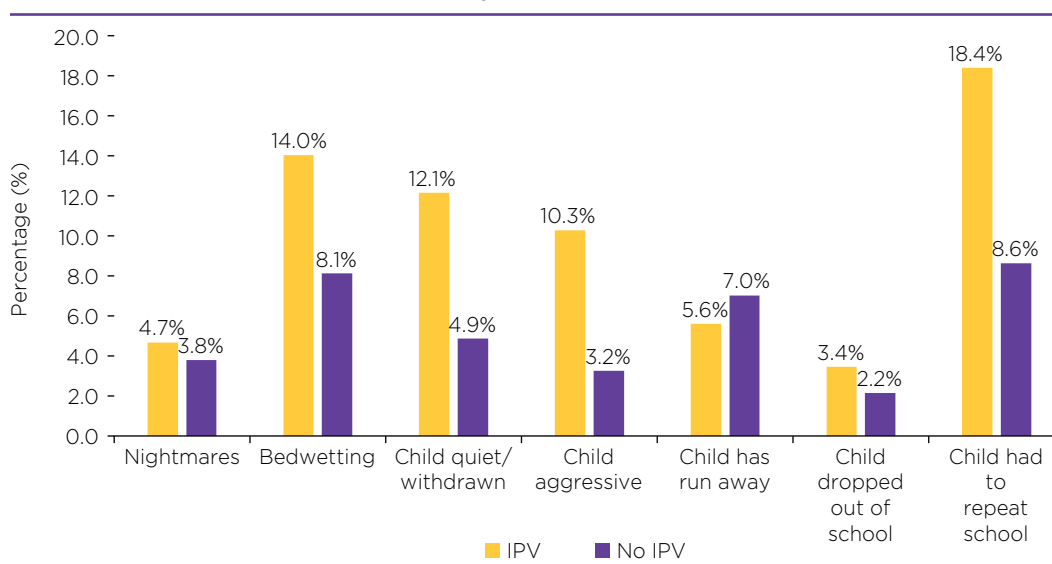
Women with children 5 to 12 years old reported the impact their experience of physical and/or sexual partner violence had on their children's well-being. Survivors of IPV reported higher prevalence for all but one of the indicators of trauma for their children. These included their children's private 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

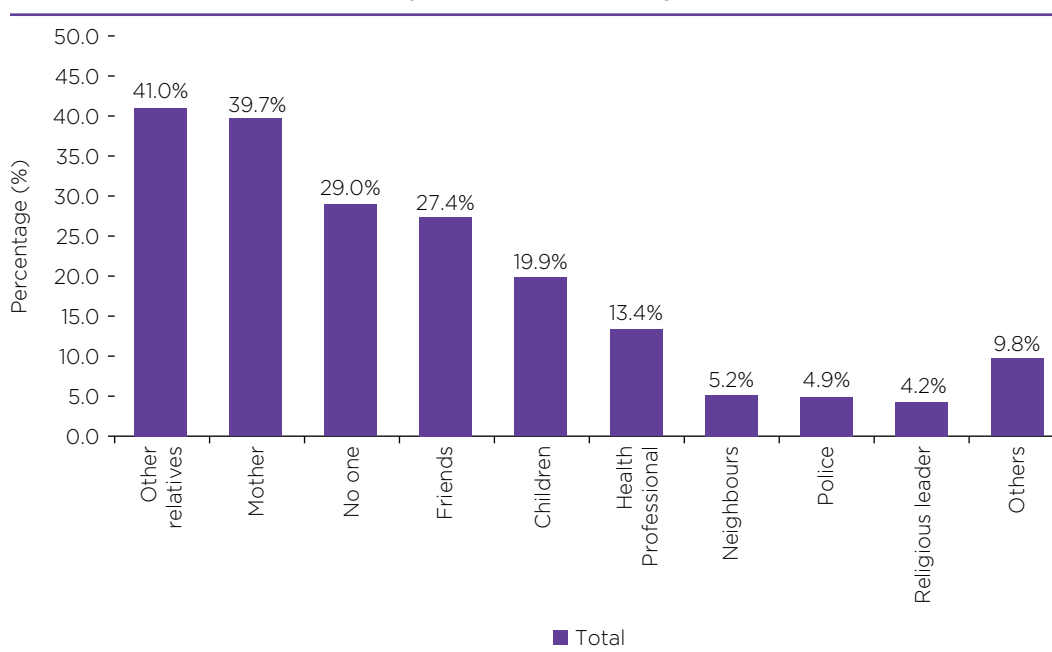
Most ever-partnered women who have experienced physical or sexual partner violence indicated that they spoke to at least one other person about their abusive experience; 29 percent had spoken to no one. Mothers were the most frequently chosen confidantes (40% for all respondents), and more so in CSP 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.

