Latin America and the Caribbean Learning and Rapid Response (LACLEARN)

GENDER-BASED VIOLENCE IMPURITY REGIONAL STUDY: JAMAICA CASE STUDY

FEBRUARY 2022

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Jamaica Case Study: Gender-based violence impunity in gang-affected contexts

FINAL REPORT

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## ACRONYMS

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<tr>
<td>GBV</td>
<td>Gender-based Violence</td>
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<td>IPV</td>
<td>Intimate Partner Violence</td>
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<td>LAC</td>
<td>Latin America and the Caribbean</td>
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<td>LACLEARN</td>
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<tr>
<td>LGBTQI</td>
<td>Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>PEA</td>
<td>Political Economy Analysis</td>
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<td>SOP</td>
<td>Standard Operating Procedure</td>
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The Jamaica country case study is the first of several case studies that comprise the Latin America and Caribbean Learning and Rapid Response (LACLEARN) Gender-based Violence (GBV) Impunity Regional Study. Applying an intersectional gender and political economy approach, this case study explores: 1) the prevalence and social acceptance of gang-related GBV within contexts of corruption in Jamaica based on literature review and secondary statistics to provide background for the perspectives; and 2) views shared in key informant interviews (KIIs) with twenty eight institutional and civil society staff who work with GBV survivors, survivor representative groups, and individual survivors in Jamaica. The case study diagnoses the state of GBV impunity in Jamaica, identifies solutions to address impunity, and provides practical recommendations to USAID on how to operationalize changes needed to promote pathways to GBV accountability that were recommended by—and center on—GBV survivors.

Diagnosis of GBV Impunity in Jamaica. Worldwide, Jamaica has one of the highest rates of homicides, and fatal violence against women. Gang-related GBV persistently and increasingly threatens the lives of women and vulnerable groups with widespread impunity. Gang activity and corruption combine with discriminatory gender norms and structural gender inequalities to create systemic obstacles for GBV survivors to access prevention, protection, and justice, and hold perpetrators accountable. Intersections between gangs, institutional corruption, and politicians are central in sustaining gang-related GBV impunity in Jamaica. GBV prevention and protection programs are scarcely available or accessible, and usually under-resourced. There is little justice for GBV survivors, owing to a culture of silence related to GBV cases, inadequate or non-response by law enforcement, and an absence of a survivor-centered judicial system that does not revictimize survivors.

Solutions to Address GBV Impunity. Survivor pathways to accountability identified in the case study include specific suggestions to promote safety and protection of survivors, empowerment of survivors, social norm change, and education for GBV prevention, recovery, and justice. Changes are required in health and therapeutic services, the availability of shelter spaces, economic assistance, law enforcement and justice mechanisms, and gender norms to create opportunities for survivor-centered pathways to accountability to manifest. There have been successful strategies used in the past related to GBV prevention and protection of survivors in Jamaica that could be scaled up or adapted to improve accountability at multiple levels. Namely, GBV survivor-centered coordination between the health sector, social work and NGO referral services, and law enforcement; alliances between NGOs representing survivors and NGOs offering critical services; community-based conflict resolution; gang-prevention and perpetrator rehabilitation programs; mental health and economic assistance programs for GBV survivors and perpetrators; and engagement of positive change agents in health, law enforcement, and justice institutions and communities.

Recommendations for USAID. Operational recommendations for USAID’s contributions to advancing GBV survivor-centered accountability in Jamaica include:

1.) Resource ongoing training and performance evaluation of law enforcement professionals in GBV survivor-centered response
2.) Identify, adapt or develop, and evaluate implementation of existing Standard Operating Procedures (SOP), guidelines or tools for GBV response in health and law enforcement
3.) Establish more accessible shelter spaces and safe houses for diverse GBV survivors
4.) Create survivor-friendly safe spaces in judicial buildings
5.) Design, implement, and evaluate GBV prevention education programs in schools, parenting programs, and programs engaging men and boys
6.) Develop, implement, and evaluate mass and social media, gender norm and behavioral change campaigns for GBV prevention, recovery, and accountability at interpersonal, family, community, and structural levels
7.) Review and support the amendment, application, and monitoring of GBV-related laws
8.) Develop, implement, and evaluate perpetrator rehabilitation, post-incarceration transition, and anti-gang interventions
9.) Improve and expand GBV survivor-centered mental health service provision
10.) Improve and expand GBV survivor-centered economic recovery support services to provide a safety net and pathway out of violent intimate partner and gang-related community relationships
LACLEARN BACKGROUND AND CASE STUDY METHODOLOGY

The United States Agency for International Development (USAID) funded the LACLEARN Task Order under the Analytical Services IV Indefinite Delivery/Indefinite Quantity contract. The Latin America and Caribbean Bureau’s Office for Regional Sustainable Development manages LACLEARN. LACLEARN contributes to improving USAID’s Democracy, Human Rights, and Governance work in the LAC region through state-of-the-art, gender-informed analytical work, assessments, research, and special studies; results management support; and training, that contribute to sector learning in the region and build an evidence base for effective programming. NORC at the University of Chicago, with the support of partners Making Cents International and Development Professionals Inc., leads the “Gender-based Violence (GBV) Impunity Regional Study,” which comprises multiple country case studies and regional synthesis. The regional and country case studies investigate structural barriers, enabling contexts, and social norms that perpetuate or challenge impunity for GBV. The country case studies explore the critical question, “What constitutes meaningful accountability for GBV survivors?” and chart survivor-centered pathways of accountability to inform USAID investments in LAC for GBV prevention, recovery, and justice. LACLEARN’s, “Jamaica Case Study: GBV Impunity in Gang-affected Contexts,” is the first of several country case study reports that will inform the regional study.

CASE STUDY OBJECTIVES

Objectives of the case study included analyzing the formal and informal barriers, conditions, and relationships that contribute to impunity and accountability for gang-related GBV in Jamaica; and diagnosing the social acceptance of GBV, structural gender inequalities that underpin GBV, and links between GBV impunity, gangs, and corruption. The case study provides grounded recommendations to USAID in how to operationalize changes needed to promote survivor-centered pathways to GBV accountability.

KEY TERMS: “GBV” AND “IMPUNITY”

The GBV Impunity Regional Study and Jamaica Case Study define “GBV” according to the updated 2016 “United States Strategy to Prevent and Respond to GBV Globally.”

“GBV is an umbrella term for any harmful threat or act directed at an individual or group based on actual or perceived biological sex, gender identity and/or expression, sexual orientation, and/or lack of adherence to varying socially constructed norms around masculinity and femininity. It is rooted in structural gender inequalities, patriarchy, and power imbalances. GBV is typically characterized by the use or threat of physical, psychological, sexual, economic, legal, political, social, and other forms of control and/or abuse. GBV impacts individuals across the life course and has direct and indirect costs to families, communities, economies, global public health, and development.”

The study conceptualizes “impunity” both within and beyond legal definitions and attends to both formal institutional and structural lack of accountability for, and informal societal acceptance and normalization of, GBV. Lack of accountability persists within and across sectors with which a GBV survivor would

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encounter in seeking assistance and justice, including physical and mental health services, law enforcement, legal aid, shelter, economic recovery, and other sectoral assistance initiatives.

**Research Methodology**

The Jamaica GBV impunity case study applies an intersectional, gender, power, and political economy analytical approach to investigating GBV impunity related to gang activities. The GBV Impunity Regional Study and Jamaica case study adaptation of political economy analysis (PEA) shares core elements with USAID’s “Thinking and Working Politically through Applied Political Economy Analysis,” framework. To paraphrase USAID’s PEA Framework, both approaches foster reflection on foundational influences, the impact of immediate events and actors, the institutional framework, and the dynamics between these forces along with actors’ incentives and interests that shape the behaviors and outcomes observed.

