

CLAUDIA NICHOLSON HALIMAH DESHONG

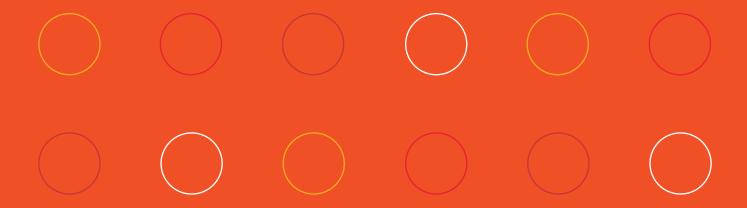


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The views expressed in this publication are those of the author(s) and do not necessarily represent the views of UN Women, the United Nations or any of its affiliated organisations.

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GRENADA
WOMEN'S
HEALTH
AND LIFE
EXPERIENCES
STUDY 2018
REPORT



CLAUDIA NICHOLSON HALIMAH DESHONG





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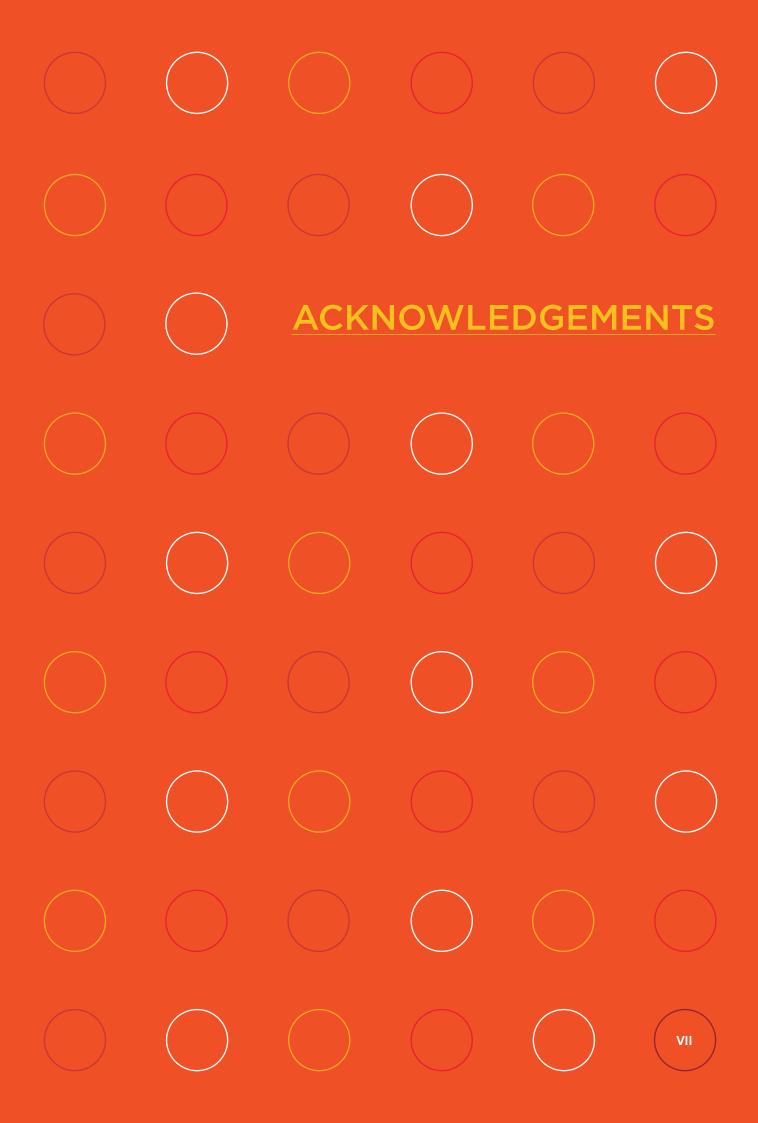
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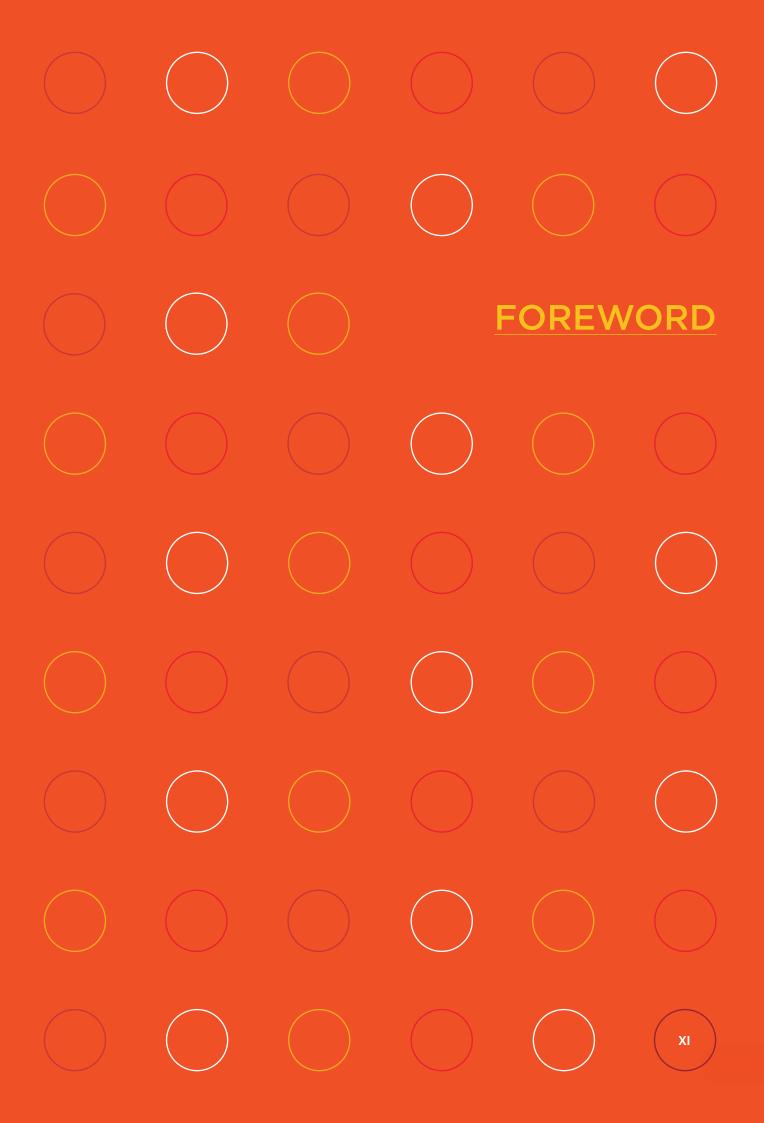
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The problem of violence against women and girls (VAWG) is one of the most pervasive human rights violations that exists globally. Grenada, Carriacou and Petite Martinique is no exception. VAWG negatively impacts the life and wellbeing of the victims and survivors, the perpetrators, the witnesses and bystanders, people who are not directly involved, and society as a whole.

Women's and girls' human rights are enshrined in the Grenada Constitution and all human rights instruments ratified by Grenada, including the Universal Declaration of Human Rights (UDHR) and the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW). Human rights are universal, indivisible, interdependent and inalienable. Therefore, eliminating VAWG is critical.

To effectively address VAWG, one needs a clear understanding of its prevalence, root causes and related issues. The Grenada Women's Health and Life Experiences Study is one such tool that presents a wealth of information to draw from.

The Government of Grenada expresses sincere appreciation to the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) for selecting Grenada to be one of the countries in which to pilot the CARICOM Model VAW Study based on the long-tested global World Health Organization (WHO) Model. We also thank the Caribbean Development Bank (CDB) for providing the funding to undertake this initiative.

The Government and People of Grenada also extend gratitude to all persons who provided leadership, technical guidance, and fieldwork needed to conduct the study. We are immensely grateful to the respondents who supplied

invaluable information that allowed the Study to be successful.

The Study has produced, for the first time, nationally representative data on the prevalence of violence against women and girls in Grenada. It has revealed much about the beliefs and practices in our society, some of which are problematic, and others which show progress and offer hope. The results and revelations are timely as we forge ahead to fulfil the Sustainable Development Goals (SDGs) and our National Sustainable Development Plan.

The results of this Study provide evidence on which to make decisions about whether our laws provide adequate legal redress for all forms of intimate partner violence, non-partner sexual violence and sexual harassment. They also signal specific improvements needed in services for clients, interventions for perpetrators, and strategies for prevention. Therefore, they will be used to identify policies and programmes across the whole-of-Government that can work together to address gender-based violence against women and girls.

In moving forward, we anticipate that the policy-makers, experts, implementers, advocates, and others will find that this study is priceless in the quest to eliminate all forms of violence against women and girls, and indeed, facilitates progress towards gender equality in Grenada, Carriacou and Petite Martinique.

Hon. Delma Thomas, Member of Parliament, Minister for Social Development, Housing and Community Empowerment, Grenada

LIST OF ACRONYMS

CAPI **Computer-Assisted Personal Interview CARICOM Caribbean Community** CDB **Caribbean Development Bank CEDAW** Convention on the Elimination of All Forms of Discrimination against Women **COHSOD Council for Human and Social Development Confidence Limit** CRC Convention on the Rights of the Child CPA **Child Protection Authority CSO Central Statistical Office Enumeration District Gender-Based Violence GNOW Grenada National Organisation of Women** GRENCODA **Grenada Community Development Agency** Global Women's Institute **Inter-American Development Bank IPV Intimate Partner Violence** LACC **Legal Aid and Counselling Clinic** MoSDHCE Ministry of Social Development, Housing and Community Empowerment **Non-Governmental Organization NPSV Non-Partner Sexual Violence Sustainable Development Goal United Nations**

UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
VAW	Violence against Women
VAWG	Violence against Women and Girls
WHLES	Women's Health and Life Experiences Survey
WHO	World Health Organization



Introduction and background

The Grenada Women's Health and Life Experiences Study (WHLES) comprised a cross-sectional survey and qualitative research – interviews and focus group discussions – that were conducted in 2018 to ascertain the prevalence of violence against women and girls (VAWG) in Grenada, the nature of that violence and responses to it.

Although VAWG is pervasive in the Caribbean, no Caribbean Community (CARICOM) Member State, including Grenada, generates regular national data on its prevalence and nature and the response. Recognizing this lack of comprehensive and systematic data as a barrier to determining the exact scope of the problem and thus policies and strategies to eradicate it, CARICOM and development partners in the region decided to support the national collection of such data in Member States. Grenada was selected as one of several CARICOM Member States in which to pilot the study, under a partnership between UN Women and the Government of Grenada, co-financed by the Caribbean Development Bank.

For the pilot, data on the prevalence and nature of and responses to VAWG was gathered through use of the Grenada WHLES. VAWG in intimate heterosexual relationships was the main form of violence investigated. The CARICOM Model being piloted is based on a long-tested global World Health Organization (WHO) model, considered internationally as best practice for national, population-based studies on VAWG. CARICOM's methodology also highlights the consequences for women, their children and families; women's help-seeking behaviour; and risk and protective factors for violence.

The objectives of the pilot survey were to:

 Obtain reliable estimates of the prevalence of different forms of VAWG;

- Assess the extent to which intimate partner violence (IPV) is associated with a range of health and other outcomes;
- Identify factors that may either protect or put women at risk of IPV;
- Identify how men's role in gender-based violence (GBV) is manifested;
- Document and compare the strategies and services used to deal with IPV.

A National Steering Committee, with representation from various ministries and civil society, was formed to guide the piloting and implementation of the WHLES. Representatives on the committee were from the Ministry of Health, the Ministry of Social Development, Housing and Community Empowerment (MoSDHCE), the Royal Grenada Police Force, the Central Statistical Office (CSO), the Legal Aid and Counselling Clinic (LACC) and Grenada National Organisation of Women. (GNOW). The Committee is chaired by government, under the leadership of the CSO in close partnership with MoSDHCE. A Research Sub-Committee was also formed to guide the research management process.

The qualitative component of the study complements the survey as it examines the context in which IPV and non-partner sexual violence (NPSV) occur, how violence is experienced, the overall meanings attached to violence and state and community responses. Through a range of interviews with female survivors, and interviews and focus group discussions with men and key informants in government and civil society in Grenada, it captures the meanings, nature and consequences and effects of, and responses to, IPV and NPSV.

Socio-economic profile

Grenada is a tri-island state comprising Grenada, Carriacou and Petite Martinique, located in the southern Caribbean. According to the 2011 census, it has a population of 106,669 people – 53,898 males and 52,771 females. It has a young population, with a median age of 29 years.

BOX 1

National laws and policies

- √ Criminal Code 1990 and Amendments 2012
- **√** Domestic Violence Act 2010
- **√** Child Protection and Adoption Act 2010
- **▼** Education (Amendment) Act 2012
- **√** Labour Code 2016
- √ Gender Equality Policy and Action Plan 2014–2024
- **▼** Electronic Crimes Act 2013
- √ Trafficking in Persons Act 2014
- √ Amendment to the Police Standing Orders for Sexual and Domestic Violence Act 2017
- **V** Domestic Violence and Sexual Abuse Protocol 2011

International conventions

- ✓ Convention on the Elimination of All Forms of Discrimination against Women
- ✓ Convention on the Rights of the Child
- ✓ Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment
- ✓ International Covenant on Civil and Political Rights
- √ International Covenant on Economic, Social and Cultural Rights
- ✓ Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women
- ▼ Declaration of San Salvador 2011 on Citizen Security in the Americas

Grenada's population consists mostly of people of African descent (82.4 per cent), with the next largest group being of mixed race (13.3 per cent). Grenada's Human Development Index score, based on an average measure of achievements on

life expectancy, education and living standards, is 0.772, and it ranks 75 out of 189 countries and territories. This is above average for countries in the high human development group, and above average for the Caribbean.

Legislative and policy environment

Grenada has committed itself to protecting the rights of women and girls by enacting legislation and through the ratification of several conventions and treaties.

However, implementation and enforcement of laws, conventions and treaties is often deficient. In many cases, the necessary policies, plans, resources, protocols and reporting mechanisms to operationalize them are not put in place at all, or not until several years later. Given the many obstacles in implementing existing laws, conventions and treaties, women seeking redress through state mechanisms or the court face many challenges.

Nevertheless, there have been incremental changes in relation to putting mechanisms in place for redress. In May 2003, the Domestic Violence Unit was set up within MoSDHCE to address issues of domestic violence at the national level. Though initially understaffed, this has spearheaded a number of initiatives and campaigns around domestic violence. It is also the lead agency for the implementation of Grenada's policy on GBV, which is guided by the Gender Equality Policy and Action Plan 2014–2024.

Research methodology

The Computer-Assisted Personal Interview survey was administered to a representative sample of women and girls 15–64 years of age throughout Grenada, Carriacou and Petite Martinique. The questionnaire is the adapted version of the questionnaire used in the WHO Multi-Country Study on Women's Health and Domestic Violence. Edits were limited to country-specific issues and appropriate response categories for Grenada. The core questions on the prevalence of VAWG remained unchanged. The core of the woman's questionnaire includes various scales

for measuring different forms of IPV and had to be answered only by the selected woman. The questionnaire collected information on the woman's community, her general health, her reproductive health, children, her experiences with violence from male intimate partners and NPSV, effects of the violence, coping strategies and state and community responses to the violence.

Of the 1,600 households randomly selected for the survey, an eligible woman in 1,078 of these households completed a women's survey for a response rate of 67.4 per cent.

The data was analysed using univariate and bivariate statistics and thus mostly descriptive in nature.

The qualitative data collection took the form of one-on-one semi-structured interviews and focus group discussions. One-on-one interviews were held with 15 survivors and 17 key informants. Seven focus group discussions were held with groups of healthcare professionals, criminal justice representatives, religious leaders and others in the community.

Sample characteristics

The survey targeted women 15–64 years of age. Not surprisingly, the women who responded to the survey were more likely to be of African descent, mirroring the ethnic composition of Grenada's population. Respondents were relatively young, with 57.7 per cent of them under 40 years of age. Almost three-quarters (72 per cent) had completed secondary schooling or higher. Most were affiliated with the Christian faith. Sixty-four per cent were working at the time of the interview. For the most part, they also had some form of income. Almost all of them (91.8 per cent) had had a partner at some point in their lives.

Key findings from the survey

Gender roles and attitudes

- In general, results from the survey on gender roles and perceptions about VAWG were reinforced by focus group discussions and in-depth interviews. The results from both suggest that the prevailing views in Grenadian society about women and men's roles in the family and in intimate relationships are largely in line with traditional assumptions about gender. For the most part, men are predominantly seen as breadwinners and women as nurturers and responsible for domestic duties. At the same time, though, Grenadian women expressed a need for women's autonomy. This mixed result demonstrates that while there is blind loyalty to some norms, in other cases there is a willingness to break from conservative beliefs.
- The investigated gender roles and attitudes did not show an association with IPV, except for the belief that the woman must take care of the home and that IPV is a private matter.

Prevalence of intimate partner violence

The survey data was used to estimate lifetime and current prevalence. Lifetime prevalence of IPV refers to the percentage of ever-partnered women who have experienced at least one act of violence in their lifetime, committed by their intimate male partner. Current prevalence of IPV is the percentage of ever-partnered women who have experienced at least one act of violence, committed by their intimate male partner, sometime during the past 12 months.

The results show the following on lifetime prevalence:

- Prevalence of physical and/ or sexual IPV in Grenada is 29 per cent.
- One in every four Grenadian women has suffered physical violence at some point in their life.
- Close to one in every ten Grenadian women has experienced sexual violence over her lifetime.
- Approximately one in every twenty Grenadian women has experienced economic violence.
- Emotional abuse is the most common form of IPV and suffered by about three in every ten Grenadian women.
- Physical violence is more prevalent than sexual violence.

Current prevalence figures show that, in the 12 months preceding the survey:

- Of ever-partnered women, 6.3 per cent have experienced physical and/or sexual violence;
 5.1 per cent physical violence;
 2.2 per cent sexual violence;
 9.6 per cent emotional violence;
 and 2.4 per cent economic violence.
- Emotional violence is the most common, and physical violence is more prevalent than sexual violence.

Frequency and severity of intimate partner violence

- For most of the women who reported lifetime IPV, their experience appears to have been an isolated one 55.2 per cent lifetime physical violence; 52.3 per cent lifetime physical and/or sexual violence; and 56.4 per cent lifetime emotional violence.
- For IPV that had happened over the previous
 months, for the vast majority of women

these acts of violence had arisen more than once. For most it was a few times – 72.2 per cent current physical; 67.6 per cent current sexual; 74 per cent current physical and/or sexual; and 56.4 per cent current emotional – but for some it was happening repeatedly.

- Among the 26.9 per cent of Grenadian women who suffer lifetime physical violence from their intimate partner, for more than two-thirds of them this violence is severe

 hitting, kicking, burning or threatening with a weapon.
- For many women the abuse does not stop during pregnancy. Among ever-pregnant women, 5.3 per cent reported being beaten during at least one pregnancy, including in her stomach.

Associated factors and triggers of intimate partner violence

The following respondent characteristics were found to have statistically significant associations with IPV:

- Age: Prevalence of lifetime physical violence for those in the 25–44 age group is almost three times higher than for those in the 15–24 group; prevalence of lifetime physical and/or sexual violence for those in the 25–44 group is more than double that experienced by those in the 15–24 group; and current prevalence of emotional abuse, a precursor to other forms of abuse, is 21 per cent among the youngest survivors, 15–19 years of age at least double the rate observed for all other age groups.
- **Education:** Prevalence of lifetime IPV, across all forms of violence, is highest among Grenadian women with at most a primary education and lowest among those with a technical vocational or higher level of education.

- Non-consensual relationships: Grenadian women in non-consensual relationships¹ have lifetime prevalence rates much higher than national lifetime prevalence rates and significantly higher than for those who are not in non-consensual relationships. Prevalence of current physical and/or sexual violence is almost twice as high for those in non-consensual relationships.
- Age of first union: Grenadian women who had entered into their first union at 18 years of age or younger reported experiencing lifetime physical, sexual and physical and or sexual violence at higher rates than those among women who had been 19 or older when they entered their first union, or those who had never cohabitated. Those under the age of 19 years when first partnered, reported higher rates of current physical violence and physical and/or sexual violence. Those who were 19 or older at first union reported a slightly higher rate of current emotional violence.

The following perpetrator characteristics were found to have a statistically significant association with IPV:

- Age: Prevalence of lifetime economic, physical and physical and/or sexual IPV is highest in unions where the woman is older than her partner.
- Non-consensual relationships were measured by asking the following two questions. The first question was: "Did you yourself choose your <u>current/most recent</u> husband/partner (?), did someone else choose him for you or did he choose you?" If the respondent did not choose her husband or partner, the following sub-question was asked: "Who chose your <u>current/most recent</u> husband/partner (?) for you? The second question was as follows: "Before the marriage with your <u>current/most recent</u> husband, were you asked whether you wanted to marry him or not?"

- **Education:** Prevalence of economic violence is higher among women whose partners have at most a primary-level education.
- Partner's behaviour: Partner behaviours, such as drinking alcohol at least once a week, fighting with other men, having another relationship and having a child with another woman, are associated with higher rates of IPV.
- Controlling behaviour: Men who control their partners also inflict violence on them.
 For each additional act of controlling behaviour exhibited by the male partner, the rate of IPV increases.

Intergenerational abuse

- Prevalence of physical and/or sexual violence is highest in cases where the abuser witnessed or experienced physical violence as a child – that is, he saw his mother beaten by her husband/partner or he was hit as a child.
- Prevalence of physical and/or sexual violence is similarly high in cases where the survivor was insulted and or humiliated as a child.

Consequences of intimate partner violence

- In Grenada, exposure to IPV is associated with suicidal thoughts and the use of recreational drugs, with 15.7 per cent of everpartnered women who experienced abuse saying they were suicidal and 4.7 per cent engaging in recreational drug use.
- In Grenada, physical health problems, in particular physical pain, was reported by 50.6 per cent of ever-partnered women who had experienced physical and/or sexual violence.

 Children witnessing or experiencing violence is associated with aggressive behaviour in the child.

Coping strategies, services and support

- Survivors rely primarily on close family members and friends for support.
- In relation to seeking help from service providers in Grenada, women who experience abuse are most likely to go to the police, followed by the hospital and healthcare facilities.
- Grenadian women who had sought help from service providers were least satisfied with the courts and then the police.
- The most common reason Grenadian women look for help is that they are unable to take the abuse anymore.
- Alarmingly, the two most common reasons for Grenadian women not seeking help are that the abuse is considered normal and that they will not be believed.
- Almost three-quarters of survivors had retaliated by fighting back. Consequently, for these women, the violence became worse (23.8 per cent), stayed the same (28.2 per cent), lessened (20.4 per cent) or stopped (27.6 per cent).

Prevalence of non-partner sexual violence

- Over their lifetime, almost one in every four Grenadian women will have experienced at least one form of NPSV – 10.7 per cent rape; 10.4 per cent attempted rape; and 15.5 per cent unwanted sexual touching.
- Perpetrators of NPSV are most likely to be friends and acquaintances.

- One in every five Grenadian women has been sexually abused during childhood.
- Eleven per cent of Grenadian girls have their first sexual encounter by the age of 15 years.
- For 7.3 per cent of Grenadian women the first sexual encounter is rape.
- The reported rate of transactional sex is quite low at 0.8 per cent.

Key insights from the qualitative research

Analytical insights from the qualitative research are as follows:

- There remains significant social adherence systems, gendered assumptions and arrangements that support and rationalize IPV and NPSV. Men in particular endorsed hierarchies of gender intimate heterosexual relationships and in the family. Whereas men's autonomy in heterosexual unions is taken for granted and normalized, women experience many restrictions in this regard. This is cemented by the normalization of care work and housework as women's work, men's controlling behaviours and the threat and perpetration of men's VAWG. These operate to significantly curtail women's autonomy violent heterosexual relationships. Men remain committed to unequal arrangements of power based on gender. Explanations of gender identity expression for women and men feature in explanations of why men perpetrate violence against their intimate partners.
- IPV and NPSV are simultaneously gendered, intergenerational, familial and societal.
 Participants in the survivor interviews, as well as in interviews and focus groups with key informants across various categories,

- reported witnessing different forms of GBV perpetrated against women in intimate relationships during childhood.
- Participants of the qualitative study reported that violence against children and IPV witnessed by children, particularly boys, increased the likelihood of male survivors perpetrating violence against their partner as adults.
- In terms of the nature and effects of IPV, key informants in healthcare and law enforcement, in particular, expressed concerns about the severity of injuries experienced by women in violent relationships. Police officers also described IPV as repeated over the course of the relationship and acknowledged that most cases were not reported. Survivor accounts corroborated these explanations of IPV as repeated acts with both physical and psychological effects that significantly affect the wellbeing of survivors. Both survivors and key informants noted a range of physical injuries and psychological consequences of violence, which suggests that VAWG remains one of the major threats to women's health and wellbeing.
- Both survivors and key informants highlighted the problem of sexual violence against women and girls in intimate relationships. Explanations of sexual coercion, manipulation or more overt forms of sexual violence appear to rest in men's proprietary attitude towards women.
- Acts and explanations of IPV are presented and rationalized in gendered ways. Men's use of violence is regarded as normal and acceptable. This use is presented as necessary to restore and maintain a hierarchical gendered order within

relationships and in families. In addition to these gendered ways of representing men's violence, key rationalizations circulate to explain, justify and sometimes excuse IPV. These allow men to deflect responsibility for violence onto women, substances and circumstances. They include reference to substance misuse, infidelity and jealousy, decision-making in relation to children, household chores and family finances. Moreover, rationalizations are animated by the very gendered relations of power that continue to perpetuate the problem of GBV.

- There were significant reports of NPSV in the form of child sexual abuse, with fewer reports of rape against adult women by a non-partner. Survivors of child sexual abuse reported that perpetrators were male relatives, in-laws, neighbours or friends of the family. The levels and nature of sexual violence in these accounts provide serious cause for concern with regard to how exposed girls are to extreme forms of sexual exploitation. These reports of child sexual abuse support findings from earlier research in the Caribbean that found high levels of sexual violence against girls. Survivors disclosed that perpetrators had threatened them, and that they sometimes did not report the violence because of these threats, as well as the experience of shame. The effects of sexual violence against children continue to be experienced in adulthood. The intersections of gender, sexuality and (in the case of children) age operate to support NPSV against women and girls.
- While service provision and inter-sectoral collaboration in the work to prevent and respond to IPV and NPSV have

improved, survivors and key informants pointed to a number of challenges in this regard. Key informants in healthcare, law enforcement, MoSDHCE and civil society reported an improved working relationship across ministries and services for survivors and perpetrators of GBV. They spoke of inter-sectoral provision of services and collaboration, leading to an improved response to IPV and NPSV. They also highlighted development agency assistance, specifically the awarding of a United Nations Trust Fund grant to end VAWG and UN Women's Strengthening State Accountability and Community Action for Ending Gender-Based Violence in the Caribbean project, as significant in supporting the improvement of services. The emergence of a Domestic Violence Unit (which later became the GBV Unit) in MoSDHCE and the Special Victim's Unit in the Royal Grenada Police Force was highlighted as a major step toward addressing GBV at the level of the state. These entities, along with a range of socio-legal services offered by the Legal Aid and Counselling Clinic, were described as significant in providing services for survivors and perpetrators of IPV and NPSV. However, insufficient personnel to support the psychosocial needs of survivors and the need for increased resources to facilitate women's desire to exit violent relationships were identified as gaps. There were also mixed responses on the role of law enforcement in addressing IPV and NPSV. Reports are that police responses to GBV have improved, pointing to training supported by UN Women as responsible for the changes in police approaches. However, some survivors reported an inconsistent

and inadequate response to GBV by police officers.

Conclusions and recommendations

To sum up, this pilot study provides Grenada with a first set of reliable estimates on the prevalence of different forms of VAWG – the fifth CARICOM country to have such estimates. Using the highly recognized and tested WHO model gives the survey results immediate credibility. Though this first report is mostly descriptive, it nevertheless has provided a credible snapshot of the realities surrounding VAWG in Grenada as captured by both the qualitative and the quantitative data.

Below are a number of practical recommendations based on the study's findings.

- Government non-governmental and organizations use these results strategically plan and develop policies, legislation, programmes and procedures to minimize the risk of VAWG. For example, future media campaigns or programmes to address gender norms and beliefs should use this data to strategically plan for and target negative beliefs. Such programmes should also build on and reinforce the positive beliefs that are already emerging – for example on autonomy in the home and decision-making.
- Update the now expired National Five-Year Strategic Action Plan to Reduce GBV in Grenada 2013–2018, using the results from this study.
- Given that this and other studies have found that IPV is always accompanied by controlling behaviour, educate the population on controlling behaviours and how to recognize aggressive and other detrimental conduct (e.g. bullying, aggression, controlling behaviours, experiencing violence at home as a child).

- Educate the population on the different forms of IPV – emotional, financial, sexual and physical abuse or violence – and edify them as to the actions that constitute each of these forms of violence.
- Review the Domestic Violence Act and Criminal Code to ensure all forms of IPV

 sexual, emotional, financial and physical
 are identified and that perpetrators can be held liable for violations based on any of these forms of violence.
- Align the age of consent (16) with the age of maturity (18), given that IPV rates are higher for those in unions that occurred when they were under 18 years of age.
- Strengthen client-centred services and communicate to the public the principles and service standards of providers in order to build trust. A large proportion of survivors are not going to the service providers that are there to help them, and are generally dissatisfied with the services received when they do visit them.
- Establish and/or expand programmes with a multi-sectoral approach for survivors that are community-based instead of zonal or national, especially since the GBV Unit in MoSDHCE is not set up for accessibility throughout Grenada, Carriacou and Petite Martinique.
- establish and/or expand programmes and early interventions with a multisectoral approach for perpetrators that are community-based instead of zonal or national. Currently, programmes for perpetrators are national and primarily court-referred. There are few, if any, safe spaces for abusers to learn about their controlling behaviour, and to receive counseling, anger management and psychological help.

- Conduct public sensitization and awarenessbuilding at the community level so citizens can see themselves as duty-bearers, equipped with knowledge on how to respond to incidences of VAWG, what help is available, where to find that help and generally how to create a supportive environment for abused women and girls. For example, advertise the protocols and standards that available services are bound by.
- Establish and/or strengthen the services provided by the court, police and health and social services to provide comprehensive multi-sectoral services through a referral system. This may include training of staff, providing safe and private spaces and access to resources. Additionally, ongoing monitoring and evaluation of the services provided is necessary, to ensure accountability and learning on what works and what does not.
- Establish actions, to include accountability measures, to monitor compliance with existing GBV legislation. Grenada has committed itself to protecting the rights of women and girls by enacting legislation and through the ratification of several conventions treaties. and However, implementation and enforcement are often deficient. In many cases, the necessary policies, plans, resources, protocols and reporting mechanisms to operationalize them are lacking. This means that women seeking redress through state mechanisms or the court often face many challenges and are further victimized by the system intended to help them.
- In order to break the cycle of intergenerational abuse, implement interventions from a young age, especially

- with children who have been abused or who have witnessed abuse. Within this, design and execute initiatives for children who witness IPV or experience child abuse, as provided for in the Child Protection Act 2010, and promote awareness with education stakeholders (e.g. parents, teachers, etc.) as to the need to encourage non-aggressive behaviours and age-appropriate anger management techniques.
- Promote awareness with education stakeholders (e.g. parents, teachers, etc.) and/ or design initiatives to encourage students to complete at least secondary school, given the inverse relationship between education and IPV for both men and women.
- Implement education and awarenessbuilding of the public on the CRC and the age of consent. This should include clarification on legal issues around sexual activity between adults and minors and between two minors.
- Establish regulations to hold opinionleaders accountable for conduct, including public statements and songs, that does not respect the rights of women and girls to a life free of violence.

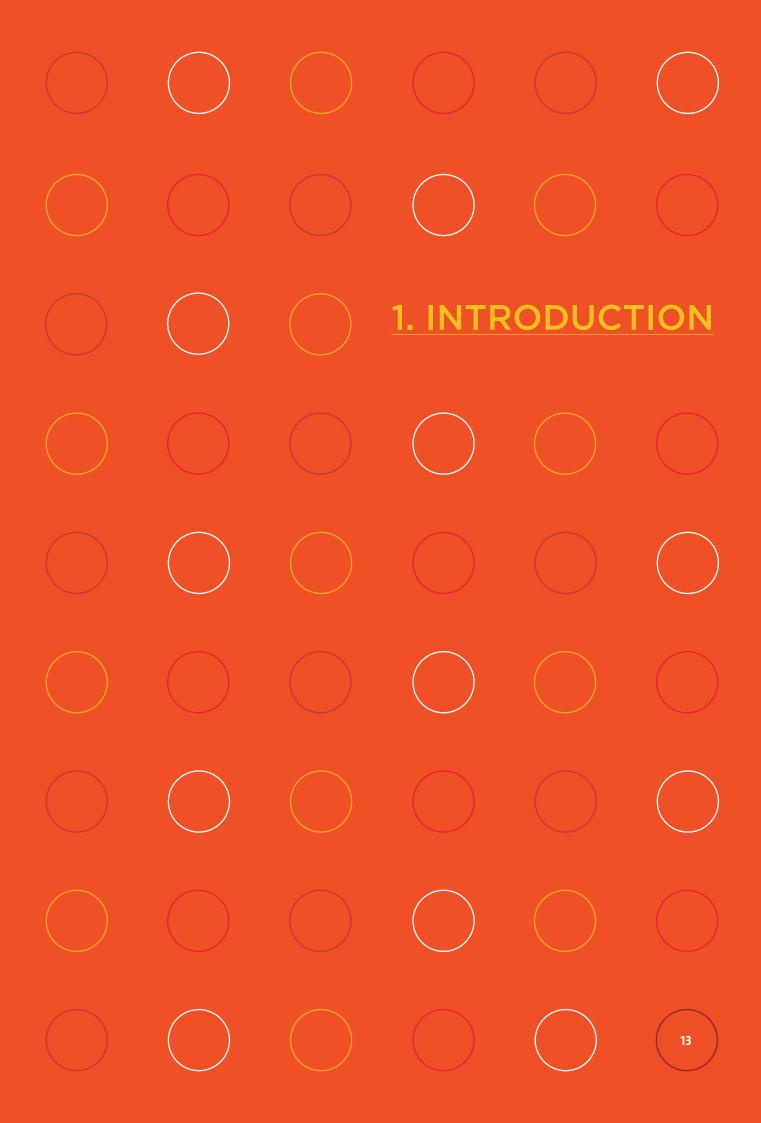
In order to successfully build upon this first study and fully exploit the current WHLES database, the following recommendations are made:

Add routine collection of data every 10 years to the CSO work plan. At the same time, though, there is a need to put in place mechanisms that can fully analyse the data (beyond univariate and bivariate statistics) and utilize the results to guide legislation, programmes, policies and procedures for Grenada.

EXECUTIVE SUMMARY

- Ensure more robust analysis using multivariate statistics to dig deeper into the data. The current report uses univariate and bivariate analyses. While associations from the bivariate analyses are insightful, they do not tell the full story.
- One way to further exploit the data at relatively low cost is to build awareness of the existence of the data and to invite regional and international graduate students and academics to use the data for relevant research. With the right

procedures in place, this can represent a win-win situation for academics, who on the one hand are always in search of timely high-quality data and on the other hand face low in-house capacity to conduct robust multivariate analyses. This data may be of particular interest to sociologists, students and researchers in Caribbean studies and gender studies who aim to complete and/or publish a post-graduate thesis.



This report presents the results of a Caribbean Community (CARICOM) pilot study on the prevalence of violence against women and girls (VAWG) in Grenada. More specifically, it reports on the prevalence of VAWG by male intimate partners and non-partners, the associated factors and the impact of such violence as captured in the Women's Health and Life Experiences Survey (WHLES), as administered to a representative sample of women and girls in Grenada in 2018. The report also examines the context in which VAWG occurs, how it is experienced, the overall meanings attached to it and state and community responses. In addition to the survey, the study gathered information on experiences and meanings of such violence and responses to it through one-on-one interviews with female survivors, perpetrators of VAWG and key informants; and focus group discussions with service providers, government officials, religious leaders and others in communities across Grenada.

VAWG happens globally. Its widespread nature has been well documented, with an estimated **one in three** women having experienced physical and/ or sexual violence from an intimate partner during their lifetime (WHO, 2013). The United Nations General Assembly adopted the Declaration on the Elimination of Violence against Women (VAW) in 1993 and defines VAW as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life".

VAWG is a human rights issue, because it represents a violation of some of the basic rights of a woman as a human being – the right to liberty, security as a person, equal treatment and freedom, among others. VAWG is a public health issue, because the many women who experience such violence suffer

bodily and psychological harm. It is also known to be correlated with other poor health factors related to survivors and abusers, such as alcohol and drug abuse (WHO, 2013). VAWG is also a public security issue, as it is a crime, just like any other violent crime. Yet many Grenadians still perceive VAWG as just a family issue, as it tends to happen in the home.

1.1. Study background

For the Caribbean in general and for Grenada in particular, VAWG is one of the most prevalent forms of gender-based violence (GBV), with direct impacts demonstrated on the stability, health and security of the family and the community (Bott et al., 2012; WHO, 2013). Nonetheless, no CARICOM Member State, including Grenada, generates regular national data on the prevalence and nature of and response to VAWG. CARICOM Member States and non-governmental organizations (NGOs) in the region recognize the lack of comprehensive and systematic data as a barrier to determining the exact scope of the problem and thus policies and strategies to eradicate it.