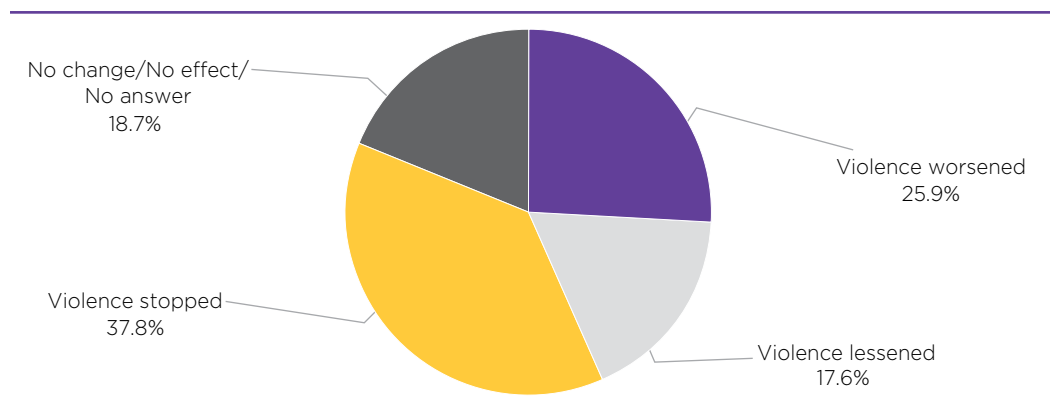
Fighting Back

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 result⁶¹ (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

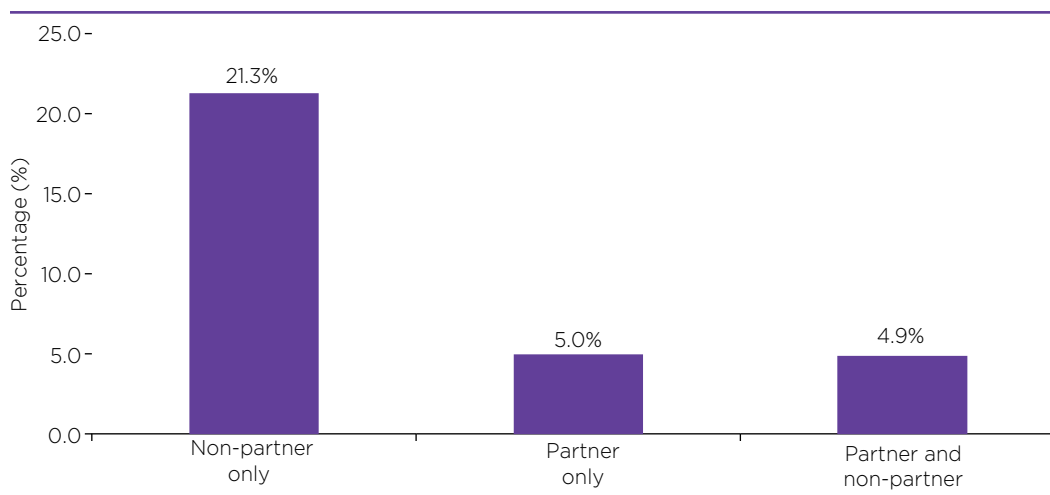
Survivors of physical and sexual partner violence find various strategies to cope with the violence in their lives. Most women are, at minimum, able to talk to someone about their situation, most often their mothers. It should be noted, however, particularly for informing community outreach programmes, 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 act⁶² 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).