The GBV impunity study adaptation of PEA goes beyond this framework through integrating an intersectional gender analysis. While the approaches share similarities, there are also important and complementary distinctions between them. “PEA explores the political and economic processes in societies to provide an in-depth analysis of the power relations between groups. Gender analysis explores the power relations between men and women [girls, boys, gender diverse, and gender-non-conforming people], and often frames this as explicitly political [and economic].” An intersectional gender, power, and political economy approach to researching GBV impunity considers how diverse GBV survivors are agents and influencers themselves of both human rights and national development, and how institutional duty-bearers could end impunity through exposing and addressing underlying socioeconomic and political barriers, and strengthening or forging GBV survivor-centered pathways to accountability. The methodological approach sheds light on, “how the political economy impacts men and women [and gender diverse people] differently, whether men and women are differentially able to access power—including

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3 Intersectionality is a sociological term coined by Kimberlé Crenshaw in 1989 that provides an analytical framework to identify multifaceted power structures and processes that produce and sustain oppression and structural inequalities. Discrimination perpetrated on the basis of intersecting aspects of identity, such as age, gender, biological sex, sexual orientation, ethnicity, race, religion, nationality, socioeconomic status, and other characteristics, lead to cumulative injustices, inequities, and inequalities in human development, health, and wellbeing outcomes over the life course. See, for example: Kapilashrami, Anuj et al. (2018). Intersectionality and Why it Matters to Global Health. The Lancet, Volume 391, Issue 10140, 2589 - 2591.

patronage networks, influence institutions, and how gender dynamics contribute to or block change.\(^5\) Gender, power, and political economy analyses of GBV impunity help identify which individuals, groups, and institutions may drive change for improving accountability for GBV prevention, recovery, and justice; analyzing the informal and formal power hierarchies used to maintain gender inequalities and harmful norms that underpin and perpetuate GBV impunity. Analyses assess GBV survivor access to prevention and response services and resources; focusing on both the harmful and protective processes and outcomes of survivor engagement with health, judiciary, and economic systems, as well as national laws, policies, and informal gender norms that facilitate either impunity or accountability.

**DATA COLLECTION**

Prior to data collection, the study protocol received ethics approval and research clearance from NORC at the University of Chicago’s Institutional Review Board and the Jamaica Bureau of Gender Affairs within the Ministry of Culture, Gender, Entertainment and Sport. In adaptation of the regional study protocol for the Jamaican context, the two Jamaican GBV researchers selected contrasting, emblematic cases of GBV related to gang activities in Jamaica—one in which perpetrators acted with judicial impunity, and another where four men were convicted for their crimes. Both emblematic cases concerned women as survivors of gang-related GBV. The emblematic cases served to help ground the qualitative interviews exploring GBV prevalence, social acceptance, and survivor-centered pathways to accountability in the local context. Interview participants were free to share narratives throughout the interview on examples of gang-related GBV impunity against cis-gender, gender non-binary, gender diverse, or transgender persons, and were not limited to commenting on examples of GBV solely against cis-gender adult women. The interview guide included questions inviting open responses on which groups in the society a participant saw as most affected by GBV impunity.

Also in preparation for the pilot interviews and data collection, the regional leadership team conducted a training with the Jamaican team covering qualitative, trauma-informed, GBV survivor-centered interviewing techniques and role-plays with technical support feedback; ethics, and safety protocols; and good practices for managing researcher trauma and stress in GBV research. Following the training, the team finalized a mapping of available GBV referral support services (psychosocial counseling, legal aid, economic recovery support, safehouses/shelters, hotlines) and developed an information sheet of verified contact details. The Jamaica research team then field tested and finalized the interview guide to ensure participant comprehension, flow, and adaptation to the local context. The team then employed careful ethics and safety procedures to contact and invite key informants as safely as possible into interviews. Over a period of two months, the team conducted 28 KIIIs with relevant institutional actors and NGO service providers that interact with GBV survivors, and with GBV survivors themselves. Twenty-four respondents were women, and four were men. All data collection activities were conducted online or by phone via end-to-end encryption platforms to adhere to COVID-19 safety protocols.

**REPORT STRUCTURE**

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The Jamaica case study report presents the methodology and findings that build upon existing academic and grey literature and statistics to diagnose GBV impunity in Jamaica, including:

- an overview of academic literature, grey literature reports, and relevant secondary statistics on the structural context of gender inequalities that underpin GBV;
- the history and current state of GBV impunity related to gang-affected contexts;
- structural underpinnings of GBV impunity;
- the current state of GBV prevention, protection, and justice; and
- power and incentives driving GBV impunity in context of gang activities.

The report then outlines solutions for improving accountability as identified by survivors and those who work most closely with them, including:

- survivor-centered pathways to GBV accountability;
- formal and informal change needed for GBV accountability; and
- examples of current good practices related to GBV prevention and protection.

Finally, the report concludes with survivor-centered recommendations to USAID for operationalizing needed change.
LITERATURE REVIEW AND STRUCTURAL CONTEXT

Despite important progress made in recent years to fill gaps in its statutory framework to address violence against women and children, women in Jamaica report experiencing persistently high levels of GBV and social acceptance of violence against women in the country. Forms of GBV against men, boys, and especially non-binary and transgender people are under-recognized in law and practice. The involvement of gangs and gang members as perpetrators of GBV is a key influence on GBV prevalence, causes, and consequences such as impunity.

Jamaica has one of the highest rates of fatal violence against women in the world (9.33 women killed per 100,000). In 2020, 39% of ever-partnered women ages 15-64 in Jamaica had experienced one or more of four types of intimate-partner violence (IPV) in their lifetime (physical, sexual, psychological and/or economic violence). USAID/Jamaica's 2020 - 2025 Country Development Cooperation Strategy notes that gang violence is a persistent threat to women and girls, and may take many forms, including sexual coercion and reprisal crimes. Gang violence as participants noted has affected men and women differently. JCF data show murder victims between 2012-2018 were 87% men, 9% women and 4% children. But rape and sexual violence are typically committed primarily against women and girls. An Inter-American Development Bank Technical Note in 2016 compiled baseline data on violence and crime in the Caribbean, including Jamaica figures. The report states that most of the victims of murders categorized as, “domestic violence,” are women, and most victims of violence in the home are women and children. According to this report, between 2007-2013, the number of sexual violence cases reported to the Office of Children's Registry from 2007 to 2013 were overwhelmingly committed against girls versus boys (3,118 cases among girls versus 258 among boys); and that 79% of violent crimes in Jamaica are linked to gang violence. These statistics reveal that GBV overwhelmingly affects women and girls, and gender minorities, and is almost always perpetrated by men. Participants interviewed for this study emphasized that GBV mainly affects women and girls.

A range of structural factors, including societal normalization of GBV, institutional corruption, political and socioeconomic gender inequalities, and limited legal recourse, safety, and protection for survivors—create the conditions within which GBV persists in all contexts in Jamaica. According to the Corruption Perceptions Index (CPI), in 2021 Jamaica scored 44/100, indicating significant corruption. In survey data from 2020 on attitudes toward the social acceptance of GBV, 43.8% of Jamaicans consider physical violence between members of a couple is a private matter that should be handled by the couple or close family, rather than by formal authorities. Yet only 3.2% agreed that a man has a right to discipline his partner with physical violence. The UN’s Sustainable Development Goal’s Gender Equality Index (2019) ranks Jamaica as 50th out of 129 countries with a score of 70.5/100, demonstrating that despite

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9 Ibid.
10 Ibid.
recent progress, Jamaica has room to advance gender equality.\footnote{Equal Measures 2030. (2019). Harnessing the Power of Data for Gender Equality. Equal Measures 2030. https://data.em2030.org/wp-content/uploads/2019/07/EM2030_2019_Global_Report_English_WEB.pdf} The World Economic Forum’s Global Gender Gap Index measures gender-based gaps across four dimensions: Economic Participation and Opportunity, Educational Attainment, Health and Survival, and Political Empowerment. In 2021, Jamaica ranked 40\textsuperscript{th} out of 156 countries with an index score of 74/100.\footnote{The World Economic Forum. (2021). Global Gender Gap Report 2021 [Insight Report]. https://www3.weforum.org/docs/WEF_GGGR_2021.pdf} However, Jamaica falls below the global average on several sub-indicators of the Global Gender Gap Index: it ranks 100\textsuperscript{th} with a score of 61/100 on wage equality for similar work, and 94\textsuperscript{th} with a score of 20/100 on the percent of women in ministerial positions. Jamaica has achieved the highest proportion of all management positions to be held by women, 59\%, although women are still overrepresented in the informal labor force. Other important achievements have been made in higher enrollment of women versus men in primary, secondary and tertiary education, yet economic gender inequity persists.\footnote{Ibid.}