Against this backdrop, CARICOM and several development partners, including the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the Caribbean Development Bank (CDB), the Inter-American Development Bank (IADB) and the United Nations Development Programme (UNDP), have committed to working to support nationally owned processes to address these gaps throughout the CARICOM region.

To this end, with the support of the United Nations, CARICOM statistical experts and regional governments, various models of assessing prevalence of GBV were reviewed, with CARICOM agreeing to pilot and adopt a CARICOM Model

for measuring the national prevalence of VAWG throughout the region. CARICOM selected the original World Health Organization (WHO) global model for assessing intimate partner violence (IPV) prevalence with a specific focus on women as the most affected group. The expectation is that, at a minimum, the CARICOM Model will be implemented once every 10 years in each CARICOM Member State.

CARICOM, as confirmed by its Council of Ministers of Human and Social Development (COHSOD) in May 2014, agreed that an initial pilot of the CARICOM Model would take place in a larger CARICOM country (Jamaica), and one Eastern Caribbean country (Grenada). However, these benchmarks were exceeded as the survey has now been piloted in five Member States – Jamaica, Trinidad and Tobago, Suriname, Guyana

and Grenada. Jamaica piloted the survey in 2016; Trinidad and Tobago in 2017; and Suriname, Guyana and Grenada in 2018.

In Grenada, the pilot survey was administered as the Women's Health and Life Experiences Survey (WHLES). To administer this pilot, a partnership was developed between the Government of Grenada through the Central Statistical Office (CSO), UN Women and the CDB. The CSO was the main implementing partner. UN Women contracted the Global Women's Institute (GWI) of George Washington University to provide technical advice and support to the implementation of the survey and processing of the data. Results from this and the other pilots will inform the future conduct of the survey throughout CARICOM.

BOX 2

The objectives of the pilot survey in Grenada are:

- To obtain reliable estimates of the prevalence of different forms of VAWG;
- To assess the extent to which intimate partner VAWG is associated with a range of health and other outcomes;
- To identify factors that may either protect or put women and girls at risk of intimate partner VAWG;
- To identify how men's role in GBV is manifested;
- To document and compare the strategies and services used to deal with IPV; and
- To ensure the data and results of the study are put to good use and utilized in the different departments and institutions that work on formulating policies and legislature and other programmes of intervention against GBV, in parallel with the Government of Grenada's National Strategic Action Plan to Reduce Gender-Based Violence and as part of the broader Citizen Security priorities of Grenada.

In Grenada, a National Steering Committee, with representation from various ministries and civil society, was formed to guide the piloting and implementation of the WHLES. Representatives on the Committee were from the Ministry of Health, the Ministry of Social Development, Housing and Community Development (MoSDHCE), the

Royal Grenada Police Force, the CSO, the Legal Aid and Counselling Clinic (LACC) and Grenada National Organisation of Women (GNOW). The Committee was chaired by the government, under the leadership of the CSO in close partnership with MoSDHCE. A Research Sub-Committee was also formed to guide the research management process.

In addition to the prevalence survey, the study includes a qualitative component. The purpose of this is to examine the context in which VAWG occurs, how it is experienced, its nature and meaning and the responses in Grenada. Qualitative data was collected through key informant interviews and focus group discussions, from female survivors, male perpetrators, service providers, government representatives, religious leaders and community members, throughout Grenada. Results from the qualitative component² are incorporated in Chapter 4 with the results from the WHLES.

The report is organized in five chapters. This introduction examines the environment in which the study took place and thus provides context for the results. In particular, it presents a demographic and socio-economic profile of Grenada and then the historical perspective of VAWG in the country, examining the legislative and policy environment and initiatives towards its elimination. Section 2 presents the study design and methods and Section 3 the characteristics of the sample. Section 4 then sets out the results of the survey. Section 5 concludes and makes recommendations.

1.2. Demographic and socio-economic profile of Grenada

Grenada is a tri-island state, comprising Grenada, Carriacou and Petite Martinique, located in the southern Caribbean. It is the most southerly of the Windward Islands. According to the 2011 census report (CSO, 2011), Grenada has a population of 106,669 people, with men (53,898) outnumbering

2 The results from the qualitative study are further documented in "Women's Health and Life Experiences: A Qualitative Research Report on Violence against Women and Girls in Grenada", by Dr Halimah DeShong (2019). women (52,771). This is a change from in the 2001 census, when women outnumbered men.

Grenada has a young population, though indicators suggest it is getting older. The 2011 census showed that the largest share of the population was in the 20–24 age group (9,914), followed by the 15–19 age group (9,891) and the 25–29 age group (9,418). The median age was 29 years, which represented a noticeable upward shift by four years over the previous two censuses. While a population with a median age of 29 is considered young, the upward shift in the median age over the years is indicative of a population that is ageing.

In terms of ethnicity, the 2011 census indicated that Grenada's population comprised mostly people of African descent (82.4 per cent). The second largest group was mixed race, representing 13.3 per cent of the total population, followed by East Indian, at 2.2 per cent. Caucasians, Indigenous, Portuguese, Syrian/Lebanese, Hispanic and Chinese each make up less than 1 per cent of the population.

As for the highest level of education achieved, according to the 2011 census among the population aged 15 years and older, 42.8 per cent had completed primary education, 25.7 per cent secondary education and close to 17 per cent post-secondary education. Among the latter, 4.2 per cent had completed a bachelor's degree, 1.3 per cent a master's degree and 0.3 per cent a doctorate. A higher proportion of men than women had completed all levels of education except those of masters and doctorate.

Grenadian women have for the most part always actively participated in the labour force. According to Grenada's 2018 Third Quarter Labour Force Survey (CSO, 2018), men, however, continue to do better than women in the labour market. For example, although higher proportions of women than men are graduating from primary, secondary

and some post-secondary school, a smaller proportion of women than men are working, and the unemployment rate among women is higher than for men (21.3 per cent for women; 12.3 per cent for men).

Income differentials by sex are also evident, in the Grenada 2017 Labour Force Survey results (CSO, 2017). Women are overrepresented in all income bands below a gross monthly income of XCD\$1,200. Men, meanwhile, are overrepresented in all income bands of XCD\$1,200 or more per month.

The UNDP Human Development Index (HDI) is used to measure achievements on life expectancy, education and living standards in a given country. The results are then used to rank how well one country performs relative to others. Grenada's HDI for 2017 was 0.772, which places it at 75 out of 189 countries and territories, above the average for countries in the high human development group and above the average for the Caribbean (UNDP, 2018).

1.3. Historical perspective on violence against women and girls in Grenada

VAWG in Grenada is commonplace, rooted in unequal power relations between men and women, in a relationship shaped by entrenched social norms and religious beliefs that favour a patriarchal society. This patriarchal ideology, prevailing cultural and religious beliefs and social norms have all combined to reinforce beliefs about male power and control and about women's submission and powerlessness. These have all contributed to the existence and continuation of men's use of violence to exert their power and control over women. Another contributing factor may be learned behaviour of violence, especially when violence is witnessed and/or experienced as a child, as a way to correct perceived wrong behaviour.

These prevailing traditional cultural norms mean disclosure of and/or public discussion on domestic violence are taboo, and survivors are often unwilling to report and/or seek prosecution of their perpetrator. These same norms mean that many in society, men and women, are not sympathetic to survivors.

Over the years, Grenada has become party to several international conventions and regional treaties (discussed more later). For example, Grenada became party to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC) in 1990. In terms of regional treaties, Grenada has ratified the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women (Convention of Belém do Pará) and recognizes the Declaration of San Salvador 2011 on Citizen Security in the Americas.

There are also national laws in Grenada, some going back many years, that are supposed to provide legal protection for women and girls – for instance the Employment Act 1999, which defines sexual harassment in the workplace, the Domestic Violence Act 2001, the Domestic Violence Act 2010, the Child Protection and Adoption Act 2010 and Amendments to the Criminal Code 2012.

However, implementation and enforcement of laws, conventions and treaties are often deficient. In many cases, the necessary policies, plans, resources and protocols, and the reporting mechanisms to operationalize them, are not put in place at all, or not until several years have passed. Given the many obstacles involved in implementing existing laws, conventions and treaties, women seeking redress through state mechanisms or the court have faced many challenges.

Notwithstanding, incremental changes have been seen in relation to putting in place mechanisms for redress. In May 2003, the Domestic Violence Unit was set up within MoSDHCE to address issues of domestic violence at the national level. Though initially understaffed, this has spearheaded a number of initiatives and campaigns around domestic violence. Over the past few years, there has been a noticeable increase in public discourse on domestic violence in Grenada. This is evidenced by regular discussions on radio talk shows and calypso songs about domestic violence during carnival, two important avenues in Grenada for discussions on social issues.

1.4. Legislative and policy environment

As noted above, Grenada has committed itself to protecting the rights of women and girls by enacting legislation and through the ratification of several conventions and treaties. Legislation enacted includes the following

- Criminal Code 1990 and Amendments 2012: These define and punish GBV (sexual and other offences), such as rape, sexual intercourse with a minor, assault, murder and trading in prostitution. It includes IPV. The 2012 Amendments provide a broader definition of rape (e.g. a gender-neutral definition of rape and marital rape) and increase the penalties for sexual offences.
- Domestic Violence Act 2010: This covers physical abuse, sexual abuse, economic abuse, emotional abuse, intimidation, stalking, harassment and damage to property. It also details the duties of the police and magistrates, and the rights of victims.
- Child Protection and Adoption Act 2010: This covers all forms of physical, sexual and emotional abuse, as well as

- exposure to domestic violence, neglect and abandonment. It also mandates reporting by professionals responsible for children's care.
- Education (Amendment) Act 2012: This covers issues related to the sexual abuse of students. It gives authority to the Ministry of Education to immediately suspend any teacher who is reported to have committed any act of sexual abuse against a minor student in their school.
- **Labour Code 2016:** This replaces the previous Labour Code and contains provisions to address sexual harassment.

Grenada is party to the following main conventions and regional treaties:

- Grenada became a state party to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1990.
- Grenada became a party to the **Convention** on the Rights of the Child (CRC) in 1990.
- Grenada ratified the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women (Convention of Belém do Pará) in 2001.
- Salvador 2011 on Citizen Security in the Americas. While it is becoming more widely recognized that VAWG is a citizen security issue, there does not appear to be a link in Grenada between this and national security policy. Furthermore, regional discussions on insecurity tend to exclude VAWG. Citizen security is often viewed through a narrow lens and focuses primarily on events that take place in public spaces. As a result, VAWG, which often occurs in private spaces such as the home, is seen as a private family matter. It is not clear whether a policy on national security currently exists in Grenada.

In relation to the Sustainable Development Goals (SDGs), Grenada does not appear to have any legal framework in place to promote, enforce and monitor equality and non-discrimination on the basis of sex, as required for SDG 5, indicator 5.1.1.

Currently in Grenada, policy on GBV is guided by the **Gender Equality Policy and Action Plan 2014–2024**, which was approved by Cabinet in 2014. The lead agency for the implementation of this plan is the Division of Gender and Family Affairs, MoSDHCE. In terms of GBV, the policy states that,

BOX 3

National laws, policies, and protocols

- ✓ Criminal Code 1990 and Amendments 2012
- **√** Domestic Violence Act 2010
- √ Child Protection and Adoption Act 2010
- ▼ Education (Amendment) Act 2012
- **√** Labour Code 2016
- √ Gender Equality Policy and Action Plan 2014–2024
- ▼ Electronic Crimes Act 2013
- √ Trafficking in Persons Act 2014
- ✓ Amendment to the Police Standing Orders for Sexual and Domestic Violence Act 2017
- **V** Domestic Violence and Sexual Abuse Protocol 2011

International conventions

- √ Convention on the Elimination of All Forms of Discrimination against Women
- √ Convention on the Rights of the Child
- ✓ Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment
- ✓ International Covenant on Civil and Political Rights
- **√** International Covenant on Economic, Social and Cultural Rights
- ✓ Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women
- ▼ Declaration of San Salvador 2011 on Citizen Security in the Americas

"The Government will promote human security by coordinating the effective functioning of relevant legislation, the police, judicial system, social service agencies and channels of public education to combat and reduce all forms of violence, especially gender-based violence."

1.5. Initiatives on VAWG (government and civil society)

Grenada has undertaken a number of initiatives to address VAWG. These have focused primarily on the implementation of laws, policies and procedures using a multi-sectoral approach.

One example is the State Response to End Violence against Women Legislative and Policy Reform Implementation Programme, implemented with support from UNIFEM/UN Women in 2011. The main activities around this initiative included:

- Training of first responders to VAWG, such as the GBV Unit in MoSDHCE, health workers, police and the judiciary;
- Capacity-building for the GBV Unit;
- Identification of cultural beliefs, myths and practices that significantly support GBV in order to inform behaviour change campaigns; and
- Public sensitization and education through community outreach and use of media (radio, television and print).

In 2010, Grenada established the Child Protection Authority (CPA). This is mandated by law to address all matters related to children in need of care and protection in Grenada. This includes children who have witnessed domestic violence or who are themselves victims of sexual abuse.

The government provides financial support to LACC and GNOW, two prominent NGOs that provide services to address GBV in Grenada.

LACC provides psycho-social and psycho-educational programming and public education to address GBV in Grenada. The organization has two programmes specifically aimed at addressing VAWG in Grenada:

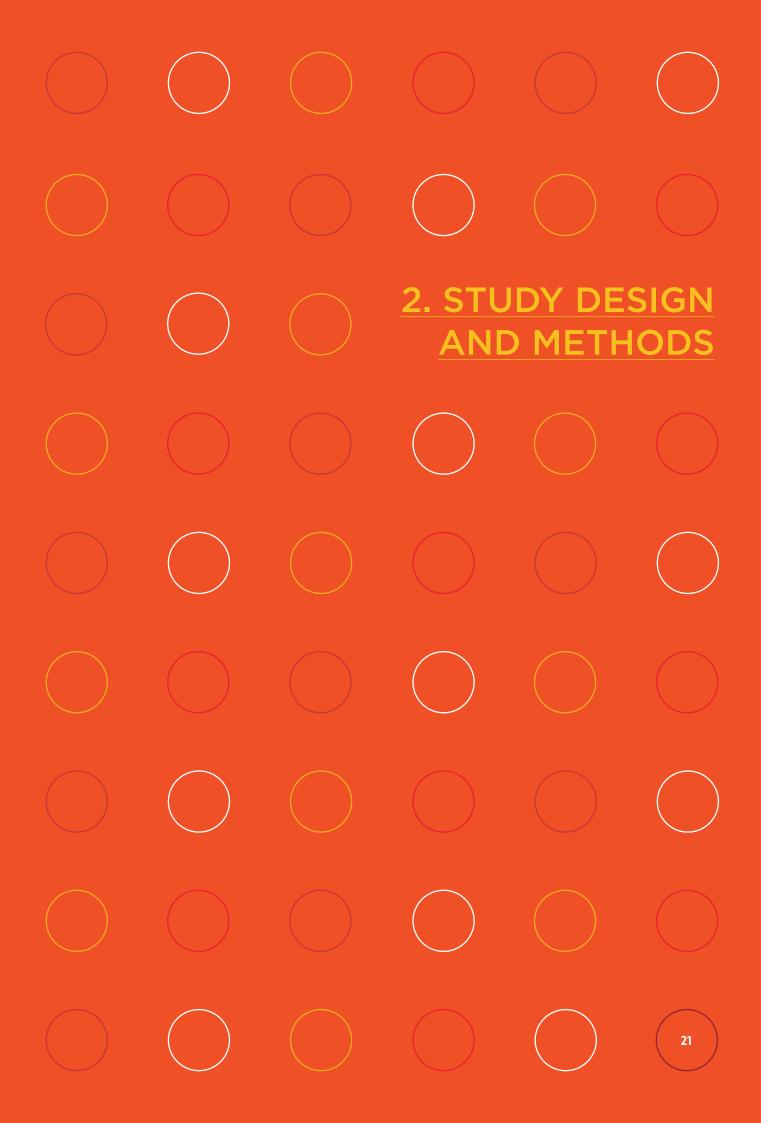
 Man to Man is a 16-week intervention programme implemented with support from UNIFEM/UN Women and designed for perpetrators of domestic violence, specifically men who are abusing their female partners. It teaches concepts and techniques to replace violence and to control abusive behaviour, emphasizing respect, open communication and healthy relationships. The programme depends largely on referrals from the courts.

 CHANGES is a psychosocial group programme for survivors of IPV. Women who have been victims of domestic violence share experiences and gain skills to break the cycle of violence. The sessions cover topics such as self-esteem, domestic violence and the law and the effects of abuse.

The major work of GNOW as it relates to VAWG includes the following:

- Lobbying for and participating in the drafting of laws, for example the Domestic Violence Act and the Sexual Harassment Bill;
- Creating a community support network volunteer programme for Grenadian women experiencing GBV;
- Representing the voice of Grenadian women at the local, regional and international level;
- Building awareness about women's rights and gender equality;
- Preparation of the Domestic Violence and Sexual Abuse Protocol in 2010 (ratified by Cabinet in 2011), which led to Standard Operating Procedures for health workers, the Royal Grenada Police Force and MoSDHCE.

More recently, a Special Victims Unit was established within the Royal Grenada Police Force, with a hotline launched in September 2018. This Special Victims Unit focuses specifically on sexual offences, domestic violence and child abuse.



2. STUDY DESIGN AND METHODS

This chapter provides a description of how the data – quantitative and qualitative – was collected, processed and analysed. An understanding of this methodology is beneficial to understand and interpret the results of the study. The chapter begins with a broad overview of the survey instrument, the sampling strategy, fieldwork preparation and data collection, processing and analysis. It then discusses the approach to the qualitative data collection. The chapter ends with a look at the ethical considerations and limitations of the study.

2.1. The Women's Health and Life Experiences Survey

Grenada's WHLES is an adapted and contextualized version of the questionnaire used in the WHO Multi-Country Study on Women's Health and Domestic Violence. Members of the Grenada WHLES

Research Sub-Committee reviewed and provided modifications to the survey questionnaire. These edits were limited to country-specific issues and appropriate response categories for Grenada. The vast majority of questions, including the core questions on the prevalence of VAWG, remained unchanged.

The survey instrument comprised an administrative section, a household questionnaire and a woman's questionnaire. The household questionnaire collected general information about household composition and assets. Any adult in the household could answer this section of the survey. The core of the woman's questionnaire involved various scales to measure different forms of IPV and had to be answered only by the selected woman. Table 2.1 presents the 11 sections of the woman's questionnaire.

TABLE 2.1

Contents of the Grenada WHLES 2018 instrument

Section	Description
Administrative section	Identifies the household and the interviewer's visits
Household questionnaire	Household composition, assets, facilities and selection of eligible woman
Woman's 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 or male partner
Section 6	Attitudes towards gender roles
Section 7	Respondent and her husband or male partner
Section 8	Injuries
Section 9	Impact and coping
Section 10	Other experiences
Section 11	Completion of interview

2.2. Survey sampling design

Given that the survey data is expected to generate national-level statistics, a probability sampling that made it possible to make inferences about the population based on observations from a sample was used to select a sample of 1,600 Grenadian women aged 15–64 years. More specifically, a multistage stratified probability sample was utilized in the selection of women for the survey. At the first stage of selection, stratification occurred by geographical sub-region (parish). Grenada has 7 parishes, with a total of 287 enumeration districts (EDs). A total of 100 EDs were randomly selected for the survey from across all 7 parishes. The number of EDs selected per parish was proportionate to the size of the population in the parish.

In the second stage, using systematic sampling, approximately 16 households were then randomly selected from each ED selected in Stage 1, for a total of 1,600 households.³ The household listings from

3 Whereas the plan was to select 16 households per ED, the exact number of households selected in the ED (Table 2.2) was dependent on the total number of households in the selected ED. the 2011 census, with updates for new household formation or dissolution, served as the source data (i.e., the sample frame).

In the final stage, using the Kish method, one eligible female was randomly selected from the household to answer the survey. The most important feature of the Kish method is that it eliminates selection bias – therefore, each eligible woman in the household had an equal probability of being selected for the survey. Only female residents aged 15–64 years were eligible to take part. Under no circumstances could the randomly selected woman be replaced, nor was anyone else allowed to complete the interview on their behalf.

Table 2.2 shows the distribution of EDs in the sample frame, the number of EDs selected per parish and the allocation of households selected by parish and ED.

2.3. Recruitment and training of interviewers

Recruitment of interviewers was carried out by word of mouth and internally at the CSO. The Ministry of Finance also advertised for interviewers

TABLE 2.2
Sample selection for the Grenada WHLES 2018, by Parish

Parish	Number of EDs	Number of selected EDs	Number of selected households
St. George (Town)*	24	3	46
St. George	79	35	571
St.John	24	8	124
St. Mark	12	4	53
St. Patrick	31	9	138
St. Andrew	69	23	379
St. David	29	12	207
Carriacou	19	6	82
Total	287	100	1,600

^{*}The town of St. George's, Grenada's only urban area, plus St. George makes up the parish of St. George.

but without stating the name of the survey. As per the WHO model, only women were recruited to be interviewers and supervisors. This is because research has shown that the sex, age and attitude of the interviewer are among factors that influence disclosure of domestic violence. Over 80 women submitted applications for enumerator and supervisor positions.

Applicants went through an initial pre-screening interviewing process to determine eligibility for the position. Initial pre-screening was conducted based on age, education and experience. During the interview prospective enumerators were assessed on their attitudes to gender roles, using questions from the survey, and on their interpersonal skills. Those who held overly traditional views on gender roles, based on their responses to the survey questions on gender roles, were not selected. This was to minimize the chances that a survivor relating her experiences to the interviewer would be judged. Prospective enumerators were also assessed on their availability for the compulsory three weeks of training and three months of fieldwork, and on their comfort and experience with using a tablet and the Internet. After the interviewing and assessment process, a total of 55 applicants were invited to take part in the intensive 3-week training.

The training approach followed WHO's globally tested method as described below. The training consisted of a 10-day workshop and a week of piloting. Researchers from GWI at George Washington University delivered the workshop with support from the CSO. The training ensured that everyone was adequately equipped with the skills and knowledge necessary to carry out the survey. The objectives of the workshop were as follows:

 To increase the sensitivity of participants to gender issues at a personal as well as a community level;

- To develop a basic understanding of GBV and its characteristics, causes and impact on the health of women and children;
- To understand the goals of the WHLES in Grenada and the CARICOM Model;
- To learn skills for interviewing, taking into account safety and ethical guidelines;
- To become familiar with the questionnaire and protocol of the WHLES;
- To become familiar with using the survey application on the tablets.

After two weeks of compulsory classroom-style training and several mock classroom interviews, the third week was devoted to piloting of the survey. The main goal of the pilot was to get everyone comfortable with administering the survey on tablets and to become familiar with the flow of the survey. The piloting of the survey was led by the CSO and conducted in the community of River Road, St. George. The trainees canvassed the neighbourhood for eligible women who would agree to be interviewed. Each trainee was expected to complete at least two full interviews. Once they had done this, they participated in small group debriefing sessions to discuss their experiences, issues and clarifications in relation to administering the survey on the tablet, the flow of the questionnaire and feedback from the women interviewed.

Given the emotions that the topic of GBV can, and did, trigger, during this final week of training a psychological counsellor provided small group debriefings to the trainees and was available for private one-on-one counselling.

Of the women who completed the intensive 3-week training and piloting exercise, 38 were offered contracts to work as interviewers to administer the survey throughout Grenada, Carriacou and Petite Martinique. An additional seven women were selected as supervisors.

2.4. Survey data collection

The survey data was captured using the Computer-Assisted Personal Interview (CAPI) method, on tablets. The instrument was programmed using Survey Solutions, free survey software available from the World Bank. Compared with pen and paper data collection, CAPI is much more efficient and less error-prone, as complicated skips and verification checks can be built into the programming. It also eliminates the need for data entry. Interviewers worked in teams with their supervisors to administer the survey in their assigned EDs.

Data collection started one week after completion of the training and pilot. Initially, the survey was expected to be in the field immediately after training, from 1 July through 30 September 2018. However, the end date was extended to 31 October 2018 in order to make it possible to address issues discovered during data quality checks.

Each selected household was approached at least three times to complete the survey. For various reasons, contact with some households was not possible, and some households were men-only or the selected eligible woman was not available during the interviewing period.

Supervisors conducted data validation and verification checks before uploading data to the CSO system. Two data technician consultants familiar with the CSO's data quality checking

procedures and the Survey Solution operating environment were contracted to conduct further quality checks and prepare a clean data file for the subsequent data analysis.

2.4.1. Survey response

Based on recent response rates from other household surveys conducted in Grenada by the CSO, the expected response rate was around 80 per cent. This estimated rate took into account the timing of the survey, the length of time in the field and the topics to be discussed. Of the 1,600 randomly selected households, an eligible woman in 1,078 of these completed a women's survey for a response rate of 67.4 per cent.

Table 2.3 presents a breakdown of the response rate by parish.⁴ The response rate for Carriacou and Petite Martinique was the lowest, but this was not unexpected, as challenges emerged in administering the survey in this area. The selected EDs in Carriacou are known to contain numerous returnees from abroad (e.g. the UK and the USA) who live only a part of the year on the island, and many were away during the survey period.

The largest share of uncompleted surveys comprised the 386 households without an eligible woman, either because any women living in the

4 St. John and St. Mark would normally be combined for such calculations by the CSO, since they are bordering parishes and individually the typically small sample sizes from each may yield seemingly skewed results.

BOX 4

Response rate = Number of completed women's surveys
Number of selected households

TABLE 2.3
Response rate to the Grenada WHLES 2018, by Parish

Parish	Number of selected households	Number of completed surveys (unweighted)	Response rate (%)
St. George	617	420	68.1
St. John	124	123	99.2
St. Mark	53	35	66.0
St. Patrick	138	106	76.8
St. Andrew	379	230	60.7
St. David	207	134	64.7
Carriacou and Petite Martinique	82	30	36.6
Total (unweighted)	1600	1078	67.4

household were not of the eligible age (15–64 years) or because only men resided at the residence. Based on interviewer reports, in most instances it was because it was a men-only household. While the initial sampling was adjusted to compensate for households with no eligible women, the actual number of such households was much larger than predicted. Ten per cent of the households were predicted to have no eligible women, but in fact such households comprised 25 per cent of the sample of selected households.

Table 2.4 presents other reasons for non-completion of the survey in the interviewing period.

While those who refused to complete the survey were not asked for a reason, it is known that conducting surveys of this sensitive nature in small islands or communities runs the risk of residents learning about the survey contents and making a decision about participation before being approached to do so.

2.4.2. Respondent's satisfaction with interview

Surveys of this type can at times result in raising buried emotions related to the abuse the woman may have suffered. At the same time, some women may feel better after having disclosed their abuse

TABLE 2.4
Number of non-responding households, by Reason for non-response, Grenada WHLES 2018

Reason for no response	Number of households
Selected dwelling destroyed	19
Selected dwelling inaccessible or not found	5
All members of household away for survey period	26
No household member home during interviewer's visits	35
Selected woman refused to participate	25
Selected woman completed only a partial interview and stated she did not want to continue	14
Other unspecified reasons (12)	12

to someone else. Interestingly, the vast majority of respondents were satisfied after completing the survey (Table 2.5). In fact, the proportion of women who said they felt good or better was higher among those who reported they had experienced

IPV. As Chapter 4 shows, for many of these women this was the first time they had disclosed the abuse to anyone, and this may well have been a cathartic experience for them. Overall, very few of the women said they felt worse after the interview.

TABLE 2.5
Respondents' feelings after completing the Grenada WHLES 2018

			Type of IPV (physical and sexual)							
Satisfaction with interview	All		No violence		Physical only		Sexual only		both	
	N %		N	%	N	%	N	%	N	%
Good/better	461	41.4	275	37.9	97	48.9	9	44.5	50	65.6
Bad/worse	32	2.8	13	1.7	7	3.6	1	4.6	6	8.3
Same/no difference	601	54.1	427	59.0	89	44.9	10	45.3	19	24.9
Other	18	1.6	9	1.3	5	2.7	1	5.5	1	1.3

2.5. Survey data analysis

The survey data was analysed using univariate and bivariate statistics. Univariate statistics are used to present a description of the sample, and estimates on the prevalence of different forms of violence. Bivariate statistics are used to investigate associations. A chi-square test is used with bivariate analyses to ascertain whether any associations are statistically significant at the 5 per cent level of significance (i.e., a p-value of < 0.05).

For the analysis, the data was weighted to represent the women of Grenada from 15 to 64 years of age. The data was weighted at two stages – first at the ED level and then at the household level. The weights were then adjusted for non-response and post-stratification. The non-response factor addresses any possible bias that may occur as a result of differences in respondents and non-respondents. The post-stratification factor is used to weight the survey population to the actual projected female population 15–64 years of age. Notably, the weighted and unweighted results were quite similar.

2.6. Qualitative component

The qualitative component was designed to complement the survey. It examined the nature, meanings, effects and responses to IPV and non-partner sexual violence (NPSV) against women and girls in Grenada. These issues would have been difficult to capture in a quantitative survey with mostly close-ended questions.

2.6.1. The qualitative research sample

As Table 2.6 shows, in total, one-on-one interviews were held with 15 survivors and 17 key informants. Seven focus groups were held with groups of healthcare professionals, criminal justice representatives, religious leaders and others in the community.

2.6.2. Qualitative data collection and analysis

The qualitative data collection took the form of one-on-one semi-structured interviews and focus group discussions. Interviews were held with representatives of government ministries and civil society, female survivors, perpetrators, religious leaders and other key stakeholders. Focus group

TABLE 2.6
Breakdown of key informants and focus group participants for the qualitative component of the Grenada WHLES 2018

Activity/participants	Units
One-on-one interviews:	·
Survivors	15
Key informants	17
o Service providers	
Social workers	
• Counsellors	
Legal aid personnel	
Healthcare personnel (including emergency and private healthcare)	
o Social/support network (family member and/or friend)	
o Humanitarian personnel	
o Gender Bureau	
o Shelter staff	
o Criminal justice community	
Police officers	
Judges and magistrates	
Legal aid personnel	
• Prosecutors	
Defence attorneys	
o Community leaders/community service organization representatives	
o Religious leaders	
o Representatives of women's organizations	
o Perpetrators	
o Grenada Council for the Disabled	
Focus groups:	
Healthcare personnel	1
Grenada Royal Police Force	1
Religious leaders	1
Men (not identified as perpetrators – one with young men and one with mature men)	2
Activists, representatives of women's organizations and community leaders	1
Social workers	1

discussions were held with a cross-section of men, police officers, healthcare workers, community leaders, activists, social workers and counsellors. Table 2.6 presents a detailed list.

The interviews and focus group discussions were voice-recorded and transcribed verbatim.

The data was then anonymised and coded using the qualitative analysis software Dedoose. An interpretive approach to the analysis of the data was used, with a central focus on the research questions. These research questions were as follows:

- How do women experience IPV and NPSV?
- What meanings do participants attach to men's violence in intimate relationships, and sexual violence of non-partners?
- How do women and men address IPV?
 What help-seeking actions do they engage in?
- How do women experience and address NPSV?
- In what ways are women affected by violence (e.g., physical and mental health effects)?
- How does gender (and its intersections) animate the experiences of and responses to IPV and NPSV?
- How do state agents, community and women's rights activists, religious leaders and humanitarian personnel explain the nature of and response to IPV and NPSV?
- What is the nature of state and community responses to IPV?

2.7. Ethical considerations

The Institutional Review Board of St. George's University approved the survey questionnaire and the qualitative research plan for the study. In general, the study followed the WHO/CARICOM Model for conducting research on VAWG. This included having highly trained women data collectors and developing specific procedures to ensure adherence to privacy and confidentiality. In Grenada, this meant that each survey interviewer

and supervisor signed an Oath of Secrecy in the presence of a Justice of the Peace and was forbidden from sharing information about the study participants or the project with anyone. The procedures also required that referral cards with numbers for service providers in Grenada be shared with all respondents, regardless of whether she disclosed abuse. Respondents gave verbal consent to participate in the data collection and could stop the interview at any time or refuse to answer any particular question.

A counselling service was also provided to those working on the project. In addition to the counselling provided during training, free (paid for by the project) monthly group sessions were offered to field workers, who could also avail themselves of free one-on-one sessions. Interviewers and supervisors were also constantly reminded by the CSO about self-care.

For the qualitative study, a trained domestic violence counsellor was employed to provide support in the screening process to determine the suitability of survivor interview participants. This was partly determined based on the stage the survivor was at in the process of surviving violence. As part of the process of selecting participants, a decision was taken that no participants with whom the counsellor had been involved in terms of providing direct counselling would be selected for participation.

2.8. Limitations of the study

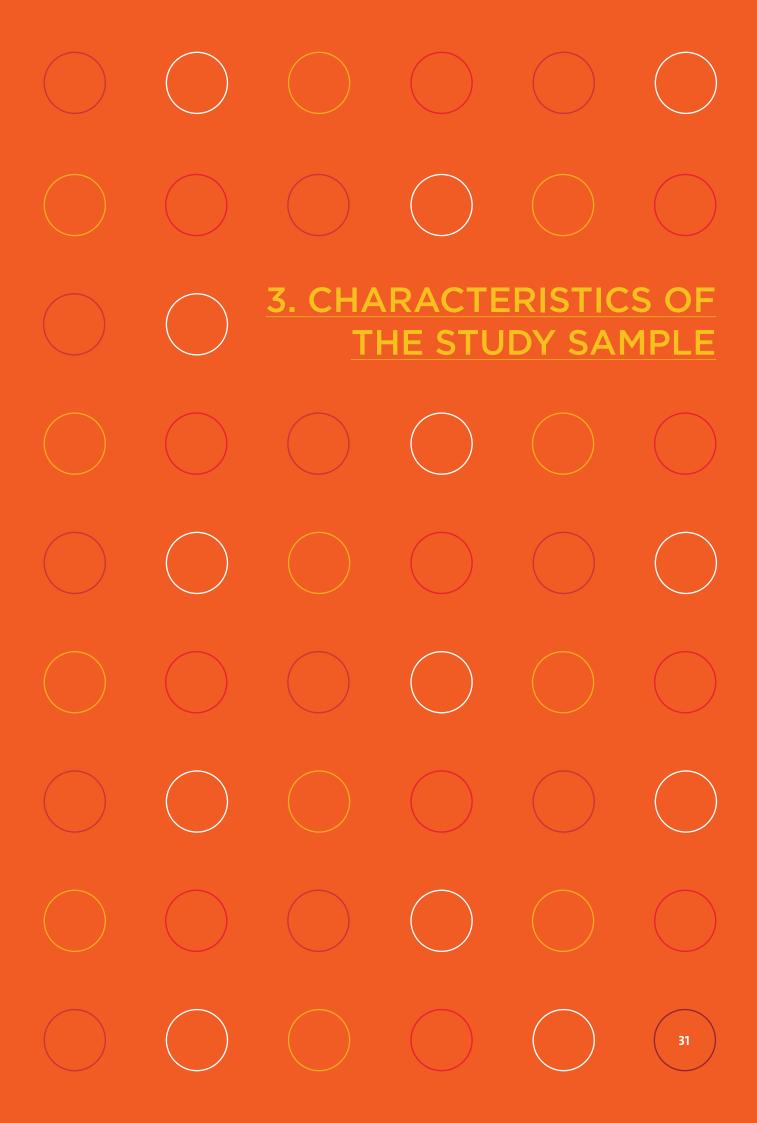
There are two noteworthy limitations of the Grenada study:

Despite the pre-testing and piloting of the survey instrument, a glitch in the survey computer programming was discovered after the survey was in the field. This meant that about 120 respondents incorrectly skipped a number of questions. After much

2. STUDY DESIGN AND METHODS

deliberation, it was decided to revisit these women and complete the missed questions. This was done using the pen and paper method of data collection. As was to be expected, some of these women refused to complete these additional questions or were not available to complete them. Of the 120 affected women, more than half of them completed the additional questions. The implication is that the prevalence

- measure may be slightly undercounted, guesstimated at less than 0.09 per cent.
- 2. Since the analysis is based on univariate and bivariate statistics, it cannot be used to make causal inferences. When associations are noted in the results section as statistically significant, this simply implies that there is a high probability that the two variables are associated in some way, but we cannot say how with certainty.



3. CHARACTERISTICS OF THE STUDY SAMPLE

This chapter provides a description of the survey respondents and of the qualitative research participants to help give context to the results. In particular, it provides a brief profile of the women who responded to the survey in terms of educational attainment, ethnicity, religious affiliation, marital status, work status and main source of income. The chapter also provides a profile of those who participated in the qualitative research.

3.1. Demographic characteristics of survey respondents

3.1.1. Age

The survey targeted women and girls aged 15–64 years. Figure 3.1 presents the distribution of respondents by age. The majority (57.7 per cent) were under 40 years of age. The largest share

comprised women aged 30–34 years (14.2 per cent). Women aged 60–64 years made up the smallest proportion, at only 7.8 per cent of respondents.