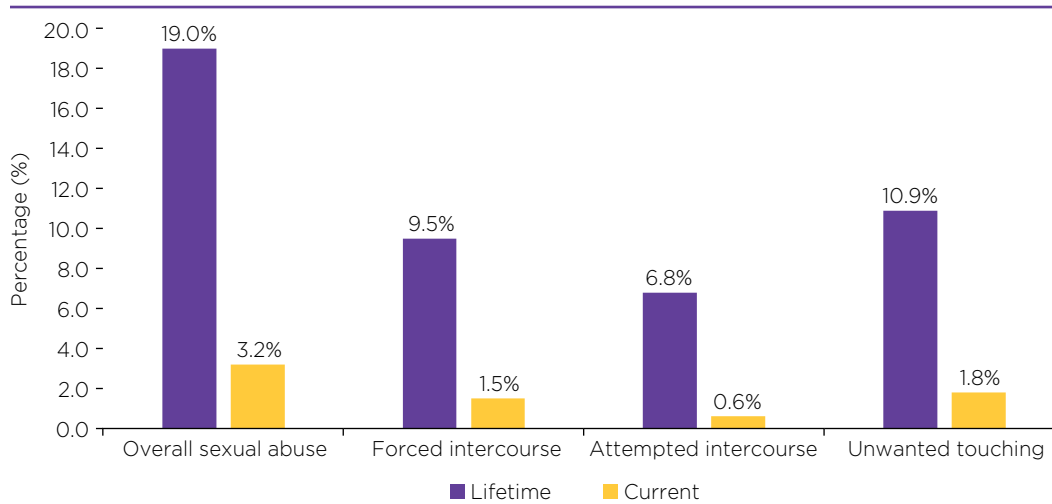
Educational Attainment

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%).

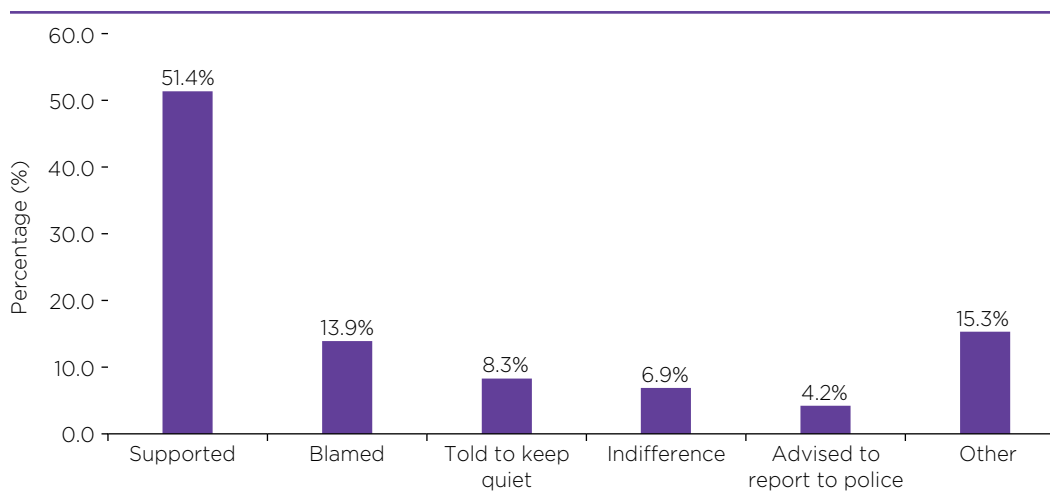
Forced Sexual Intercourse

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%).

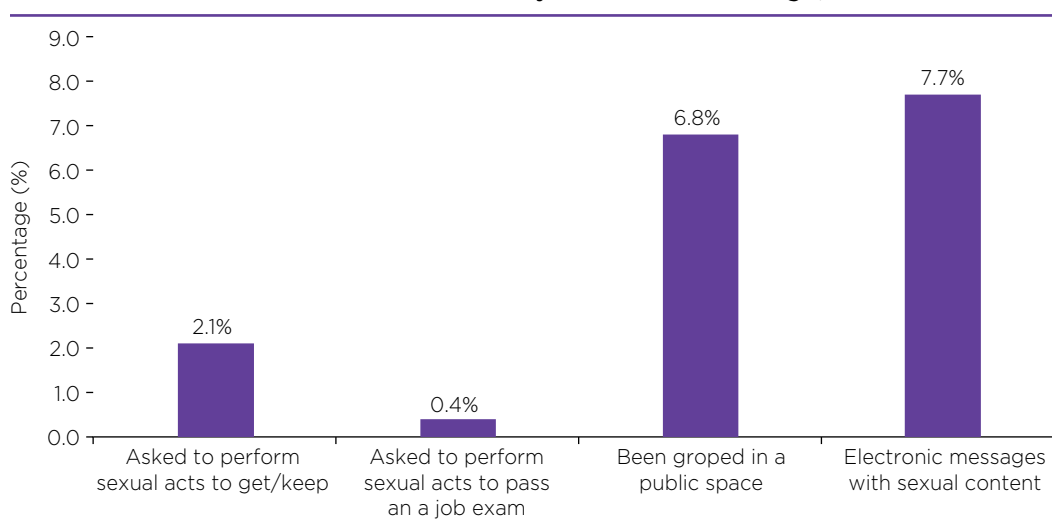
Respondent Age

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.