The Jamaican legal landscape features legislation to address violence against women and children, and recent progress has been made to fill gaps in the statutory framework. Key pieces of legislation include the Domestic Violence Act (1994, amended in 2004) and the Sexual Offences Act (2009), which criminalized marital rape and nonconsensual sexual acts.\footnote{Ibid.} Jamaica has worked to operationalize its National Policy for Gender Equality (2011), and in 2017, introduced the National Strategic Action Plan to target the root causes of GBV and structural barriers to accountability.\footnote{Ibid.} As a part of this effort, Jamaica introduced a Sexual Harassment (Protection and Prevention) Act in 2015, which the Senate passed into law on October 1, 2021.\footnote{Alecia Smith. (2021, October 3). Sexual Harassment Bill Passed in The Senate. Jamaica Information Service. https://jis.gov.jm/sexual-harassment-bill-passed-in-the-senate/}

Despite recent progress in GBV legislation, Jamaica’s legal framework discriminates against Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI) individuals. Homosexual acts are criminalized under Article 76 (the anti-sodomy or “buggery” statute) of the Offences Against the Person Act (1864) and convictions carry a sentence of up to 10 years imprisonment with hard labor. In addition to formalizing discrimination based on sexual orientation and gender identity, this legislation contributes to normalizing homophobic attitudes in Jamaica and legitimizing violence against LGBTQI people, who are left with limited legal recourse. In 2021, the Inter-American Commission on Human Rights made public its decision that this law violates human rights to privacy and equal protection.\footnote{Neela Ghoshal. (2021, February 17). Human Rights Body Calls for Repeal of Jamaica’s Anti-LGBT Laws. Human Rights Watch. https://www.hrw.org/news/2021/02/17/human-rights-body-calls-repeal-jamaicas-anti-lgbt-laws}
The history of gangs and gang violence in Jamaica goes back to at least the 1940s when neighborhoods were divided along political party affiliations. Residents chose to live in neighborhoods of their party affiliation, and residents who were affiliated with the opposing party were removed. Politicians favored communities supporting their party and provided housing and other resources in exchange for votes and party loyalty. These neighborhoods, or ‘garrisons’, still exist to some extent and the links between politicians, organized crime and gang activity are integral to the political economy of Jamaica today. Study participants described links between gangs and political party loyalties are evolving as gangs have expanded sources of income through activities including international arms and drug trade and lottery scamming. However, interview participants generally described the relationships of gangs and politicians as allowing gang activities to continue uncensored through corruption leading to a failure to prosecute crimes. Perceptions of impunity hold a powerful influence and can drive GBV survivors and investigators away from pursuing formal justice.

Currently, an estimated more than 200 gangs operate actively in Jamaica—with multiple typologies from loosely organized gangs involved in local drug trade and petty crime to highly structured gangs engaged in international drug trade and violent crime. A 2019 assessment carried out by the National Intelligence Bureau (NIB) of the Jamaica Constabulary Force (JCF) estimated a reported 389 criminal gangs operating in Jamaica at the end of 2019, 250 of which were classified as active. The remaining 66 gangs (17 percent) were classified as “second generation” gangs marked by centralized leadership, organized and often violent crime, and access to wealth and power. Historically, most gang violence was concentrated in urban poor communities in and around Kingston and St. Andrew, and St. Catherine, a nearby parish. However, in recent years gang violence has spread to rural areas such as St. James, Westmoreland and Clarendon. Gangs often provide economic and social support in these communities, assuming responsibilities and roles that are normally, but have not been, fulfilled by the state—creating dependence on gangs for material support, protection, and survival.

Reprisals and retaliation between rival gangs and intra-gang conflict characterize violence in these communities. Participants discussed how in the past, women and children were generally spared from these reprisals, but now violent gang attacks target them increasingly. In interviews, participants said these women and children are often not involved in the gangs, but are targeted only because they live in a particular community or have a familial or social tie with men who are in gangs. Gangs were described in interviews as having their own internal power structures, setting rules, and meting out justice informally in the areas they control, including whether IPV is tolerated on a case-by-case basis.

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20 Scamming Gangs and Violence in Montego Bay, CAPRI, September 2019. Scamming, Gangs, and Violence in Montego Bay | CAPRI (capricaribbean.org)
22 Ibid.
23 Ibid.
For GBV survivors living in gang-affected communities, there remains little recourse for escaping violence. Setting the context of gang-related GBV in Jamaica, this interview transcript excerpt from a participant details the emotional and physical toll of gang violence, personally and generally for women, and the complexity of women’s evolving participation in violence:

"Participant: I was so depressed, I could not move. I did not have a shower a couple days on and off. I would just constantly [...] I would take a nap during the days and don't sleep during the night. And uhmm, what I see that racks my mind, my body more than ever, since last year June when we have that double murder of the women, you would have seen some other women with bags on their back, when it come on anywhere near 4:00 o'clock, an exodus, a movement of women trying to sleep in a safer place fearing they would be next. Since that time until now no woman, except one person last week Friday [...] came out to say enough is enough, to condemn, to bawl and to cry and to roll like what some of us do when a man is killed by the police and we say it is cold blooded murder or something. The women don't come out to demonstrate for women.

Interviewer: Why do you think that is?

Participant: Ohh, some people say it is because they are afraid, but I could go further than that. Most of them, because it is a closely knitted war, most of them have their family involved and the other side would have perpetrated violence against any one of these women, so it would be neither here nor there for some of these women. You don't want it to stop when it's your family that gets hurt; it [violence] should continue. So, you see, we women are not only victims but have become perpetrators by words toward our same gender, which is women."

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**Structural underpinnings of GBV impunity**

United Nations Secretary General, António Guterres, has estimated the cost of corruption at 5% of the global GDP. To counter the cost of corruption in Jamaica, a special Economic Growth Council was to be established that aims to increase the GDP in Jamaica by 5% over a four-year period. Still, a nexus between politicians, gang, and corruption in Jamaica have been commonly referred to as “tribal, tied not just to ideology but to a culture of patronage, whereby politicians are expected to provide for constituents, often via politically aligned gangs.”

Gang activity and corruption combine with structural gender inequalities, and discriminatory gender norms, to create systemic social, economic, and political barriers for GBV survivors and their families to access prevention, protection, and justice, and hold perpetrators accountable. Interview participants discussed corruption among law enforcement officials and politicians who benefit in some way personally in allowing gang violence to continue with impunity, thus empowering gangs to commit even more extreme types of violence including GBV. Cases often go

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25 Ibid.
unreported due to fears of law enforcement officers being in “cahoots” with gangs and informing gang member of the reports of GBV, leading to reprisal against the survivor or their families. Politicians’ failure to formulate legal frameworks more adequately or to amend existing, outdate laws, or to ensure justice in cases of GBV were only in response to public pressure and in election years. Participants described multiple pathways by which corruption plays a role in maintaining GBV impunity in Jamaica.

Social and cultural norms related to GBV

GBV in Jamaican communities is described as rooted in patriarchal social norms and a male-dominated culture, which supports rigid gender roles for women and men, heteronormative gender identities, and violent conceptualizations of masculinity. High levels of gang violence have led to community desensitization toward violence in general, including toward GBV. As one participant notes, in a context of mostly men victims of gang violence, societal normalization of gang violence has given rise to victim blaming of women, girls, boys, and vulnerable men, in cases of GBV. Media and political leaders negatively portray women publicly as “provoking men” to violence, claiming that women widely commit paternity fraud and emasculate men. An example of negative portrayals of women written about in the media is the current debate on requiring paternity testing at birth. Women are accused of giving a man a “jacket,” or incorrectly assigning paternity to a man who is not the biological father. Reporting biased data from a sample of paternity tests, where there is an existing suspicion about the biological father, misuses data to negatively portray women in the media. While recognizing that many men have lost their lives to gang violence, interview participants viewed women and girls as most affected by GBV. Broadly, participants considered the socialization and normalization of GBV as central to maintaining impunity within and across interpersonal, family, community, institutional, and societal levels. This normalization of GBV is characterized by one participant as having a “trickle-down effect” from political leadership and formulation of legal frameworks to effective policy development to police response, and ultimately individual GBV survivors’ experiences as they try to engage with the formal systems in health, law enforcement, and the judiciary.