3.1.2. Relationship status

The overwhelming majority of women who responded to the survey reported having had a partner at some time. 25 per cent of them said they were currently married, 17.2 per cent were living with a common-law male partner, 1.5 per cent had a regular partner but lived apart and 48 per cent had had a partner at some point but not at the time of the interview. This means that 91.8 per cent of the women reported having had a partner at some point in their life. This is important, as these are the women who may have experienced IPV. Prevalence of IPV forms a central part of this report and is investigated in detail in Chapter 4.

FIGURE 3.1
Age Profile of All Respondents of the Grenada WHLES 2018

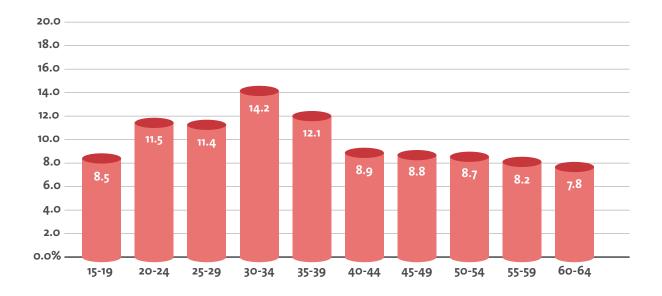
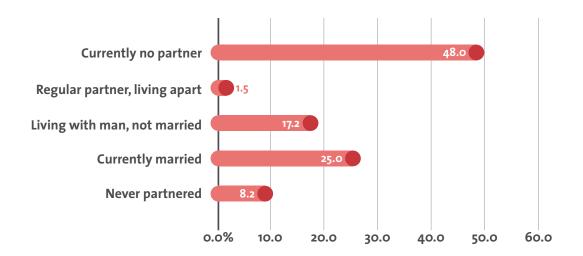


FIGURE 3.2

Relationship Status for All Respondents of the Grenada WHLES 2018



3.1.3. Education

Men and women in Grenada have equal access to education, and Grenada achieved universal secondary education in 2012. In fact, the Education Act 2012 includes the goal, "To promote the principle and practice of gender equality." It is therefore not surprising that most of the women interviewed had completed some form of schooling, with many of them having

completed post-secondary education. 37 per cent of the women interviewed indicated that the highest level of education they had achieved was secondary schooling. Technical, vocation, or higher was the highest level completed by 35 per cent of the women. The remaining 28 per cent of women had ended their formal schooling at the primary level or had no formal schooling.

FIGURE 3.3
Highest Level of Education for All Respondents of the Grenada WHLES 2018

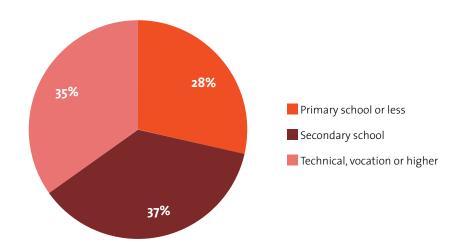
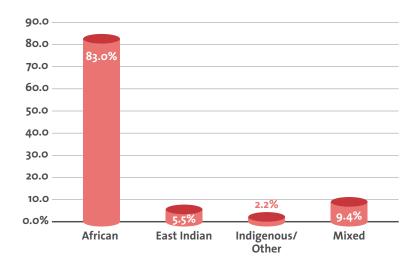


FIGURE 3.4
Ethnicity for All Respondents of the Grenada WHLES 2018



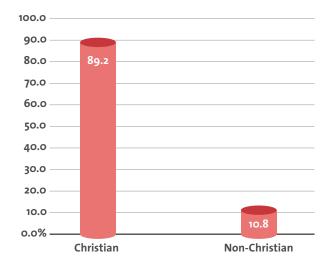
3.1.4. Ethnicity

The distribution of the sample by ethnicity was similar to that of the Grenadian population as a whole (see Chapter 1), with the vast majority identifying as of African descent (83 per cent). Women of East Indian descent accounted for 5.5 per cent of respondents and 9.4 per cent identified as mixed. The remaining 2.2 per cent of women identified as Caucasian, Portuguese, Syrian/Lebanese, Hispanic or Chinese.

3.1.5. Religion

Religion and religious beliefs are important factors in the everyday life of most Grenadians, with most being affiliated with a Christian denomination. Similarly, the overwhelming majority of women responding to the survey (89.2 per cent) indicated that they belonged to a Christian denomination. The remaining 10.8 per cent belonged to non-Christian denominations or did not belong to a religious practice.

Religious Affiliation for All Respondents of the Grenada WHLES 2018

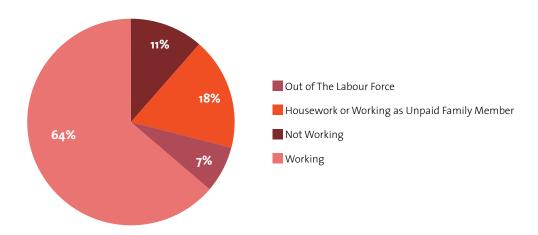


3.1.6. Employment

There are no legal barriers to women working in Grenada, and Grenadian women have always been active in the labour market, though at lower rates of participation than their male counterparts. As Figure 3.6 shows, the majority of women interviewed indicated

that paid work was their main activity. Almost two-thirds (64 per cent) reported that they were working. Housework or unpaid family work as a main activity was reported by 18 per cent of respondents, not working by 11 per cent and 7 per cent said they were out of the labour force.

FIGURE 3.6
Employment Status for All Respondents of the Grenada WHLES 2018

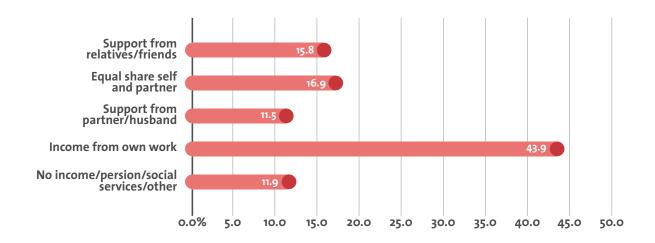


3.1.7. Income source

When asked about their main source of income, 11.9 per cent of the women said they had no income. The most commonly mentioned source of income was income from their own work (43.9)

per cent), followed by those who said they shared equally with their partner (16.9 per cent). Some relied on friends and family (15.8 per cent) or their partner (11.5 per cent).

FIGURE 3.7
Sources of Income for All Respondents of the Grenada WHLES 2018



In summary, women who responded to the survey were more likely to be of African descent, mirroring their composition in the overall population. Respondents were relatively young, with most of them under 40 years of age. The vast majority had completed at least secondary schooling, were of the Christian faith and were working at the time of the interview. For the most part, they also had some form of income, be it from their own work, relatives, friends or partner. And almost all of them had had a partner at some point in their life.

3.2. Summary characteristics of participants of the qualitative study

3.2.1. Key informants

There were 17 key informants participating in one-on-one interviews, 11 women and 6 men. The participants came from a diverse pool of service providers, the public sector and civil society; one interviewee identified as a perpetrator. Table 3.1 presents a detailed list of key informants.

TABLE 3.1
Information on key informants for the qualitative component of the Grenada WHLES 2018

Role	Sex
Magistrate	F
Lawyer – family law	F
Police officer (specializing in GBV response)	F
Coordinator of state-run Psycho-Educational Programme, MoSDHCE	F
State counsellor	F
State counsellor	F
Police officer, Criminal Investigation Division	F
Perpetrator	M
Representative of Grenada National Council for the Disabled	F
Representative of Grenada Community Development Association (GRENCODA)	F
Lawyer – state prosecutor	M
Representative of GNOW	F
State Representative of MoSDHCE	F
Representative of LACC	M
Doctor, General Hospital	M
Representative of Red Cross	M
MoSDHCE, Men's Desk	M

Table 3.2 presents profiles of the 15 survivors who participated in one-on-one interviews. As shown, they were diverse in terms of age and religious affiliation. Their ages ranged from 20 to 56 years. Most of them had completed at least high school and were employed. Reported income ranged from XCD\$800 to XCD\$2,600 per month.

3.2.2. Focus groups

Seven focus group discussions were held with a diverse group of men and women. This included healthcare workers, police officers, religious leaders, men who did not identify as perpetrators, NGO representatives and social workers. Table 3.3 presents details on focus group participants.

TABLE 3.2
Profile of survivors interviewed for the qualitative component of the Grenada WHLES 2018

Survivor	Age	Race	Religion	Education	Employment	Monthly income (XCD)	Assets	Relationship status	# of children
IPV	38	Black	PC	Vocational	Unable to work		Livestock, vehicle	Married/ separated	
IPV	36	Black	NT	Tertiary	Nursing assistant	2,600	Land, house, 4,000 in savings	Married/	1-2
IPV	44	Black	PC	Primary	Domestic worker	1,100	23 livestock	Visiting	3-5
IPV	43	Black	RC	Upper secondary	Domestic worker	1,000	House, produce	Visiting	3-5
NPSV	20	Black	RC	Tertiary	Unemployed		1,000 in savings	Visiting	
IPV	56	Black	SDA	Post- secondary	Unemployed			Single	3
IPV	54	Black	NT	Primary	Unemployed		Land, house	Married/	5+
IPV	31	Black	SB	Vocational	Secretary	900	Land, house, 3 livestock, 24 poultry	Common-Law	3-5
IPV	37	Mixed	RC	Tertiary	Nursing assistant	1,778	House, vehicle	Married	1-2
IPV	33	Black	ОВ	Secondary	Administrative assistant	800	Vehicle	Common Law	
IPV	38	Black		University	Paralegal	2,600	Land, house	Single	1-2
IPV	41	Black	RC	Vocational	Childcare	1,000	Land	Common Law	3-5
IPV	31	Black	SDA	Upper secondary	Self-employed	800	House	Single	3-5
IPV	48	Black	SDA	Secondary	Cook	1,500	House	Divorced	
IPV	25	Mixed	SDA	Vocational	Unemployed			Single	1-2

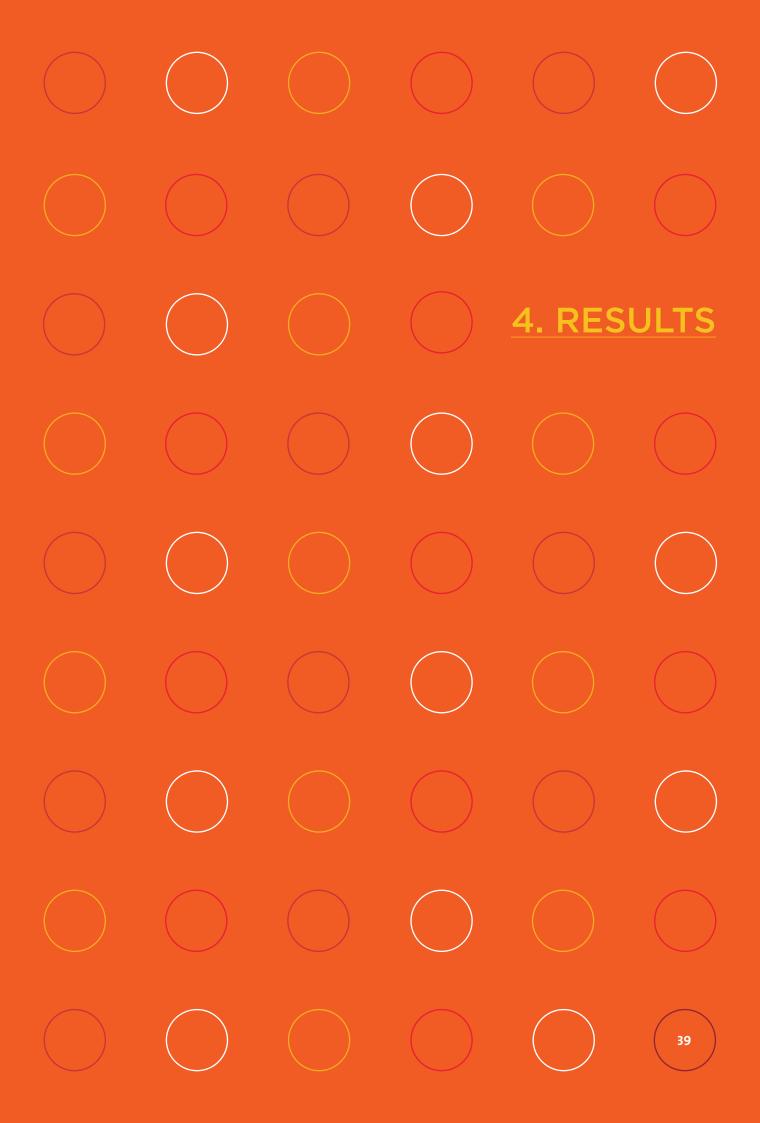
 $Note: PC-Pentecostal; RC-Roman\ Catholic; SB-Spiritual\ Baptist; NT-New\ Testament; SDA-Seven\ Day\ Adventist; O-Open\ Bible.$

TABLE 3.3
Participants of focus group discussions in the qualitative component of the Grenada WHLES 2018

Number	Туре	Composition (35 Participants across 7 FGs)
FG1	Healthcare workers	7 nurses with over 10 years of experience each; 2 members with over 20 years of experience; ranged in rank from nursing assistant to ward sister
FG2	Police officers	6 officers: 4 women and 2 men; ranked from corporal to inspector, with 6–26 years of service
FG3	Religious leaders	4 religious leaders; 2 female and 2 male; 3 members of various Christian denominations and 1 member of Islam; 1 Evangelical pastor; 1 Pentecostal pastor; 1 representative of the Conference of Churches; 1 imam
FG4	Young men	6
FG ₅	Mature men	3
FG6	Activists, women's organizations, community leaders	5 long-serving members representing the following NGOs: GNOW, GRENCODA, the Grenada chapter of the Caribbean HIV/AIDS Partnership and Grand Bacolet Juvenile Centre
FG ₇	Social workers	4 experienced female social workers and case workers

3. CHARACTERISTICS OF THE STUDY SAMPLE

Overall, as demonstrated above, the sample used for the qualitative research consisted of survivors, service providers, frontline staff and others who worked with survivors and/ or perpetrators of GBV. As such, they were well positioned to contribute to a deeper understanding of how VAWG is manifested in Grenada in terms of its nature, meanings, effects and responses.



This chapter presents the results of the analysis of the core components of the survey, complemented by the qualitative research findings. It is divided into six sections. Section 4.1 looks at perceptions and attitudes towards various beliefs and norms associated with GBV. Section 4.2 discusses lifetime and current prevalence of different forms of IPV and Section 4.3 associated factors and triggers. Section 4.4 reviews consequences and Section 4.5 coping strategies, services and support. Finally, Section 4.6 investigates NPSV, including intergenerational abuse and childhood sexual abuse.

4.1. Attitudes and beliefs

The survey and the qualitative research investigated the attitudes and beliefs held by Grenadians on gender roles and beliefs that normalize and justify VAWG. It is important to understand these, as the violence that women and girls endure from their intimate partners is driven by social norms and negative stereotypes about the role prescribed to men and women in the home and society and the power dynamics stemming from them. These are also interrelated with attitudes that help normalize and justify VAWG.

4.1.1. Gender roles

Gender roles refer to the cultural and societal responsibilities assigned to men and women as well as the power dynamics between them. These roles can be classified as egalitarian, which exemplifies a belief in equality and shared responsibilities, or traditional, whereby the belief is that women should hold responsibility for all domestic matters whereas men are the breadwinners and head of the household. These traditional roles place women in an unequal position relative to men in their intimate relationships and broader society. As is demonstrated later, in Grenada traditional gender stereotypes persist. This is not surprising: such deep-rooted beliefs have been passed on from

generation to generation, and often intentionally and unintentionally are reinforced or influenced by socialization, religion, culture and the media.

Societal expectations of gender roles are often used to normalize and justify IPV, presented as correcting the "wrong" behaviour of the woman's prescribed roles. The narratives in focus groups aptly illustrate that Grenadian society still commonly holds these traditional assumptions about gender roles.

Mature man: The role of a woman is one to be able to help with that procreation process, with the coalesce [sic] of mankind. A woman role also is to be able to set good role models and to be the second pillar in the nurturing our children and also the providing with the basic needs for the home, together with the head of the home, who's the male.

Interviewer: Tell me a bit about – so we talked a bit about women – so tell me a bit about what are some of the ideas that exist about men; what it means to be a man in society.

Mature man: Being in control [chuckles]. That's one of the... but if you should go deeper, the role of the man is to be the head of the family to be that protector, that provider, to be that watchdog so to speak, that would be able to watch out for the family. The role of the man is also to be the part that would go along with the woman to help with the procreation, so that's how you would end up now having a family.

One participant in the focus group discussion with young men commented:

Well sometimes, on a general scale, most of the women tend to think about themselves, understand, what they could get to benefit from a man, right. Ok, they might say, and they does be bold about it right, so ok they might say, I have this man for transportation, I have this man for bills, I have this man for clothes or whatever the case might be, if I want to go out I have this man to go out with, you understand, they say it like that. They might have a next man to make them reach on certain higher keys, levels in society, right, so I ain't know. And it's not really the man that benefiting from them so that's why I was saying selfish.

One survivor's take on gender roles was as follows:

Men can do whatever they want. They have to be the head of the household; they have to control. Society... they can just do whatever they want and I don't agree with that because I believe in equality.

A survivor commented on what it meant to be a woman:

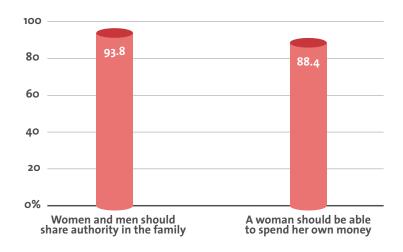
Now in my opinion, right? To be woman means that you reach a age, you come to a stage in life where you are capable enough, of... of being independent, being able to speak out, being able to take charge of your life and if you have children, to look... to take care of your children and going to take care of yourself, control, take

control of yourself, of your sex life as well as your spiritual and physical life. So you don't have to wonder um make that... you have certain qualities in you that society could accept.

Grenada's Gender Equality Policy and Action Plan 2014–2024 notes that, religion, through the quoting of scripture, and the media, through airplay of songs promoting gender violence, are powerful influencers of these norms and practices. Focus group participants in the qualitative research also used religion as justification for these hierarchical arrangements in the home. The Gender Equality Policy and Action Plan further notes that men and women are both equally responsible for perpetuating negative gender stereotypes.

Notwithstanding, transformation is slowly taking place, as evidenced in the day-to-day lives of Grenadians. For instance, across Grenada it is not unheard of for both men and women to take on non-traditional roles in the home and workplace. And more and more Grenadian women are taking on leadership roles at all levels of society. For example, Grenada has one of the highest proportions of female parliamentary representatives in the Caribbean.

FIGURE 4.1A
Proportion of Women Interviewed for the Grenada WHLES 2018 Who Agree with Specific Egalitarian Gender Attitudes



The survey measured attitudes on gender roles by reading six statements to each woman about her role and relationship with her husband, the family and financial decision-making (Figure 4.1a and 4.1b). For each statement, she then indicated whether she was in agreement or not. The six statements included a mix of positive or egalitarian assertions (Figure 4.1a) and negative patriarchal assertions (Figure 4.1b). The responses to the survey questions revealed how Grenadian women saw their role, and that of men, within the family and more generally within society.

Figure 4.1a shows that Grenadian women overwhelmingly agreed that in general women should have financial autonomy (88.4 per cent) and shared authority in the family (93.8 per cent). This demonstrates a strong belief in some level of gender equality.

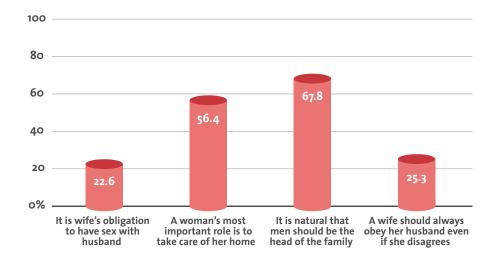
In Figure 4.1b, the survey responses provide evidence that the belief in traditional gender roles

is widely held among Grenadian women. Over twothirds (67.8 per cent) of women agreed that it was natural that men should be the head of the family and more than half also agreed (56.4 per cent) that a woman's most important role was to take care of her family.

Most women in Grenada rejected the idea of obligatory sex with a spouse or acquiescing to her husband even when she disagrees with him. When asked about sex with a partner, (only) 22.6 per cent of Grenadian women agreed that it was the wife's obligation to have sex with her husband. Just about one-quarter (25.3 per cent) said a wife should always obey her husband even if she disagreed with him.

These results indicate that, even though women in Grenada believe in some level of autonomy and gender equality, many still subscribe to the stereotype of men as breadwinners and women as the family caretaker.

FIGURE 4.1B
Proportion of Women Interviewed for the Grenada WHLES 2018 Who Agree with Specific Patriarchal Gender Attitudes

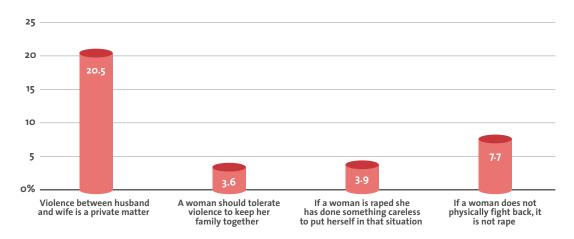


4.1.2. Women's attitudes towards normalizing violence against women and girls

The survey also examined whether Grenadian women believed that VAWG was normal behaviour (Figure 4.2). Interestingly, as the results below

show, a very low proportion of women agreed with statements that justified violence, despite the prevalent patriarchal attitudes discussed above. About one-fifth (20.5 per cent) believed that violence between a husband and a wife was a private matter,

Proportion of Women Interviewed for the Grenada WHLES 2018 Who Agree with Specific Statements on Normalising Violence



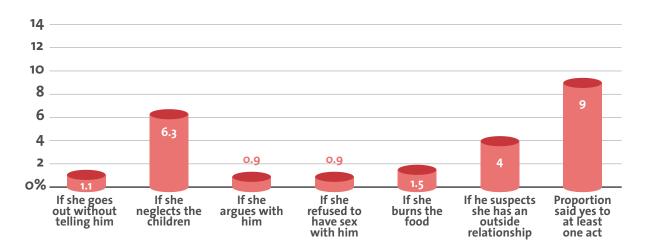
but few thought a woman should tolerate violence to keep her family together (3.6 per cent), blamed rape victims for their circumstances (3.9 per cent) or believed that if a woman did not physically fight back then it was not rape (7.7 per cent).

4.1.3. Women's perceptions on justification of violence

Perceptions on the justification of violence were assessed using six statements. As depicted in Figure 4.3, very few women thought VAWG was

justified for any of the reasons listed. However, it is noteworthy that the reason most commonly accepted as justification was neglecting the children (6.3 per cent), followed by infidelity (4.0 per cent). The former is not surprising, given traditional gender roles, with women still portrayed as nurturers and therefore the parent responsible for child-rearing. The latter indicates that some women continue to condone men's proprietary attitudes to their intimate partner relationships.

Proportion of Women Interviewed for the Grenada WHLES 2018 Who Agree with Specific Statements on Justification of Violence



To sum up, in general, results from the survey on gender roles and perceptions on VAWG were reinforced by focus group discussions and in-depth interviews. Both suggest that the prevailing views in Grenadian society about women and men's roles in the family and in intimate relationships are largely in line with traditional assumptions about gender. For the most part, men are seen as breadwinners and women as nurturers and responsible for domestic duties. At the same time, though, Grenadian women expressed a need for women's autonomy. These mixed results demonstrate that, while there is blind loyalty to some norms, in other cases there is a willingness to break from conservative beliefs, and justification of violence is low.

4.2. Violence against women and girls by their intimate male partners

This section looks at the prevalence of four different forms of intimate partner violence and abuse – physical, sexual, economical, and psychological – of women and girls in Grenada. To further explore the nature of the violence that Grenadian women have endured at the hands of their intimate male partners, this section then examines the frequency, the severity and the specific acts of violence.

The analysis is conducted for the subgroup of women who reported that they had had an intimate male partner at some point in their life. This subgroup of women is also called "everpartnered women" and comprised 91.8 per cent of survey respondents. The analysis examines lifetime and current prevalence of IPV. Lifetime prevalence refers to the percentage of everpartnered women who had experienced at least one act of IPV in their lifetime, committed by their intimate male partner. Current prevalence is the percentage of ever-partnered women who had experienced at least one act of IPV, committed by their intimate male partner, sometime during the previous 12 months.

BOX 5

Summary of findings:

- The lifetime prevalence of physical and/or sexual IPV in Grenada is 29 per cent.
- One in every four (26.9 per cent) Grenadian women has suffered physical violence at some point in their life.
- Close to one in every ten Grenadian women (9.5 per cent) has experienced sexual violence over her lifetime.
- Emotional abuse is the most common form of lifetime IPV and is suffered by about one in every three (30.3 per cent) Grenadian women.
- Approximately one in every twenty Grenadian women (6 per cent) has experienced economic violence.
- During the past 12 months, 6.3 per cent of ever-partnered women have experienced physical and/or sexual violence; 5.1 per cent physical violence; 2.2 per cent sexual violence; 9.6 per cent emotional violence; and 2.4 per cent economic violence.
- Emotional violence is the most common current IPV, and current physical violence is more prevalent than current sexual violence.

Definitions of the four forms of violence

Physical violence: The intentional use of physical force that can cause harm, injury or death. Physical violence includes but is not limited to pushing, shoving, hitting, biting, choking, punching and use of or threat of use of a weapon.

Sexual violence: Any attempt to obtain a sexual act, or any unwanted sexual act against another person, regardless of the relationship to the victim.

Psychological/emotional violence: Any non-physical act, especially controlling behaviour, that negatively affects the self-worth of the victim. This includes insults, humiliation and intimidation.

Economic violence or abuse: Behaviour designed to control, prevent or limit access to individual and or shared financial resources. This includes preventing from earning an income, taking earnings away or denying money, even when it is available.

4.2.1. Prevalence of intimate partner violence

Given prevailing negative gender stereotypes in Grenada that favour patriarchal dominance, it is not surprising that the lived reality of many Grenadian women includes acts of violence against them – physical, sexual, emotional and economic – meted out by their intimate partner. This was evident from both the qualitative study and survey results.

The qualitative research yielded several examples of this violent reality.

Why you can't do that, and when I talk to you, you must listen and I think I answered back and I got the box [slap on face with open palms]. My lips was swollen, my eyes was swollen and when I came back to my mom and they asked what happened. Well I lied, I said I bounce into the wall, I feel so embarrassed [female survivor].

According to a female survivor of sexual violence:

Interviewer: And what about as an adult? Have you ever been sexually abused as an adult?

Survivor: In the past relationship, yes.

Interviewer: So tell me a bit about what happened

Survivor: Um well there's a few times like we had our mishaps and you know um and I feeled [sic] very hurt and he would want and I would say no and he would force himself.

According to another survivor of physical and sexual violence:

The bad times was probably he was addicted to sex and he disrespectful... And sometimes when he wanted it he would fight me for it.

As Figure 4.4 shows, data collected through the WHLES indicates that, in Grenada, lifetime prevalence of IPV among ever-partnered women is 29 per cent. Looking at lifetime prevalence of other types of violence among ever-partnered women, about one in every four (26.9 per cent) has suffered physical violence; close to one in every ten (9.5 per cent) has experienced sexual violence; about one in every three (30.3 per cent) has suffered emotional

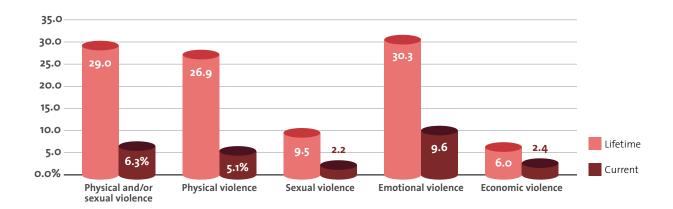
abuse, which is the most common form of lifetime IPV, and approximately one in every 20 (6 per cent) has experienced economic violence.

Current prevalence figures show that in the 12 months preceding the survey, 6.3 per cent of ever-partnered women had experienced physical and or sexual violence; 5.1 per cent physical violence;

2.2 per cent sexual violence; 9.6 per cent emotional violence; and 2.4 per cent economic violence (Figure 4.4).

Overall, whether looking at lifetime or current prevalence, emotional violence is the most common, and physical violence is more prevalent than sexual violence.

FIGURE 4.4
Lifetime and Current Prevalence of Physical, Sexual, Physical and/or Sexual, Emotional and Economic Intimate Partner Violence Among Ever-Partnered Women, Grenada WHLES 2018



According to Tracy Robinson (2013), in general, qualitative studies in the Anglophone Caribbean have shown that the hierarchy in intimate relationships and antiquated legal systems have led people to believe that women, in marriage or marriage-like unions, consent to sex in perpetuity. The studies further show that Caribbean women are often forced into sex to prove their fidelity, which at times leads to unwanted pregnancies or sexually transmitted diseases. Findings from the qualitative research show that similar beliefs and experiences were encountered in talking to survivors and key informants in Grenada. It should be noted that belief regarding consent in perpetuity runs counter to the laws of Grenada: marital rape has been criminalized in the country since 2012.

A key informant (anonymized) in the qualitative research further illustrates how relations of power based on gender and sexuality operate to produce uneven outcomes for women in Grenada. The key informant shows how Grenadian men often use their proprietary attitude and gendered power to control several aspects of the woman's life.

In the relationship and... it extends to all their decisions in their life. You know, choices of how many children to have and how often they have sex. We as women, do you have a say really is when he comes and he says, can you say no?... I know that causes problems because once you turn them down, the first thing is, do you have someone else? You get accused of having

someone else because you don't want to have sex with them.

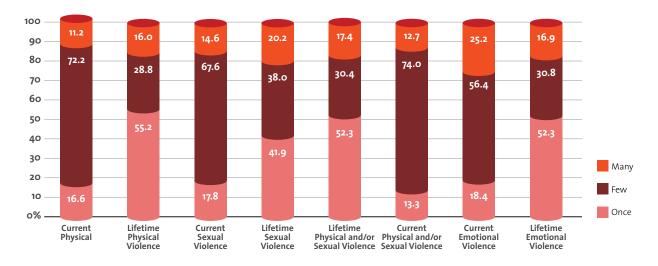
4.2.2. Intimate partner violence frequency

To further understand the nature of IPV in Grenada, women who had experienced it were asked how often such situations occurred. This was probed with those who reported that such violence had occurred at least once in their lifetime as well as those who had experienced IPV over the previous 12 months. For many of the women who reported lifetime IPV, their experience appears to have been an isolated one. For instance, 55.2 per cent said lifetime physical

violence had happened once. Similar results were observed for lifetime physical and/or sexual violence (52.3 percent) and lifetime emotional violence (also 52.3 percent).

For IPV that had happened over the previous 12 months, across all forms of violence, for the most part these were not isolated events. For the vast majority of women, these acts of violence had occurred more than once. For many it had been a few times – 72.2 per cent current physical, 67.6 per cent current sexual, 74 per cent current physical and/or sexual, 56.4 per cent current emotional – but for some it had happened repeatedly.

FIGURE 4.5
Frequency of Lifetime and Current Prevalence of Physical, Sexual, Physical and/or Sexual and Emotional Intimate Partner Violence Among Ever-Partnered Women, Grenada WHLES 2018

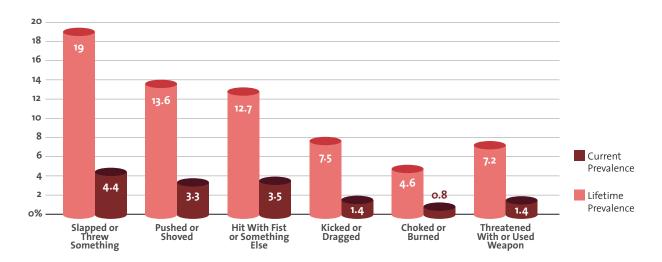


4.2.3. Intimate partner physical violence

Survivors of IPV were also asked about the specific acts of physical violence they had suffered from their partner. Figure 4.6 presents lifetime and current prevalence of these different acts of physical violence. The three most commonly reported acts of physical violence, lifetime and current, were being slapped by their partner

or having something thrown at them (19 per cent; 4.4 per cent); being pushed or shoved (13.6 per cent; 3.3 per cent); and being hit with a fist or something else (12.7 per cent; 3.5 per cent). Women also reported being kicked or dragged (7.5 per cent; 1.4 per cent); choked or burned (4.6 per cent; 0.8 per cent); and threatened with a weapon (7.2 per cent; 1.4 per cent).

FIGURE 4.6
Lifetime and Current Prevalence of Different Acts of Physical Violence Among Ever-Partnered Women, Grenada WHLES 2018



4.2.4. Severity of intimate partner physical violence

The different acts of violence were further grouped by levels of severity, moderate or severe, depending on their potential to cause physical injuries. Moderate violence is defined as acts of slapping, pushing or shoving, whereas severe violence includes hitting with a fist or other object, kicking, dragging, choking, burning or acts using or threatening with a weapon.

Nineteen per cent of ever-partnered women said that the violence was severe. This means that, among the 26.9 per cent of Grenadian women who had suffered physical violence from their intimate partner, for more than two-thirds this violence was severe and involved hitting, kicking, burning or threatening with a weapon.

Severity of physical violence also came up in focus group discussions with primary healthcare workers, as survivors sometimes seek help to care for their injuries.

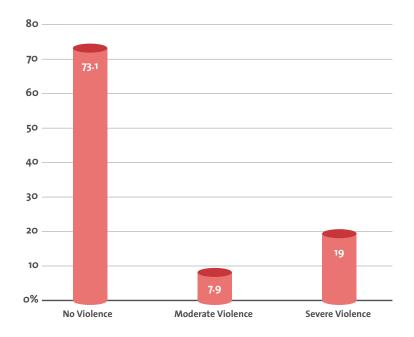
Primary healthcare providers – nurses, we mostly see the persons that come in with the physical assault. So we would see persons with cuts, buss head, buss lips and they're seeking that type of treatment, that's why we would get them here [healthcare worker].

A lot of things like lacerations to the head, and it would be a traumatic laceration, like something hit them so hard it broke the skin. You get the bottles a lot; they get pelted with bottles a lot [male emergency room doctor].

BOX 7

Among the 26.9 per cent of Grenadian women who had suffered physical violence from their intimate partner, for more than two-thirds this violence was severe – hitting, kicking, burning or threatening with a weapon.

FIGURE 4.7
Severity of Physical Violence Among Ever-Partnered Women, Grenada WHLES 2018

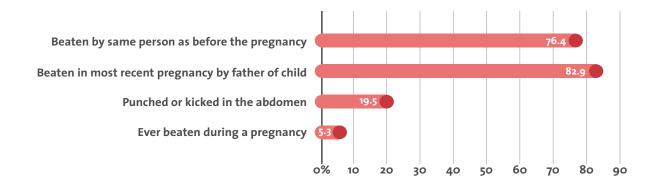


4.2.5. Intimate partner physical violence during pregnancy

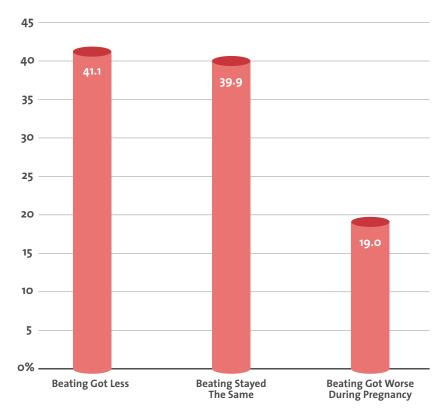
The severity of physical violence that Grenadian women endure was also examined by exploring physical violence during pregnancy (Figure 4.8). For these women, the abuse does not stop during pregnancy. Among ever-pregnant women, 5.3 per cent reported being beaten during at least one pregnancy. One-fifth of those women said they

had been punched or kicked in the abdomen. Troublingly, the father of the unborn child was often the abuser. When asked about beatings that had occurred during their last pregnancy, 82.9 per cent of the women said it was the father who had done it. In 76.4 per cent of the cases, it was the same person before and during the pregnancy. Particularly concerning are the 19.5 per cent of cases where the perpetrator targeted the

FIGURE 4.8
Proportion of Ever-Pregnant Women Experiencing Physical Violence and the Characteristics of the Violence Experienced, Grenada WHLES 2018



Among Ever-Pregnant Women Who Experienced Physical Violence during Pregnancy, Proportion for Whom the Beating Got Less, Stayed the Same or Got Worse, Grenada WHLES 2018



pregnant woman's abdomen during those violent attacks, thus also endangering the foetus. Other studies show that such violence during pregnancy is associated with adverse health effects for the woman, given the physical and mental stress on her body, and can also be fatal for the woman and her foetus (WHO, 2011).

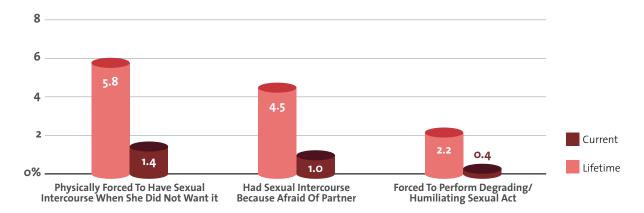
In some cases, the beatings lessened during pregnancy (41.1 per cent), though for the vast majority of cases it stayed the same (39.9 per cent) or got worse (19 per cent).