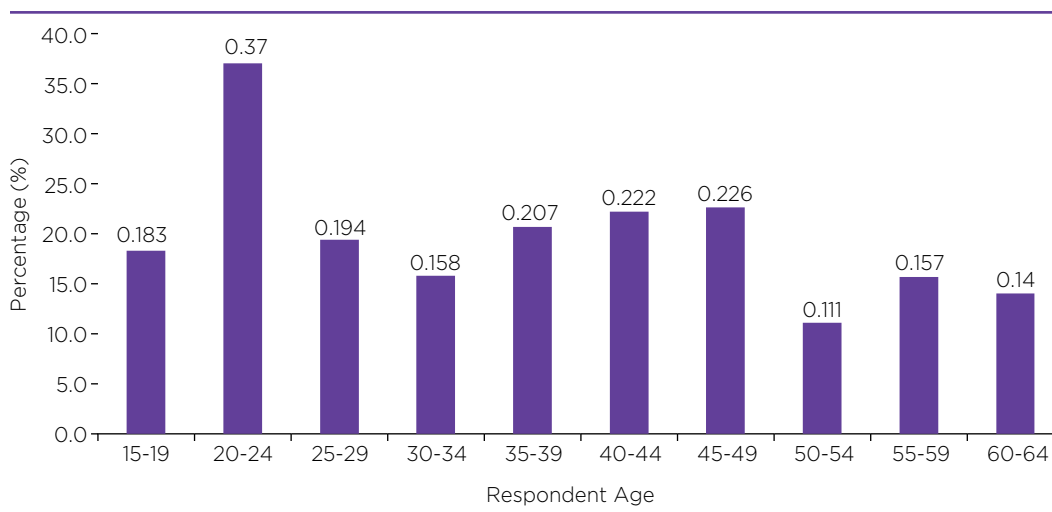
Nineteen percent of women selected the sad face at the end of the interview, indicating that they had experienced sexual abuse before the age of 18. Further, there were significant differences in the prevalence of childhood sexual abuse across several socio-demographic characteristics, namely respondent's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

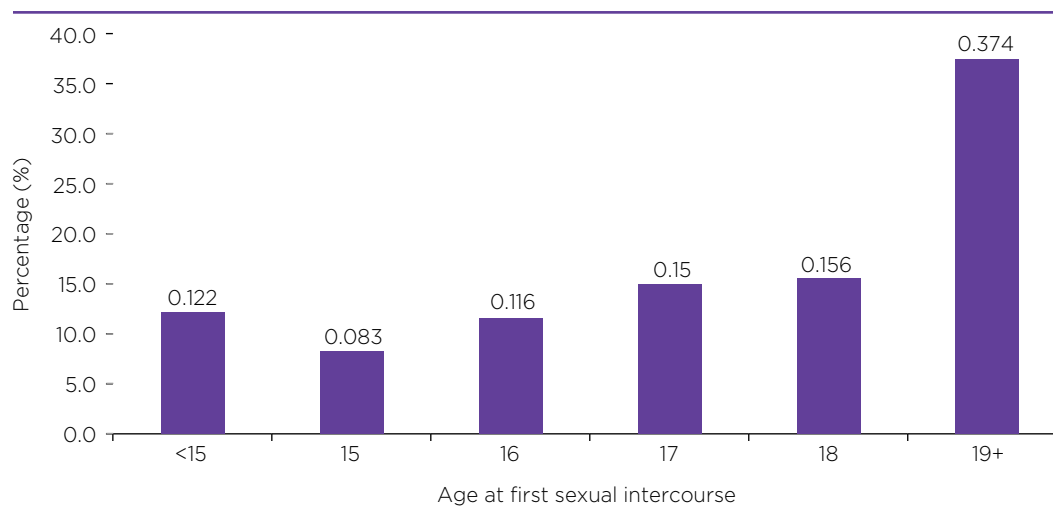
First Sexual Experience

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.