Legal and justice framework for GBV

Participants described legal frameworks dealing with GBV as lacking, needing amendment, discriminatory, or inadequately or arbitrarily enforced. Participants discussed law makers not taking GBV seriously even with the heavy taxpayer burden in health care costs for survivors, and despite many homicides and trauma resulting from GBV. The Violence Prevention Alliance estimated about $3.5 billion in costs of treating violence-related injuries for women across seven study hospitals in Jamaica in 2014. A few legislative advancements such as raising the age of consent for sex from 14 to 16 years of age, and the Sexual Harassment Act were noted, but a participant said, “the legal landscape has not changed,” in many years, laws are outdated, and do not include adequate protections for the most at risk and affected groups. The Buggery Law, for example, criminalizes anal sex and discriminates against the LGBTQI community. It should be noted that some reforms are currently underway including amendment of the Domestic Violence Act to expand the definition of GBV to include not only physical but psychological, emotional, and sexual violence, as well as increasing fines for offenses related to GBV. As one participant noted, this law is currently used in rape cases that involve women and children.


because perpetrators are aware that the maximum sentence for rape is life in prison while the maximum for buggery is 10 years. Men who assault children are often issued sentences as low as two years under the Buggery Law. Transgender people are left entirely out of legal frameworks on sexual offenses in Jamaica, making it impossible to pursue accountability for GBV involving this socioeconomically and politically marginalized group.

Social and legal acceptance of GBV is reflected in inadequate law enforcement response. Participants felt that the police do not take GBV seriously, particularly IPV, which they generally consider to be, “a domestic family matter or between lovers,” and claim they do not want to get involved. This is consistent with the results of the 2020 LAPOP survey cited earlier, where nearly half of Jamaicans feel that physical violence between members of a couple is a private matter. Discriminatory gender norms and beliefs create barriers to reporting GBV and seeking police protection. Police often dismiss GBV reports, ridicule women and men survivors, or send them away on a technicality, such as not adhering to the dress code, for example, when a woman was shunned after she fled for safety to a police station because she was in her nightgown. Participants discussed experiences where a report was dismissed because the police officer and the alleged perpetrator are friends or family members. Participants understand that the act of reporting a case takes courage, and for women, many times reporting results in the loss of material or financial support or their livelihood. Survivors, and staff of civil society organizations and institutions that work closely with survivors, who participated in interviews describe GBV reporting as resulting in revictimization through stigma, social embarrassment, and humiliation, “the public face on things that they think they should perhaps be in control of better,” as if survivors should have been able to exert more control over the perpetrator’s actions. Participants said reporting cases of GBV is especially stigmatizing for men survivors who are mocked and denigrated by police for “being weak”, and not living up to stereotypical norms of masculinity in how they speak, dress, or behave. For transgender survivors, discriminatory gender norms are compounded with legal inequalities and heteronormative legal definitions of rape that render reporting almost impossible.

**Economic inequality and GBV**

Economic inequalities systemically obstruct GBV survivor-centered pathways of prevention, protection, and accountability. Participants discussed women’s risks of GBV being exacerbated by their economic dependence on male partners or other men in the family or community. With few economic opportunities, “a woman may work for a Don [gang leader] in the community, washing his clothes or cooking his food”, and is not in position to lose this source of income. Families sometimes pressure GBV survivors not to report a perpetrator if he is a breadwinner. Opportunity costs and socioeconomic risks may be too great for survivors to report and pursue lengthy legal cases. Generally, participants saw clear advantages for survivors with economic and political resources to ensure access to shelter, legal support, transportation, childcare, or other services enabling filing a complaint and pursuing legal processes; or leaving violent relationships. This view also extended to media exposure and minimizing the stigma and re-traumatization of survivors by delaying or keeping their story out of the news, accessing lawyers quickly, and possibly having connections to a judge or public official to influence a favorable judicial outcome.

In an encouraging development, Jamaica has achieved the highest proportion of all management positions held by women, 59%, although women are still over-represented in the informal labor force. Other important achievements have been made in higher enrollment of women versus men in primary, secondary and tertiary education which could contribute to gains in gender equality in the future.
However, this has not yet translated into greater economic fairness that would contribute to economic gender equality.

**Power and incentives: relationships between politicians, corruption, and gangs**

Interview participants described powerful relationships between politicians, corruption, and gangs as being, “an open secret,” in Jamaica. Study participants perceived gangs as empowered by failures of the formal legal and judicial systems to identify, arrest, charge, and prosecute gang members for acts of gender-based gang violence. As participants explained, members of gangs perpetrating violence are connected politically, have access to lawyers and judges, and this political power, more so than their guns, or fire power, has been significant in escalating the levels and extreme nature of violence in communities, including targeting women and children. Participants note that cases get attention if there is a political advantage to dealing efficiently with the case, such as in election years, or if the cases appear in the media and have generated national level attention and public outcry for government response. The political and media handling of gender-based gang violence is politicized as one participant notes:

“I think in [gang-related GBV] cases [...] the formal powers see it as their duty to ensure that [...] the public opinion is you know, skewed in a certain way. So [...] you have to decry the, the action [...] every time we have one of those very public cases, we have all of these discussions in the media and so on about GBV, and [...] it’s almost as if [...] it’s something that is needed to make the public feel some kind of [...] peace and some kind of justice. So, I think the formal actors being law enforcement, politicians, and everybody kind of plays into that and understands their role in that, and understands that, okay [...] we have to make this, this go off very clean and very easy.”

Quote 2: NGO service provider, woman

In this scenario, women are “collateral” in gang violence between men and not valued highly enough in the society for politicians to seriously invest in GBV prevention, response, and justice. Gangs target women because they are seen as the “weaker sex”—i.e., easier to attack than men. When gangs aim to hurt their enemy, they harm the women and children in their lives. Acts of GBV against women also reinforce men’s normative dominance and power over women. Participants discussed how police attitudes reflect the general devaluing of women and girls in the larger social context and dismiss women or vulnerable men when they seek to report cases or access safe shelter. Participants described police abuse of power at the community level, not only in relation to corruption with gangs, but also in selective responses to “friends’” cases, and in some cases, participants reported sexual violence against young women in the community as well as fellow police officers.

In parallel to the formal legal system, an informal system of power, control, and gang justice persists. Participants described cases of child maltreatment, physical and sexual violence against women, or murder, including femicide, leading to gang members brutalizing or killing the perpetrator. Several participants emphasized that this type of justice is often not what many survivors want. Some prefer rehabilitation of the perpetrator, rather than using violent means, which they feel only leads to more violence. Participants described the failures of the formal system though as “disheartening” and even while survivors attempt to report GBV, the lack of adequate formal response leaves little recourse for GBV primary and secondary survivors.
CURRENT STATE OF GBV PREVENTION, PROTECTION, JUSTICE

Interview participants portray a situation where GBV prevention and protection programs are scarcely available or accessible, and under-resourced where they do exist. There is reportedly very little justice for GBV survivors, owing to a culture of silence related to GBV cases, inadequate or non-response by law enforcement, and an absence of a survivor-centered judicial system.