4.2.6. Lifetime and current prevalence of intimate partner sexual violence

Um well there's a few times like we had our mishaps and you know um and I feeled [sic] very hurt and he would want and I would say no and he would force himself [female interview]

Sexual violence is unwanted sexual intercourse, committed through force or through imposing fear. Similar to the WHO model, the CARICOM Model defines sexual intercourse as vaginal, oral or anal penetration. In particular, ever-partnered women were asked whether they had been physically forced to have sexual intercourse with an intimate partner when they did not want to or if they had had sexual intercourse because they were afraid of their partner or were forced to perform degrading or humiliating sexual acts. Remember, as discussed earlier, national prevalence of lifetime intimate partner sexual violence for women in Grenada is 9.5 per cent and current prevalence is 2.2 per cent (Figure 4.4). The most commonly reported sexual violence by Grenadian women was forced rather than through fear (lifetime 5.8 per cent; current 1.4 per cent). Grenadian women also reported that

FIGURE 4.10
Lifetime and Current Prevalence of Different Acts of Sexual Violence Among Ever-Partnered Women, Grenada WHLES 2018



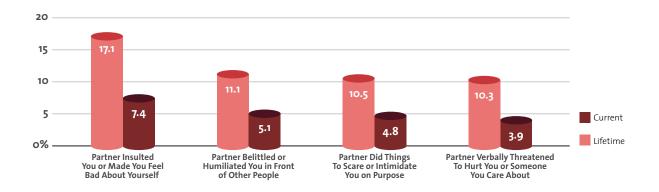
they at times had had intercourse with their intimate partner out of fear (lifetime 4.5 per cent; current 1.0 per cent) and at times were forced to perform degrading and humiliating acts with their partner (lifetime 2.2 per cent; current 0.4 per cent).

The analysis also looked at the proportion of everpartnered women who had experienced either physical or sexual violence or both. Recall that 29 per cent of ever-partnered women reported physical and/or sexual abuse at least once in their lifetime, whereas 6.3 per cent said it had happened during the past 12 months (Figure 4.4).

4.2.7. Intimate partner emotional abuse

Intimate partner emotional abuse is defined as the proportion of ever-partnered women who have experienced at least one of four acts of emotional abuse – insulting, humiliating, intimidating and verbal threats. Abuse does not have to be physical for it to be harmful. Emotional abuse may also affect the victim's wellbeing and is often an antecedent to physical violence. As mentioned before, emotional abuse was the most common type of IPV reported by Grenadian women in the survey (lifetime prevalence 30.3 per cent; current prevalence 9.6 per cent).

FIGURE 4.11
Lifetime and Current Prevalence of Different Acts of Emotional Violence Among Ever-Partnered Women, Grenada WHLES 2018



The acts of emotional violence inflicted on everpartnered women in Grenada included insulting her or making her feel bad (17.1 per cent lifetime; 7.4 per cent current), belittling or humiliating her in front of other people (11.1 per cent lifetime; 5.1 per cent current), scaring or intimidating her on purpose (10.5 per cent lifetime; 4.8 per cent current) and verbally threatening to hurt her or someone she cared about (10.3 per cent lifetime; 3.9 per cent current).

4.2.8. Intimate partner economic abuse

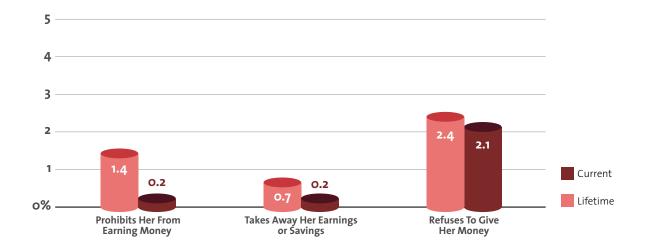
Economic abuse, as with other IPV, is about control. Economic abuse in particular creates a dependency on the abuser since he has either denied access to financial resources or placed restrictions on such access, making it difficult for the survivor to leave. As discussed earlier, few ever-partnered women in Grenada (6.4 per cent) indicated having experienced economic abuse during their lifetime or in the past year (2.4 per cent). As Figure 4.12 shows, more specifically, over their lifetime, 1.4 per cent of women said they had been prevented from earning their own money (0.2 per cent current), 0.7 per cent had had their earnings or savings taken away by their partner

(0.2 per cent current) and 2.4 per cent said their partner had refused to give them money, even when it was readily available (2.1 per cent current).

4.3. Associated factors and triggers of IPV

To further understand the dynamics of abusive intimate partner relationships in Grenada, the study looked at the characteristics of the women who had been abused and of their abusers. More specifically, it examined whether there were differences in the prevalence of economic, emotional, physical, sexual and physical and/ or sexual violence based on the demographic characteristics of the respondent. Likewise, the perpetrator's characteristics were examined to see which, if any, showed a propensity to be correlated with abuse. This section also looks at whether prevalence of violence differs based on the women's attitudes regarding gender roles, normalized violent behaviours and controlling behaviours of her partner. For the most part, only those associations that are statistically significant at the 5 per cent level of significance (i.e., p-value <0.05) based on the applied chi-square test are discussed in this section. Appendix 2 contains the full set of tables.

FIGURE 4.12
Lifetime and Current Prevalence of Different Acts of Economic Abuse Among Ever-Partnered Women, Grenada WHLES 2018



As is discussed below, this study reveals that there are several factors associated with IPV in Grenada. These include the age of the woman, her level of education, her partnership status and the age of her first union. In addition, variations in prevalence of IPV are associated with the age difference between a woman and her partner,

whether he drinks at least one alcoholic drink per week, if he is involved in fights and whether he has a relationship with another woman. Other associated factors of IPV in Grenada include arguments with a partner and displays of controlling behaviour by the partner. Each factor is discussed in more detail below.

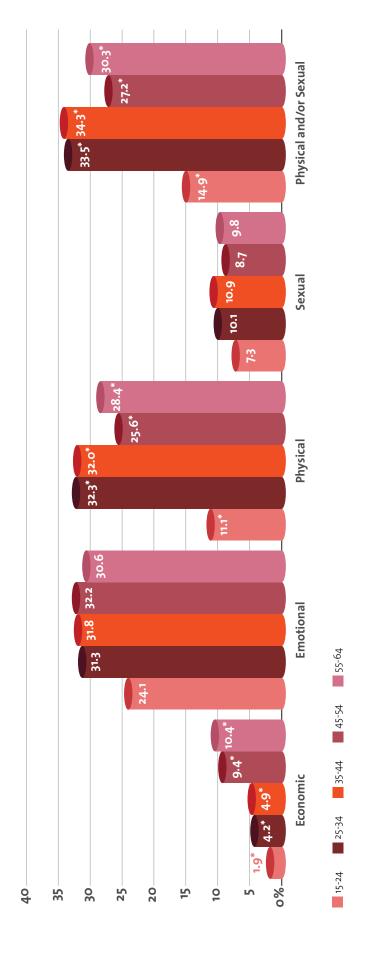
BOX 8

Summary of findings:

Survivor characteristics associated with IPV:

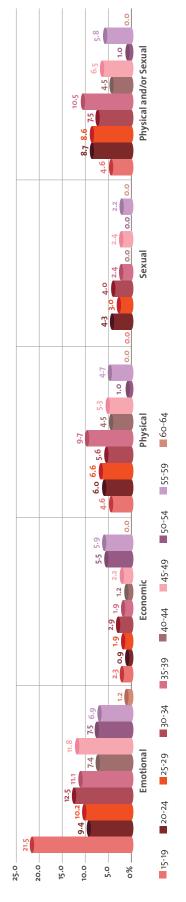
- **Age:** Lifetime prevalence of physical violence for those in the 25–44 age group is almost three times higher than for those in the 15–24 age group; lifetime prevalence of physical and/or sexual violence for those in the 25–44 group is more than double that experienced by those in the 15–24 group; and current prevalence of emotional abuse, a precursor to other forms of abuse, is 21.5 per cent among the youngest survivors, 15–19 years of age close to double the rate observed for all other age groups.
- **Education:** Prevalence of lifetime IPV, across all forms of violence, is highest among Grenadian women with at most a primary education and lowest among those with a technical vocational or higher level of education.
- **Non-consensual relationships:** Grenadian women in non-consensual relationships have a lifetime prevalence rate much higher than the national lifetime prevalence rate and significantly higher than the rate for those who are not in non-consensual relationships. Prevalence of current physical and/or sexual violence is almost twice as high for those in non-consensual relationships.
- Age of first union: Grenadian women who had entered into their first union at age 18 or younger reported experiencing lifetime physical, sexual and physical and/or sexual violence at higher rates than those who had been 19 or older when they entered into their first union, or those who had never cohabitated. Those under 19 when they had first partnered reported higher rates of current physical violence and physical and/or sexual violence. Those aged 19 or older at first union reported a slightly higher rate of current emotional violence.

Lifetime Prevalence of Physical, Sexual, Physical and/or Sexual, Emotional and Economic Intimate Partner Violence among Ever-Partnered Women by Age, Grenada WHLES 2018 **FIGURE 4.13**



* Indicates a statistically significant difference at the 5 per cent level of significance (i.e., p=value less than 0.05, using a chi-squared test).

Current Prevalence of Physical, Sexual, Physical and/or Sexual, Emotional and Economic Intimate Partner Violence among Ever-Partnered Women by Age, Grenada WHLES 2018 FIGURE 4.14



All results show a statistically significant difference at the 5 per cent level of significance (i.e., p=value less than 0.05, using a chi-squared test).

4.3.1. Age

Figure 4.13 shows how lifetime IPV prevalence in Grenada differs by the age of the women when she was interviewed. It demonstrates wide variation on the prevalence of different forms of IPV by age, with statistically significant differences discernible for economic, physical and physical and/ or sexual violence. More specifically, prevalence of lifetime economic violence is significantly higher for mature women whereas younger women are much more vulnerable to emotional abuse.

Women in the 45–64 age groups had experienced higher levels of economic abuse than women in the 15–44 age group (9.4 per cent and 10.4 per cent versus less than 5 per cent).

Grenadian women aged 25–44 years reported significantly higher exposure to lifetime physical violence and physical and/or sexual violence than those in the 15–24 age group. In fact, among those in the 25–44 age group, prevalence of physical violence is almost three times higher than in the younger cohort, and prevalence of physical and/or sexual violence is more than double.

In general, young women and girls 15–24 years of age reported the lowest level of lifetime IPV across

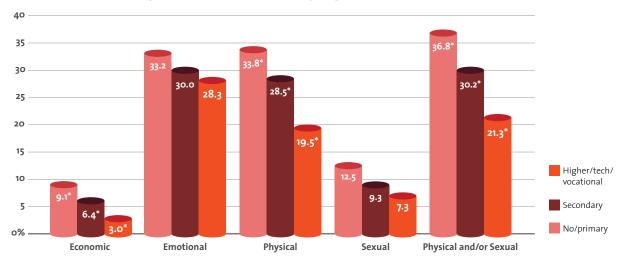
all forms of abuse. This may simply be because they have had less time to be exposed to abuse than older women.

Indeed, when current prevalence is examined by age group, the results show that young women may be much more vulnerable to emotional abuse than older women. Alarmingly, current prevalence of emotional abuse among the youngest survivors, 15–19 years of age, is 21.5 per cent – close to double the rate observed for all other age groups. This is significant as emotional abuse is often a precursor to other forms of abuse. It also indicates that the abuse starts early for many women.

4.3.2. Education

Prevalence of lifetime IPV, across all forms of violence, is highest among Grenadian women with at most a primary education and lowest among those with a technical vocational or higher level of education. The observed statistically significant results suggest an inverse relationship between level of education and prevalence of IPV (Figure 4.15). They further suggest that the knowledge and information gained from more years of schooling help many Grenadian women become less vulnerable to abuse. It could be that these women have better choices in employment, resulting

FIGURE 4.15
Lifetime Prevalence of Physical, Sexual, Physical and/or Sexual, Emotional and Economic Intimate
Partner Violence among Ever-Partnered Women by Highest Level of Education, Grenada WHLES 2018

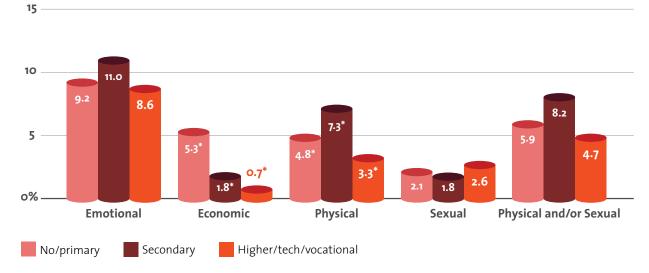


^{*} Indicates a statistically significant difference at the 5 per cent level of significance (i.e., p=value less than 0.05, using a chi-squared test).

FIGURE 4.16

Current Prevalence of Physical, Sexual, Physical and/or Sexual, Emotional and Economic Intimate

Partner Violence among Ever-Partnered Women by Highest level of Education, Grenada WHLES 2018



^{*} Indicates a statistically significant difference at the 5 per cent level of significance (i.e., p=value less than 0.05, using a chi-squared test).

in financial autonomy and less dependency on their partner. Having a higher education and financial autonomy may also allow women to be more selective in choosing a partner. However, it is noteworthy that the differences in emotional violence and in sexual violence are not statistically significant, which means that a high educational level is a protective factor for only some types of violence, not all.

In looking at the association between current prevalence and education, an inverse relationship between the two is less clear as higher education is not always associated with less violence. As Figure 4.16 shows, those with a secondary education had the highest rate of emotional and physical abuse.

4.3.3. Non-consensual relationships

As Figure 4.17 shows, Grenadian women who have non-consensual relationships consistently have statistically significant higher rates of IPV across all types of violence. Women in such relationships have a lifetime prevalence rate much higher than the national lifetime prevalence rate and higher than

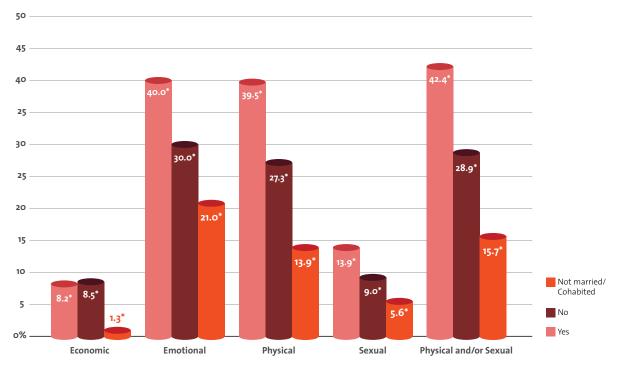
that for those not in non-consensual relationships: 42.4 per cent are exposed to physical and/or sexual abuse, 40 per cent to emotional violence, 39.5 per cent to physical violence and 13.9 per cent to sexual violence. Given the power inequity in such relationships, it is not surprising that women's vulnerability is exacerbated.

In the case of current violence (see Figure 4.18), the association with non-consensual status shows statistically significant differences only in the prevalence rate for physical and/or sexual violence. Prevalence of current physical and/or sexual violence is almost twice as high for those in non-consensual relationships when compared with those not in such relationships (9.3 per cent versus 5.2 per cent, respectively).

4.3.4. Age at first union

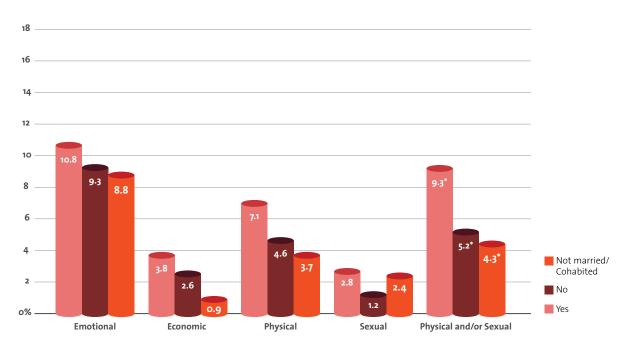
Grenadian women who had entered into their first union at 18 or younger reported experiencing lifetime physical, sexual and physical and/or sexual violence at higher rates than those who had been 19 or older when they entered their first union, or

FIGURE 4.17
Lifetime Prevalence of Physical, Sexual, Physical and/or Sexual, Emotional and Economic Intimate
Partner Violence among Ever-Partnered Women by Non-Consensual Status, Grenada WHLES 2018



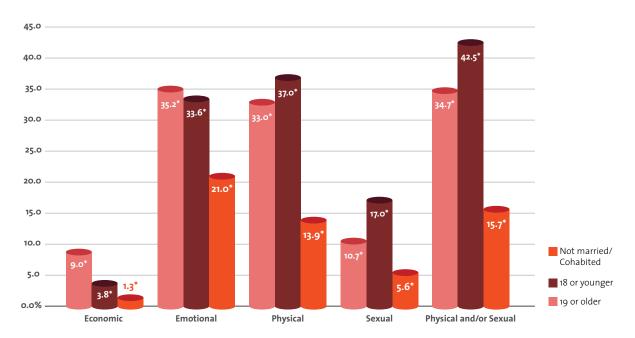
^{*} Indicates a statistically significant difference at the 5 per cent level of significance (i.e., p=value less than 0.05, using a chi-squared test).

FIGURE 4.18
Current Prevalence of Physical, Sexual, Physical and/or Sexual, Emotional and Economic Intimate
Partner Violence among Ever-Partnered Women by Non-Consensual Status, Grenada WHLES 2018



^{*} Indicates a statistically significant difference at the 5 per cent level of significance (i.e., p=value less than 0.05, using a chi-squared test).

FIGURE 4.19
Lifetime Prevalence of Physical, Sexual, Physical and/or Sexual, Emotional and Economic Intimate
Partner Violence among Ever-Partnered Women by Age of First Union Grenada WHLES 2018



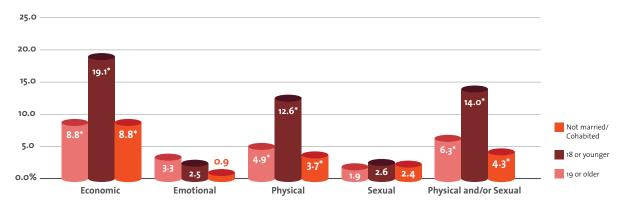
^{*} Indicates a statistically significant difference at the 5 per cent level of significance (i.e., p=value less than 0.05, using a chi-squared test).

those who had never cohabitated (Figure 4.19). 37 per cent of Grenadian women whose first union was before 19 had been exposed to physical violence compared with 33 per cent of those who had partnered at 19 or older and 13.9 per cent of those who did not cohabitate. For lifetime sexual violence, the analogous rates are 17 per cent, 10.7

per cent and 5.6 per cent and for physical and/or sexual violence 42.5 per cent, 34.7 per cent and 15.7 per cent.

Those 19 and over at first union reported higher rates of lifetime economic violence (9.0 per cent, 3.8 per cent, 1.3 per cent) and lifetime emotional violence (35.2 per cent, 33.6 per cent, 21.0 per cent).

FIGURE 4.20 Current Prevalence of Physical, Sexual, Physical and/or Sexual, Emotional and Economic Intimate Partner Violence among Ever-Partnered Women by Age of First Union, Grenada WHLES 2018



^{*} Indicates a statistically significant difference at the 5 per cent level of significance (i.e., p=value less than 0.05, using a chi-squared test).

When looking at current IPV and its association with age of first union (Figure 4.20), those 18 years of age or younger when they had their first partner reported higher rates of emotional, physical, sexual and physical and/or sexual IPV than all others. Prevalence of emotional violence was 19.1 per cent for those who were 18 or younger when they had a first partner versus 8.8 per cent for others; prevalence of physical violence was 12.6 per cent for those 18 or younger when first partnered versus 4.9 per cent for those who were 19 or older, versus 3.7 per cent for those who never cohabitated; and physical and/or sexual violence was prevalent at 14 per cent for those 18 or younger when they partnered versus 6.3 per cent for those who were older when partnered versus 4.3 per cent for those who never cohabitated.

In related findings from the qualitative component, focus group discussions and interviews with key informants widely cited substance misuse and arguments with a partner as an explanation for men's violence. Below, a family lawyer who represents clients in cases of divorce explains her experience in situations in which there are reports of IPV and its possible association with abuse of alcohol.

Something that I've noted recently and... I am wondering if there's some connection for example yesterday I did eight divorces, and in three of the divorces there were allegations of violence. And, in all three instances, what... the survivor reported is that when the person was intoxicated that is when that different personality emerges. And... I believe that in Grenada, we have a serious problem with... alcohol and drug abuse, and we don't have many options in terms of offering those persons assistance. So you'll find they would... when they sober up they're apologetic, they loving again, and then once they drink, they resort to the violence... Not in every case, but

I'm seeing an increasing amount of violence among men in particular who are... who are... consuming a lot of alcohol and I think if we have programmes that address that alcohol abuse, it could positively impact the numbers we are seeing in Grenada.

Discourses of provocation by women were sometimes presented in focus group discussions as a means of rationalizing men's violence. This occurred especially in the focus group discussion with young men. Although there was no consensus, young men relied on harmful ideas about women's provocation as a means to excuse men's violence in relationships.

I do agree that the majority of women who are abused are button-pushers, that's what they do. They constantly push a man's button to the point where he feel like he have no other options but to react physically. [Other participants: Not all the time, not all the time.] But as a man you should look within yourself and you realize that this woman has toxic qualities and just forget her and move on.

A key informant from LACC noted the following:

The reality is almost every man who's ever come into the programme comes in angry, angry because they feel the violence that they use is not a big deal. So you know, they think it's a normal part of the relationship culture. Uhm, they're angry at the court for sending them to the programme. They're angry at the woman for fighting, for reporting them. Many of them come in and say very clearly that it is a woman who needs the intervention.

As revealed in the qualitative component, provocation is one of several mechanisms used to deflect responsibility for perpetrating violence. It further demonstrates a pattern whereby men trivialize and generally avoid confronting their actions or assuming responsibility.

Summary of findings:

Perpetrator characteristics associated with IPV:

- **Age:** Prevalence of lifetime economic, physical and physical and/or sexual IPV is highest in unions where the woman is older than her partner.
- **Education:** Prevalence of economic violence is higher among women whose partners have at most a primary education
- **Partner's behaviour:** Partner's behaviours, such as drinking alcohol at least once a week, fighting with other men, having another relationship and having a child with another woman, are associated with higher rates of IPV.

4.4. Perpetrator characteristics

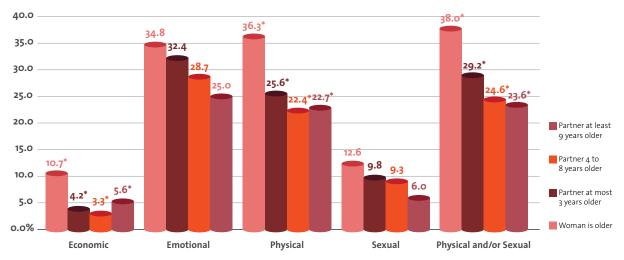
Women survivors were asked to provide some basic characteristics of their abusers, such as their age, education, work status, drinking habits, aggression towards others and relationships with other women. The analysis here examines the association between these characteristics and prevalence of IPV to obtain a richer understanding of the nature of IPV. Measurable statistically significant differences in rates of IPV were ascertained by age difference, education, work

status, drinking behaviour, relationships with other women and having a child with another woman.

4.4.1. Age difference

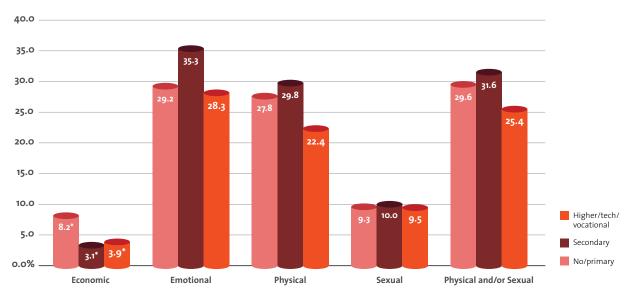
Prevalence of lifetime economic, physical and physical and/or sexual violence was higher in unions where the woman was older. The prevalence of lifetime economic abuse among women who are older than their partners is almost as twice as high as for those in relationships with an older male partner.

FIGURE 4.21 Lifetime Prevalence of Physical, Sexual, Physical and/or Sexual, Emotional and Economic Intimate Partner Violence among Ever-Partnered Women by Age Difference with Partner, Grenada WHLES 2018



^{*} Indicates a statistically significant difference at the 5 per cent level of significance (i.e., p=value less than 0.05, using a chi-squared test).

FIGURE 4.22
Lifetime Prevalence of Physical, Sexual, Physical and/or Sexual, Emotional and Economic
Intimate Partner Violence among Ever-Partnered Women by Partner's Level of Education,
Grenada WHLES 2018



^{*} Indicates a statistically significant difference at the 5 per cent level of significance (i.e., p=value less than 0.05, using a chi-squared test).

4.4.2. Education

Prevalence of lifetime economic violence was highest among women whose partners had at most a primary education (Figure 4.22). Women whose partners had a primary education experience economic violence at 8.2 per cent, compared with 3.1 per cent for those with partners with a secondary education and about 4 per cent for those with partners with higher levels of education. No discernible statistically significant differences were observed for emotional, physical, sexual and physical and/or sexual abuse by perpetrator's education.

4.4.3. Partner's behaviour

As Figure 4.23 shows, there is higher prevalence of lifetime emotional, physical, and physical and/ or sexual violence among women whose partners

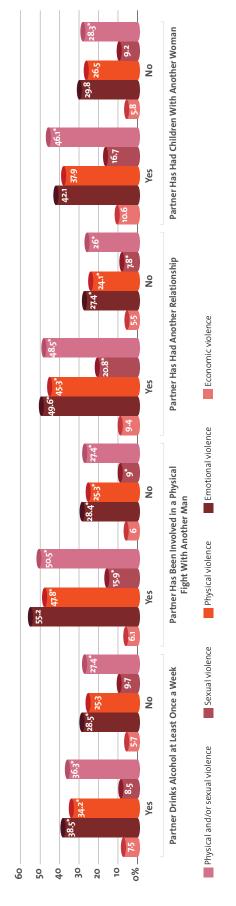
drink alcohol at least once a week (38.5 per cent, 34.2 per cent and 36.3 per cent, respectively).

Women whose partners are involved in physical fights with other men experience higher prevalence of emotional, physical, sexual and physical and/or sexual violence (55.2 per cent, 47.8 per cent, 15.9 per cent, and 50.5 per cent, respectively).

Women whose partners are in a relationship with another woman experience higher prevalence of emotional, physical, sexual and physical and/or sexual violence (49.6 per cent, 45.3 per cent, 20.8 per cent and 48.5 per cent, respectively).

Women with partners who have had a child with another woman experience higher prevalence of physical and/or sexual violence.

Lifetime Prevalence of Economic, Emotional, Physical, Sexual, and Physical and/or Sexual Intimate Partner Violence among Ever-Partnered Women by Partner's Behaviour, Grenada WHLES 2018 **FIGURE 4.23**



All results show a statistically significant difference at the 5 per cent level of significance (i.e., p-value less than 0.05, using a chi-squared test).

4.5. Intimate partner violence and attitudes

4.5.1. Gender roles

As Section 4.1 discussed, IPV is rooted in many traditional gender roles and negative stereotypes. The WHLES investigated several of these attitudes in relation to IPV (Table A2.16). The belief that a woman's most important role is to take care of her home is the only one associated with IPV at a discernible statistically significant level.

4.5.2. Normalization of violence

Results on the normalization of violence among survivors of violence indicate a statistically significant association of current violence with the belief that violence between husband and wife is a private affair. All other associations of lifetime or current violence with normalization behaviour are not statistically significant (Table A2.17).

BOX 10

Summary of findings:

Attitudes associated with IPV:

- The investigated gender roles and attitudes do not show an association with IPV, except for the belief that women must take care of the home and that IPV is a private matter.
- Men who control their partners also inflict violence on them. For each additional act of controlling behaviour exhibited by the male partner, the rate of IPV increases.
- There is no discernible statistically significant association between child support payments and IPV.

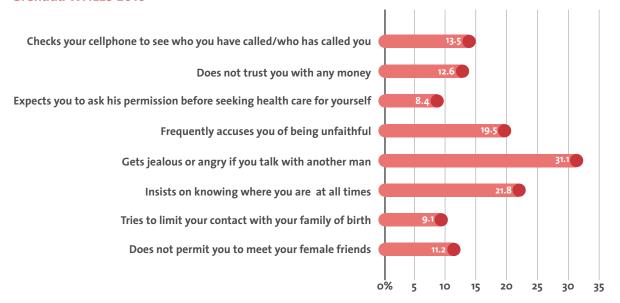
4.5.3. Justification of violence

Lifetime and current estimates indicate that among survivors of violence, neglect of children was the most mentioned reason as a justification for violence (39.2 per cent lifetime; 11.4 per cent current). Negligence in food preparation and suspicion of an outside relationship also placed high (37.4 per cent and 32.4 per cent, respectively) among those who experienced violence over their lifetime. These associations were not statistically significant, however (Table A2.18).

4.5.4. Controlling behaviour

The most mentioned controlling behaviour exhibited by women's partners was jealousy or anger that women had talked with another man (31.1 per cent). This was followed by wanting to know where she was at all times (21.8 per cent). While most women (59.1 per cent) said that their partner did not display any of the controlling behaviours being examined (see Figure 4.24), a sizeable proportion (40.9 per cent) said their partner displayed at least one of them.

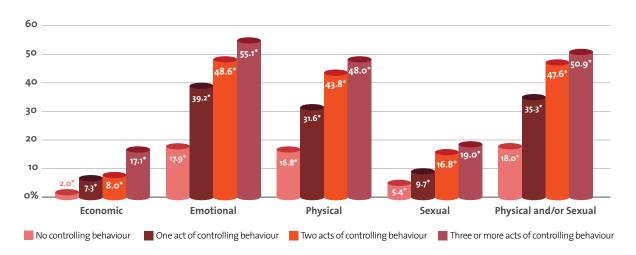
FIGURE 4.24
Proportion of Ever-Partnered Women said their Partner Displayed Controlling Behaviour,
Grenada WHLES 2018



Looking at the association between IPV and controlling behaviour, there is a statistically significant relationship across all forms of IPV. For each additional act of controlling behaviour exhibited by the partner, the rate of IPV increases (Figure 4.25). In other words, the rate of IPV is

highest for those partners who exhibit three or more acts of violence and lowest for those who do not exhibit any controlling behaviour. This result is very similar to that in the WHO Multi-Country Study (2005), that in every country studied, abuse was accompanied by controlling behaviour.

FIGURE 4.25
Lifetime Prevalence of Physical, Sexual, Physical and/or Sexual, and Emotional Intimate Partner Violence among Ever-Partnered Women by Partner's Controlling Behaviour, Grenada WHLES 2018



^{*} Indicates a statistically significant difference at the 5 per cent level of significance (i.e., p=value less than 0.05, using a chi-squared test).

Another form of controlling behaviour the study examined relates to the payment of child support. These questions were not part of the standard WHO questionnaire but were added to the Grenada WHLES given that anecdotal evidence suggests there could be an association between child support payments and IPV in the Caribbean region. The analysis here looks at whether a partner uses access to a child and payment of child support to force the mother into having sex with him. Of the interviewed

women who received child support, 21 per cent indicated that the child's father refused to pay the support unless she was willing to have sex with him and 20.8 per cent refused to do so if she was in another relationship with a man. While it is clear from the results that some women are exposed to sexual and economic violence through such controlling behaviour of their ex-partner, further analysis of the data does not reveal any discernible statistically significant relationship between child support payments and IPV.

TABLE 4.1
Women who receive child support and reported the partner refusing to pay child support for specified reasons, Grenada WHLES 2018

	Number	%
Has received child support/maintenance payments owing to a court order in the past	45	4.4
Partner refuses to pay child support unless you are willing to let him have sex with you	10	21.0
Partner refuses to pay child support if you are with another man	9	20.8
Partner refuses to pay child support unless he can have access to his child on his terms	4	9.3
Partner refuses to pay child support unless you are "nice" to him and still perform some of the "duties"	4	9.7

4.6. Intergenerational abuse

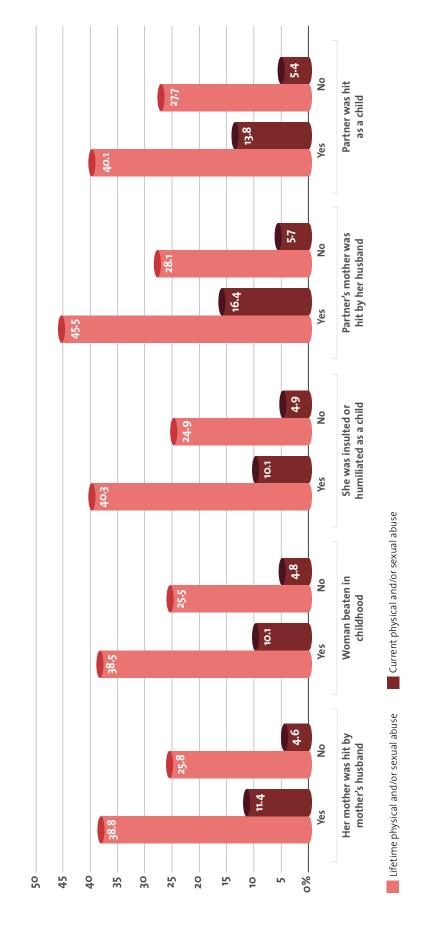
It is said that children learn from watching the adults in their lives, which would include the use of violence in the home. In this case, for children who witness violence in their family, such as between their parents, the message is that such behaviour is acceptable. Childhood is also a critical development period in terms of cultivating problem-solving skills and the shaping of beliefs and attitudes. It is therefore not surprising that prior research has shown that children who witness or experience abuse are more likely to go on to become abusers than children who are not exposed to abuse (UNICEF, 2006). As discussed later, this appears to hold true for Grenada.

The survey measured intergenerational abuse by asking the respondent whether she or her partner

had been beaten as a child and whether her mother or her mother-in-law had been beaten by their respective partners.

The survey results showed a strong correlation (i.e., p-values of 0.009 or less on every measure) between experiencing and witnessing childhood abuse and prevalence of lifetime or current physical and/or sexual abuse (Figure 4.26). Among Grenadian women, prevalence of physical and/or sexual violence was highest in cases where the woman reported that her partner had witnessed or experienced physical violence as a child or she had been insulted and/or humiliated as a child. In fact, prevalence of lifetime physical and/or sexual violence in Grenada appears to be highest in cases where the men had mothers who had been beaten by their husbands (45.5)

Lifetime and Current Prevalence of Physical and/or Sexual Intimate Partner Violence among Ever-Partnered Women by Intergenerational Abuse, Grenada WHLES 2018 FIGURE 4.26



BOX 11

Summary of findings:

- Prevalence of physical and/or sexual violence is highest in cases where the abuser has witnessed or experienced physical violence as a child i.e., saw their mother beaten by her husband or was hit as a child.
- Prevalence of physical and/or sexual violence is similarly high in cases where the survivor was insulted and or humiliated as a child.

per cent), followed by cases where women had been insulted or humiliated as a child (40.3 per cent) and men had been hit as a child (40.1 per cent). These results suggest that in Grenada, as elsewhere, young boys who witness or experience abuse are very likely to go on to become abusers.

Participants of focus group discussions and key informant interviews also provided useful insights that showed the intergenerational connection of abuse. One perpetrator gave a detailed description of the IPV his mother had suffered and that he had witnessed as a child. He then linked the abuse he and his brother had witnessed to the violence his brother had meted out to his wife and others.

In those situations, my mom was a chronic drinker. She was an alcoholic. My father was a weed smoker. Although he had a good trade and a good job and not committed a crime... So when the family became like that the only comfort they could give to the children, which with us was excessive spending money to comfort us. Because there was no I love you and pampering or anything like that. So we grew, rough but, my brother who is here right now, it tore him the worst. He [committed extreme violence against a non-partner in his late teens]. He spent [time in prison]... And he's

a woman abuser up to today. He smokes he drinks he beats his wife terribly [perpetrator who witnessed and experienced abuse].

In another case:

There were not only verbal quarrels but there was physical violence, terrible physical violence. I saw my father. Come from work. With a steel tip construction boot. Kicked my mother in her stomach. She fell to the floor picked her up threw her over the veranda and broke her arm. I saw all of this as a young boy [perpetrator].

4.7. Consequences of intimate partner violence

Intimate partner physical and sexual violence can cause a myriad of problems and pain. This can be physical and/or psychological pain and suffering as experienced by the survivor and/or others who witness the violence, such as her children. Intimate partner physical and sexual violence also has economic consequences. If the woman is unable to go to work because of her injuries, physical or psychological, her ability to earn a living can be negatively affected. This section examines some of these effects as captured by the survey, on mental and physical health, income generation

Summary of findings:

- In Grenada, exposure to IPV is associated with suicidal thoughts and use of recreational drugs, with 15.7 per cent of ever-partnered women who had experienced abuse saying they were suicidal and 4.7 per cent engaging in drug use.
- In Grenada, physical health problems, in particular physical pain, was reported by 50.6 per cent of ever-partnered women who had experienced physical and/or sexual violence.
- Children witnessing or experiencing violence is associated with aggressive behaviour in the child.

and children. Statistics are compared for those who had experienced lifetime physical and/or sexual violence and those who had not

4.7.1. Physical health

Table 4.2 presents the relationship between IPV and women's physical health. Among ever-partnered women who had experienced physical and/or sexual violence, half (50.6 per cent) said they had some or many problems with physical pain. Just over one-quarter (27.8 per cent)

said they were in fair, poor or very poor health. Problems with walking were reported by 23.2 per cent of survivors and memory and concentration problems were reported by 18.2 per cent.