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

Type of partner violence	Ever-partnered		CSP	
	%	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 or 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

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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 or physical violence		Lifetime physical and/or sexual violence	
		%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
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
	31.0	48		9.7	15		9.0	14		38.1	59		12.3	19				17.4	27
25-34																		12.3	19
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
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
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
65 +	28.3	26		9.8	9		16.3	15		43.5	40		3.3	3				7.6	7
																		3.3	3
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
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
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
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
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
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
Higher	21.6	50		6.5	15		4.7	11		32.3	75		4.3	10		.9	2	10.3	24
																		4.7	11

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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 or sexual violence									
	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)								
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 or sexual violence									
	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)								
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 (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)								
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 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

Controlling Behaviour	Lifet ime emotional violence		Current emotional violence		Lifet ime physical violence		Current physical violence		Lifet ime sexual and/or violence		Current sexual violence		Current sexual and/or physical violence								
	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)							
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	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		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		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

IPV Impact on income Generating Activities	Overall						Urban			Rural			CSP		
	Type of IPV			Type of IPV			Type of IPV			Type of IPV			Type of IPV		
	Physical (%)	Sexual (%)	Both (%)	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	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	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	—	—	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	—	—	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	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	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

Reasons for leaving home	Overall		Urban		Rural		CSP	
	%	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
Delafor/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):.....		☐ Need To Return	Total in household (Q1)
	 11			[][]
	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			

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(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 [][]	Entry 2:
Month [][]	Month [][]	
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 [][]

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(continued)

Interviewer Visits

Next Visit:	_____	_____	Total number of visits []
Date	_____	_____	
Time	_____	_____	
Location	_____		
Questionnaires completed?	*** Result Codes	☐ Need To Return	Check HH selection form:
[] 1. None completed ☐	Refused (Specify):.....	☐ Need To Return	Total in household (Q1)
	 11		[][]
	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		
[] 2. HH Selection Form (and in most cases HH questionnaire) only ☐	Selected woman refused (Specify):	☐ Need to return	
	 21	☐ Need to return	
	No eligible woman in household..... 22		
	Selected woman not at home..... 23		
	Selected woman postponed interview..... 24		
	Selected woman incapacitated 25		
[] 3. Woman's Questionnaire partly ☐	Does not want to continue (Specify):	☐ Need to return	
	 31		
	Rest of interview postponed to next visit..... 32		
[] 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 [][]		

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 [] [] Male..... 1 Female..... 2 Both 3
2	Is the head of the household male or female?	

	Female household members	Relationship to head of HH	Residence		Age	Eligible	
3	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)	
Line num.			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: _____
--	---	--

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(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
2	What type of toilet facilities does your household have?	Refused/no answer.....	99
		Flush toilet	01
		Flush toilet shared	02
		Pit latrine.....	03
		None	04
		Other:.....	96
		Don't know/don't remember.....	98
3	What is the main type of material used in constructing the roof? Record observation	Refused/no answer.....	99
		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

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(continued)

Household Questionnaire					
Questions & Filters		Coding Categories			
4	Does your household have:	a. Electricity	Yes	No	DK
		b. Refrigerator	1	2	8
	a. Electricity	c. Computer	1	2	8
	b. A refrigerator	d. Air Con	1	2	8
	c. Computer	e. Clothes	1	2	8
	d. Air Conditioner	Dryer	1	2	8
	e. Clothes Dryer	f. Internet	1	2	8
	f. Internet	g. Vehicle	1	2	
	g. A vehicle				
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

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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.		

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(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: a. Land b. Your house c. A company or business d. Large animals (cows, horses, etc.) e. Small animals (chickens, pigs, goats, etc) f. Produce or crops from certain fields or tree 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?		Yes own by self	Yes own with others	No, don't own
		Land	1	2	3
		House	1	2	3
		Company	1	2	3
		Large animals	1	2	3
		Small animals	1	2	3
		Small animals	1	2	3
		Financial	1	2	3
		Vehicle	1	2	3
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		

(continued on next page)

(continued)

SECTION 1 RESPONDENT AND HER COMMUNITY			
Questions & Filters	Coding Categories	Skip to	
119	Are you <i>currently</i> married and living together?	Currently married, living together 1	☐ 123
		Currently married, not living together 2	☐ 123
		Living with man, not married (common-law)..... 3	☐ 123
	If no: are you <i>involved in a relationship with a man without living together</i> ?	Currently having a regular male partner (engaged or dating or Visiting) not living together 4	☐ 123
		Not currently married or having a male partner 5	
	If needed probe: <i>Such as a regular boyfriend or a fiancé?</i>	Currently having a female partner 6	
	If needed probe: Do you and your partner live together?		
120 a	Have you ever been married or lived with a male partner?	Yes, married 1	☐ 121
		Yes, lived with a man, but never married..... 3	☐ 121
		No..... 5	
120b	Have you <i>ever</i> been involved in a relationship with a man without living together (such as being engaged or dating or a boyfriend)?	Yes 1	☐ S2
		No..... 2	☐ S2
		Refused/no answer..... 9	
121	Did the <i>last partnership with a man</i> end in divorce or separation, or did your husband/partner die?	Divorced 1	☐ 123
		Separated/broken up 2	
		Widowed/partner died..... 3	
		Don't know/don't remember..... 8	
		Refused/no answer..... 9	
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 []	☐ S2
		Never Married or lived together 00	
		Don't Know/don't remember 98	
		Refused/No Answer..... 99	
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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(continued)