Prevention

Generally, participants agree that there are not enough programs focused on primary prevention of GBV. Those that exist are typically small in scale, community-based, and under-resourced. Participants consider interrupting the cycle of violence as a key strategy for prevention. Participants saw links between childhood exposure to violence and perpetration of violence in adulthood. A few non-governmental organizations (NGOs) focus on prevention with men and boys, or address themes of fatherhood and masculinities, but these are few. Survivors discussed the importance of rehabilitation for perpetrators and removing them from violent neighborhoods to provide job training and skills development; however, there was no mention of programs implementing these strategies. GBV prevention programs are described as not specific standalone programs, but are integrated into crime prevention or parenting programs, which dilutes targeted messages and public education on GBV. According to participants, most of these programs were too short in duration to effect lasting change. Additionally, mass media messages are often not tailored to the target audience or are not placed in the appropriate media where the target audience will readily access them, such as online blogs.

Protection

AVAILABILITY: Support services for GBV survivors provided by NGOs are available, but largely limited to the metropolitan areas of Kingston, St. Catherine, and St. James. Support services with national coverage include health care, victim services (counselling), hotlines, and childcare and protection. These services are all provided by the state, yet they reportedly do not coordinate with law enforcement effectively for fear of reprisal attacks against health workers reporting medical details related to incidents of GBV. Other GBV support services are largely provided by NGOs that have limitations on the type and scope of services available, and that lack resources for sustained operations. Services mentioned include a variety of hotlines, legal support and services, parental/caregiver support, safe houses and shelters, support groups, and psychosocial counselling services.

ACCESSIBILITY: Services provided by NGOs are inaccessible for most Jamaicans because they are concentrated in urban areas. For many GBV survivors, the transportation costs and time away from work to access services are unaffordable. For national services outside of emergency health care, long wait times can be a barrier. Some participants reported that accessing shelters was unrealistic for many survivors because some did not allow children or employ women.

QUALITY: Generally, interview participants viewed GBV recovery support services to be mostly survivor-centered by nature, even though a lack of human and financial resources reduced quality overall. Jamaican government budget limitations restrict the scale of service provision leading to unmet needs. NGOs reliant on international donor funds at times face interruptions in programming. For GBV cases concerning women and dependent children, a participant reported that many years can pass before the Child Protection and Family Services Agency carries out an investigation. While some participants felt that cases involving children followed a stronger reporting and legal process, and more
support services than for adult GBV survivors, the institutions responding to child maltreatment were described also as “woefully” understaffed and under-resourced.

**Justice**

Participants corroborated low—and frequently even no—access to justice for GBV survivors. Participants discussed three main themes in barriers to justice: gang-related cultures of silence and fear of reporting related to GBV cases; inadequate and discriminatory law enforcement response when reporting GBV cases; and the lack of a survivor-centered judicial system and legal framework inclusive of diverse GBV survivors.

**Culture of Silence:** The first step in a formal legal process in a GBV case is to file an official complaint with the police. In gang contexts, participants describe a deep-seated fear of informing on gang members for fear of reprisal attacks and for fear that law enforcement officials to whom they would report might be tied to a gang themselves. Indeed, 2018/2019 population-based survey data show Jamaicans have much lower levels of trust in national police force, with a mean score of 38.8/100, and governance with a mean score of 39.6/100 versus national armed forces with a mean score of 64.4/100. Widespread mistrust persists toward police who are often involved in corruption with gangs or have relationships with gang members in a community. For one participant, justice for survivors boils down simply to receiving psychosocial counseling. Many survivors weigh serious threats of violence to themselves or their families against the likelihood of any accountability in the formal system and decide not to pursue the case.

“If there's no belief in the formal system working, and that's my experience, there's [...] just no one who's going to have any faith in reporting anything, as well as the fear that prevails [of gang-related retaliation].”

Quote 3: Institutional actor, man

**Response of Law Enforcement:** Police response to GBV reports emerged as a critical barrier to accountability and justice. GBV reports involving women and men are often dismissed for two reasons; either as private affairs in families or intimate relationships, or because of relationships between the police officer and the accused perpetrator. In cases involving violence against men, police response is often to ridicule, and as such most men do not report cases to law enforcement. Similarly, for LGBTQI communities, police response was described as discriminatory with police failing to take reports of GBV from transgender individuals and not adhering to proper processes for taking statements from survivors. There was mention of a special police unit embedded in one police station in Kingston that is designed to manage cases within the LGBQT1 communities, but this is only one police station. One participant noted that the prison system is struggling with how to safely house transgender individuals when they are incarcerated—a gap that extends from the lack of legal definitions or inclusion of transgender people in legal frameworks. Even when statements are taken by police, participants felt that there was often very poor follow up and inadequate or no investigation, putting the survivor at risk for escalation of violence, as one participant explained:

“You go to the station, and you say my baby father this and that and the police says [inaudible] and you say alright, and they go back again. The police say it’s a man and woman problem, so when the police come back now, the man gets stabbed up. Lose even a lung, and you (the police) are now searching for the woman harder than how you did even want to know the man name who did what he did to her, even though she came in with buss up head and everything.”

Quote 4: Survivor representative, female

These issues persist although the police academy curriculum for law enforcement officers includes diversity training. If a case is reported, filed, and results in a court proceeding, participants said that often the sentencing is too lenient in proportion to the crime committed. In one case a participant said after appearing in court, a perpetrator received bail and returned to murder two additional people in gang related violence. Generally, participants felt that failure to investigate or make an arrest, plus rare cases in court resulting in inadequate sanctions or sentencing, do not incentivize survivors to file reports. This emboldens gangs to act increasingly violently and with impunity, including victimizing women and children.

**ABSENCE OF SURVIVOR-CENTERED JUDICIAL SYSTEM:** Once a case enters the court system, participants discussed that the processes and procedures are not GBV survivor-centered, lacking the principles and practices of non-discrimination, dignity and respect for survivors, survivor-centered communication, privacy and confidentiality, and access to information about recovery and support services. It can take years to process a case, by which time a survivor may have received no assistance and may no longer be interested in pursuing the case in court. Poor procedural practices lead to survivors having to repeat their story at multiple points in a formal process (e.g., for a health provider, law enforcement officer, detective, social worker, judge, etc.) which can be retraumatizing and threaten a survivor’s recovery and safety. While waiting for cases to be tried, survivors may spend several days in court, losing income and incurring costs for childcare and transportation. Participants highlighted the challenges for survivors of having to provide testimony in open court, having to recall detailed facts of the case that could have happened years before, and aggressive defense attorneys cross-examining them without survivor-centered victim support accompaniment in court or psychosocial counseling. The court provides preparation and counseling support through the Victim Support Division, but survivors who participated in interviews said more resources are needed to provide the level of counseling that is needed, particularly in cases where children are involved.

**SOLUTIONS TO ADDRESS IMPUNITY**

This section leads with an enumeration of pathways to accountability from the perspectives of GBV survivor representatives and institutional and civil society staff who work with GBV survivors in Jamaica who participated in this case study. It then identifies the formal and informal changes needed to facilitate these pathways for GBV accountability in Jamaica and highlights some existing good practices which could potentially be taken to a larger scale or adapted for new contexts.

**SURVIVOR-CENTERED PATHWAYS TO GBV ACCOUNTABILITY**
Critical themes outlining survivor-centered pathways to GBV accountability include survivors’ own definitions of what ‘accountability’ means to them. Themes further include safety and protection; empowerment; changing gender norms; education about gender, GBV, and survivor-centered accountability.

**Survivor definitions of “accountability”**

Participants defined accountability and justice in different ways ranging from counseling and healing to prison sentencing and perpetrator reform. However defined, participants agreed that a survivor’s expressed wishes should lead any accountability processes in a survivor-centered approach. Most participants said that perpetrators should be held accountable for their actions through a formal legal process, with sentencing or sanctions without sentencing, centering reform and rehabilitation of the perpetrator as an important outcome of justice. Participants said many survivors choose not to report the case or pursue legal processes because of the severe socioeconomic and political risks, re-traumatization, and challenges of going through the legal system. For many survivors, accountability has meant receiving psychosocial counseling and other support services so they can heal and live safe and independent lives free from their perpetrator.