4.7.2. Mental health

The link between psychological risk factors and IPV was measured by looking at suicidal thoughts or attempts, alcohol consumption and use of recreational drugs at least once a week (Table 4.3). In Grenada, 15.7 per cent of women who

TABLE 4.2
Lifetime prevalence of physical and/or sexual IPV among ever-partnered women by self-reported health problems, Grenada WHLES 2018

Health problem	Number	Share of ever-partnered women who experienced physical and/or sexual abuse
Fair, poor and very poor of health	82	27.8*
Some/many problems walking	69	23.2*
Some/many problems performing usual activities	48	16.3
Some/many problems of pain	150	50.6*
Some/many problems with memory or concentration	54	18.2*

 $^{^* \} Indicates \ a \ statistically \ significant \ difference \ at the \ 5 \ per \ cent \ level \ of \ significance \ (i.e., p=value \ less \ than \ o.o.5, using \ a \ chi-squared \ test).$

TABLE 4.3
Lifetime prevalence of physical and/or sexual IPV among ever-partnered women by self-reported mental health problems, Grenada WHLES 2018

Psychological risk factor	Number	Share of ever-partnered women who experienced physical and or sexual abuse
Suicidal thoughts or attempts	47	15.7*
Drink alcohol at least once a week	68	22.9
Use of recreational drugs at least once a week	14	4.7*

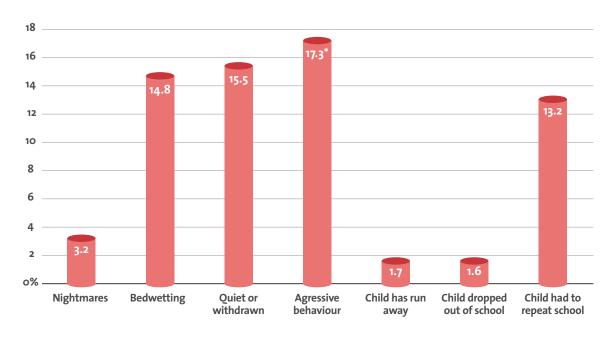
^{*} Indicates a statistically significant difference at the 5 per cent level of significance (i.e., p=value less than 0.05, using a chi-squared test).

had experienced physical and/or sexual violence reported having suicidal thoughts or having attempted suicide. This is more than twice the amount observed for women who had not experienced physical and/or sexual violence (6.6 per cent). Almost five times as many survivors use recreational drugs (4.7 per cent) compared with those who have not experienced physical and or sexual abuse (1.0 per cent).

4.7.3. Effects on income generation

Estimates of the effects of physical and/or sexual partner violence on income-generating activities show that just over 20 per cent of women were unable to work or had taken sick leave. A similar proportion (22.1 per cent) said they had been unable to concentrate. However, none of these results was statistically significant when compared with those for women not exposed to violence.

FIGURE 4.27
Behaviours Exhibited by Children of Ever-partnered Women, 5 to 12 years of age, who have Witnessed Intimate Partner Violence, Grenada WHLES 2018



^{*} Indicates a statistically significant difference at the 5 per cent level of significance (i.e., p=value less than 0.05, using a chi-squared test).

4.7.4. Effects on children

As seen earlier, there is an association between children witnessing and/or experiencing abuse and lifetime physical and/or sexual violence. This analysis now examines how witnessing lifetime physical and/or sexual abuse affects the behaviour of children aged 5 to 12 years. Of all the behaviours examined, a child becoming aggressive (17.3 per cent) is the only behaviour that appears to be affected by the violence they may have witnessed (Figure 4.27).

4.8. Coping strategies, services and support

So far, the report has looked at prevalence of different types of IPV and their impact on the survivor and her children, associated factors and triggers. This section looks at how survivors of IPV cope. For instance, it looks at the services and support women have accessed and how helpful or satisfied they have been with them. It also looks at whether these survivors have left their abuser and/or retaliated.

4.8.1. Disclosure

Many survivors of physical and/or sexual violence had talked to someone about their situation. As Table 4.4 shows, most often this is the women's own family members — mothers (33.9 per cent) and siblings (20.5 per cent). Survivors also confide in friends (31.5 per cent) or go to the police (21.8 per cent). Surprisingly, few women confide in a religious leader (5.7 per cent), health workers (7.9 per cent) or counsellors (3.5 per cent). Remarkably, 28.1 per cent were sharing their experience for the first time with the interviewer (i.e., they had told no one), and thus had been suffering in silence.

BOX 13

Summary of findings:

- Survivors rely primarily on close family members and friends for support.
- In terms of service providers in Grenada, Grenadian women who experience abuse are most likely to go to the police for help, followed by the hospital and healthcare facilities.
- Grenadian women who do seek help from service providers are least satisfied with the courts and then the police.
- The most common reason for Grenadian women looking for help is that they are unable to take the abuse anymore.
- Alarmingly, the two most common reasons for Grenadian women not seeking help is that the abuse is considered normal and they will not be believed.
- Almost three-quarter of survivors retaliate by fighting back. Consequently, the violence becomes worse (23.8 per cent), stays the same (28.2 per cent), lessens (20.4 per cent) or stops (27.6 per cent).

TABLE 4.4
Ever-partnered women who experienced abuse who disclosed it, Grenada WHLES 2018

Person told	Number	Share that disclosed the abuse (%)
No one	83	28.1
Friends	93	31.5
Mother	100	33.9
Father	28	9.3
Brother or sister	61	20.5
Uncle or aunt	21	7.0
Husband/partner's family	52	17.7
Children	21	7.0
Neighbours	26	8.9
Police	65	21.8
Doctor/health worker	23	79
Pastor/religious leader	17	5.7
Counsellor	10	3.5
NGO/women's organization	4	1.4
Community leader	1	0.3
Others	1	0.4

4.8.2. Seeking help

He was standing and came straight in the room and give me one box on my face for what reason I don't know and with that I just took up my daughter and myself straight to my mom [survivor].

The excerpt below is from the qualitative research and raises the issue of underreporting. Even when women seek help, they sometimes do not disclose that the injury was caused by IPV.

Healthcare workers also expressed concerned about women who seek treatment for injuries caused by their partners, which they fail to name as acts of IPV. According to one nurse participating in the same focus group discussion, women are often reticent since their partners are sometimes present when they seek treatment.

What has been my experience, especially when I was working outside [the main health centre] what will happen is that a lot of these cases are not really reported and people are kind of hush hush about these things, because I remember my experience when a girl came in one time and she had like her nipples falling off. The black part – the areola – and she had this guy who was constantly with her, with her, and wanted to come inside the dressing room. He didn't even want to give her a chance to talk with the nurses. When I look at the wound,

I said "What it is that went wrong there?"
And she told me a razor blade was on the window ledge and it fell. Well I said to her that that razor blade had to be in a whirlwind [laughter]. So what I notice is that they don't speak the truth, but from your experience you might be able to say that instrument cannot cause the severity of this wound just like that. And sometimes you see the abuser might come with them to prevent them from saying the story. So somebody who you think... sometimes you might have to have that person to excuse you, to leave, so that you can get to talk to that individual.

The severity of the violence and the menace created by the presence of the perpetrator is of serious concern for the women involved, as well as for frontline workers in healthcare. The problem of underreporting and fear of reporting is also clear: the nurse above relies on her training and experience to respond to this situation of extreme violence. Survivors and victims of violence are often detected only through healthcare because the effects require medical intervention.

Many of the women who had experienced physical and or sexual violence had asked no one for help (37.2 per cent). When they do decide to seek help, family is foremost: 26 per cent went to their parents for help and 16.5 per cent to their siblings. A sizeable share went to the police (15.9 per cent).

As Table 4.6 shows, in terms of service providers accessed, most women in Grenada had gone to the police for help (28.5 per cent) or to a healthcare facility (14.2 per cent). Less common was the court

TABLE 4.5
Ever-partnered women who experienced abuse who asked for help, Grenada WHLES 2018

Person asked for help	Number	Share that asked for help (%)
No one	110	37.2
Friends	66	22.2
Parent	77	26.0
Brother or sister	49	16.5
Uncle or aunt	17	5.6
Husband/partner's family	24	8.3
Children	9	3.1
Neighbours	7	2.5
Police	47	15.9
Doctor/health worker	10	3.4
Pastor/religious leader	15	4.9
Counsellor	11	3.9
NGO/women's organization	4	1.4
Community leader	0	0.0
Others	10	3.4

TABLE 4.6

Ever-partnered women who experienced abuse and asked for help from service providers,
Grenada WHLES 2018

Service provider	Number	Share who asked for help (%)
Police	84	28.5
Hospital or health centre	42	14.2
GBV Unit at MoSDHCE	9	3.1
LACC or private lawyer	18	6.0
Court	26	8.7
Women's shelter	1	0.4
Community leader	1	0.4
GNOW	1	0.3
Religious leader	22	75
Other	5	1.7

(8.7 per cent) or LACC or a private lawyer (6.0 per cent). Most surprisingly, it was rare for women to have gone to the GBV Unit at MoSDHCE (3.1 per cent). This low use of formal services mirrors the results in the WHO Multi-Country Study (2005).

The views expressed by a focus group participant encapsulate the findings above. According to her, women are less inclined to pursue the support of the church as confidentiality is usually an issue.

They don't want it to spread, they don't want people to know your business... and because as pastors, we have not had a lot of confidence in the pastors, sometimes it is not confidential, so you would see them going more to Legal Aid or some other organization... or the police [female religious leader].

And this other viewpoint may explain why people prefer going to the police.

I must also say that one area where we have improved significantly is the police response to domestic violence situations. Before they would say we are not getting involved in man and woman business, but I see they are taking it more seriously and when they go to the scene they do take action to remove the perpetrator from the home, and they do take it a lot seriously and they respond... more positively [female lawyer, family law].

Table 4.7 presents the results on satisfaction with service providers. Women who did seek help were for the most part satisfied with the services they had received from the various service providers. Most notably, there was almost unanimous agreement on satisfaction with healthcare facilities (93.8 per cent). In comparison, 63.4 per cent of women were satisfied with the services received from the police, even though this was the preferred choice of service provider among those who asked for help. Fewer women still were satisfied with the court (54.8 per cent). Very few had gone to the women's shelter or community leader but all who had were satisfied with the services they had received.

TABLE 4.7
Ever-partnered women who experienced abuse and asked for help from service providers and were satisfied with provider, Grenada WHLES 2018

Service provider	Number	Share satisfied (%)
Police	53	63.4
Hospital or health centre	39	93.8
GBV Unit at MoSDHCE	7	76.8
LACC or private lawyer	13	71.1
Court	14	54.8
Religious leader	21	94.7
Other	3	58.3

The most frequently mentioned reason women went for help (Table 4.8) was that they just could not tolerate it anymore (49.9 per cent). Other commonly mentioned reasons included encouragement from friends and family (26 per cent), serious injury (20.8 per cent) or her life was threatened (21.1 per cent).

It is worrisome that almost one-quarter (24.7 per cent) of women who had not sought help did not express a reason (Table 4.9). One reason mentioned by multiple participants in the qualitative research was lack of confidentiality among service providers. This was expressed in focus groups and one-on-one interviews.

TABLE 4.8
Reasons ever-partnered women who experienced abuse asked for help, Grenada WHLES 2018

Reason for looking for help	Number	Share (%)
Encouraged by friends/family	29	26.0
Couldn't endure more	55	49.9
Badly injured	23	20.8
Partner threatened or tried to kill her	23	21.1
Partner threatened or hit children	6	5.7
Saw that children were suffering	13	11.3
Thrown out of the home	2	1.9
Afraid she would kill him	5	4.8
Afraid he would kill her	19	17.4
Other	13	12.1

TABLE 4.9
Reasons ever-partnered women who experienced abuse did not look for help, Grenada WHLES 2018

Reason for not looking for help	Number	Share (%)
Don't know/no answer	46	24.7
Fear of threats or consequences or more violence	13	6.8
Violence normal, not serious	30	16.0
Embarrassed/ashamed/afraid would not be believed or would be blamed	30	16.3
Believed would not be helped/know other women not helped	6	3.4
Afraid would end relationship	5	2.8
Afraid would lose children	3	1.7
Bring bad name to family	4	2.3
Other	35	19.1

I know women who says that because when they talk to the police and they believe that's the place that they may get help, or they go to um, um, like um, Social Development and the other institutions that they believe that should help them they don't really get the help that they think they should get because you know – before you get the help you hear others talk about it and um in some instances what they believe is that the system let them down alright and so... yes the confidentiality and they are not forthcoming to really share or to be open with issues they are faced with. They may discuss it with friends, with their peers but when coming to really get in the real to the real persons who you believe that would help they don't, because they feel that you know I've been there before, I have shared before, I have given them my concern, my life is in danger, my children's lives are in danger and nothing is being done to help so what's the sense I'm going back to really explain myself or to give any information again because I'm not going to get any help [community activist].

Also worrisome is the 16 per cent of women who had not sought help because they considered the violence normal. Embarrassment at not being believed or being blamed for the violence had prevented 16.3 per cent of the women from seeking help.

4.8.3. Leaving

Among the women survivors who had left their abuser (Table 4.10), the most common reason was that they could not take it anymore (59.2 per cent). Encouragement from friends and family (20.7 per cent) and death threats (15.1) were the next most mentioned reason.

Some women never leave, and some return home to the abuser after leaving (Table 4.11). There are a multitude of reasons why women stay or return. Sometimes it is to do with their desire to keep their family intact (24 per cent) or not separate from their children (26.1 per cent). Quite often it is because of the love she feels for her partner (40.3 per cent), because she forgives his behaviour (28.6 per cent) or thinks he will change (21.7 per cent) or because he has asked and she has accepted

TABLE 4.10
Reasons ever-partnered women who experienced abuse left the abusive situation, Grenada WHLES 2018

Main reason for leaving the last time she left	Number	Share (%)
No particular incident	10	8.8
Encouraged by friends/her family	23	20.7
Could not endure more	65	59.2
Badly injured	8	7.2
He threatened or tried to kill her	16	15.1
He threatened or hit children	2	1.8
Saw that children were suffering	13	11.9
Thrown out of the home	1	1.0
Afraid she would kill him	6	5.0
Encouraged by organization	1	0.9
Afraid he would kill her	7	6.7
Other	11	10.4

TABLE 4.11
Reasons ever-partnered women who experienced abuse left then returned home, Grenada WHLES 2018

Main reason for returning home	Number	Share (%)
Didn't want to leave children	9	26.1
Holiness of marriage	3	9.4
For sake of family/children	8	24.0
Couldn't support children	6	18.1
Loved him	14	40.3
He asked her to come back	5	15.7
His/her family asked her to return	0	0.0
Forgave him	10	28.6
Thought he would change	7	21.7
Threatened her or children	0	0.0
Could not stay there (where she went)	2	6.1
Violence normal/not serious	0	0.0
Other	4	13.0

his request to return (15.7 per cent). Financial vulnerability is also a reason for returning home: several women had returned because they could not support their children on their own (18.1 per cent).

4.8.4. Retaliation

Almost three-quarters (72.4. per cent) of the women in Grenada who had experienced physical partner violence indicated that they

had fought back at least on one occasion (Table 4.12). Close to half (46.9 per cent) did so on multiple occasions. As a result of fighting back, for some women the violence became less (20.4 per cent); for others it stopped (27.6 per cent). However, for some it had the alternative effect: 28.2 per cent of the women saw no change and for 23.8 per cent the violence got worse.

TABLE 4.12
Ever-partnered women who experienced abuse and fought back, Grenada WHLES 2018

		Number	Share (%)
	Never	76	27.5
Ever fought back	Once	70	25.5
	Several (2–5) times	64	23.4
	Many times	65	23.5
	No change/no effect	56	28.2
Results of	Violence became worse	47	23.8
fighting back	Violence became less	41	20.4
	Violence stopped	55	27.6

4.9. Sexual violence against women and girls by non-partners

This final section looks at different kinds of non-partner sexual violence (NPSV) over a woman's lifetime (from the age of 15 years) and in the past 12 months (i.e., current). It also examines women's experiences with child sexual abuse. The results are for all women interviewed, as all respondents were asked about NPSV.

4.9.1. Prevalence of non-partner sexual abuse among all women

NPSV includes forced intercourse, attempted intercourse, unwanted sexual touching and sexual harassment perpetrated by someone other than

an intimate partner. As Table 4.13 shows, over their lifetime 23.4 per cent of women in Grenada have experienced at least one form of sexual violence. This includes a prevalence of lifetime forced intercourse (i.e., rape) of 10.7 per cent; lifetime attempted intercourse of 10.4 per cent; and lifetime unwanted sexual touching of 15.5 per cent.

While attempted intercourse and unwanted touching had no statistically significant associated factors, lifetime forced intercourse was associated with the woman's age, her main economic activity, family support and age of first union. The measure of "any sexual violence" was associated with age, religion and family support.

Summary of findings:

- Over their lifetime, almost one in every four Grenadian women will have experienced at least one form of NPSV 10.7 per cent rape, 10.4 per cent attempted rape and 15.5 per cent unwanted sexual touching.
- Perpetrators of NPSV are most likely to be friends and acquaintances.
- One in every five Grenadian women has been sexually abused during childhood.
- Eleven per cent of Grenadian girls have their first sexual encounter by the age of 15.
- For 7.3 per cent of Grenadian women the first sexual encounter is rape.
- The reported rate of transactional sex is quite low at 0.8 per cent.

The prevalence of current NPSV in Grenada is 3.3 per cent. The most reported form of current NPSV is unwanted sexual touching (2.3 per cent).

Current prevalence of NPSV of forced sexual intercourse is associated with age, main economic activity and family support. Current attempted intercourse is associated with the survivor

having family support and having had a nonconsensual relationship. Unwanted touching is associated with her age and also having had a nonconsensual relationship. The associations with any sexual violence are age, partnership status, family support, non-consensual relationship and age at first union.

TABLE 4.13
Prevalence of NPSV among all women, Grenada WHLES 2018

	Number	Share (%)
Lifetime forced intercourse	119	10.7
Current forced intercourse	12	1.1
Lifetime attempted intercourse	116	10.4
Current attempted intercourse	9	0.8
Lifetime unwanted sexual touching	172	15.5
Current unwanted sexual touching	25	2.3
Lifetime any sexual violence	260	23.4
Current any sexual violence	37	3.3
Non-partner sexual harassment	295	26.6
Current non-partner transactional sex	9	0.8

Over one in every four women in Grenada (26.6 per cent) has experienced sexual harassment over her lifetime. Sexual harassment is associated with the woman's age.

Transactional sex is measured by asking the woman if she became sexually involved with someone because they provided her with, or she had the expectation that they would provide her with, gifts, help her pay for things or assist her in other ways. The results showed that prevalence of current non-partner transactional sex in Grenada is quite low, with only 0.8 per cent of women saying

they had had sex in return for money, gifts or favours.

4.9.2. Perpetrators of non-partner sexual violence

Most strikingly, the vast majority of perpetrators of NPSV are people the woman knows quite well, such as friends and family members (Table 4.14). Close to 60 per cent are friends and acquaintances, while 23.9 per cent are family members, including parents, parents-in-law and siblings. Only 11.9 per cent of women who experienced NPSV reported that their perpetrator was a complete stranger.

TABLE 4.14
Perpetrators of NPSV, Grenada WHLES 2018

Perpetrator	Number	Share (%)
Parent	7	5.5
Parent-in-law	3	2.6
Sibling	3	2.5
Other family member	16	13.3
Friend/acquaintance	71	59.5
Recent acquaintance	5	4.4
Complete stranger	14	11.9
Police/soldier	1	0.9

4.9.3. Child sexual abuse⁵

In general, it is acknowledged that sexual activities with a minor can have severe long-lasting psychological damage. In Grenada, there is heightened awareness about child sexual abuse, thanks to public campaigns by MoSDHCE and the CPA around the Criminal Code Amendment Act of 2012, which introduced mandatory reporting

of suspected sexual abuse of a child. Anecdotal evidence suggests such reporting is increasing, indicating a growing awareness of the problem. Most reported cases of NPSV in the qualitative study were child sexual abuse. Some excerpts are shared below.

The first example is drawn from an interview with Rana, a 31-year-old, self-employed survivor of NPSV and IPV. Her childhood experience of violence included acts of neglect and physical and sexual violence.

⁵ Pseudonyms and unique identifiers were assigned to each participant in the qualitative study which was used in creating the demographic information for the description of the sample.

Interviewer: Were you ever sexually abused as a child?

Survivor: By my uncle.

Interviewer: Tell me a bit about it.

Survivor: When they used to beat me and stuff, with the drinking and all kinda thing, actually they used to have me sleeping under the house, so he used to come and interfere with me all the time. Until the neighbours saw him and then the neighbour end up going away and they still say it not true and they do all sort of thing to cover it up.

Interviewer: How old would you say you were?

Survivor: Six at the time, my mother left when I was six years.

Interviewer: And how long did it continue for?

Survivor: Until I reach eleven.

Interviewer: And tell me a bit about what happened, what exactly would have happened.

Survivor: My uncle used to tell me if I talk nobody couldn't believe me and even if I talk he gon kill me with more worse than they already doing me.

Interviewer: What are some of the things he did to you?

Survivor: Burning my mouth on the stove, burning my hand on the stove, choking me almost to death... Normally if I bring up the talk he gon find some kinda thing to do to me.

Interviewer: So tell me a bit about when the sexual abuse first began. What happened, what did he do?

Survivor: Asking me to lie down, don't say a word and so I do what he say, then he just put he penis inside of me.

These incidents of child sexual abuse, recounted by survivors, involved sexual exploitation by much older men of small children. Rana described experiences of rejection and neglect in her family, which the perpetrator exploited. In cases of child sexual abuse, men often use threats, gifts and other acts of intimidation as a means to secure the silence of their victims. Women also described feelings of shame, responsibility and guilt as children who were sexually exploited. Unequal arrangements and practices based on gender, sexuality and age operate to expose children to sexual violence and maintain the silence among victims and sometimes their family.

A second example is drawn from Vernie, a 44-yearold domestic worker:

Survivor: Well once my aunt boyfriend tried to see if he could have sex with me and I was young, I can't remember what age.

Interviewer: You were younger than 10?

Survivor: No I was older than 10 but I did not settle for it and to this day I never said anything to my parents, I never said anything to him and I see him and I talk to him still but I never said anything to anybody.

Interviewer: Tell me what happened.

Survivor: Well he showed me his private parts and I couldn't remember... I wonder if I was 10 already but I was young... showed me his private part. My mother went by her grandmother and I was home alone and he was living around and he take out his private part and he show it to me and he tell me some sort of... I didn't know what it was at the time and he showed me and tell me. I don't remember the whole story of it and I said to him no and I left and I went and meet my mother and I didn't say anything to her.

Even in situations where children manage to escape rape but experience sexual exploitation nonetheless, the complications of family, shame, fear and gender often mean they are reluctant to report such violence. Even as adults, women keep their experiences of sexual exploitation from their closest family and friends. Women and girls often feel responsible for their own victimization. This has much to do with a popular tendency towards victim-blaming when women and girls share their stories when they seek help. This is critical to underscore how gendered relations of power, sex and sexuality and the degree of familial support, as well as age, operate in tandem to create the conditions in which sexual violence against girls is sustained and supported.

Leah, a 31-year-old nursing assistant, describes being raped as a 10 year old and then being threatened with a gun by the perpetrator.

Interviewer: So tell me a bit about how old were you when you had the incident with Mr [name removed].

Survivor: Ten. He was close to us back I think. I used to play with his children across my ask my mom and [inaudible] them children and one day in the water he he hold me and he enter his private part inside me. When I [inaudible] [00:51:54] but I didn't say anything because I was kinda scared to say anything cause he had a gun and then he run behind a neighbour with it and so I was kinda scared to say anything about what he did we, until I get big. Well my mom get to know, through my husband, because I mentioned it to him and then he went and tell pastor and pastor call her and tell her and that's how she get to know because I cause I didn't really talk it, until that there, I never mentioned it and then my husband go and let it out.

Leah's experience demonstrates the extreme acts of intimidation and threats perpetrators use to keep their sexual exploitation unknown to the family, community members and authorities. Her example also emphasizes the intersections of gendered power, age and sexuality and the consequent vulnerabilities young girls face, leading to their increased exposure to extreme acts of sexual violence.

Survivors and participants in general pointed to the harmful effects of rape and other forms of sexual violence against women and girls. Participants also indicated that, in instances where they had disclosed their experiences, their stories were sometimes rejected as fabrications. However, in other instances, adults who detected such violence acted decisively and in support of the victimized child. For instance, Rana remarked that:

To be honest I just lose love for everything, wasn't a nice feeling at all... After the neighbour saw him and thing, she told him about it every day like a think she cussing him every day and until the day the police them come pick me up in the school.

Survivors of child sexual abuse reported that perpetrators were male relatives, in-laws, neighbours or friends of the family. The levels and nature of sexual violence in these accounts provide serious cause for concern with regard to how exposed girls are to extreme forms of sexual exploitation. These reports of child sexual abuse support findings from earlier research in the Caribbean that found high levels of sexual violence against girls. Survivors disclosed that perpetrators had threatened them, and that they sometimes had not reported the violence because of these threats, as well as the experience of shame. The effects of sexual violence against children continue to be experienced in adulthood. The

intersections of gender, sexuality and (in the case of children) age operate to support NPSV against women and girls.

Child sexual abuse was measured in two ways in the survey. One was by direct question, as to whether anyone had touched the participant sexually against her will or made her do something sexual that she did not want to do, before she was 18 years of age. The second way is called the card method, although it was carried out using a tablet. The respondent was shown a picture of a happy face and one of a sad face and then selected in private which face matched her experience. This took place towards the end of the interview. Each woman was instructed that, no matter what she had already told the interviewer, she should click on the sad face if someone had ever touched her sexually against her will, or made her do something sexual that she did not want to do, before she was 18 years of age. However, she should click on the happy face if this had never happened to her.

Table 4.15 presents the results generated using these two methods. It shows that more women (18.8 per cent) were willing to disclose their

childhood sexual abuse to the interviewer when they could respond in private. When asked the question out loud, as described above, 13.7 per cent revealed their abuse, a 5 percentage point difference.

Most revealing, combining the responses for both questions gives a figure of 20.5 per cent of women experiencing childhood sexual abuse. In other words, using just one of the two methods, no matter which one, would underestimate the prevalence of child sexual abuse in Grenada.

4.9.4. Age and nature of first sexual experience

Although the age of sexual consent in Grenada is 16 years, for 10.9 per cent of girls in Grenada their first sexual experience occurs when they are under 15 years (Table 4.16). For almost one-quarter of them this happens between the ages of 15 and 16.

When asked about the nature of that first encounter, 75 per cent indicated that they had wanted to have sex. Overall, 17.7 per cent had not wanted to have sex but had done so anyway, and 7.3 per cent were forced into having sex on that first encounter.

TABLE 4.15
Prevalence of child sexual abuse among all women, Grenada WHLES 2018

	Number	Share (%)
Sexual abuse before 18: card	209	18.8
Unwanted sexual touching before 18	152	13.7
Sexual abuse before 18 (both)	228	20.5

TABLE 4.16
Age and nature of first sexual experience among all respondents, Grenada WHLES 2018

		Number	Share (%)
Not had sex/refused/no answer		194	17.4
Age of first sexual experience	<15	121	10.9
	15–16	266	23.9
	17–18	286	25.8
	19+	245	22.0
Nature of first sexual encounter	Wanted to have sex	688	75.0
	Did not want to but had sex	163	17.7
	Forced to have sex	67	7:3



5.1. Conclusions

This study on the results of both the qualitative and the quantitative components of the study on Women's Health and Life Experiences in Grenada represents a significant milestone, as it is the first comprehensive study of its kind in Grenada and the fifth in a CARICOM country. Using the CARICOM Model, which is based on the highly recognized and tested WHO model, gives the survey results immediate credibility.

This study provides critical reliable information on the experiences of Grenadian women and girls on prevalence and incidence of violence perpetrated by intimate partners and non-partners. It also provides insights into the range of factors associated with such violence and which ones may put them at more risk or protect them.

This study addresses the persistent data gap that has hindered formulation of evidence-based policies and legislature, and other interventions against GBV, in parallel with the Government of Grenada's National Strategic Action Plan on GBV.

The key findings include the following:

- Patriarchal norms and beliefs on gender roles are widely held by women in Grenada. Men are predominantly seen as breadwinners and women as nurturers and responsible for domestic duties. This result is substantively important as it informs how men and women in Grenadian society function in relation to each other in the home and in society in general. And, crucially, these negative stereotypes help perpetuate gender inequality and are the genesis for the proprietary and controlling behaviours that lead to VAWG.
- There is an indication of a willingness to break from conservative beliefs: most Grenadian women expressed the need for women's autonomy.

- Among ever-partnered women and girls in Grenada, lifetime prevalence of physical and/or sexual violence by an intimate partner is in line with global estimates of about one in three (29 per cent).
- Lifetime prevalence of physical violence is 26.9 per cent; sexual violence 9.5 per cent; emotional violence 30.3 per cent; and economic violence 6 per cent.
- Current prevalence of the different forms of IPV in Grenada is physical and/or sexual violence 6.3 per cent; physical violence 5.1 per cent; sexual violence 2.2 per cent; emotional violence 9.6 per cent; and economic violence 2.4 per cent.
- Women with at most a primary level of education, who were under 19 years of age when they first partnered or who are in a non-consensual relationship are particularly vulnerable to abuse.
- The study revealed a statistically significant association between a range of controlling partner behaviours and IPV. For each additional controlling behaviour exhibited by the partner, the prevalence of all forms of IPV increases. Partners' use of alcohol and/or recreational drugs and aggressive behaviour with other men were also established as factors associated with the prevalence of IPV experienced by women.
- IPV against women and girls in Grenada is intergenerational. Children who witness IPV violence or are victims of violence in the home have an increased likelihood of experiencing IPV as an adult.
- Many survivors never seek help. Those who
 do seek help rely primarily on close family
 members and friends for support and
 rarely go to formal service providers. There
 is a concern that they will not be believed,

- or that their information will not be kept confidential.
- Over their lifetime, almost one in every four Grenadian women will have experienced attempted rape; and unwanted sexual touching of 15.5 per cent. Perpetrators of such violent incidents are most likely to be friends and acquaintances.
- One in every five Grenadian women has been sexually abused during childhood.
- 11 per cent of Grenadian girls have their first sexual encounter by the age of 15 years.
- For 7.3 per cent of Grenadian women the first sexual encounter is rape.

Overall, these results indicate that there is much to be done to alleviate VAWG and in reaching those who are survivors of such abuse. Below are a number of practical recommendations based on the study's findings.

5.2. Recommendations

- Government and NGOs use these results
 to strategically plan and develop policies,
 legislation, programmes and procedures
 to minimize the risk of VAWG. For example,
 future media campaigns or programmes to
 address gender norms and beliefs should
 use this data to strategically plan for and
 target negative beliefs. Such programmes
 should also build on and reinforce the
 positive beliefs that are already emerging
 for example on autonomy in the home
 and decision-making.
- Update the now expired National Five-Year Strategic Action Plan to Reduce GBV in Grenada 2013–2018, using the results from this study.

- Given that this and other studies have found that IPV is always accompanied by controlling behaviour, educate the population on controlling behaviours and how to recognize aggressive and other detrimental conduct (e.g. bullying, aggression, controlling behaviours, experiencing violence at home as a child).
- Educate the population on the different forms of IPV – emotional, financial, sexual and physical abuse or violence

 and edify them as to the actions that constitute each of these forms of violence.
- Review the Domestic Violence Act and Criminal Code to ensure all forms of IPV

 sexual, emotional, financial and physical
 are identified and that perpetrators can be held liable for violations based on any of these forms of violence.
- Align the age of consent (16) with the age of maturity (18), given that IPV rates are higher for those in unions that occurred when they were under 18 years of age.
- Strengthen client-centred services and communicate to the public the principles and service standards of providers in order to build trust.
- Establish and/or expand programmes with a multi-sectoral approach for survivors that are community-based instead of zonal or national, especially since the GBV Unit in MoSDHCE is not set up for accessibility throughout Grenada, Carriacou and Petite Martinique.
- Establish and/or expand programmes and early interventions with a multisectoral approach for perpetrators that are community-based instead of zonal

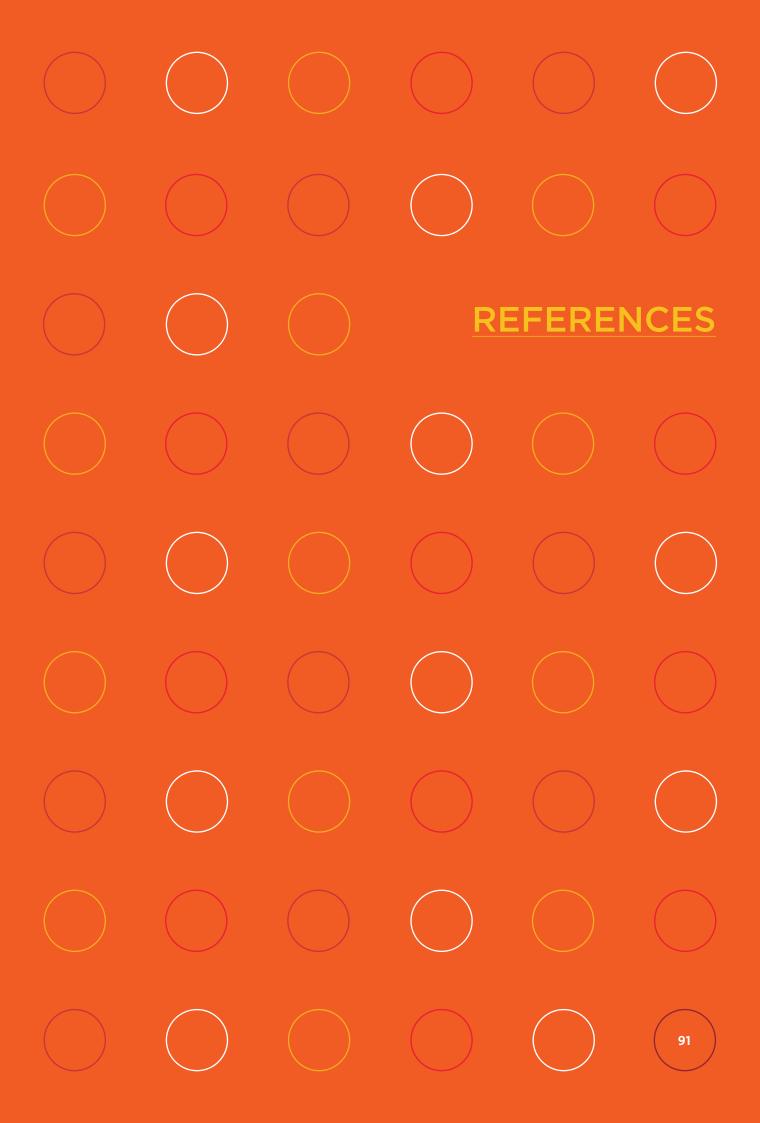
or national. Currently, programmes for perpetrators are national and primarily court-referred. There are few, if any, safe spaces for abusers to learn about their controlling behaviour, and to receive counselling, anger management and psychological help.

- Conduct public sensitization and awareness-building at the community level so citizens can see themselves as duty-bearers, equipped with knowledge on how to respond to incidences of VAWG, what help is available, where to find that help and generally how to create a supportive environment for abused women and girls. For example, advertise the protocols and standards that available services are bound by.
- Establish and/or strengthen the services provided by the court, police and health and social services to provide comprehensive multi-sectoral services through a referral system. This may include training of staff, providing safe and private spaces and access to resources. Additionally, ongoing monitoring and evaluation of the services provided is necessary, to ensure accountability and learning on what works and what does not.
- Establish actions, to include accountability measures, to monitor compliance with existing GBV legislation. Grenada has committed itself to protecting the rights of women and girls by enacting legislation and through the ratification of several conventions and treaties. However, implementation and enforcement are often deficient. In many cases, the necessary policies, plans, resources, protocols and

- reporting mechanisms to operationalize them are lacking. This means that women seeking redress through state mechanisms or the court often face many challenges and are further victimized by the system intended to help them.
- In order to break the cycle intergenerational abuse. implement interventions from a young age, especially with children who have been abused or who have witnessed abuse. Within this, design and execute initiatives for children who witness IPV or experience child abuse, as provided for in the Child Protection Act 2010, and promote awareness with education stakeholders (e.g. parents, teachers, etc.) as to the need to encourage non-aggressive behaviours and age-appropriate anger management techniques.
- Promote awareness with education stakeholders (e.g. parents, teachers, etc.) and/or design initiatives to encourage students to complete at least secondary school, given the inverse relationship between education and IPV for both men and women.
- Implement education and awarenessbuilding of the public on the CRC and the age of consent. This should include clarification on legal issues around sexual activity between adults and minors and between two minors.
- Establish regulations to hold opinionleaders accountable for conduct, including public statements and songs, that do not respect the rights of women and girls to a life free of violence.