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?	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
	If she did not choose herself, probe: Who chose your current/most recent husband/partner for you?		
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 Fair3 Poor4 Very poor5 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 difficulty2 Yes – a lot of difficulty.....3 Cannot do at all4 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 difficulty2 Yes – a lot of difficulty.....3 Cannot do at all4 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 difficulty2 Yes – a lot of difficulty.....3 Cannot do at all4 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 difficulty2 Yes – a lot of difficulty.....3 Cannot do at all4 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 difficulty2 Yes – a lot of difficulty.....3 Cannot do at all4 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 difficulty2 Yes – a lot of difficulty.....3 Cannot do at all4 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
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 sleep For pain For sadness No Once or twice A few times Many times 1 2 3 4 1 2 3 4 1 2 3 4
For each, if yes probe: How often? Once or twice, a few times or many times?		
209	Over the last 2 weeks , have you been bothered by any of the following problems?	Yes No
	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	1	2
	o. Poor appetite or overeating		
	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 No2 Don't know/don't remember.....8 Refused/no answer.....9	☐ 214
211	Have you ever tried to take your life?	Yes.....1 No2 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 No2 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 No2 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.	<table><thead><tr><th></th><th>Yes</th><th>No</th><th>Don't Know</th></tr></thead><tbody><tr><td>A) Money problems</td><td>1</td><td>2</td><td>3</td></tr><tr><td>B) Family problems</td><td>1</td><td>2</td><td>3</td></tr><tr><td>x) Other: _____</td><td>1</td><td>2</td><td>3</td></tr></tbody></table>		Yes	No	Don't Know	A) Money problems	1	2	3	B) Family problems	1	2	3	x) Other: _____	1	2	3	
	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? <i>Probe may need to be locally adapted</i>	a) Miscarriages [][] b) Stillbirths [][] c) Abortions..... [][] If none enter '00'
310	Are you pregnant now?	Yes..... 1 ☐ A No 2 ☐ B Maybe..... 3 ☐ 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 ☐ 315 No 2 ☐ S.5 N.A. (Never had intercourse)..... 7 Don't know/don't remember..... 8 Refused/no answer..... 9
312	Are you currently doing something, or using any method, to delay or avoid getting pregnant?	Yes..... 1 ☐ 315 No 2 Don't know/don't remember..... 8 Refused/no answer..... 9
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 ☐ S.5 No 2 N.A. (Never had a partner)..... 7 Don't know/don't remember..... 8 Refused/no answer..... 9
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 [] ☐ S.5 (2)
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 ☐ 405 No 2 Refused/no answer..... 9
404	How old was (he/she) at his/her last birthday? Record age in completed years Check age with birth date	Age in years [][] ☐ 406 If not yet completed 1 year 00 ☐ 406 Refused/no answer..... 9 ☐ 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 ☐ 417 Less than 5 years ago 2 Refused/no answer..... 9
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 <i>Use 'prenatal' if better understood</i>	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) <i>This should be school age—if needed adapt age range for this and subsequent questions</i>	Number [][] None 00	☐ S.5																				
418	a. How many are boys? b. How many are girls?	a) Boys [] b) Girls []																					
Make sure only children aged 5–12 years.																							
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?	<table><thead><tr><th></th><th>Yes</th><th>No</th><th>Dk</th></tr></thead><tbody><tr><td>a. Nightmares</td><td>1</td><td>2</td><td>8</td></tr><tr><td>b. Wet bed</td><td>1</td><td>2</td><td>8</td></tr><tr><td>c. Timid</td><td>1</td><td>2</td><td>8</td></tr><tr><td>d. Aggressive</td><td>1</td><td>2</td><td>8</td></tr></tbody></table>		Yes	No	Dk	a. Nightmares	1	2	8	b. Wet bed	1	2	8	c. Timid	1	2	8	d. Aggressive	1	2	8	
	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 [] ☐ S.5 b) Girls [] If “0” for both sexes ==== go to ☐
423	Have any of these children had to repeat (failed) a year at school?	Yes..... 1 No 2 Don't know/don't remember..... 8 Refused/no answer..... 9
Make sure only children aged 5–12 years.		
424	Have any of these children stopped school for a while or dropped out of school?	Yes..... 1 No 2 Don't know/don't remember..... 8 Refused/no answer..... 9
Make sure only children aged 5–12 years.		