**Safety and protection**

Participants discussed the critical importance of safe refuge or shelter in a crisis, particularly when children are involved. Ensuring safe access to shelter that is available to cis-gender women and transgender people, and where they can bring their dependents, is of critical importance. Silence is one possible way women and vulnerable men protect themselves. Participants said many survivors opt not to report a case of GBV, but get accountability through counseling and social support, or restorative justice. Many GBV survivors face risks of reprisal attacks and continued violence even after a perpetrator serves a court sentence, particularly given the limited focus on rehabilitation in the prison system. Ensuring safety of survivors who might suffer continued violence must also include rehabilitation for perpetrators, job skills training, and transition to new communities away from old neighborhoods and gang networks. Economic empowerment programs were seen as relevant for survivors as well in building independence for facilitating leaving violent relationships. Participants felt that survivors who want to report cases should have a safe and effective system to do so, where there are established steps in a non-discriminatory, survivor-centered process with follow up; and a system of confidentiality and witness protection that do not put a survivor or witness at risk of stigma and reprisal attacks.

**Empowerment**

For many participants, there was a feeling of being overwhelmed by the sheer volume of trauma and violence at multiple levels in society. Medical and mental health providers and frontline GBV support services providers see a constant flow of mostly women GBV survivors, sometimes repeatedly telling their story and without receiving adequate assistance or justice. Frequent news stories of ever more extreme cases of violence are daily reminders. Where many cases have occurred, participants remarked that they cannot remember them all and they must “tune out” the media coverage. Some participants described GBV survivors as feeling powerless. In many cases, survivors do not have the financial means to leave a violent relationship, have had children with the perpetrator, and/or have been mentally and emotionally worn down; but fear the risks of reporting and social stigma of receiving counseling or other support services. Participants identified economic empowerment as one way to increase accountability for survivors, giving them skills to earn a livelihood, be more self-reliant, and
develop a possible exit strategy from a violent partner or other household member. Alternatives to formal education, such as technical or trade schools or other vocational skills training, could ensure that survivors who drop out of secondary school still have a chance to earn a steady income.

Changing Gender Norms

Participants described an overarching view in Jamaica of women as inferior to men, reinforced by sociocultural norms and an acceptance of male dominance and objectification of women. Participants called for gender norm change and interventions to reshape beliefs and behaviors supporting men’s superiority over women, and the violence used to maintain this hierarchy. Norms can be changed by a critical mass of group and individual behavior change, including active bystander interventions and positive, non-violent, alternative masculinities. A participant described how an active bystander provided safe refuge for a woman under attack by her partner—who for years had been coercively controlling and physically violent, and who she had reported previously to the police—until police finally responded to the scene. The bystander’s intervention likely saved her life. Participants frequently mentioned a “cycle of violence”, whether a child is exposed to violence at home and later perpetrates violence; or a woman moves from one violent relationship to another; or victimizing others to avenge a hurt. Breaking this cycle was viewed as an important strategy. A participant described what is needed for changing social norms to address GBV impunity:

“"We have to get past the “ah suh di ting set” [that is how it goes!] [...] we have to be able to challenge negative norms, even when we, when we were victims ourselves [...] And that's for me part of where the problem lies, because people will say my parents beat me so I can be [beat] my kids and [inaudible segment] [...] and the person nuh dead [did not die], and you know and to understand that, you know, living physically is not enough when someone is living with trauma."

Quote 5: NGO service provider, man

Education about gender, GBV, and survivor-centered accountability

Participants characterized Jamaican society as generally homophobic, and rigid in views on gender roles. Expanding understanding of gender and the range of gender identities in society and in legal frameworks is a fundamental pathway for accountability for survivors. Knowing what GBV is and how to recognize power over others, coercive control, and a pattern of violence is another crucial pathway to facilitate accountability. While participants recognized multiple different forms of GBV, and the new Domestic Violence Act will expand the definition in Jamaica, law enforcement only recognized physical violence and limited definitions of sexual violence. Police tend to treat each incident of IPV as a single event, rather than recognize a pattern of violence over time. Treating an incident of IPV as a single occurrence ignores the danger of prolonged violence and control in the relationship and allows police to not engage in a proper investigation, which can lead to tragic and fatal consequences. One participant suggested developing a cadre of GBV resource officers within the Jamaican Constabulary Force who can provide expert training and guidance on GBV survivor-centered procedures for law enforcement personnel responding to survivors in crisis. Since 2020, efforts have been underway within the Jamaica Constabulary Force for supervisors and managers to receive domestic violence intervention training, establishing domestic violence intervention centers, and national coordination in collecting monitoring
data on GBV. This work could be expanded as part of an improved GBV response and monitored and evaluated to assess quality of a GBV survivor-centered approach and strategies for improvement.

**FORMAL AND INFORMAL CHANGE NEEDED FOR GBV ACCOUNTABILITY**

Case study participants raised a common theme of the need for strengthened survivor-centered prevention, recovery, and justice mechanisms in all sectors. Sector-specific examples of the changes needed are included below.

**Health and Therapeutic Services**

Access to services such as counseling and non-discriminatory, non-retraumatizing health care were considered critical in supporting survivors to process and heal from the trauma they have experienced. NGO service providers noted a need for better coordination of these services to raise their awareness of services available and to make referrals more efficiently, as described by a participant:

> “I don't think there's any [...] shortage of people who actually care about these issues. I think everybody's operating in silos [...] NGOs, doing their own thing. Government, doing its own thing. There's hardly, there's not a lot of collaboration [...] there could be a smoother process for people who might be going through [...] issues related to GBV [...] it's not a seamless process. So, you might go to an NGO, to get support, to get information; and they don't really know [...] the government system.”

Quote 6: NGO service provider, woman

**Greater Availability of Shelter Spaces or Safe Houses**

Participants identified an acute need for a wide range of shelter and safe spaces across the island for GBV survivors and their dependents. Currently there are just two shelters, both located in urban areas, which are not adequate in accommodating the needs of survivors. This was seen as an area that needed immediate attention because survivors and their children are often trapped in a physical space with a perpetrator because they have no economic means to live independently. Safe shelter space for members of LGBQTI communities is also lacking, increasing the risks and consequences of GBV in general for members of these communities.

**Economic Assistance**

As described in the previous section, economic inequalities were identified as a factor in why women sometimes become trapped in violent relationships and dependent on support from gang members in their community. An inability to support themselves and their children independently creates a power imbalance in the relationship with their partner and in their community relationships. There is a need for programs that will facilitate women gaining access to sustainable livelihoods to increase income under their independent access and control, whether via formal education or through informal vocational skills acquisition, job training, apprenticeships with successful women, entrepreneurship and business management mentorship with women business leaders, and sole-name financial services accounts that women can manage without a violent partner monitoring and potentially controlling her financial activities.
Law Enforcement and Justice Mechanisms

SAFE CASE REPORTING: Participants noted the ability to make a safe report to law enforcement as a critical mechanism of GBV accountability. Reporting mechanisms must change to overcome the challenges enumerated in the “Legal and justice framework for GBV” section, including unjust dismissal of GBV survivors based on their attire, social norms regarding IPV, gender norms, or relationships between perpetrators and police. Victims can also only make reports to specific police stations based on their geographic locations, so if one station refuses to take a report, then there is no recourse at another. There is also the issue of survivor statements being heard or documented, but then not investigated. One survivor noted that police also take improper or incomplete reports by not having the complainant sign the statement or providing a receipt. The removal of some of these bureaucratic barriers and personal biases surrounding attire and social norms in government institutions like police stations and health care facilities would enable greater law enforcement and justice access for survivors.

“Their job was to assist this woman, take her statement, go down to her house, arrest the man because that was attempted murder, put her in protective custody. That’s, that’s what should have happened. Because she was in her nightie. I mean, that’s ridiculous, only to have to be killed by the same person she was there to report and so those are some of the things, you know, that’s really disheartening in this country.”

Quote 7: Survivor, woman

LEGISLATIVE AND PROCEDURAL CHANGES: While most participants thought that there were adequate laws to address GBV, they did highlight a few areas for modification. These included making amendments to the Domestic Violence Act, the Sexual Offences Act, and the development of an antidiscrimination law and gender recognition legislation. In addition to these, the existing law banning corporal punishment of children in schools should be enforced. Currently, unless physical injuries are present, children who receive a spanking or other types of physical violence that do not leave an injury, are unlikely to lead to prosecution.