In order to successfully build upon this first study and fully exploit the current WHLES database, the following recommendations are made:

- Add routine collection of data every 10 years to the CSO work plan. At the same time, though, there is a need to put in place mechanisms that can fully analyse the data (beyond univariate and bivariate statistics) and utilize the results to guide legislation, programmes, policies and procedures for Grenada.
- Ensure more robust analysis using multivariate statistics to dig deeper into the data. The current report uses univariate and bivariate analyses. While associations from the bivariate analyses are insightful, they do not tell the complete reality.
- One way to further exploit the data at relatively low cost is to build awareness of the existence of the data and to invite regional and international graduate students and academics to use the data for relevant research. With the right procedures in place, this can represent a win-win situation for academics, who on the one hand are always in search of timely high-quality data and on the other hand face low in-house capacity to conduct robust multivariate analyses. This data may be of particular interest to sociologists, students and researchers in Caribbean studies and gender studies who aim to complete and/or publish a post-graduate thesis.



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INDICATOR 5.2.1

Prevalence of IPV in the past 12 months, by age (%)

		Physical violence	Sexual violence	Emotional violence
	15–19	4.6	0.0	21.5
	20-24	6.0	4.3	9.4
	25-29	6.6	3.0	10.2
	30-34	5.6	4.0	12.5
Respondent age	35-39	9.7	2.4	11.1
(5 year)	40-44	4.5	0.0	7.4
45-4	45-49	5.3	2.4	11.8
	50-54	1.0	0.0	7.5
	55-59	4.7	2.2	6.9
	60-64	0.0	0.0	1.2
	15-24	5.7	3.2	12.5
	25-34	6.0	3.6	11.5
Respondent age (10 year)	35-44	7.5	1.4	9.5
(10 year)	45-54	3.1	1.2	9.6
	55-64	2.4	1.1	4.1

INDICATOR 5.2.2

Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age (i.e., current NPSV by age) (%)

		Forced intercourse	Attempted intercourse	Unwanted sexual touching	Any sexual violence
	15–19	5.3	1.0	3.3	7.6
	20-24	4.2	2.5	6.2	10.4
	25-29	0.8	1.7	4.9	4.9
	30-34	0.0	0.7	0.7	1.4
Respondent age	35-39	0.8	0.9	3.3	4.1
(5 year)	40-44	0.0	0.0	1.2	1.2
	45-49	0.0	0.0	0.0	0.0
	50-54	0.0	0.0	0.0	0.0
	55-59	0.0	0.0	0.0	0.0
	60-64	0.0	0.0	1.3	1.3
	15-24	4.7	1.9	5.0	9.2
Respondent age	25-34	0.3	1.2	2.6	3.0
Respondent age (10 year)	35-44	0.5	0.5	2.4	2.9
(lo year)	45-54	0.0	0.0	0.0	0.0
	55-64	0.0	0.0	0.7	0.7

INDICATOR 16.2.3 Young women aged 18–29 years who experienced sexual violence by age 18 (%)

Type of sexual violence	Share of women 18–29
Sexual abuse	21.4
Unwanted sexual touching	15.6

INDICATOR 5.3.1

Women aged 20–24 who were married or in a union before age 15 and before age 18

		A	ge at first union	
		18 or younger Number	Not married/ cohabitating	%
	15–19	4	37	87.6%
	20-24	16	82	68.5%
	25–29	8	47	40.1%
	30-34	16	53	35.2%
Respondent age	35-39	10	40	30.1%
(5 year)	40-44	7	21	21.7%
	45-49	9	15	15.9%
	50-54	5	17	17.3%
	55-59	4	15	17.3%
	60-64	3	13	15.6%
	15-24	21	120	73.5%
	25-34	24	100	37.3%
Respondent age (10 year)	35-44	17	60	26.6%
	45-54	14	32	16.6%
	55-64	7	28	16.5%

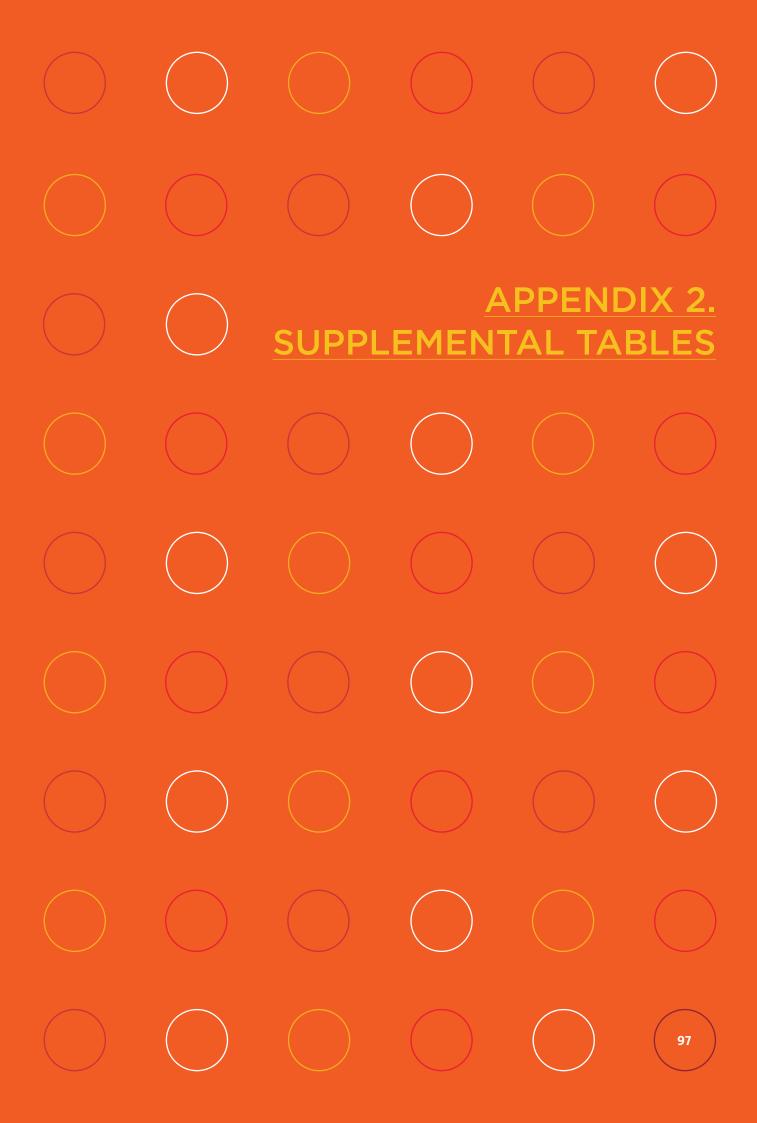


TABLE A2.1

Demographic characteristics of respondents

		All (N=1,112)			rtnered ,020)
		N	%	N	%
	15–19	94	8.5	43	4.2
	20-24	128	11.5	120	11.8
	25-29	126	11.4	117	11.5
	30-34	158	14.2	151	14.8
Respondent age	35-39	134	12.1	132	12.9
(5 year)	40-44	99	8.9	95	9.3
	45-49	98	8.8	95	9.3
	50-54	97	8.7	96	9.4
	55-59	92	8.2	88	8.6
	60-64	86	7.8	84	8.2
	No/primary	314	28.3	298	29.2
Educational attainment	Secondary	413	37.2	367	35.9
	Higher/tech/vocational	384	34.5	355	34.8
	African	922	83.0	847	83.0
Ethnicity	East Indian	61	5.5	58	5.7
Etimicity	Indigenous/other	24	2.2	24	2.4
	Mixed	104	9.4	92	9.0
Religion	Not Christian	120	10.8	114	11.2
Keligion	Christian	992	89.2	906	88.8
	Never partnered	92	8.2	0	0.0
	Currently married	278	25.0	278	27.3
Current partnership status	Living with man, not married	191	17.2	191	18.8
	Regular partner, living apart	17	1.5	17	1.6
	Currently no partner	534	48.0	534	52.3
	Not working	128	11.5	120	11.7
Main activities	Housework/work as unpaid family member	196	17.6	177	17.4
during past week	Out of labour force	79	7.1	53	5.2
	Working	709	63.7	670	65.7
	No income/pension/social services/other	132	11.9	113	11.0
	Income from own work	489	43.9	456	44.7
Main source of income	Support from partner/husband	128	11.5	126	12.3
	Equal share self and partner	188	16.9	186	18.2
	Support from relatives/friends	175	15.8	140	13.8

TABLE A2.2

Gender attitudes: proportion of interviewed women who said they agreed with specific statements presented to them, Grenada WHLES 2018

		Number	%
	Total	1,112	100.0
It is a wife's obligation to have sex with husband	Yes	251	22.6
	No	861	77-4
Women and men should share authority in the family	Yes	1,043	93.8
voliterrand men snould share additionly in the family	No	68	6.2
A woman's most important role is to take care of her home	Yes	627	56.4
A Wornan's most important fole is to take care of her nome	No	485	43.6
It is natural that a man should be the head of the family	Yes	754	67.8
ic is flatural triat a final should be the flead of the family	No	358	32.2
A wife should always obey her husband even if she disagrees	Yes	281	25.3
A write should always obey her husband eventh she disagrees	No	831	74.7
A	Yes	983	88.4
A woman should be able to spend her own money	No	129	11.6

TABLE A2.3

Normalization of violence: proportion of interviewed women who said they agreed with specific statements presented to them, Grenada WHLES 2018

		Number (N=1,112)	%
Violence between a husband and a wife is a private matter	Yes	227	20.5
violence between a nusband and a write is a private matter	No	884	79.5
A woman should tolerate violence to keep her family together	Yes	40	3.6
A Wornan should tolerate violence to keep her farmily together	No	1072	96.4
If a woman is raped she has done something careless to put	Yes	44	3.9
herself in that situation	No	1068	96.1
If a woman does not physically fight back, it is not rape	Yes	85	7.7
ii a woman does not physically light back, it is not tape	No	1027	92.3

TABLE A2.4

Justification of violence: proportion of interviewed women who said they agreed with specific statements presented to them, Grenada WHLES 2018

		Number	%
	N	1,112	100.0
If she goes out without telling him	Yes	12	1.1
	No	1,100	98.9
If she neglects the children	Yes	70	6.3
ii she neglects the children	No	1,042	93.7
If she argues with him	Yes	11	0.9
	No	1,101	99.1
If she refuses to have sex with him	Yes	10	0.9
II SHE IEIUSES LO HAVE SEX WILLITHIII	No	1,102	99.1
If she burns the food	Yes	16	1.5
ii she buttis the 1000	No	1,096	98.5
If he suspects she has an outside relationship	Yes	44	4.0
ii ne suspects she has an outside relationship	No	1,067	96.0
At least one act	Yes	100	9.0
	No	1,012	91.0

TABLE A2.5
Prevalence of different controlling behaviours by partners during lifetime, among ever-partnered women, Grenada WHLES 2018

		Number	%
Does not no work you to most your formal of friends	Yes	114	11.2
Does not permit you to meet your female friends	No	906	88.8
Trian to limit your postost with your family of high	Yes	93	9.1
Tries to limit your contact with your family of birth	No	927	90.9
Insists on knowing where you are at all times	Yes	223	21.8
insists on knowing where you are at all times	No	797	78.2
Cate ignleus or angruif you talk with another man	Yes	318	31.1
Gets jealous or angry if you talk with another man	No	703	68.9
Frequently accuses you of being unfaithful	Yes	198	19.5
rrequently accuses you or being unfaithful	No	822	80.5
Expects you to ask his permission before seeking health care for	Yes	86	8.4
yourself	No	935	91.6
Does not trust you with any money	Yes	128	12.6
Does not trust you with any money	No	892	87.4
Checks your mobile phone to see who you have called/who has	Yes	138	13.5
called you	No	883	86.5
At least one controlling behaviour	Yes	417	40.9
At least one controlling behaviour	No	603	59.1
	1	141	13.8
Number of acts of controlling behaviour	2	90	8.8
Number of acts of controlling behaviour	3+	187	18.3
	None	603	59.1

TABLE A2.6
Prevalence of intimate partner violence, among ever-partnered women, Grenada WHLES 2018

		N	%	Lower CL	Upper CL
	N	1,020			
Lifetime economic violence	Yes	61	6.0	4.6	7.6
Lifetime economic violence	No	959	94.0	92.4	95.4
Current economic violence	Yes	25	2.4	1.6	3.5
Current economic violence	No	995	97.6	96.5	98.4
Lifetime emotional violence	Yes	309	30.3	27.5	33.2
Lifetime emotional violence	No	711	69.7	66.8	72.5
Current emotional violence	Yes	98	9.6	7.9	11.5
	No	922	90.4	88.5	92.1
Lifetime physical violence	Yes	275	26.9	24.3	29.7
	No	745	73.1	70.3	75.7
Compat phosical sistem as	Yes	53	5.1	4.0	6.7
Current physical violence	No	968	94.9	93.4	96.1
Lifetime sexual violence	Yes	97	9.5	7.8	11.4
Lifetiffie Sexual Violefice	No	923	90.5	88.6	92.2
Current sexual violence	Yes	22	2.2	1.4	3.2
Current Sexual Violence	No	998	97.8	96.8	98.6
Lifetime physical and/or sexual violence	Yes	296	29.0	26.3	31.9
Electric physical and/or sexual violence	No	724	71.0	68.1	73.7
Current physical and/or sexual violence	Yes	64	6.3	4.9	7.9
Current physical and/or sexual violence	No	956	93.7	92.1	95.1

TABLE A2.7
Frequency of intimate partner violence, among ever-partnered women, Grenada WHLES 2018

	Once		Fe	ew	Ma	ny
	N	%	N	%	N	%
Physical violence severity in the past 12 months	9	16.6	38	72.2	6	11.2
Physical violence severity before the past 12 months	123	55.2	64	28.8	36	16.0
Sexual violence severity in the past 12 months	4	17.8	15	67.6	3	14.6
Sexual violence severity before the past 12 months	31	41.9	28	38.0	15	20.2
Physical and sexual violence severity before the past 12 months	121	52.3	70	30.4	40	17.4
Physical and sexual violence severity in the past 12 months	9	13.3	47	74.0	8	12.7
Emotional violence severity in the past 12 months	18	18.4	55	56.4	25	25.2
Emotional violence severity before the past 12 months	110	52.3	65	30.8	36	16.9

TABLE A2.8
Prevalence of different acts of physical violence by husband/partner, among ever-partnered women,
Grenada WHLES 2018

	Lifetime		Past 12	months	None	
	N	%	N	%	N	%
Slapped or threw something	194	19.0	45	4.4	781	76.5
Pushed or shoved	139	13.6	34	3.3	847	83.1
Hit with fist or something else	130	12.7	36	3.5	855	83.8
Kicked or dragged	76	7.5	14	1.4	930	91.1
Choked or burned	47	4.6	8	0.8	965	94.6
Threatened with or used weapon	74	7.2	14	1.4	932	91.4

TABLE A2.9

Prevalence of different acts of sexual violence by husband/partner, among ever-partnered women,
Grenada WHLES 2018

	Life	time	Past 12	months	No	one
	N	%	N	%	N	%
Physically forced to have sexual intercourse when did not want it	59	5.8	15	1.4	946	92.7
Had sexual intercourse because afraid of partner	46	4.5	11	1.0	963	94.4
Forced to perform degrading/ humiliating sexual act	23	2.2	4	0.4	994	97.4

TABLE A2.10
Prevalence of different acts of emotional violence by husband/partner, among ever-partnered women, Grenada WHLES 2018

	Life	time	Past 12	months	No	one
	N	%	N	%	N	%
Partner insulted you or made you feel bad about yourself	174	17.1	75	7.4	771	75.5
Partner belittled or humiliated you in front of other people	113	11.1	52	5.1	856	83.9
Partner did things to scare or intimidate you on purpose	108	10.5	49	4.8	864	84.7
Partner verbally threatened to hurt you or someone you care about	105	10.3	39	3.9	876	85.8

TABLE A2.11
Prevalence of different acts of economic violence by husband/partner, among ever-partnered women, Grenada WHLES 2018

	Life	time	Past 12	months	No	one
	N	%	N	%	N	%
Prohibits her from earning money	15	1.4	2	0.2	1,003	98.4
Takes away her earnings or savings	7	0.7	2	0.2	1,011	99.1
Refuses to give her money	25	2.4	22	2.1	974	95.5

TABLE A2.12
Characteristics of violence during pregnancy as reported by ever-pregnant women, Grenada WHLES 2018

		%
	Total	100.0
Ever beaten during a pregnancy	Yes	5.3
	No	94.7
	Total	100.0
Punched or kicked in abdomen	Yes	19.5
	No	80.5
Beaten in most recent pregnancy by father of child	Yes	82.9
beater in most recent pregnancy by father of child	No	17.1
Beaten by same person as before the pregnancy	Yes	76.4
beaten by same person as before the pregnancy	No	23.6
	Total	100.0
Beaten during pregnancy by same person as before the	Beating got less	41.1
pregnancy	Beating stayed the same	39.9
	Beating got worse during pregnancy	19.0

TABLE A2.13
Lifetime prevalence of economic, emotional, physical, sexual and physical and/or sexual IPV, among ever-partnered women by her characteristics, Grenada WHLES 2018

		Lifetime		economic violence	uce	Lifet	Lifetime emotional violence	onal		Lifetime viol	Lifetime physical violence		Lifetin	ie sexua	Lifetime sexual violence		Lifetime sex	Lifetime physical and/or sexual violence	and/or ice
		Yes	Г	Š		Yes	H	Š		Yes	Z	oN ON	Yes		Š		Yes	H	ş
		z	%	z	%	z	х %	%	z	%	z	%	z	%	z	%	z	х %	%
	Total	61	6.0	959	94.0	309	30.3	1 69.7	275	26.9	745	73.1	76	9.5	623	90.5	55 962	29.0* 724	t 71.0
	61–51	-	2:3*	24	*7:76	=	26.1 31	73.9	2	12.0*	37	*0:88	2	4.6	41	95.4	5 12	12.0* 37	88.0*
	20–24	2	1.7*	118	98.3*	28	23.4 92	76.6	13	10.8*	107	*2.68	5	8.3	110	7:16	91 61	16.0* 101	*0.4.0
	25–29	2	4:1*	112	\$6:56	37	31.4 80	9.89	34	29.1*	83	*6:0/	5	8.7	5 201	91:3	35 30	30.1* 82	*6:69
	30–34	7	4:3*	144	95.7*	47	31.2 104	1 68.8	25	34.7*	86	65.3*	17	1111	134 8	6:88	54 36	36.1* 96	63.9*
Respondent	35–39	4	3:3*	127	96.7*	45	34.0 87	0.99	46	35.1*	98	64.9*	16	12.0	3 911	0:88	49 37	37.4* 83	62.6*
age (5 year)	40–44	7	*0:7	88	93.0*	27	28.8 68	71.2	56	27.7*	69	72.3*	6	9.5	98	8.06	29 30	30.1* 66	,669.9*
	45–49	7	7.8*	87	92.2*	33	35-3 61	64.7	56	27:5*	69	72.5*	11	11.2	84 8	88.8	29 3c	30.9* 65	*1.69
	50-54	01	10.9*	98	*1.68	28	29.3	70.7	23	23.7*	73	76.3*	9	6.3	06	93.7	23 23	23.7* 73	76.3*
	55–26	∞	*5:6	08	90.5*	27	30.8 61	69.2	59	33.4*	59	.9:99	∞	9.4	98	9.06	31 35	35.8* 57	64.2*
	60–64	5	т.4*	8 8	*9.88	56 3	30.4 58	9:69	19	23.2*	65	76.8*	∞	10.1	9/	6:68	27 12	24.6* 63	75.4*
	15–24	æ	*6:1	160	98.1*	36	24.1 124	t 75.9	∞=	*1.11	145	*6:88	12	7.3	151	92.7	24 14	14.9* 139	85.1*
	25–34	п	4.2*	526	95.8*	84	31.3 184	t 68.7	98	32.3*	181	67.7*	72	10.1	241 8	6:68	90 33	33.5* 178	66.5*
Respondent age (10 year)	35-44	11	*6:4	216	95.1*	72	31.8 155	68.2	73	32.0*	154	68.o*	25	10.9	202	1.68	78 34	34.3 149	65.7*
	45–54	18	9.4*	173	90.6*	62	32.2 129	9.29	49	25.6*	142	74.4*	17	8.7	174	91.3	52 27	27.2* 139	72.8*
	55–64	18	10.4*	174	\$9.6*	53	30.6	69.4	49	28.4*	123	71.6*	17	8.6	155 5	90.2	52 30	30.3* 120	, 69.7*
	No/primary	27	1:6	1/2	90.9	66	33.2 199	9 66.8	101	33.8*	197	66.2	37	12.5	192	87.5	110 36	36.8 189	9 63.2
Educational attainment	Secondary	23	6.4	343	93.6	110	30.0	7 70.0	104	28.5*	262	71.5*	34	9.3	333 6	2:06	111 30	30.2 256	5 69.8
	Higher/tech/vocational	11	3:0	345	97.0	100	28.3 255	5 71.7	69	19.5*	286	80.5*	56	7.3	329 6	92.7	76 2	21.3 280	78.7
	African	20	5.9	797	94.1	258	30.5 589	9 69.5	227	56.9	619	73.1	11	9.1	69/	6:06	246 29	29.1 600	c 70.9
Ethodicity.	East Indian	3	5.2	25	94.8	16	27.1 42	72.9	14	25.1	43	74.9	5	8.8	53	91.2	16 2	1,72	72.9
, comment	Indigenous/other	1	4.0	23	0.96	4	16.5 20	83:5	3	12.5	21	87.5	0	0:0	24 10	100.0	3 12	12.5	87.5
	Mixed	7	8.1	84	61.6	32	34.7 60	65.3	30	32.6	62	67.4	15	16.0	8 4	84.0	31 3	33.7 61	66.3
Q roini roin	Not Christian	9	5.6	107	94.4	38	33.3 76	. 66.7	59	25.7	85	74-3	П	10.0	103	90.0	31 2.	27.6 82	72.4
in Biol	Christian	55	6.1	851	93.9	272	30.0 635	5 70.0	246	1.7.2	199	72.9	98	9.5	821 6	90.5	265 20	29.2 642	2 70.8

		Lifetime		economic violence	ence	Life	Lifetime emotional violence	otional		Life	Lifetime physical violence	sical		ifetime s	Lifetime sexual violence	lence	Life	Lifetime physical and/or sexual violence	rsical and riolence	I/or
		*	Yes	Š		Yes		S.		Yes		8		Yes		No No		Yes	Z	No
		z	%	z	%	z	%	z	%	z	<u> </u>	% 	z	%	z	%	z	%	z	%
	Currently married	12	4.2*	566	95.8*	74	26.6*	204	73.4* 6	99	23.7* 2	212 76.3*	3* 22	8.0	256	92.0	69	24.8*	509	75.2*
Current	Living with man, not married	7	3.4*	185	*9:96	75	39.4*	9 911	9.09	65 34	34.0*	126 66.0*	25	13.2	166	8.98	72	37:5*	120	62:5*
partnership	Regular partner, living apart	0	*O:O	71	100.0	m	19.2*	8	*80.8	81	18.7*	14 81.3*	***	0.0	71	100.0	m	18.7*	14	81.3*
status	Currently no partner	43	*0.8	491	92.0*	157 2	29.4*	77 778	70.6*	141 26	26.3* 39	393 73.7*	7* 50	9.3	484	90.7	152	28.5*	382	71.5*
	Never partnered	0	*0:0	0	*0.0	0	•0:0	0	0.0*	0	*0.0	0.0*	° *-	0.0	0	0:0	0	*0:0	0	*0.0
	Not working	6	7.3	111	92.7	35	26.5	85 7	70.8	32 26	26.8	88 73.2	2 12	9:6	108	90.1	33	7:72	98	72.3
Main activities	Housework/work as unpaid family member	14	8.1	163	91.9	2.7	32.0	121	68.0	45 2	25.2	133 74.8	8 15	9.8	162	91.4	47	26.5	130	73-5
during past week	Out of labour force	3	5.9	50	94.1	17	32.7	36 (67.3	12 2:	7 9:22	41 77.4	8	15.4	45	84.6	14	26.7	39	73-3
	Working	35	5.2	635	94.8	200	29.9	470	30.1	186 2	27.8 48	484 72.2	2 62	9.2	609	90.8	202	30.1	469	6.69
	No income/pension/social services/other	01	9.8	103	91.4	35	31.2	78 (68.8	27 2	23.9 8	86 76.1	1 9	7.9	104	92.1	28	24.9	85	75.1
	Income from own work	35	7:2	421	92.3	143	31.3	313 (68.7	134 26	29.4 3:	322 70.6	6 49	10.8	406	89.2	144	31.5	312	68.5
Main source of income	Support from partner/husband	5	3.6	121	96.4	33	26.1	93	73.9	31 2	25.0 9	94 75.0	71 0	13.5	109	86.5	36	28.3	90	7:17
	Equal share self and partner	5	2.5	181	97.5	59	31.8	127 (68.2 4	48 2	25.8	138 74.2	2 12	6.7	173	93.3	51	27.5	135	72.5
	Support from relatives/friends	7	5:3	133	94.7	40	28.2	101	71.8	35 27	24.6	106 75.4	4 9	6.7	131	93.3	38	26.9	103	73.1
Family support	Yes	53	6.1	822	93.9	259	59.62	616 7	70.4 2.	228 26	26.0 6.	648 74.0	0 82	9.3	794	90.7	246	28.1	630	6:17
-	No	∞	5.4	137	94.6	51	34.9	94 (65.1 4	47 3:	32.5	98 67:5	5 15	10.6	130	89.4	50	34.8	95	65.2
	Yes	28	8.2*	312	91.8*	136 4	40.0*	204 6	60.0*	35 35	39.5* 20	206 60.5*	5* 47	13.9*	293	86.1*	144	42.4*	196	57.6*
Non-consensual relationship	No	59	8.5*	311	91.5*	102	30.0*	238 7	70.07	93 27	27.3* 2.	247 72.7*	7* 31	*0.6	309	\$0:06	86	28.9*	242	71.17
	Not married/cohabitating	4	1.3*	336	98.7*	μ.	21.0*	269 7	79.0*	47 13	13.9 20	293 86.1*	19	5.6*	321	94.4*	23	15.7*	287	84.3*
	19 or older	54	*0.6	544	91.0*	211	35.2*	388 6	64.8* 19	197 33	33.0* 4	401 67.0*)* 64	10.7*	534	\$9.3*	208	34.7*	390	65.3*
Age at first union	18 or younger	3	3.8*	62	96.2*	28	33.6*	55 6	66.4* 3	30 37	37.0* 5	52 63.0*)* 14	17.0*	89	83.0*	35	42.5*	47	57.5*
	Not married/cohabitating	4	1.3*	336	98.7*	. 17	21.0*	269 7	79.0*	47 13	13.9*	293 86.1*	19	5.6*	321	94.4*	23	15.7*	287	84.3*

* Indicates a statistically significant difference at the 5 per cent level of significance (i.e., p=value less than 0.05, using a chi-squared test).

Current prevalence of economic, emotional, physical, sexual, and physical and/or sexual IPV, among ever-partnered women by hercharacteristics, Grenada WHLES 2018 **TABLE A2.14**

4.4. A.			Currel	nt emoti	Current emotional violence	ence	Currer	nt physic	Current physical violence)ce	Curren	Current sexual violence	violence	Cur	Current physical and/or sexual violence	sical and riolence	/or
N N			۶	S.	z	۰	Yes	Г	Š		Yes		Š		Ş	Ž	
Media 96 96 97			z	%	z	%	z	%	z	%	z			z	%	z	%
Model Septembrish 9 13 65 66 46 94 95 46		Total	86	9.6	922	90.4	æ	5:1	896	94.9	22				6.3	926	93.7
Model matricularity 11 44 105 906 7 60 13 61 <th></th> <th>15–19</th> <th>6</th> <th>21.5</th> <th>33</th> <th>78.5</th> <th>2</th> <th>4.6</th> <th>41</th> <th>95.4</th> <th></th> <th></th> <th></th> <th></th> <th>4.6*</th> <th>41</th> <th>95.4*</th>		15–19	6	21.5	33	78.5	2	4.6	41	95.4					4.6*	41	95.4*
Model 12		20–24	11	9.4	109	9:06	7	0:9	113	94.0				01	8.7*	110	91.3*
4.0. 1.0. <th< th=""><th></th><th>25–29</th><th>12</th><th>10.2</th><th>105</th><th>8.68</th><th>∞</th><th>9:9</th><th>109</th><th>93.4</th><th></th><th></th><th></th><th>6</th><th>*9:8</th><th>107</th><th>91.4*</th></th<>		25–29	12	10.2	105	8.68	∞	9:9	109	93.4				6	*9:8	107	91.4*
4. A. M.		30–34	19	12.5	132	87.5	∞	5.6	142	94.4					7.5*	139	92.5*
40-444 7 74 88 92 4 45 97 67 9	took of the property of the pr	35–39	15	11.11	117	6.88	13	2.6	611	90.3				4	10.5*	118	*89.5*
45-49 11 18 84 82 5 54 947 2 42 97 947 2 42 97 947 94 97 94 97 94 97 96 97	respondent age (5 year)	40–44	7	7.4	88	95.6	4	4.5	16	95:5					4:5*	16	95.5*
Model So-54 1 7 89 92 1 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 <		45–49	11	11.8	84	88.2	5	5:3	96	94.7					6.5*	88	93.5*
4 4		50–54	7	7:5	89	92.5	-	1.0	95	0.66					1.0*	95	*0.66
4 12 84 98 64 100 60 64 100 60 64 100 60 64 60 64 60 64 60 6		55–59	9	6.9	82	93.1	4	4.7	84	95.3				5	5.8*	83	94.2*
43 43 87 94 43 94 943 57 144 943 57 145 943 57 145 943 57 145 943 57 145 943 67 156 943 156 943 157 943 157 943 157 943 157 943 157 943 157 943 157 943 157 943 157 943 157 943 157 <t< td=""><th></th><th>60–64</th><td>1</td><td>1.2</td><td>83</td><td>98.8</td><td>0</td><td>0:0</td><td>84</td><td>100.0</td><td></td><td></td><td></td><td></td><td>*0:0</td><td>84</td><td>100.0*</td></t<>		60–64	1	1.2	83	98.8	0	0:0	84	100.0					*0:0	84	100.0*
4 by the color of the		15–24	20	12.5	143	87.5	6	5.7	154	94:3					9:2	151	92.4
4 35 95 97 97 77 78 70 92 97 97 70 92 97 </td <th></th> <th>25–34</th> <td>31</td> <td>11.5</td> <td>237</td> <td>88.5</td> <td>16</td> <td>0:9</td> <td>252</td> <td>94.0</td> <td></td> <td></td> <td></td> <td></td> <td>8.0</td> <td>246</td> <td>92.0</td>		25–34	31	11.5	237	88.5	16	0:9	252	94.0					8.0	246	92.0
45-64 18 9.6 17.2 90.4 6 3.1 185 96.9 7 189 98.4 7 189 98.9 7 189 97.9 18.0	Respondent age (10 year)	35-44	22	9.5	205	90.5	17	7.5	210	92.5					8.0	209	92.0
And Description And Descri		45–54	18	9.6	172	90.4	9	3.1	185	6.96	2				3.7	184	96.3
Molypimary 28 9.2* 77 9.08* 14 48 284 95.2 6 21 6 21 6 73 6 73 6 73 6 73 6 73 6 73 6 73 6 73 6 73 6 73 6 73 6 73 74 73 74 7		55-64	7	4.1	165	95.9	4	2.4	168	97.6	2				3.0	167	97.0
Addition Pecondary 40 11.0 ⁴ 326 92,0 ⁴ 77 73 340 927 6 18 360 98.2 37 97 97 76 98.2 97		No/primary	28	9.2*	1/2	\$8:06	14	4.8	284	95.2	9			17	5.9	281	94.1
Higher/tech/vocational 31 8.64 325 914 12 33 344 967 96 26 346 974 975 349 349 349 349 349 349 349 349 349 349	Educational attainment	Secondary	40	11.0*	326	*0.68	27	7.3	340	92.7	9			30	8.2	337	91.8
African 86 10.1 761 899 44 5.2 802 948 19 22 828 948 19 22 828 84 869 10		Higher/tech/vocational	31	*9:8	325	91.4*	12	3:3	344	296				17	4.7	339	95.3
East Indian		African	98	10.1	761	6.68	4	5.2	802	94.8	19				6.3	793	93.7
Indigenous/other 1 4.0 23 96.0 1 4.0 23 96.0 0 0 0 0 0 0 1 4.0 23 3 Mixed 7 8.2 8.4 91.8 5 5.8 86 94.2 1 1.2 90 98.8 5 58 86	Fthnicity	East Indian	4	7:3	72	92.7	2	3.4	56	9.96	2				1:/	72	92.9
7 8.2 8.4 91.8 5 5.8 8.6 94.2 1 1.2 90 98.8 5 5.8 86 86		Indigenous/other	٦	4.0	23	0.96	-	4.0	23	0.96					4.0	23	96.0
		Mixed	7	8.2	84	91.8	5	5.8	98	94.2	1				5.8	98	94.2

		Current	emotio	Current emotional violence	nce	Current	physica	Current physical violence		Current sexual violence	xual viole	nce	Curr	Current physical and/or sexual violence	ical and olence	/or
		Yes	Г	Š		Yes	Н	Š		Yes		§ S	Yes	, ,	Š	
		z	%	z	%	z	%	% Z	Z	%	z	%	z	%	z	%
o d	Not Christian	01	1.6	103	90.9	2	4.9	264 95.2	. 1	1.0	113	0.66	7	5.8	107	94.2
LOIBILIAN VEILBON	Christian	88	6.7	818	90.3	47	8.1	176 94.8	.8	2.3	885	7:76	27	6.3	849	93.7
	Currently married	27	6.6	251	90.1	14 1	12.9	15 95.1	.1 4	1.5	274	98.5	16	5.7	292	94.3
	Living with man, not married	27	14.2	164	85.8	7 51	4.0	513 91.9	6	3.5	185	96.5	21	10.9	170	89.1
Current partnership status	Regular partner, living apart	2	13.4	15	9.98	2 (0.0	0 87.1	0 1:	0.0	71	100.0	2	12.9	15	1.78
	Currently no partner	41	7.8	493	92.2	. 12	1:2	0.96	0.	2.1	523	676	25	4.7	509	95.3
	Never partnered	0	0:0	0	0:0	0	3.6	0.0	0	0.0	0	0:0	0	0:0	0	0:0
	Not working	10	8.0	110	92.0	∞	1.8	52 92.9	6.	2.5	117	97:5	6	6:2	110	92.1
Main activities during	Housework/work as unpaid family member	77	9.4	191	9:06	9	5.5	634 96.4	4 2	1.2	175	98.8	∞	4.3	170	95.7
past week	Out of labour force	4	97	49	92.4	-	3.2	109 98.2	.2	1.9	55	98.1	2	3.7	15	6.96
	Working	89	10.2	602	89.8	37	4.7	434 94.5	.5 16	2.4	655	92/6	45	6.7	625	93.3
	No income/pension/social services/other	6	67	104	92.1	4	4.0	121 96.8	8.	0.0	113	100.0	4	3.2	109	8:96
	Income from own work	43	9.4	413	90.6	. 12	7:7	171 95.3	3 10	2.1	446	676	77	5.4	431	94.6
Main source of income	Support from partner/husband	10	8.2	115	91.8	5	2.9	132 96.0	9 0:	4.9	120	95.1	10	8.2	9ш	91.8
	Equal share self and partner	56	14.1	159	85.9	14	5.2 {	829 92.3	3 5	2.8	180	97.2	17	9.4	168	9.06
	Support from relatives/friends	10	7.3	130	92.7	8	4.7	138 94.1	1 1	0.8	139	99.2	∞	5.9	132	94.1
Family support	Yes	82	9.3	793	90.7	46	1.7	316 94.8	.8	2.3	855	7:76	55	6.3	820	93.7
	No	17	11.4	128	9.88	7	4.6	324 95.3	3 2	1.5	143	98.5	6	6.1	136	93.9
To account	Yes	37	10.8	303	89.2	24	3.7	327 92.9	01 6	2.8	331	97.2	32	9.3*	309	90.7*
relationship	No	32	9.3	308	2:06	16 4	4.9*	569 95.4	4 4	1.2	336	98.8	18	5.2*	322	94.8*
	Not married/cohabitating	30	8.8	310	91.2	13 12	12.6*	72 96.3	3 8	2.4	332	9.26	15	4.3*	325	95.7*
	19 or older	23	*8.8	545	91.2*	29 3	3.7*	327 95.1*	1* 12	1.9	586	98.1	38	6.3*	260	93.7*
Age at first union	18 or younger	16	19.1*	67	*6:08	10	4.7	327 87.4*	4*	5.6	80	97.4	12	14.0*	ıμ	86.0*
	Not married/cohabitating	30	*8.8	310	91.2*	13	1.7	569 96.3*	*5	2.4	332	9.26	15	*8.4	325	95.7*

* Indicates a statistically significant difference at the 5 per cent level of significance (i.e., p=value less than 0.05, using a chi-squared test).