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 ☐ 506 No 2 Don't know/don't remember..... 8 Refused/no answer..... 9		

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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.	<table><thead><tr><th></th><th>Yes</th><th>No</th><th>Refused/</th></tr></thead><tbody><tr><td>a. Money problems</td><td>1</td><td>2</td><td>don't know</td></tr><tr><td>b. Family problems</td><td>1</td><td>2</td><td>9</td></tr><tr><td>c. Other:</td><td></td><td></td><td>9</td></tr></tbody></table>		Yes	No	Refused/	a. Money problems	1	2	don't know	b. Family problems	1	2	9	c. Other:			9	
	Yes	No	Refused/																
a. Money problems	1	2	don't know																
b. Family problems	1	2	9																
c. Other:			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?	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	
	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		
	<i>In countries where appropriate to ask about drug use. Include local examples</i>		
512	Does your husband/partner currently or has he ever used other illegal drugs (e.g. cocaine)?	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	
	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		
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?		1	2	8
	b. If she neglects the children?		1	2	8
	c. If she argues with him?		1	2	8
	d. If she refuses to have sex with him?		1	2	8
	e. If she burns the food?		1	2	8
	f. If he suspects she has an outside relationship?		1	2	8

SECTION 7 RESPONDENT AND HER HUSBAND/PARTNER

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

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?

701	In general, do (did) you and your (current or most recent) husband/partner discuss the following topics together:	Yes	No	DK
	a. His day	1	2	8
	b. Your day	1	2	8
	c. Your worries	1	2	8
	d. His worries	1	2	8
	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			
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?	Rarely1 Sometimes.....2 Often.....3 Don't know/don't remember.....8 Refused/no answer.....9		
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?:	Yes	No	
	a. Seeing friends	1	2	
	b. Contact family	1	2	
	c. Wants to know	1	2	
	d. Jealous or angry	1	1	
	a. Stops you from meeting your female friends	e. Suspicious 1 f. Health care 1	2 2	
	b. Tries to limit contact with your family of birth	g. Money 1 h. Cellphone 1	2 2	
	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			

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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. Prohibited work

b. Taken earning

c. Refused money

Yes

1

1

1

No

2

2

2

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)?

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?

Yes

No

Yes

No

One

Few

Many

No

One

Few

Many

b. Belittled or humiliated you in front of other people?

1

2

1

2

1

2

3

0

1

2

3

c. Done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)?

1

2

1

2

1

2

3

0

1

2

3

d. Verbally threatened to hurt you or someone you care about?

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(continued)

SECTION 7 RESPONDENT AND HER HUSBAND/PARTNER

Check: Mark when yes for any act (at least one "1" circled in column a) ☐ 705
Question 704 []

704 e Who did the things you just mentioned happen?
(Mention acts reported in 704) Was it your **current** 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: Mark when yes for any act (at least one "1" circled in column a) ☐ 706
Question 705 []

Mark when all answers no circled (only "2" circled in column a) []

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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 <i>current or most recent</i> 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 <i>in the past 12 months</i> ? (If YES ask C and D. If NO ask D only)	c) <i>In the past 12 months</i> would you say that this has happened once, a few times or many times?	d) Did this happen <i>before the past 12 months</i> ? If yes: would you say that this has happened once, a few times or many times?
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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/partner2 Both3 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 violence1 No physical violence2										Mark in box c		
	Verify whether answered yes to any question on sexual violence, see question 706	Yes, sexual violence1 No sexual violence2										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?	Never1 Sometimes.....2 Many times3 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)										Never pregnant	☐ s8	
		(1) [] ☐										(2) [] ☐		
		Number of pregnancies (option t) [] [] ☐												
		Currently pregnant? (Option s)										yes....1 No.... 2 ☐		
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 No2 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?	Yes.....1 No.....2 If respondent was pregnant only once, circle code '1'. 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 ☐ S8 No.....2 ☐ S8 Don't know/don't remember.....8 Refused/ no answer.....9
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 <i>(S8phsex)</i>	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
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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 reasona When man drunkb Money problemsc Difficulties at his work.....d When he is unemployede No food at homef Problems with his or her family.....g She is pregnanth He is jealous of heri	