In the legal system in Jamaica, cases are only investigated when a complaint is filed by a survivor whom the law codifies as a crime victim. The state does not investigate on behalf of vulnerable individuals, even when there is an abundance of evidence that a crime has occurred. There was a suggestion that laws of evidence be changed so that some cases can be tried based on available evidence and witness testimony. The challenge with the legal system, however, is that the current human resource and physical space allocation cannot accommodate a change in the laws of evidence that would require additional safe space for providing witness evidence, advancing technology to make out-of-court testimonies possible, among other necessary adjustments. The legal system was depicted as overwhelmed in general, let alone having adequate resources for processing GBV cases specifically. Greater funding and expansion of the cadre of available human and technical resources will be needed to make positive changes viable in the medium to long term.

Participants discussed that holding the perpetrator accountable through the justice system was a desired pathway of accountability for GBV. Generally, participants also felt that some level of sanction from the court would be ideal even if this did not rise to the level of a custodial sentence. The legal system was, however, described as not a realistic pathway for accountability because of the time it takes to discharge
a court case. Participants said that the legal system is overburdened, slow, not survivor-centered, and often revictimizes GBV survivors. The length of time for one case to be tried is a deterrent for many survivors and the protections available for most victims of crime are weak to nonexistent. The requirement to have survivors testify in open court is described by participants as being too emotionally distressing. Options for emotional support while in court are needed as well as options for video-linked testimony. The need for perfection when testifying after several years have passed is traumatic, so survivors who have made progress through therapy and counselling sometimes avoid this accountability process all together. For many, especially survivors who experienced violence in their teens or as children, the fight for justice via the legal system presents too much of a challenge and is not worthwhile.

Participants viewed rehabilitation of perpetrators as a weak area of the legal and correctional system. They described prisons as harsh environments where perpetrators are not treated with dignity, and on leaving prison many return to criminal activities and gang violence. For vulnerable survivors this was considered a major threat to safety and accountability. An improved focus on rehabilitation—and possibly models of restitution, like those used in substance use programs—is needed. Participants did not provide examples of programs supporting perpetrators’ transition from prison back into the community, but participants discussed the potential for job training, education, or skills development with gang members who may be in the legal system as a strategy to help men move out of gang involvement.

**Gender Norm Change Interventions**

Sociocultural norms were identified as playing a central role in supporting violence and GBV in Jamaica. To effect lasting change, interventions are needed that focus on changing social norms that support men’s dominance and aggressive behavior. Participants often discussed a desire to break the cycle of violence and to start from an early age to shape positive masculinities in education programs, parenting, and family-based interventions where smaller group reflection and discussion can be focused on gender and gender roles, norms, and values. One survivor recommended a focus on some of these issues within the education system as means to change the mindset of the younger generation:

> “By educating our boys and our girls, as well. Educating our boys that it’s not okay to objectify women and to physically hurt women simply because they don’t get what they want from them. And we also need to educate our women to be [...] 1) more self-reliant, 2) understand that they deserve so much more than just being some man’s trophy or object. And, of course, letting them know that it’s okay to report men when they are abusive when they are, you know, exerting any form of power over them, and also giving women the same opportunities to succeed and to achieve that men get readily without the need to fight as hard as women have to fight for it.”

*Quote 8: Survivor, woman*

**EXISTING GOOD PRACTICES RELATED TO GBV PREVENTION AND PROTECTION**

Participants identified four examples of existing good practices related to GBV prevention and protection that could contribute to development of a framework for pursuing some of the needed changes and pathways to accountability identified by survivors. These practices could be taken to a
larger scale and/or adapted for use in other sectors that provide or coordinate with GBV survivor protection and recovery services.

- **Alliances between Equality for All and Police**: The Equality for All Foundation identified a liaison officer in the police force at a large, central police station in Kingston. This officer is someone that members of the LGBTQI community could call on in instances of gender-based and other types of violence and have their concerns seriously addressed. It was noted by the participant that:

  “[…] they have been able to broker some understanding [with] the police, so, that the gay community feels more secure in going to report instances of domestic-based violence.”

  Quote 9: NGO Service Provider, woman

- **Alliances between NGOs representing survivors and NGOs offering critical services**: One survivor representative NGO reported having an agreement with another NGO, Jamaicans for Justice, to provide no-cost legal services and representation for survivors of GBV. Many GBV survivors are economically vulnerable, and this service is a huge benefit for those who may seek to pursue legal options.

- **Community-based dispute resolution**: The Dispute Resolution Foundation, an NGO established through funding from the Ford Foundation and later through USAID, promotes nonviolent peaceful resolution of conflict using mediation. From 2000-2005, The Foundation implemented the Social Conflict and Legal Reform Project. The project trained community mediators and established Peace and Justice Centers in Trench Town and Flankers in Montego Bay. This program has led to building four additional Peace and Justice Centers staffed by trained mediators who work to support community-based groups, schools, and the police in promoting peaceful resolution of conflict. While the program did not focus specifically on GBV, participants believe it is a good strategy in the GBV-specific context because many perpetrators of GBV rely on physical confrontation to solve everyday conflicts.

- **Engage positive change agents**: Participants acknowledge that there are some police who are tired of the cycle of violence and are interested in meaningful change. They noted a particular police superintendent who understands and communicates well with the affected communities as someone who can make positive change. He conducted a useful series of workshops with Justices of the Peace on how to manage cases of GBV.

**OPERATIONALIZING CHANGE: RECOMMENDATIONS FOR USAID**

Survivors and other participants generally recommend systemic approaches to prevent GBV, protect survivors, and promote justice in Jamaica, given the systemic nature of GBV’s structural underpinnings. Different sectors in Jamaica call for different kinds of programming, which may also vary based on whether the objective is GBV prevention, protection of survivors, or justice.

For primary GBV prevention, participants recommend programming targeting the community development, violence prevention, NGOs, health, media, and entertainment sectors. For protection and justice sectors, USAID must employ a multi-stakeholder approach to address impunity for GBV with
first responders in law enforcement, health, education, and service-based NGOs engaged in developing response strategies. Survivor-centered, non-discriminatory frontline responders are critical to all processes of GBV accountability. Some NGOs, such as Eve for Life29, have a very strong history of advocacy and service to women who have experienced violence, and may be a promising advocate to work with and potential model that could be replicated in other agencies.

Study participants made the following recommendations for USAID to operationalize changes needed to promote survivor-centered pathways to GBV accountability:

1. **Resource ongoing training and performance evaluation of law enforcement professionals in GBV survivor-centered response:**
   To help prevent further harms to survivors driven by societally normalized biases and discriminatory practices against them, ongoing training and refresher training, training evaluation, and annual performance evaluation, are needed for frontline police officers on a survivor-centered approach to responding to diverse cases of GBV and best practices in sexual violence investigative procedures. Training and accountability initiatives need to be targeted at officers in local stations who are more likely to receive GBV reports, and integrated within formal job competencies and annual performance evaluation. While specialized branches of the force such as the Centre for Sexual Offences and Child Abuse and the Domestic Violence Intervention Centers exist, they are not in every station and their resources are not deployed for every case. It is therefore critical that the staff at each station have technical knowledge and formal accountability for addressing GBV cases following best practices in survivor-centered communication and investigative procedural action. At a minimum, survivor-centered communication requires prioritizing and ensuring safety, confidentiality, respect, and non-discrimination. A GBV survivor-centered approach to communication is not one that uses victim blaming attitudes; makes survivors feel powerless; shames and stigmatizes survivors; discriminates against survivors’ gender, sexual orientation, age, or other identity aspect; and it does not tell survivors what to do but lets them lead on all decisions. A survivor-centered approach centers GBV survivors’ rights:

   - to be treated with dignity and respect;
   - to choose;
   - to privacy and confidentiality;
   - to non-discrimination; and
   - to information about recovery and support services.