Lifetime prevalence of economic, emotional, physical, sexual, and physical and/or sexual IPV, among ever-partnered women based on her partner's characteristics, Grenada WHLES 2018 **TABLE A2.15**

		Lifetim	(I)	economic violence	ence	Life	Lifetime emotional	tional	==	Lifetime physical violence	ysical vid	olence	Life	time sexi	Lifetime sexual violence	nce	Lifeti	Lifetime physical and/or sexual violence	ical and. olence	,or
		Yes	Si	S		Yes	H	ş		Yes		2	*	Yes	2	·	Yes		Š	
		z	%	z	%	z	%	z	z %	%	z	%	z	%	z	%	z	%	z	%
	Total	19	6.0	959	94.0	309	30.3	117	69.7 275	5 26.9	745	73.1	76	9.5	923	90.5	5962	29.0	724	71.0
	15–24	0	*0.0	53	*001	16	30.0	37 70	70.07	18.6	43	81.4	4	0.7	49	93.0	12	22.7	41	77.3
	25–34	2	1.3*	163	98.7*	62	37.9	103 62	62.1 51	30.7	1114	69.3	21	12.5	144	87.5	26	33.9	109	1.99
Partner's age	35-44	45	8.2*	468	*8:16	146	28.6	364 71.	71.4 140	0 27.4	370	72.6	49	9.6	461	90.4	149	29.3	361	70.7
000	45–54	6	6.2*	138	93.8*	44	30.1	103 69	69.9	28.8	105	71.2	13	9.5	133	90.8	46	31.0	101	69.0
	55–64	9	5.7*	100	94.3*	56	24.5	80 75	75.5 22	2 20.3	85	79.7	8	7.5	86	92.5	23	21.3	84	78.7
	+59	7	5:5*	37	94.5*	15	38.3	24 61	11 7:19	27.3	59	72.7	2	5.8	37	94.2	E	27.3	59	72.7
	Woman is older	59	10.7*	239	89.3*	93	34.8	174 65	65.2 97	7 36.3*	170	63.7*	34	12.6	233	87.4	101	38.0*	166	62.0*
Age difference	Partner at most 3 years older	П	4.2*	247	95.8*	84	32.4	174 67	99 9:/9	5 25.6*	192	74.4*	25	8.6	233	90.2	75	*2.62	183	70.8*
	Partner 4–8 years older	∞	3:3*	241	96.7*	17	1 1.82	.178 71.	71.3 56	5 22.4*	193	±9://	23	9.3	526	90.7	61	24.6*	188	75.4*
	Partner at least 9 years older	14	5.6*	232	94.4*	19	25.0	185 75.	75.0 56	5 22.7*	190	77:3*	15	6.0	231	94.0	58	23.6*	188	76.4*
	No/primary	45	8.2*	502	*8:16	159	29.2	387 70	70.8 152	2 27.8	394	72.2	51	9.3	495	90.7	162	9.62	384	70.4
Partner's education	Secondary	7	3.1*	220	*6:96	80	35-3 1-	147 64	64.7 68	3 29.8	159	70.2	23	10.0	204	90:0	72	31.6	155	68.4
	Higher/tech/vocational	10	3.9*	237	\$1:96	70	1 1.82	.17 771	71.7	5 22.4	192	97.2	23	9.5	224	90.5	63	25.4	184	74.6
Dartner is working	Yes	25	4.0*	298	*0.96	961	31.5 4	426 68	68.5 170	0 27.3	453	72.7	63	10.1	260	6:68	185	29.7	438	70.3
9	No	36	9.5*	361	\$0.8*	113	28.5	284 71.	71.5 105	5 26.4	293	73.6	34	9.8	363	91.4	Ш	28.0	586	72.0
Partner drinks alcohol at	Yes	14	7.5	ιζι	92:5	17	38.5* 1	113 61.	61.5* 63	3 34.2*	121	65.8*	16	8.5	169	91.5	67	36.3*	117	63.7*
least once a week	No	47	5.7	788	94.3	238	28.5* 5	597 71:	71.5* 212	2 25.3*	624	74.7*	81	6.7	754	90.3	229	27.4*	607	72.6*
Partner has been involved	Yes	4	6.1	89	93.9	40	55.2*	33 44	44.8* 35	5 47.8*	38	52.2*	12	15.9*	19	84.1*	37	50.5*	36	49.5*
another man	No	27	6.0	891	94.0	569	28.4* 6	678 71.0	71.6* 240	0 25.3*	707	74.7*	85	*0.6	862	91.0*	259	27.4*	889	72.6*
Partner has had another	Yes	13	9.4	122	9:06	, 67	9.6	68 50	50.4 61	1 45.3	74	7.42	28	20.8	107	79.2	65	48.5	70	51.5
relationship	No	48	5:5	837	94.5	242	27.4 6	643 72.	72.6 214	4 24:1	149	75.9	69	7.8	816	92.2	231	26.0	655	74.0
Partner has had children	Yes	4	10.6	36	89.4	77	42.1	24 57	57.9 15	37.9	25	62.1	7	16.7	34	83.3	61	46.1*	22	53.9*
with another woman	No	27	5.8	923	94.2	262	29.8	02 289	70.2 259	9 26.5	720	73:5	90	9.5	688	90.8	7,17	28.3*	702	71:7*

 * Indicates a statistically significant difference at the 5 per cent level of significance (i.e., p=value less than 0.05, using a chi-squared test).

TABLE A2.16
Association between attitudes to gender roles and the prevalence of physical and/or sexual abuse among ever-partnered women, Grenada WHLES 2018

		Life 0	time ph	ysical a I violen	and/ ce			cual and violence	
		Y	es	N	lo	Y	es	N	lo
		N	%	N	%	N	%	N	%
It is a wife's obligation to have sex	Yes	69	28.4	175	71.6	13	5.3	231	94.7
with her husband	No	227	29.2	549	70.8	51	6.6	725	93.4
Women and men should share authority	Yes	281	29.3	676	70.7	60	6.3	897	93.7
in the family	No	15	24.0	48	76.0	4	6.5	59	93.5
A woman's most important role is	Yes	185	31.6*	402	68.4*	41	6.9	547	93.1
to take care of her home	No	111	25.5	322	74.5	24	5.4	409	94.6
It is natural that a man should be the	Yes	208	29.8	490	70.2	46	6.6	652	93.4
head of the family	No	88	27.3	234	72.7	18	5.5	304	94.5
A wife should always obey her husband	Yes	73	27.9	190	72.1	19	7.4	244	92.6
even if she disagrees	No	223	29.4	534	70.6	45	5.9	712	94.1
A woman should be able to spend	Yes	263	29.3	634	70.7	58	6.4	839	93.6
her own money	No	33	27.1	90	72.9	6	5.1	117	94.9

^{*} Indicates a statistically significant difference at the 5 per cent level of significance (i.e., p=value less than 0.05, using a chi-squared test).

TABLE A2.17

Normalization of violence: proportion of interviewed women who said they agreed with specific statements presented to them, Grenada WHLES 2018

		Life o	time ph r sexua	nysical a I violen	and/ ce	Curr pl	ent sex hysical	cual an violenc	d/or :e
		Y	es	N	lo	Y	es	N	lo
		N	%	N	%	N	%	N	%
Violence between husband and wife is a	Yes	58	28.1	149	71.9	20	9.5*	187	90.5*
private matter	No	238	29.3	575	70.7	44	5.5*	769	94.5*
A woman should tolerate violence to keep	Yes	8	22.7	28	77.3	3	9.2	33	90.8
her family together	No	288	29.3	696	70.7	61	6.2	923	93.8
If a woman is raped she has done something	Yes	13	31.3	29	68.7	2	5.0	41	95.0
careless to put herself in that situation	No	283	28.9	695	71.1	62	6.3	916	93.7
If a woman does not physically fight back,	Yes	19	23.7	61	76.3	3	4.2	77	95.8
it is not rape	No	277	29.5	663	70.5	61	6.5	879	93.5

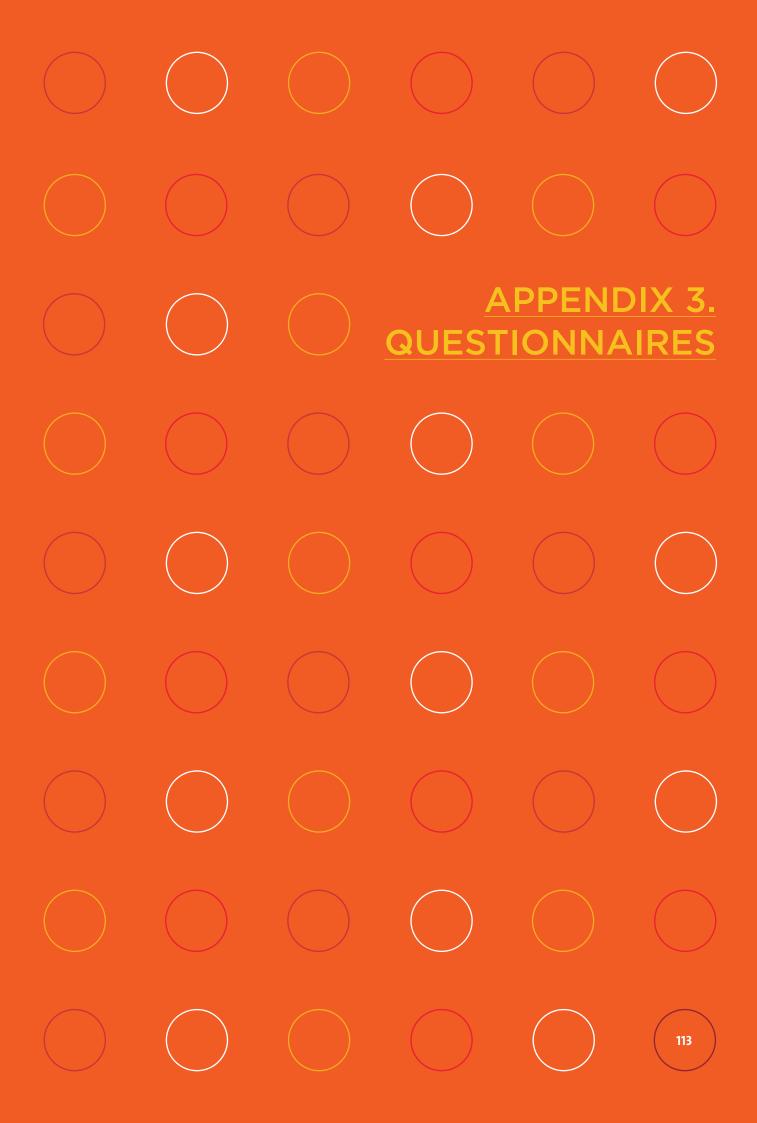
^{*} Indicates a statistically significant difference at the 5 per cent level of significance (i.e., p=value less than 0.05, using a chi-squared test).

TABLE A2.18

Justification of violence: proportion of interviewed women who said they agreed with specific statements presented to them, Grenada WHLES 2018

		Life o	time ph r sexual	ysical a violen	and/ ce	Curr p	ent sex hysical	cual an violenc	d/or :e
		Y	es	N	lo	Y	es	N	lo
		N	%	N	%	N	%	N	%
	N	296	29.0	724	71.0	64	6.3	956	93.7
If she goes out without telling him	Yes	2	20.5	8	79.5	1	11.2	9	88.8
	No	294	29.1	716	70.9	63	6.2	947	93.8
If she neglects the children	Yes	26	39.2	40	60.8	8	11.4	59	88.6
ii she negleets the children	No	270	28.3	684	71.7	57	5.9	897	94.1
If she argues with him	Yes	0	o.o*a	11	100 *a	0	0.0	11	100.0
ii sile aigues witi i iiii	No	296	29.3 *a	714	70.7 *a	64	6.3	946	93.7
If she refuses to have sex with him	Yes	1	10.7	9	89.3	0	0.0	10	100
II SHE IEIUSES LO HAVE SEX WILH HIIII	No	295	29.2	715	70.8	64	6.3	946	93.7
If she burns the food	Yes	6	37.4	10	62.6	0	0.0	15	100
ii siie buiiis tiie loou	No	290	28.9	715	71.1	64	6.4	941	93.6
If he suspects she has an outside relationship	Yes	13	32.2	26	67.8	3	8.8	36	91.2
if the suspects site has all outside relationship	No	283	28.9	698	71.1	61	6.2	920	93.8

^{*} Indicates a statistically significant difference at the 5 per cent level of significance (i.e., p=value less than 0.05, using a chi-squared test). a More than 20% of cells in this sub-table have expected cell counts less than 5. Chi-square results may be invalid.



Administration Form

	IDENTIFICATION					
COUNTRY CODE PARISH ENUMERATION DISTRICT BUILDING NO. HOUSEHOLD NUMBER NAME OF HOUSEHOLD HEA	ND					
		INTERVIEWER VISITS				
	1	2	3	FINALVISIT		
DATE INTERVIEWER NAME				DAY [] MONTH[][] YEAR [][][][] INTERVIEWER NO []		
RESULT***				[][][] RESULT [][]		
NEXT VISIT: DATE TIME LOCATION				TOTAL NUMBER OF VISITS []		
QUESTIONNAIRES COMPLETED? []1.None completed >>	*** RESULT CODES Refused (specify)		Return » Return »	CHECK HH SELECTION FORM: TOTAL IN HOUSEHOLD (Q1) [] [] TOTAL ELIGIBLE WOMEN IN HH OF SELECTED WOMAN		
[] 2. HH selection form (and in most cases HH questionnaire) only »	Selected woman refused (specify) 21 No eligible woman in HH. 22 Selected woman not at home 23 Selected woman postponed interview 24 Selected woman incapacitated 25		Return » Return »	(Q3, total with YES) [][] LINE NUMBER OF SELECTED FEMALE RESPONDENT (Q3) [][]		
[] 3. Woman's questionnaire partly »	Does not want to continue (s Rest of interview postponed		Return »			
[] 4. Woman's questionnaire completed »		41				

If more than one HH in selected dwelling: fill out separate HH selection form for each one

	HOUSEHOLD SELECTION FORM							
Hello, n Central	ny name is I Statistical Office. We are con	ducting this survey in Grenada,	Carriacou and	I am visiting y Petite Martinio	your household to q que to learn about	conduct a survey on b Women's Health an	ehalf of Gr d Life Expe	enada's riences.
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 workers, lodgers or friends who live here and share food? MAKE SURE THESE PEOPLE ARE INCLUDED IN THE TOTAL					TOTAL NUMBER PEOPLE IN HH [][]	ROF	
2	Is the head of the househ	old male or female?				MALE 1 FEMALE 2 BOTH 3		
	LIST ALL HH MEMBERS	RELATIONSHIP TO HEAD OF HH	RESIC	DENCE	SEX	AGE	ELIG	IBLE
LINE NO.	Please give me first names of all HH members who usually live in your HH (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.		Male or female	How old is NAME? (YEARS, more or less)	SEE CRITEF BELOV (A+B)	
			YES	NO			YES	NO
1			1	2			1	2
2			1	2			1	2
3			1	2			1	2
4			1	2			1	2
5			1	2			1	2
6			1	2			1	2
7			1	2			1	2
8			1	2			1	2
9			1	2			1	2
10			1	2			1	2

(A) SPECIAL CASES TO BE CONSIDERED MEMBER OF HH:

- <u>DOMESTIC</u> WORKER/EMPLOYEE IF THEY SLEEP 4 NIGHTS A WEEK OR MORE IN HH.
- $\bullet \qquad \underline{\text{VISITORS}}$ IF THEY HAVE SLEPT IN HH FOR THE PAST 4 WEEKS.

(B) ELIGIBLE: ANY WOMAN BETWEEN 15 AND 64 YEARS LIVING IN HH.

MORE THAN ONE ELIGIBLE WOMEN IN HH:

- RANDOMLY SELECT ONE ELIGIBLE WOMAN FOR INTERVIEW USING THE KISH METHOD.
- 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 from 15 to 64 years of age. Thank you for your assistance." FINISH
HERE.

 $[\]ensuremath{^*}$ If both (male and female) are the head, refer to the male.

Administered to any responsible adult in HH

	HOUSEHO	OLD QUESTIONNAIRE			
QUEST	TIONS 1–6: COUNTRY-SPECIFIC SOCIO-ECONOMIC INDICATORS,	, TO BE ADAPTED IN EACH COU	JNTRY		
If you	don't mind, I would like to ask you a few questions about your l	household.			
1	What is the main source of drinking water for your household?	PUBLIC PIPED INTO DWELLING PUBLIC STANDPIPE PRIVATE PIPED INTO DWELLING PRIVATE PIPED INTO DWELLING PRIVATE CATCHMENT, NOT PIPED. TRUCKBORNE (AND NOT PIPED INTO DWELLING) PUBLIC DUG WELL. PRIVATE DUG WELL. SPRING/RIVER BOTTLED WATER. OTHER: DON'T KNOW/DON'T REMEMBER			
2	a. What type of toilet facilities does your household have?	WC/FLUSH TOILET LINKED TO SEWER		02 03 04 05 06 96	
2b	Are the facilities shared with another HH?	SHARED			
3	What is the main type of material used in constructing the roof? RECORD OBSERVATION SHEET METAL (ZINC SHINGLE – (ASPHAL SHINGLE (WOOD) CONCRETE THATCH/MAKESHIF OTHER: DON'T KNOW/DON				02 03 04 05 06 07
4	Does your household have (must be in working condition): a) Electricity b) Television c) Cable d) Telephone (landline and/or mobile) e) Refrigerator f) Stove g) Air conditioner h) Washing machine i) Solar water heater j) Electrical water heater k) Computer l) Internet m) Fishing boat		YES 1 1 1 1 1 1 1 1 1 1 1 1 1	NO 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	DK 8 8 8 8 8 8 8 8 8
5	Does any member of your HH own: a) A motorcycle b) A motor vehicle		YES 1 1	NO 2 2	DK 8 8
6	Do people in your HH own any land?	YES NO DON'T KNOW/DON'T R REFUSED/NO ANSWER.	EMEMBER		2 8

7	How many rooms in your HH are used for sleeping?	NUMBER OF ROOMS
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
9	In the past 4 weeks, has someone from this HH been the victim of a crime in this neighbourhood, such as a robbery or assault?	YES
10	NOTE SEX OF RESPONDENT	MALE1 FEMALE2

Thank you very much for your assistance.

QUESTIONNAIRES 4

WOMAN'S QUESTIONNAIRE

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 [YOUR NAME]. I work for Grenada's Central Statistical Office. We are conducting a survey to learn about Women's Health and Life Experiences in Grenada, Carriacou and Petit Martinique. You and many other women have been selected by chance (it's like pulling a name out of a hat) to participate in this study.

The questionnaire will include questions regarding your general health and life experiences including incidents of 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 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 (confidential means that whatever you say will not be repeated to anyone else). I am required by law not to divulge the information that we collect to anyone. Your participation is completely voluntary. Remember, you have the right to stop the interview at any time, or to skip any questions that you don't want to answer. There are no right or wrong answers. Some of the topics may be personal and difficult to discuss, but many women have found it useful to have the opportunity to talk.

Your experiences could be very helpful to other women in Grenada, Carriacou and Petite Martinique. The information you provide will be anonymously combined with that of other women aged 15–64 from around the country to inform policies and programmes that will benefit all women and girls.

In order to protect your privacy, if anyone enters the room while we are talking, we may stop the interview or change questions (which could be a question we asked before). 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 you are as safe as possible if you do choose to participate.

Do you have any questions?

The interview takes approximately one hour to complete.

Do you agree to be interviewed?

NOTE WHETHER RESPONDENT AGREES TO INTERVIEW OR NOT

[] DOES NOT AGREE TO BE INTERVIEWED \longrightarrow 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. RECC	ORD THE START TIME OF THE WOMAN'S INTERVIEW (24	H SYSTEM) HH:MM [][]:[](] (00-24 h)		
	SECTION 1. RES	SPONDENT AND HER COMMUNITY		
QUESTIO	NS & FILTERS	CODING CATEGORIES	SKIPTO	
If you do	n't mind, I would like to start by asking you a little abou	† [COMMUNITY NAMF]		
INSERT N	, 0,	ABOVE AND IN QUESTIONS BELOW. IF NO NAME, SAY "IN THIS		
	WHAT IS YOUR COUNTRY OF BIRTH?	SELECT RESPONSE FROM DROPDOWN LIST OF COUNTRIES		
101	Do neighbours in this community generally tend to know each other well?	YES		
102	If there were a street fight in this community would people generally do something to stop it?	YES		
103	REMOVED			
104	REMOVED			
105	If someone in your family suddenly fell ill or had an accident, would your neighbours offer to help?	YES		
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		
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		
108a	What is your religious affiliation or denomination?	ANGLICAN		

108b	To which ethnic, racial or national group do you belong? (READ CATEGORIES)	AFRICAN DESCENT/NEGRO/BLACK			
109	REMOVED				
110	Have you ever attended school?	NO DON'T KNOW/DOI	N'T REMEMBER	 8	» 111C
111a	What is the highest level of education that you have completed? MARK HIGHEST LEVEL	PRIMARY SECONDARY POST-SECONDARY. TERTIARY NON-UN UNIVERSITY OTHER TERTIARY OTHER (SPECIFY) NONE DON'T KNOW/DOI	IVERSITY N'T REMEMBER		
111C	What did you do most during the past week – for example did you work, look for a job, keep house or carry on some other activity?	WORKED			
111b	Which of the following categories best describes your main employment?	PAID GOVERNMENT EMPLOYEE			
111d	What is <u>now</u> the main source of income for your household (including yourself)? [MARK ONE]	NO INCOME			
111e	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 trees g) A financial investment h) Vehicle FOR EACH, PROBE: Do you own this on your own, or do you own it with others?	YES OWN BY SELF 1 1 1 1 1 1 1 1	YES OWN WITH OTHERS 2 2 2 2 2 2 2 2 2 2 2	NO DON'T OWN 3 3 3 3 3 3 3 3 3 3 3	

112	Where did you grow up? PROBE: Before age 12 where did you live longest?	THIS COMMUNITY/NEIGHBOURHOOD	
113	Do any of your family live close enough by that you can easily see/visit them?	YES	» 115
114	How often do you see or talk 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/NOANSWER 9	
115	When you need help or have a problem, can you usually count on members of your family for support?	YES	
115a	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	At LEAST ONCE A WEEK	
115b	Do you listen to the radio at least once a week, less than once a week or not at all?	At LEAST ONCE A WEEK	
115C	Do you watch television at least once a week, less than once a week or not at all?	At LEAST ONCE A WEEK	
116	REMOVED		
117	REMOVED		
118	REMOVED		
119	Are you currently married, living together? IF NO: Are you involved in a relationship with a man without living together? IF NEEDED PROBE: Such as a regular boyfriend or a fiancé? IF NEEDED PROBE: Do you and your partner live together?	CURRENTLY MARRIED, LIVING TOGETHER	 » 123 » 123 » 123 » 123 » 123 » 120 » 120
12Oa	Have you ever been married or lived with a male partner?	YES, MARRIED	» 121 » 121
120b	Have you ever been involved in a relationship with a man without living together (such as being engaged or dating or a boyfriend)?	YES	» 52 » 52
	Did the <u>last partnership with a man</u> end in divorce or separation, or did your husband/ partner die?	DIVORCED .1 SEPARATED/BROKEN UP .2 WIDOWED/PARTNER DIED .3 DON'T KNOW/DON'T REMEMBER .8 REFUSED/NO ANSWER .9	» 123

	Was the divorce/separati by your husband/partner decide that you should se	or did you both	HUSBAND/PA BOTH (RESPO OTHER_ DON'T KNOW	1		
	How many times in your married and/or lived toge (INCLUDE CURRENT PART TOGETHER)	ether with a man?	NEVER MARR DON'T KNOW	NUMBER OF TIMES MARRIED OR LIVED TOGETHER		
123a	How old were you the fire married or lived together		DON'T KNOW	//DON'T REMEMBER		
124	The next few questions ar <u>most recent</u> partnership. I (in the same home) with y parents or any of his relativ	o/did you live together our husband/partner's	NO DON'T KNOW			
125	you currently live with you your relatives? IF NOT CURRENTLY WITH	RRENTLY WITH HUSBAND/PARTNER: living with your parents or relatives				
129	Did you have any kind of formalize the union? Wh. did you have? MARK ALL	our last relationship? have any kind of marriage ceremony to the union? What type of ceremony have? MARK ALLTHAT APPLY RY-SPECIFIC RESPONSE CATEGORIES		STIAN MARRIAGE B ARRIAGE (HINDU/MUSLIM/ ORISHA)	» Sz	
130	In what year was the (first (THIS REFERS TO CURRENT		DON'T KNOW			
131	Did you yourself choose y recent husband/partner choose him for you, or did IF SHE DID NOT CHOOSE Who chose your <u>current/</u> husband/partner for you	or did someone else I he choose you? HERSELF, PROBE: most recent	RESPONDENT RESPONDENT HUSBAND/PA HUSBAND/PA OTHER: DON'T KNOW		» S2 » S2	
132	Before the marriage with recent husband, were you wanted to marry him or r	asked whether you	NO DON'T KNOW		» S2 » S2	
* CHECK: Ref. sheet (s11mar)	t, Box A	CURRENTLY MARRIED CURRENTLY LIVING W (Option K) [/ITH A MAN	NOT CURRENTLY MARRIED OR LIVING WITH A MAN/CURRENT OR PAST MALE DATING PARTNE (Options L, M, N)	R S2	
CHECK 111	ıc	1. OPTIONS 1 or 2 MAR	RKED []	2. ANY OTHER OPTION MARKED []	S ₂	
1103	Are you able to spend the you want yourself, or do y part of the money to you NOTE: FOR GRENADA, MC ECONOMIC ABSUE SECTI	rou have to give all or r husband/partner? DVING 1103 AND 1104 TO	SELF/OWN CHOICE .1 GIVE PART TO HUSBAND/PARTNER .2 GIVE ALL TO HUSBAND/PARTNER .3 D DON'T KNOW .8 REFUSED/NOANSWER .9			
2204	Would you say that the n bring into the family is m your husband/partner co what he contributes or al contributes?	ore than what ntributes, less than	REFUSED/NOANSWER			

BEFORE STARTING WITH SECTION 2:

REVIEW RESPONSES IN SECTION 1 AND MARK MARITAL STATUS ON REFERENCE SHEET, BOX A

	SECTI	ION 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
201a	Do you have difficulty seeing, even if wearing glasses?	NO – NO DIFFICULTY
201b	Do you have difficulty hearing, even if using a hearing aid?	NO – NO DIFFICULTY
201C	Do you have difficulty walking or climbing steps?	NO – NO DIFFICULTY
201d	Do you have difficulty remembering or concentrating?	NO – NO DIFFICULTY
201e	Do you have difficulty (with self-care such as) washing all over or dressing?	NO – NO DIFFICULTY
201f	Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?	NO – NO DIFFICULTY
202	Now I would like to ask you about your health in the <u>past 4 weeks</u> . 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, very few problems, some problems or many problems or that you are unable to walk at all?	NOPROBLEMS 1 VERY FEW PROBLEMS 2 SOME PROBLEMS 3 MANYPROBLEMS 4 UNABLE TO WALK AT ALL 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9
203	In the <u>past 4 weeks</u> have you had problems (difficulty) performing usual activities, such as work, study, household, family or social activities? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or unable to perform usual activities?	NOPROBLEMS 1 VERY FEW PROBLEMS 2 SOME PROBLEMS 3 MANYPROBLEMS 4 UNABLE TO WALK AT ALL 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9

204	In the <u>past 4 weeks</u> have you been in pain or discomfort? Please choose from the following 5 options. Would you say not at all, slight pain or discomfort, moderate, severe or extreme pain or discomfort? In the <u>past 4 weeks</u> have you had problems	NO PAIN OR DISCOMFORT			
	(difficulty) with your memory or concentration? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or extreme memory or concentration problems?	SOME PROBLEMS MANY PROBLEMS. EXTREME MEMOR DON'T KNOW/DO	Y PROBLEMS N'T REMEMBER	3 4 5 8	
206	REMOVED				
207	In the <u>past 4 weeks</u> , have you taken medication: a) To help you sleep? b) To relieve pain? c) To help you not feel sad or depressed? FOR EACH, IF YES PROBE: How often? Once or twice, a few times or many times? (CAN USE COUNTRY-SPECIFIC NAMES OF COMMON MEDICATION)	NO 1 1 1	ONCE OR TWICE 2 2 2 2	A FEW TIMES 3 3 3 3	MANYTIMES 4 4 4
208	In the <u>past 4 weeks</u> , have you consulted a doctor or other professional or traditional health worker because you yourself were sick? IF YES: Whom did you consult? PROBE: Did you also see anyone else?	SICK, NO ONE CONSULTED			
209	Over the past 2 weeks, how often have you been bothered by any of the following problems? a) Feeling nervous, anxious or on edge b) Not being able to stop or control worrying c) Worrying too much about different things d) Trouble relaxing e) Being so restless that it is hard to sit still f) Becoming easily annoyed or irritable g) Feeling afraid as if something awful might happen h) Little interest or pleasure in doing things i) Feeling down, depressed or hopeless j) Trouble falling or staying asleep, or sleeping too much k) Feeling tired or having little energy l) Poor appetite or overeating m) Feeling bad about yourself – or that you are a failure or have let yourself or your family down n) Trouble concentrating on things, such as reading the newspaper or watching television o) 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 p) Thoughts that you would be better off dead or of hurting yourself in some way	YES NO 1			
209q 210	REMOVED Just now we talked about problems that may have bothered you in the past 4 weeks. I would like to ask you now: Have you ever seriously thought about ending your life?	YES		» 212	

211	Have you ever tried to take your life?	YES	» 214
211a	Have you thought seriously about ending your life in the past 12 months?	YES	» 214 » 214 » 214
211b	Have you ever tried to end your life in the past 12 months?	YES	» 214
211C	At the (last) time when you tried to end your life, did you require medical care or hospitalization?	YES	
212	REMOVED		
213	REMOVED		
213a	REMOVED		
213b	REMOVED		
213C	REMOVED		
213d	REMOVED		
214	Do you now smoke cigarettes 1. Daily? 2. Occasionally? 3. Not at all?	DAILY 1 OCCASIONALLY 2 NOT AT ALL	» 216 » 216
215	Have you <u>ever</u> smoked cigarettes in your life? 1. Daily? (at least once a day) 2. Occasionally? (at least 100 cigarettes but never daily) 3. Not at all? (not at all, or less than 100 cigarettes in your life time)	DAILY	
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/REMEMBER 8 REFUSED/NO ANSWER 9	» 219
217	On the days that you drank in the past 4 weeks, about how many alcoholic drinks did you usually have a day?	USUAL NUMBER OF DRINKS[][] NO ALCOHOLIC DRINKS IN PAST 4 WEEKS00	
218	In the past 12 months, have you experienced any of the following problems, related to your drinking? a) Money problems b) Health problems c) Conflict with family or friends d) Problems with authorities (bar owner/police, etc.) x) Other (specify) IN COUNTRIES WHERE WOMEN DRINK	YES NO 1 2 1 2 1 2 1 2 1 2	

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 IN COUNTRIES WHERE DRUG USE AMONG WOMEN IS COMMON AND WHERE IT IS APPROPRIATE TO ASK. INCLUDE LOCAL EXAMPLES.	EVERY DAY OR NEARLY EVERY DAY. 1 ONCE OR TWICE A WEEK. 2 1-3 TIMES IN A MONTH. 3 LESS THAN ONCE A MONTH. 4 NEVER. 5 DON'T KNOW/REMEMBER. 8 REFUSED/NO ANSWER 9
219	Did you ever use other illegal drugs (e.g. cocaine)? 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 IN COUNTRIES WHERE DRUG USE AMONG WOMEN IS COMMON AND WHERE IT IS APPROPRIATE TO ASK. INCLUDE LOCAL EXAMPLES.	EVERY DAY OR NEARLY EVERY DAY

SECTION 3. REPRODUCTIVE HEALTH				
	Now I would like to ask about all of the children tha	at you may have given birth to during your life.		
301	Have you ever given birth? How many children have you given birth to who were alive when they were born? (INCLUDE BIRTHS WHERE THE BABY DIDN'T LIVE FOR LONG)	NUMBER OF CHILDREN BORN [][] IF 1 OR MORE	» 302a	
302	Have you ever been pregnant?	YES	» 310 » 310 » 5.5 » 310 » 310	
302a	How old were you when you first became pregnant?	AGE IN YEARS		
303	How many children do you have, who are alive now? RECORD NUMBER	CHILDREN		
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/days?	YES	» 306	
305	How many sons have died? How many daughters have died? (THIS IS ABOUT ALL AGES)	SONS DEAD		
306	Do (did) all your children have the same biological father, or more than one father?	ONE FATHER	» 308	
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,	TOTAL NO. OF PREGNANCIES	
309	triplets? Have you ever had a pregnancy that miscarried, or ended in a stillbirth? Or an abortion? PROBE: How many times did you miscarry, how many times did you have a stillbirth and how many times did you abort? PROBE: MAY NEED TO BE LOCALLY ADAPTED	MISCARRIAGES	
310	Are you pregnant now?	YES	» A » B » B
DO EIT	HER A OR B:		
IF PREC	GNANT NOW	A. [301] + [309 a+b+c] + 1 = [308a] + [308b] + [2x308c] =	
IF NOT	PREGNANT NOW	B. [301] + [309 a+b+c] =	
	THAT ADDITION ADDS UP TO THE SAME E. IF NOT, PROBE AGAIN AND CORRECT	[308a]+ [308b]+ [2x308c]=	
311	Have you ever used anything, or tried in any way, to delay or avoid getting pregnant?	YES	» 315 » S5
312	Are you <u>currently</u> doing something, or using any method, to delay or avoid getting pregnant?	YES	» 315
313	What (main) method are you currently using? IF MORE THAN ONE, MARK ONLY MAIN METHOD	PILL/TABLETS	
314	REMOVED		
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	» S5
316	REMOVED		
317	REMOVED		
317a	REMOVED		
318	REMOVED		
319	Has your current/most recent husband/ partner ever refused to use a condom?	YES	
318	REMOVED		

BEFORE STARTING WITH SECTION 4:

REVIEW RESPONSES AND MARK REPRODUCTIVE HISTORY ON REFERENCE SHEET, BOX B

		SE	ECTION 4. CHILDRE	:N		
CHECK: Ref. She	et, box B, point Q	ANY LIVE BIRTHS	[]	NO LIVE BIRTHS	[] 	» S.5
(s4bir)		(1)	1	(2)		
401	I would like to ask about the la gave birth (live birth, regardles child is still alive or not). What birth of this child?	s of whether the	MONTH YEAR	SWER	[][] [][][][]	
402	What FIRST name was given t child? IF RESPONDENT IS HESITANT, EASE OF REFERENCE FOR FOLL Is [NAME] a boy or a girl?	EXPLAIN IT IS FOR	GIRL	ISWER	1 2	
403	ls your last born child still alive	??	NO	ISWER	2	» 405
404	How old was (he/she) at his/h RECORD AGE IN COMPLETED \ CHECK AGE WITH BIRTH DATE	/EARS	IF NOT YET COMP	LETED 1 YEARSWER	00	» 406 » 406
405	How old was (he/she) when h	e/she died?	MONTHS (IF LESS DAYS (IF LESS THA	THAN 1 YEAR) N 1 MONTH) SWER	[][] [][]	
406	CHECK IF DATE OF BIRTH OF L Q401) IS MORE OR LESS THAN		LESS THAN 5 YEAF	S AGOS AGOS AGOS	2	» 417
407	I would like to ask you about t your last born child. At the tim pregnant with this child [NAN want to become pregnant the to wait until later, did you war children or did you not mind e	ne you became NE], did you n, did you want nt no (more)	WAIT UNTIL LATE NOT WANT CHILI NOT MIND EITHE DON'T KNOW/RE	ANT THEN	2 3 4 8	
408	At the time you became pregr child [NAME], did your husbar you to become pregnant then wait until later, did he want no at all or did he not mind eithe	d/partner want , did he want to o (more) children	WAIT UNTIL LATE NOT WANT CHILI NOT MIND EITHE DON'T KNOW/RE	ANT THEN	2 3 4 8	
409	When you were pregnant wit [NAME], did you see anyone fo check? IF YES: Whom did you see? Any MARK ALL THAT APPLY	r a prenatal	OBSTETRICIAN/C' OTHER DOCTOR NURSE/MIDWIFE TRADITIONAL BIR	ynaecologist Th attendant	B 	
410	Did your husband/partner sto you, or have no interest in who received antenatal care for you	ether you	ENCOURAGE NO INTEREST DON'T KNOW/RI	EMEMBER ISWER	3 8	
411	When you were pregnant wit [NAME], did your husband/pa preference for a son, a daught matter to him whether it was	rtner have er or did it not	Daughter Did not matte Don't know/ri	REMERBER	3 8	