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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 bossm 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 onea Friends.....b Motherc Fathero Brother or sisterd Uncle or aunte Husband/partner's family.....f Childreng Neighboursh Police.....i Doctor/health workerj Priest/religious leaderk Counsellorl Ngo/women's organizationm Community leadern 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 onea Friends.....b Parentsc Brother or sisterd Uncle or aunte Husband/partner's family.....f Childreng Neighboursh Police.....i Doctor/health workerj Priest/religious leaderk Counsellorl Ngo/women's organizationm Local leadern 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 ?	No particular incident.....A Encouraged by friends/familyB Could not endure more.....C Mark all mentioned Badly Injured.....D He threatened or tried to kill herE He threatened or hit childrenF Saw that children sufferingG Thrown out of the home.....H Afraid she would kill himI Encouraged by organization:.....J Afraid he would kill herK Other (Specify):x
916	Where did you go the last time ?	Her relatives01 His relatives02 Her friends/neighbours03 Mark one Hotel/lodgings.....04 Street.....05 Church/temple06 Shelter07 Other (Specify):96 Don't know/don't remember.....98 Refused/no answer.....99
917	How long did you stay away the last time ?	Number of days (if less than 1 month)..... [] [] ..1 ☐ S.10 Number of months (if 1 month or more) [] [] ..2 Left husband/partner / did not return/ Record number of days or months Not with husband/partner3
918	What were the reasons that you returned?	Didn't want to leave children.....A For all options go to section 10 Holiness of marriage.....B For sake of family/children (Family honour)C Couldn't support children.....D Loved himE He asked her to go back.....F Family said to returnG Forgave him.....H Thought he would changeI Threatened her/childrenJ Could not stay there (where she went).....K Violence normal/not seriousL The children need a father/both parentsM Other (Specify):X
919	What were the reasons that made you stay?	Didn't want to leave children.....A Holiness of marriageB Didn't want to bring shame on familyC Mark all mentioned Couldn't support children.....D Loved himE Didn't want to be singleF Family said to stay.....G Forgave him.....H Thought he would changeI

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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 <i>before the past 12 months?</i> 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

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(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?	1	2	1	2	1	2	3	0	1	2	3
---	---	---	---	---	---	---	---	---	---	---	---

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

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

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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 ago1 Between one and five years ago2 Longer than five years ago3 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 case1 They sent me away2 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	☐ N07i
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 onea Female member of your family of birthb Male member of your family of birthc Female member of your in-lawsd Male member of your in-lawse Your child/childrenf Friend/neighbourg Other (specify):x	☐ N08
N07n	How did they respond? Anything else?	Blamed me for ita Supported meb Were indifferentc Told me to keep it quietd Advised to report to policee Other (specify):x	

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SECTION 10 OTHER EXPERIENCES

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.	A.		B. Has this happened in the past 12 months?		
		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
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?			B. If yes: What was the sex of the person or people who did this?		
		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				

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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) [] [] ☐ 1006 Not had sex 95 Refused/no answer..... 99
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

[illegible]

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SECTION 11 COMPLETION OF INTERVIEW

I have asked you about many difficult things. How has talking about these things made you feel?	Good/better	1
	Bad/worse	2
	Same/	
Write down any specific response given by respondent	no difference	3

Finally, do you agree that we may contact you again if we need to ask a few more questions for clarification?	Yes	1
	No	2

Countries to specify time period depending on when they plan to do quality control visits

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

1 Sad
2 Happy

2 Happy

4 Card empty
5 No card

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 <i>involved in a relationship with a man without living together</i> ?	Currently married and living together 1	☐ Currently married and/or living with man (K)
		Currently married not living together 2	
		Living with man, not married 3	
		Currently having a regular partner (<i>engaged, dating</i>), <i>not living together</i> 4	☐ Currently with regular partner; dating relationship (L)
		Not currently married or living with a man (<i>not involved in a relationship with a man</i>) 5	☐ Previously married/ previously lived with man; <i>no current (dating) relationship</i> (M1)
		Currently having female partner 6	
120a	Have you ever been married or lived with a male partner?	Yes, married 1	☐ Previously had (dating) relationship (M2)
		Lived with a man, not married 3	
		No 5	
120b	Have you ever been involved in a relationship with a man without living together (such as being engaged or dating)?	Yes 1	☐ Never married/never lived with man; <i>never (dating) relationship</i> (N)
		No 2	
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



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