2. **Identify, adapt, or develop, implement, and evaluate Standard Operating Procedures (SOP) for GBV response in health and law enforcement:**
   Frontline workers in health and law enforcement need clear SOPs, and monitoring and evaluation of SOP implementation, for response to confirmed or suspected cases of GBV. One participant noted that health care workers do not have guidelines provided by the Ministry of Health. Providers rely on individual discretion when faced with GBV cases, leaving survivors vulnerable to the biased, discriminatory, and potentially revictimizing treatment. For law enforcement professionals who interact with survivors at a time of high risk for violence, procedures for ensuring the safety of survivors need to be developed. Participants noted that survivors were often sent home or turned away for a range of possibly arbitrary reasons by police. This practice puts survivors in danger and must be addressed. The SOPs should be survivor-centered and include options for referrals to safe spaces, shelters, or NGOs

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29 Source: www.eveforlife.org
that provide survivor-centered GBV support services and direct material assistance. USAID’s advocacy and funding of this effort would make an important and lasting contribution to increasing accountability for GBV in general, and gang-related GBV, through providing specific guidance for managing health and legal aspects of GBV cases, ensuring better provision and use of services, and reducing revictimization of survivors who seek health and law enforcement responses.

3. **Establish more accessible shelter spaces and safe houses for diverse GBV survivors:** Survivors identified increasing the provision of and access to shelter spaces and safe houses as a critical step in improving accountability in Jamaica. Only two shelters are currently operating in Kingston, one operated by an NGO, Woman Inc., and the other by the state. While participants did not have a recommendation on a particular model, they felt that the current provisions have limited capacity and are restricted to women only. Safe spaces are also needed for women’s dependent children, and for the LGBTQI+ community. The government is currently constructing two additional shelters, one on the west side of the island and one on the east side. These shelters will address some of the need for expansion of safe shelter spaces across the island. Participants saw a need for shelter space in rural areas where these options are currently absent.

4. **Create survivor-friendly safe spaces in judicial buildings:** Where possible, when survivors interface with law enforcement and the judiciary, there should be survivor-friendly safe spaces. The legal system was characterized as re-traumatizing for survivors. Safe spaces out of view from the media, the public, and the perpetrator should be made available to survivors and their legal and psychosocial support providers, as well as for witnesses providing testimonies outside of open court. This would ensure that there are spaces with soft furnishings and refreshments that allow the survivor to prepare for court safely and privately. This should also be offered to witnesses providing testimony.

5. **Design, implement, and evaluate GBV prevention education programs in schools, parenting programs, and programs for men and boys:** To change the sociocultural gender norms and gendered roles that shape GBV, survivors and service providers advocated for long-term, consistent GBV prevention programs implemented through the formal education system. Survivor advocates recommend this for all levels of education including early childhood. These programs, however, need to be coupled with parenting programs that address both positive alternative discipline and conflict resolution skills building in parenting, and managing parents'/caregivers’ social and economic stresses. Survivors emphasized that these programs should be of a medium to long term duration to become effective for achieving outcomes for reducing GBV incidence. It was also recommended that GBV prevention programs engaging men and boys be expanded so that there can be greater promotion and social diffusion of alternative, positive masculinities, and behavior modification with a focus in reducing and managing anger and aggression, and on positive, healthy relationship skills, including non-violent communication, empathy, and household labor sharing.

6. **Develop, implement, and evaluate mass and social media, gender norm and behavioral change campaigns normalizing survivor-centered GBV prevention, recovery, and accountability at interpersonal, family, community, and structural levels:**
Survivors and civil society and institutional service providers recommended gender norm and behavioral change campaigns using mass and social media. These campaigns need to be segmented to effectively target messages for defined audiences, widespread coverage, and as appropriate engage relatable, influential entertainers and sports personalities as ambassadors. Messages targeting reduced GBV should be focused, and not diluted within broader messaging for general violence reduction. Multi-level (national, regional, sector-based, community-based, family-based) mass media and social media campaigns should be combined with expert facilitated small-group, reflective dialogues to address social norm change through in-depth reflection on gender norms and societal values with adolescents, couples, perpetrators, police officers, health workers, and other critical groups, including current and reformed former gang members. Active bystander interventions also should be promoted, such as in the Ring the Bell campaign.\(^3\) Norm change can also be achieved through structural interventions including resource investment and policy change supporting GBV prevention, protection, and accountability in economic, social protection, health, law enforcement, and judiciary sectors. Donors play a key role in supporting norm change programming for needed structural and behavioral change.

7. Review and support the amendment, application, and monitoring of GBV-related laws:
While most participants felt that there were some adequate laws, they highlighted that laws related to GBV should be reviewed and amended. Particular focus is needed on: a) updating and increasing the sanctions for breaking Protection and Occupation Orders; and b) refining the Domestic Violence Act and the Sexual Offences Act to deal with persistent legal framework inequalities and gaps in covering omitted genders and gender identities; and formulating new anti-discrimination and gender diversity recognition and inclusion legislation. It is recommended that USAID undertake a review of the current legal frameworks related to GBV to support these amendments’ refinement and, where needed, advocate for developing, implementing, and monitoring implementation of new legal frameworks that ensure equal protection under the law for all gender identities and preventing gender-based discrimination.

8. Develop, implement, and evaluate perpetrator rehabilitation, post-incarceration transition, and anti-gang interventions:
Strengthening the focus of the legal and judicial systems on perpetrator rehabilitation was recommended by participants. Throughout interviews participants reflected on the critical importance of stopping the cycle of gang-related GBV. One way to achieve this is to review rehabilitation programs and services to identify ways to strengthen existing efforts in skills development, vocational training, education programs, or alternatives to incarceration through community corrections implemented by the Division of Corrections and other institutional actors. USAID should review models of transitioning perpetrators from incarceration back into the community as well as anti-gang programs to identify effective non-violent, community-based interventions that deter re-entering or entering gang life; and design and test implementation of these models in Jamaica.

9. Improve and expand GBV survivor-centered mental health service provision:
While participants generally agreed support services exist for survivors, there was an important emphasis on ensuring good quality, timely, and GBV survivor-centered mental health services. As one of the few currently available pathways to accountability in the survivors’ views, strengthening psychosocial counseling is an important, potentially life-saving resource that can contribute substantially to

accountability in the shorter term while longer-term, systemic changes in social norms and the institutional framework are pursued. USAID should fund or advocate for training in trauma-informed, post-traumatic growth oriented, survivor-centered counseling for all frontline counseling providers, whether in church-managed programs, NGOs, or state institutions. This training should be specialized and include content beyond basic counseling skills and techniques to address inclusive, non-discriminatory GBV survivor-centered psychotherapy, particularly in the management and support of diverse survivors in crisis. Training should include also specialized technical skills for counseling survivors of child sexual violence. All frontline counselors should have access to training as well as reference material and GBV resource personnel for additional support and ongoing training as needed. Mental health services should focus on support to survivors and their children or other dependents affected by violence, and on perpetrator rehabilitation. Service providers should have access to mental health services themselves to manage the effects of vicarious trauma in repeated, intense exposure to violence in counseling others in healing from their traumatic experiences.

10. Improve and expand GBV survivor-centered economic recovery support services to provide a safety net and pathway out of violent relationships:
GBV survivors widely need greater access to potentially lifesaving economic recovery assistance. Assistance may range from economic aid for material support for economic stabilization and planning next steps in a process of healing, recovery, and protection, as well as legal expenses if a survivor chooses to seek justice in a formal court. In addition to expanding inclusive safe house infrastructure and services, USAID could support GBV survivors’ economic recovery through survivor-centered financial assistance, transportation vouchers, clothing for office and non-office jobs, job training, and work placements that could help survivors find release from dependence on a violent partner with gang ties, or even to plan to leave a community under gang control and pursue a new life away from gang violence. Sole-signer bank accounts under private and confidential control of a survivor may also help build an economic exit strategy from dependence on a violent partner tied to a gang, or gang-controlled community context. Further education opportunities may help a survivor of gang-related GBV gain new skills to forge an economic exit strategy to break cycles of violence and coercive control, and identify pathways of independence and resilience.