412	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?	NO DON'T KNOW/REM	EMBER					
413	During this pregnancy, did you smoke any cigarettes or use tobacco?	NO DON'T KNOW/DON	I'T REMEMBER	1 2 8 9				
414	Were you given a (postnatal) check-up at any time during the 6 weeks after delivery?	NO NO, CHILD NOT YET DON'T KNOW/DON	SIX WEEKS OLDI'T REMEMBER	1 				
415	Was this child [NAME] weighed at birth?	NO DON'T KNOW/DON	YES 1 NO. 2 DON'T KNOW/DON'T REMEMBER. 8 REFUSED/NO ANSWER. 9					
416	How much did he/she weigh? RECORD FROM HEALTH CARD WHERE POSSIBLE	KG FROM CARD KG FROM RECAL DON'T KNOW/REM REFUSED/NO ANSW						
417	Do you have any children aged between 5 and 12 years? How many? (include 5-year-old and 12-year-old children)	NUMBER NONE	» S.5					
	THIS SHOULD BE SCHOOL AGE — IF NEEDED ADAPT AGE RANGE FOR THIS AND SUBSEQUENT QUESTIONS							
418	 How many are boys? How many are girls? MAKE SURE ONLY CHILDREN AGED 5-12 YEARS 	BOYS GIRLS						
419	How many of these children (ages 5–12 years) currently live with you? PROBE: 1. How many boys? 2. How many girls?			[]	» S.5			
420	Of these children (ages 5–12 years): a) Do any have frequent nightmares?	YES 1	NO 2	DK 8				
	c) Do any wet their bed often? d) Are any very timid or withdrawn? e) Are any aggressive with you or other children?	1 1 1	2 2 2	8 8 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?			[]				
422	Of these children (ages 5–12 years), how many of your boys and how many of your girls are studying/in school?			[]	» 5.5			
423	Have any of these children had to repeat (failed) a year at school? MAKE SURE ONLY CHILDREN AGED 5–12 YEARS	YES NO DON'TKNOW/REMI REFUSED/NO ANSV						
424	Have any of these children stopped school for a while or dropped out of school? MAKE SURE ONLY CHILDREN AGED 5–12 YEARS	NO DON'TKNOW/REMI	EMBER	1 2 8 9				

[IF APPLICABLE CONSIDER INSERTING HERE THE QUESTIONS FROM THE DHS FGM MODULE]

CUECK	CLIDDENTIVALADDIED COLUMNIC	FORMERIN ALABRIED (I II (III CALIFORNIA)	NEWED AN ADDRESS (ASSESSED					
CHECK: Ref. sheet Box A (s5mar)	c., CURRENTLY MARRIED, OR LIVING WITH A MAN/ENGAGED OR DATING A MALE PARTNER/HAS A VISTING MALE PARTNER (Options K, L) [] (1) L	DR DATING MAN/ ENGAGED OR DATING A MALE PARTNER/HAD A VISITING MALE PARTNER (Option M) [] Copyright Copyrigh						
501	I would now like you to tell me a little about your current/most recent husband/partner. Hor 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)v REFUSED/NO ANSWER						
502	In what year was he born?	YEAR DON'T KNOW/REMEMBER REFUSED/NO ANSWER	9998					
502a	Where is he from? Is he from the same community or town as you? OPTIONAL QUESTION	SAME COMMUNITY/NEIGHBOURH ANOTHER RURAL AREA/VILLAGE ANOTHER TOWN/CITY ANOTHER COUNTRY OTHER: DON'T KNOW/REMEMBER REFUSED/NO ANSWER.						
503	Can (could) he read and write?	YES NO DON'T KNOW/REMEMBER REFUSED/NO ANSWER	2 8					
504	Did he ever attend school?	YES NODON'T KNOW/REMEMBERREFUSED/NO ANSWER	2	» 506				
505	What is the highest level of education that he achieved? MARK HIGHEST LEVEL	PRE-SCHOOL PRIMARY LOWER/JUNIOR SECONDARY UPPER SECONDARY TECHNICAL/VOCATIONAL POST-SECONDARY/NON-TERTIARY TERTIARY NON-UNIVERSITY UNIVERSITY NONE DON'T KNOW/REMEMBER REFUSED/NO ANSWER						
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 LOOKING FOR WORK/UNEMPLOYE RETIRED FULL TIME STUDENT DISABLED/LONG TERM SICKDON'T KNOW/DON'T REMEMBER REFUSED/NO ANSWER	D2 3 3 45 8	» 508 » 508 » 509				
507	When did his last job finish? In past 4 weeks, between 4 weeks and 12 months ago or before? (FOR MOST RECENT HUSBAND/PARTNER: In the last 4 weeks or in the last 12 months of your relationship?)	IN THE PAST 4 WEEKS	3	» 50 <u>9</u>				

508	What kind of work does/did he usually do? SPECIFY KIND OF WORK	SEMI-SKILLED: UNSKILLED/MANUAL MILITARY/POLICE OTHER: DON'T KNOW/REMEN	.01 .02 .03 .04 .96 .98					
509	How often does/did your husband/partner drink alcohol? 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	ONCE OR TWICE A WE 1–3 TIMES IN A MONTI LESS THAN ONCE A M NEVER DON'T KNOW/REMEN	EVERY DAY OR NEARLY EVERY DAY					
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?	WEEKLYONCE A MONTHLESS THAN ONCE A MINEYERDON'T KNOW/REMEN	1					
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	YES 1 1	NO 2 2	REFUSED/ DON'T KNOW 9 9				
512a	x) Any other problems, specify Does/did your husband/partner 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 IN COUNTRIES WHERE APPROPRIATE TO ASK ABOUT DRUG USE. INCLUDE LOCAL EXAMPLES	ONCE OR TWICE A WE 1–3 TIMES IN A MONTI LESS THAN ONCE A MI NEVER IN THE PAST, NOT NOV DON'T KNOW/REMEN	91					
512b	Does/did your husband/partner ever use other illegal drugs (e.g. cocaine)? 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	ONCE OR TWICE A WE 1–3 TIMES IN A MONTI LESS THAN ONCE A M NEVER IN THE PAST, NOT NOV DON'T KNOW/REMEN	ЕЕК	1 3 				
513	Since you have known him, has he ever been involved in a physical fight with another man?	NO DON'TKNOW/REMEN	 ИВЕR	1 	» 515 » 515			
514	In the <u>past 12 months</u> (in the <u>last 12 months</u> of the relationship), has this happened once or twice, a few times, many times or never?	ONCE ORTWICE A FEW (3–5) TIMES MANY (MORE THAN 5) DON'TKNOW/REMEN) TIMES					
515	Has your current/most recent husband/ partner had a sexual relationship with any other women while being with you?	NO MAY HAVE DON'TKNOW/REMEN	1BER	1 	» 1008 » 1008			
516	Has your <u>current/most recent</u> husband/ partner had children with any other woman while being with you?	NO MAY HAVE DON'TKNOW/REMEN	МВЕR	1 2 3 8 8 9				

1008	As far as you know, was your (most recent) husband/partner's mother hit or beaten by her husband/partner?	YES	
1009	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	

	SECTION 6. ATTITU	DES		
	In this community and elsewhere, people have different ideas about m men and women in the home. I am going to read you a list of statemen or disagree with the statement. There are no right or wrong answers.	en and women, familie nts, and I would like you	s and what is acceptable to tell me how much yc	e behaviour for u personally agree
601	REMOVED AND REPLACED 601-606			
	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
С	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 a man 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			
a	Violence between husband and wife is a private matter and others should not intervene	1	2	8
С	A woman should tolerate violence to keep her family together	1	2	8
d	If a woman is raped it is usually because she did 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: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food? f) If she is horning him?	YES 1 1 1 1 1 1	NO 2 2 2 2 2 2 2 2	DK 8 8 8 8 8
608	REMOVED AND		•	

	SECTION 7. R	ESPONDEN	NT AND H	ER HUSBAN	ND/PARTNER						
CHECK: Ref. sheet, Box A	EVER MARRIED/EVER LIVING WIT PARTNER/VISITING MALE PARTN (Options K, L, M) []		MALE		RRIED/NEVER		» S10				
(s5mar)	(1)			(2)							
	When two people marry or live together, questions about your current and past re will change the topic of conversation. I w not have to answer any questions that you	lationships a ould again li	and how you	ur husband/p e you that you	artner treats (t	reated) you. If	anyoné in	terrupt			
701	In general, do (did) you and your (current or recent) husband/partner discuss the follow topics together: a) Things that have happened to him in b) Things that happen to you during the c) Your worries or feelings d) His worries or feelings		ES 1 1 1	NO 2 2 2 2 2 2		DK 8 8 8					
702	In your relationship with your (current or most recent) husband/partner, how often would you say that you quarrelled? Would you say rarely, sometimes or often? RARELY SOMETIMES OFTEN DON'T KNOW/REMEMBER REFUSED/NO ANSWER							2 3 8			
703	I am now going to ask you about some situations that are true for many women. Does your current or most recent husband/partner generally do any of the following? a) Does not permit you to meet your female friends b) Tries to limit contact with your family of birth c) Insists on knowing where you are at all times d) Gets jealous or angry if you talk with another man e) Frequently accuses you of being unfaithful f) Expects you to ask his permission before seeking healthcare for yourself g) He does not trust you with any money h) He checks your mobile phone logs to see who you have called/who has called you										
CHECK: Question 703	REMOVED										
703 k	REMOVED										
703		oes your current or most recent husband/partner generally do any of the Column A COLUMN B ONLY ASK YES IN Column A									
	following?				YES	S NO		Has this happened past 12 month			
	a) Prohibit you from getting a job, going to participating in income generation pb) Take your earnings from you against yoc) Refuse to give you money you needed when he has money for other things (s	orojects? our will? for househol	d expenses	even	1 1 1	2 2 2	YE 1 1 1		NO 2 2 2 2		
	ADAPT TO LOCALLY USEFUL ECONOMIC AL	BUSIVE ACTS	5								
703N k	REMOVED										
703O	Have you received child support payments in the past? If YES Did the child's father who was ordered by		(A) YES NO (If NO skip to 704) YES NO	happened in past 12 mon (If YES ask C	t 12 months? you say that this p ES ask C and has happened Y f "NO" ask D once, a few		happ past ' YES: V it a fe	o) Did this en before the 12 months? If Vould you say was once, w times or			
	a) Refuse to pay child support unless you have sex with you b) Refuse to pay child support if you are w c) Refuse to pay child support unless he whis child on his terms only d) Refused to pay child support unless you and still perform some of the "duties" you were together like cook for him or	are willing t vith another can have acc u are "nice" t vou performe	man less to to him ed when	1 2 1 2 1 2	YES N 1 2 1 2 1 2	Fe' 1 2	3 3	m; 1 1 1	any times? Few Many 2 3 2 3 2 3 2 3		

704	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	(If Y conti with B skip to ite	rES nue . If NO next	Ha: happer <u>past 12</u> (If YES a D. If N	B) s this ned in the months? ask C and IO ask D nly)	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) Insulted you or made you feel bad about yourself? b) Belittled or humiliated you in front of other	1	2 2	1	2 2	1	2 1	3	0	1	2	3
	people? c) Done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)? d) Verbally threatened to hurt you or someone you care about?	1	2	1	2	1	2	3	0	1	2	3
CHECK: Question 704	MARK WHEN YES FOR ANY ACT (AT LEAST ONE "1" CIRCLED IN COLUMN A []		MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED IN COLUMN A) []					» 705				
704 e	Who did the things you just mentioned happen? (MENTION ACTS REPORTED IN 704) Was it your <u>current or most recent</u> husband/partner, any other husband or partner that you may have had before or both?		CURRENT/MOST RECENT HUSBAND/ PARTNER1 PREVIOUS HUSBAND/PARTNER									
705	Has <u>he or any other partner</u> ever	(If Y conti with B skip to	A) f YES titinue B. If NO to next teem) 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?			<u>the</u> IF Y that	D) d this happen <u>before</u> ne past 12 months? YES: would you say at this has happened nce, 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?c) Hit you with his fist or with something else that could hurt you?	1 1	2 2	1 1	2 2	1 1	2 2	3 3	0	1 1	2 2	3
	d) Kicked you, dragged you or beaten you up?e) Choked or burnt you on purpose?f) Threatened with or actually used a gun, knife or other weapon against you?	1 1 1	2 2 2	1 1 1	2 2 2	1 1 1	2 2 2	3 3 3	0 0	1 1 1	2 2 2	3 3 3
CHECK: Question 705	MARK WHEN YES FOR ANY ACT (AT LEAST ONE "1" CIRCLED IN COLUMN A []				N ALL ANS		O CIRCLE	D (ONLY	""2"		» 7	06
705g	Who did the things you just mentioned? (MENTION ACTS REPORTED IN 705) Was it your <u>current or most recent</u> husband/ partner, any other husband or partner that you may have had before or both?		PRE' BOT DON	VIOUS H H N'T KNO	OST RECE USBAND/ W/REMEN DANSWER	PARTNER			2 3 8			
705	Has <u>he or any other partner</u> ever	A (If Y conti with B skip to ite	rES inue . If NO o next	Has happe <u>the r</u> <u>moi</u> (If YE and C	B) s this ened in past 12 nths? S ask C O. If NO O only)	<u>mont</u> say t happ few ti	C) the past hs woul hat this ened or mes or i times?	d you has ice, a	<u>the</u> IF Y that	this ha e past 1 ES: wo this ha ce, a fe	2 mon uld you as happ	ths? u say bened es or

			YES	NO	YES	NO	ONE	FEW	MANY	NO	ONE	FEW	MANY
	a) Did your current husband other husband/partner ev have sexual intercourse w want to, for example by th holding you down? IF NEC define sexual intercourse	hen you did not lreatening you or ESSARY: We	1	2	1	2	1	2	3	0	1	2	3
	anal penetration b) Did you ever have sexual i did not want to because y of what your partner or ar or partner might do if you example, because you we	ou were afraid ny other husband refused? For e intimidated by	1	2	1	2	1	2	3	0	1	2	3
	 c) Did your husband/partner husband or partner ever for anything else sexual that you or that you found degradi 	r or any other orce you to do ou did not want	1	2	1	2	1	2	3	0	1	2	3
CHECK: Question 706	MARK WHEN YES FOR ANY A CIRCLED IN COLUMN A	CT (AT LEAST ONE "1	"	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED IN COLUMN A) []		IO CIRCLED (ONLY"2"				» 70	97		
706b	Who did the things you just mentioned? (MENTION ACTS REPORTED IN 705) Was it your <u>current or most recent</u> husband/partner, any other husband or partner that you may have had before or both?				CURRENT/MOST RECENT HUSBAND/ PARTNER								
707	VERIFY WHETHER ANSWERED ON PHYSICAL VIOLENCE, SEE QUESTION 705	TION	YES, PHYSICAL VIOLENCE1 NO PHYSICAL VIOLENCE2								MARK IN BOX C		
708	VERIFY WHETHER ANSWERED ON SEXUAL VIOLENCE, SEE QUESTION 706	TION	YES, PHYSICAL VIOLENCE1 NO PHYSICAL VIOLENCE2								MARK IN BOX C		
708a	Are you afraid of your <u>current/most recent</u> husband or partner? Would you say never, sometimes, many times, most/all of the time?				NEVER								
904	During the times that you we back physically or to defend y IF YES: How often? Would you most of the time?	ourself?	_	ONG SEV MAI DOI	CEERAL (2–) NY TIMES N'TKNC	TIMES 5/MOST C DW/REME D ANSWE	F THE TII	ME		2 3 4 8		» 9	05
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 the violence stopped, at least for the moment?				NO CHANGE/NO EFFECT								
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								
CHECK:	(s7preg)	EVER BEEN PRE	GNANT (C	Option P)	(1)[]		NEVER P		I T				,
Ref. sheet, Box B	(s7prnum)	NUMBER OF PR	REGNANCI	ES (Optio	nT) [1[]	(2) []	→				» Si	5
	(s7prcur)	CURRENTLY PRI NO 2	EGNANT?	(Option S) YES	.1							
709	You said that you have been p Was there ever a time when y hit, kicked or beaten by (any o partner(s) while you were pre	ou were pushed, sla f) your husband/		.ON DOI	N'T KNO\	W/DON'T DANSWE	REMEM	 3ER		2 8		» S8 » S8 » S8	В

710	IF RESPONDENT WAS PREGNANT ONLY ONCE, ENTER "o1" 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[][]	
710a	Did this happen in the last pregnancy? IF RESPONDENT WAS PREGNANT ONLY ONCE, CIRCLE CODE "1"	YES	
709	Were you ever punched or kicked in the abdomen while you were pregnant?	YES	
	Did this happen in the last pregnancy? IF RESPONDENT WAS PREGNANT ONLY ONCE, CIRCLE CODE "1"	YES	
		IANCY ESTIONS REFER TO THE LAST/MOST RECENT PREGNANCY IN WHIC	СН
709	During the most recent <u>pregnancy in which you were</u> <u>beaten</u> , was the husband/partner who did this to you the father of the child?	YES	
713a	Was the man who did this your current or most recent husband/partner?	YES	
714	Had the same person also done such things to you before you were pregnant?	YES	» 58 » 58
715	Compared with 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	
716	removed		

			SECTION 8. IN	JURIES				
CHECK: Ref. sheet Box C	WOMAN EXPERIENCED F VIOLENCE ("YES" to Options U or V)	_	AND/OR SEXUAL	SEXUAL VIOLE	NOT EXPERIENCE NCE Options U and V			» S.10
(S8phsex)	(1)	,	ļ	(2)				
	I would now like to learn more al talked about (MAY NEED TO REFI harm, including cuts, sprains, but	ER TO SPE	CÍFIC ACTS RESPOND	ENT MENTIONED	IN SECTION 7). By			
801	of these acts by (any of) your hus	Have you <u>ever</u> 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.		EMEMBER			2 8	» 8o5
802a	In your life, how many times wer injured by (any of) your husband partner(s)? Would you say once, several time many times?	(s)/	SEVERAL (2–5) T MANY (MORE TI DON'T KNOW/F	ONCE SEVERAL (2–5) TIMES. MANY (MORE THAN 5) TIMES. DON'T KNOW/REMEMBER REFUSED/NO ANSWER				
802b	Has this happened in the past 12 months?		NO DON'T KNOW/F	REMEMBER			2 8	
803а	What type of injury did you have? Please mention any injury due to (any of) your husband/ partners acts, no matter how				b) ONLY ASK FO MARKED IN 80 Has this happe months?	3a:		
	long ago it happened.				YES	NO	DK	
	MARK ALL	SCRATO	BITES CH, ABRASION, BRUIS	ESB	1 1	2	8	
	PROBE: Any other injury?	BURNS	IS, DISLOCATIONS RATING INJURY, DEEP (D	1 1 1	2 2 2	8 8 8	
		BROKE	N EARDRUM, EYE INJ JRES, BROKEN BONE	URIESF	1	2	8	
		BROKE	N TEETH	H	1	2	8	
			IALINJURIES :		1 1	2	8	
804a	REMOVED							
804b	REMOVED							
805a	In your life, were you ever hurt be enough by (any of) your husband partner(s) that you needed healt (even if you did not receive it)? IF YES: How many times? IF NOT More or less?	d/ hcare		HEALTHCARE [» S.9
805b	Has this happened in the past 12 months?	2	NO DON'T KNOW/R	EMEMBER			2 8	
806	In your life, did you ever receive h care for this injury (these injuries Would you say, sometimes or alv or never?	s)?	YES, ALWAYS NO, NEVERDON'T KNOW/R	EMEMBER SWER			2 3 8	» S.9
807	In your life, have you ever had to any nights in a hospital due to th injury/injuries? IF YES: How many nights? (MORE LESS)	ne	IF NONE ENTER ' DON'T KNOW/R	N HOSPITAL oo' EMEMBER ISWER			98	
808	Did you tell a health worker the r cause of your injury?	real	NO	EMEMBER			2 8	

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 has had on you . With 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		WOMAN EXPERIENCED PHYSICAL VIOLENCE ("YES" to Options U)	AND/OR SEXUAL	WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY ("NO" to Option U and "YES" to Option V) [] (2)	» 906
901	that husb REFE MEN PROI	there any particular situations tend to lead to (or trigger) your band/partner's behaviour? ER TO ACTS OF PHYSICAL VIOLENCE NTIONED BEFORE. BE: Any other situation? EK ALL MENTIONED	WHEN MAN DRI MONEY PROBLEM DIFFICULTIES AT WHEN HE IS UNE NO FOOD AT HO PROBLEMS WITH SHE IS PREGNAN HE IS JEALOUS OI SHE REFUSS SE SHE IS DISOBEDIE HE WANTS TO TE HE WANT TO SHO	REASON	
CHECK: (Ref. sheet, I B, option R)	Вох	CHILDREN LIVING []		NO CHILDREN ALIVE []	» 906
(s9child)					
902	child you b IF YES	ny of these incidents, were your ren present or did they overhear being beaten? 5: How often? Would you say once, al times or most of the time?	ONCE SEVERAL (2-5) TI/ MANY TIMES/MO DON'T KNOW		
903	REMO	OVED	•		
904	Move	ed			
904a	Move	ed			
905	Move	ed			
906	partr affec you s effec REFEI AND	Id you say that your husband/ ner's behaviour towards you has ted your physical health? Would ay, that it has had no effect, a little t or a large effect? R TO SPECIFIC ACTS OF PHYSICAL /OR SEXUAL VIOLENCE SHE IRIBED EARLIER	A LITTLE A LOT DON'T KNOW/RE		
906a	partr affec you s little REFEI AND	Id you say that your husband/ ner's behaviour towards you has ted your mental health? Would ay, that it has had no effect, a effect or a large effect? R TO SPECIFIC ACTS OF PHYSICAL //OR SEXUAL VIOLENCE SHE IRIBED EARLIER	A LITTLE A LOT DON'T KNOW/RI		
907	partr disru gene	nat way, if any, has your husband/ ner's behaviour (the violence) pted your work or other income- rating activities? K ALL THAT APPLY	WORK NOT DISRI HUSBAND/PARTI UNABLE TO CONG UNABLE TO WOR LOST CONFIDENG	OR MONEY)	

908	beł MA	nom have you told about his naviour? IRK ALL MENTIONED DBE: Anyone else?	NO ONE A FRIENDS B MOTHER C FATHER O BROTHER OR SISTER D UNCLE OR AUNT E HUSBAND/PARTNER'S FAMILY F CHILDREN G NEIGHBOURS H POLICE I DOCTOR/HEALTH WORKER J PRIEST/RELIGIOUS LEADER K COUNSELLOR L NGO/WOMEN'S ORGANIZATION M COMMUNITY LEADER N OTHER: X				
909	IF Y M∆	l anyone ever try to help you? (ES, Who helped you? ARK ALL MENTIONED OBE: Anyone else?	FRIENDS PARENTS BROTHER I UNCLE OR HUSBAND CHILDREN NEIGHBOI POLICE DOCTOR/FI PRIEST/REI COUNSELI NGO/WO/ LOCAL LEA	OR SISTER	AMILYER	B C D D E E E F G H H J J K K L M M N	
910a					910b. ASK ONLY FOR THO Were you satisfied		
		l you ever go to any of the following help? READ EACH ONE	YES	NO	YES	NO	
	a) b) c) d) e) f) g) h) i)	Royal Grenada Police Force Hospital/health centre/doctor GBV Unit (MoSDHCE) LACC or private lawyer Court Women's shelter Community leader GNOW Religious group or leader Anywhere else? Where?	1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2	1 1 1 1 1 1 1 1 1		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
CHECK: Question 91	ıoa	MARK WHEN YES FOR ANY IN Q910 "1" CIRCLED IN COLUMN MARKED V			K WHEN ALL ANSWERS NO CIRCL LED **) []	ED (ONLY "2"	» g12
*** (s9check)		(1)	1	(2)			yız
911	go f	at were the reasons that made you for help? RK ALL MENTIONED AND GO TO 913	COULD NC BADLY INJU HE THREA' HE THREA' SAW THAT THROWN AFRAID SH	OT ENDURE MO JRED FENED OR TRIE FENED OR HIT CHILDREN SU OUT OF THE H IE WOULD KILL WOULD KILL	DS/FAMILY DRE		FOR ALL OPTIONS GO TO 913
912	got	at were the reasons that you did not o any of these? RK ALL MENTIONED	FEAR OF TH VIOLENCE EMBARRAS WOULD BI BELIEVED I AFRAID WO AFRAID WO BRING BAI DID NOT K	HREATS/CONSE NORMAL/NOT SSED/ASHAME E BLAMED NOT HELP/KNO DULD END REL DULD LOSE CH D NAME TO FAI NOW HER OPT	ER	BC //ED ORDE	

913	Is there anyone that you would like (have liked) to receive (more) help from? Who? MARK ALL MENTIONED CAN ADD COUNTRY-SPECIFIC OPTIONS	NO ONE MENTIONEDNO ONE	
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	» 919 » 5.10
915	What were the reasons why you left the last time? MARK ALL MENTIONED	NO PARTICULAR INCIDENT	
916	Where did you go the <u>last time</u> ? MARK ONE	HER RELATIVES 01 HIS RELATIVES 02 HER FRIENDS/NEIGHBOURS 03 HOTEL/LODGINGS 04 STREET 05 CHURCH/TEMPLE 06 SHELTER 07 OTHER(specify): 96 DON'T KNOW/REMEMBER 98 REFUSED/NO ANSWER 99	
917	How long did you stay away the <u>last</u> <u>time</u> ? RECORD NUMBER OF DAYS OR MONTHS	NUMBER OF DAYS (IF LESS THAN 1 MONTH)	» S.10
918	What were the reasons that you returned? MARK ALL MENTIONED AND GO TO SECTION 10	DIDN'T WANT TO LEAVE CHILDREN	FOR ALL OPTIONS GO TO Section 10
919	What were the reasons that made you stay? MARK ALL MENTIONED	DIDN'T WANT TO LEAVE CHILDREN	

	SECTION	10. OTH	IER EXI	PERIEN	CES							
No1	READ TO RESPONDENT: In their lives, many women have unwanted experie of people. These may be relatives, other people that of these situations. Everything that you say will be thereafter during the past 12 months. FOR WOMEN WHO WERE EVER MARRIED OR PARTI	t they kn kept con	ow, and ifidentia	/or strar ıl. I will fi	ngers. If you rst ask abou	don't mi ut what l	ind, I wo nas happ	uld like t oened in	o ask y your w	ou abo vhole li	ut som fe, and	ne
No6		(If Y conti with B skip to ite	rES inue . If NO o next	hap <u>the</u> <u>mc</u> YES D. If	B) las this spened in spast 12 onths? (If ask C and NO ask D only)	mont say happ	C) the past ths woul that this bened or imes or times?	ld you s has nce, a	<u>the</u> IF Y it h	this ha e past 1 'ES: Wo as happ ew tim	2 mon uld you pened	ths? u say once,
		YES	NO	YES	NO	ONE	FEW	MANY	NO	ONE	FEW	MANY
	a) In your whole life, 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
	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											
	 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
	c) Have you been forced or persuaded to have sex against your will with more than one man at the same time?	1	2	1	2	1	2	3	0	1	2	3
CHECK	AT LEAST ONE "YES" ("1") MARKED IN COLUMN A	, []		ONLY "NO	D" ("2") MARI	KED	[]			» N	lo8
No7	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 DO NOT READ OUT THE LIST MARK LETTER FOR ALL MENTIONED MAKE SURE THAT THE PERSON PERPETRATING T ALREADY COVERED IN SECTION 7	anyone e		NOT	when with the	v old wer it happer his perso st time? (ned n for		perso PROB	w old w n? E: rougl	nly	i
	PARENT			BEFGHHH					DK=9][]][]][]][]][]][]][]][]		

No7e	I am now going to ask you about your experience of forced sex , when was the most recent incident that you were forced to have sex?	LESS THAN ONE YEAR AGO	
No7f	Did you report the incident to the police?	YES	≫ No7i
No7g	How did the police respond? COUNTRY-SPECIFIC CODING	THEY OPENED A CASE	
No7g	How did the police respond? COUNTRY-SPECIFIC CODING	THEY OPENED A CASE	
No7h	Was the person who did this to you arrested and convicted?	NOT ARRESTED	
No7i	Did you report it to a health service (doctor or nurse)?	YES	» No7l
No7j	Were you offered any medication/ treatment for preventing pregnancy?	YES	
No7k	Were you offered any medication/ treatment for preventing transmission of HIV (PEP)?	YES	
No7l	Did you receive (formal) counselling with regard to the incident that you experienced?	YES	
No7m	Did you tell anyone in your family about the incident? Anyone else, such as a friend or neighbour?	NO ONE	» No8
No7n	How did they respond? Anything else?	BLAMED ME FOR IT	

No8	Again, I want you to think about any male person.		a)	b) IF Yi	ES: Has this happened <u>ir</u> 12 months?	n the past
	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 male person has done	YES	NO	YES	NO	DK
	the following to you? Remember to include people you have known as well as strangers. 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	1	2	1	2	8
	where you could not say no? b) Has anyone touched you sexually when you did not want them to. This includes for example touching of breasts or private parts?	1	2	1	2	8
	c) Has anyone made you touch their private parts against your will?	1	2	1	2	8
No9	Now, I want you to think about any male or female person.		a)	b) IF YES: Was the sex of the person or people who did this		
	FOR WOMEN WHO EVER HAD A PARTNER ADD: except your husband/ male partner.	YES	NO	M	F	вотн
	Apart from anything you may have mentioned, can you tell me if, in your whole life, any person has done the following to you?					
	a) 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?	1	2	1	2	3
	b) 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	3
	c) Have you ever been groped, sexually touched or had someone rubbing against you in the bus or another public space?	1	2	1	2	3
	d) 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, mobile, e-mail, excluding spam	1	2	1	2	3
N10	In the past 12 months, have you become se involved with someone because they prov with, or you expected that they would pro with, gifts, help you to pay for things, or he other ways?	ided you vide you	NO DON'T	KNOW		2
1003	When you were a girl, before you were 18 y did anyone ever touch you sexually agains or make you do something sexual that you want to? IF YES CONTINUE WITH 1003a	t your will,	YES NO	1 2		» 1006

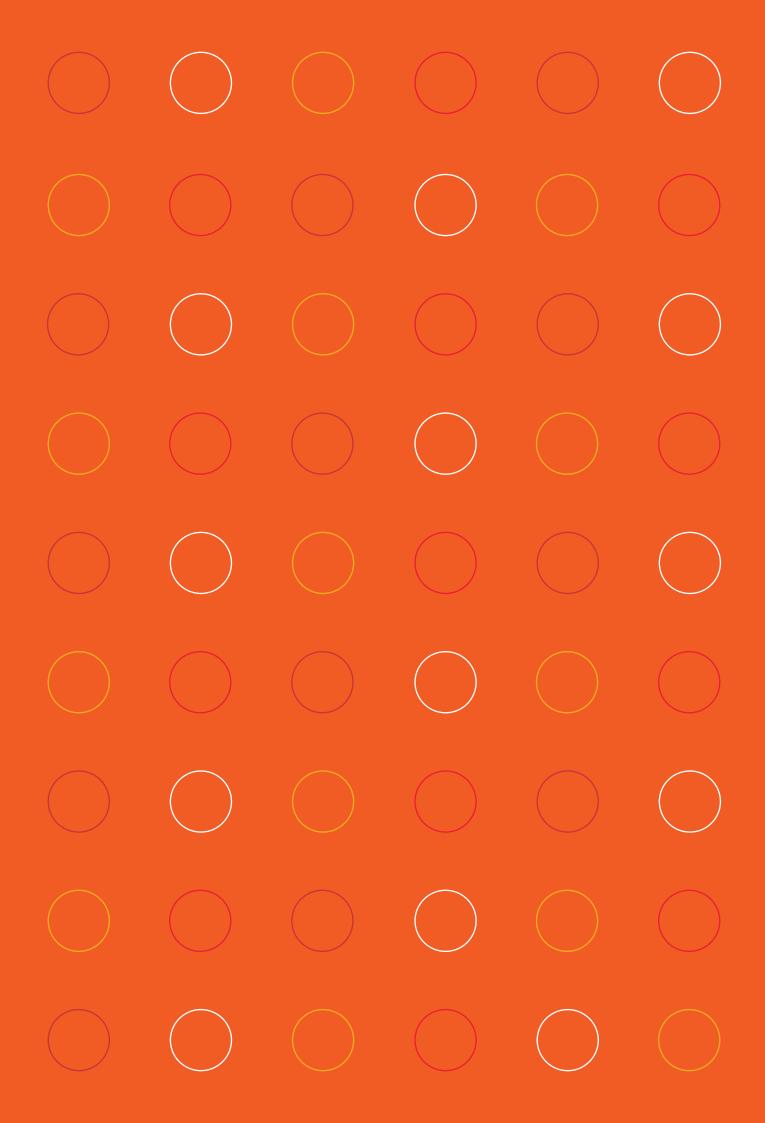
1003a	a) IF YES: Who did this to you? We would like to	INDICATI EACH P	ERSON	AS	SK ONLY FOR T	'HOSE MARK	(ED IN 1003	a
	hear about all the different people. We do not need to know the name of this person.	MENTI	ONED	b) How old were	old was		/ many time happen?	
	CONTINUE: How about someone at school? How about a friend or neighbour? Has anyone else done this to you (anyone not previously mentioned in Section 7 including old boyfriends)? DO NOT READ OUT THE LIST MARK LETTER FOR ALL MENTIONED	M	F	you when it happened with this person for the first time? (more or less)	this person? PROBE: roughly (more or less)	ONCE	FEW	MANY
	PARENT	1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	[][] [][]	[][] [][]	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
1005e	During any of the instances you mentioned before of sexual things that happened before you were 18 years, did this person put his penis or something else into your vagina, your backside (anus) or mouth?	NO DON'T K	 NOW	R			2	
1004	How old were you when you first had sexual intercourse? IF NECESSARY: We define sexual intercourse as vaginal, oral or anal penetration.	AGE (MORE OR LESS) [] [] NOT HAD SEX95 REFUSED/NO ANSWER99						» 1006
1005	How would you describe the first time that you had sexual intercourse? Would you say that you wanted to have sex, you did not want to have sex but it happened anyway or were you forced to have sex?	WANTED TO HAVE SEX 1 NOT WANT BUT HAD SEX 2 FORCED TO HAVE SEX 3 DON'T KNOW/REMEMBER 8 REFUSED/NO ANSWER 9				2 3 8		
1005C	The first time you had sexual intercourse, was this with your (future) husband/cohabiting partner, or was it with someone else?	SOMEON SOMEON SOMEON	ie else mori Ie else who Ie else who	Partner e or less your) was older) was younge er	R OWN AGE		2 3 4	
1006	When you were a child (under the age of 18), was your mother hit by your father (or her husband or boyfriend?	NO PARENTS DON'T KI	DID NOT LIVE	E TOGETHER			2 3 8	
1006a	When you were under the age of 18, were you were beaten so hard at home that it left a mark or bruise?	NO PARENTS DON'T K	DID NOT L	IVE TOGETHER.			2 3 8	
1006b	When you were under the age of 18, were you insulted or humiliated by someone in my family in front of other people?	NO PARENTS DON'T KI	DID NOT LIVE	etogether			2 3 8	

	SECTION 11. FINANCIAL AUTONOMY					
	ald like to ask you some questions about things that you own a women nowadays.	nd your earnings. We need this information to understand th	e financial			
1101	MOVED					
1102	MOVED [EARN MONEY]					
1103	MOVED					
1104	MOVED					
1105	MOVED [ECONOMIC ABUSE]					
1106	MOVED [ECONOMIC ABUSE]					
1107	MOVED [ECONOMIC ABUSE]					
1108	REMOVED					

	SECTION 12. COMPLETION O	FINTERVIEW
1201	I would now like to show you two pictures on the tablet. The first pic No matter what you have already told me, I would like you to select to your will, or made you do something sexual that you didn't want to, Please select the happy face if this has never happened to you. GIVE RESPONDENT THE TABLET TO MAKE THE SELECTION.	he sad face if someone has ever touched you sexually against
1202	We have now finished the interview. Do you have any comments, or	is there anything else you would like to add?
1202a	Do you have any recommendations or suggestions that could help to	o stop domestic violence against women in this country?
1203	I have asked you about many difficult things. How has talking about these things made you feel? WRITE DOWN ANY SPECIFIC RESPONSE GIVEN BY RESPONDENT	GOOD/BETTER

1204	Finally, do you agree that we may contact you again if we need to ask a few more questions for clarification? COUNTRIES TO SPECIFY TIME PERIOD DEPENDING ON WHEN THEY PLAN TO DO QUALITY CONTROL VISITS	YES				
	FINISH 1 – IF RESPONDENT HAS DISCLOSED PROBLEMS/VIOLENCECOL PLAN TO DO QUALITY CONTROL VISITS	JNTRIES TO SPECIFY TIME PERIOD DEPENDING ON WHEN THEY				
for you to ar From what y However, fro Here is a list like to talk o	to thank you very much for helping us. I appreciate the time that you hav iswer, but it is only by hearing from women themselves that we can real you have told us, I can tell that you have had some very difficult times in yom what you have told me I can see also that you are strong, and have su of organizations that provide support, legal advice and counselling serviver your situation with anyone. The service from MoSDHCE is free, and thou feel ready to, either soon or later on.	ly understand about their health and experiences of violence. your life. No one has the right to treat someone else in that way. rvived through some difficult circumstances. ces to women in Grenada. Please do contact them if you would				
	FINISH 2 – IF RESPONDENT HAS NOT DISCLOSED PROBLEMS/VIOLENCE	Œ				
1205 RECORI	1205 RECORD TIME OF END OF INTERVIEW: HH:MM [][]:[][] (00-24 h)					
1206 ASK TH	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





Government of Grenada

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