



JAMAICA VIOLENCE AGAINST CHILDREN AND YOUTH SURVEY 2023



VIOLENCE AGAINST CHILDREN AND YOUTH SURVEY IN JAMAICA (VACS)

F U L L R E P O R T



DONOR SUPPORT AND DISCLAIMER

In 2023, PIOJ and EGPAF/UWI concluded the implementation of the Violence Against Children and Youth Survey in Jamaica, with funding provided by the President's Emergency Plan for AIDS Relief through the Centers for Disease Control and Prevention Cooperative Agreement GH002328 to EGPAF. Technical guidance for this study was provided by CDC. The University of West Indies provided technical support for the implementation of the response plan.

CDC staff conducted weighting and data analysis in support of this report and consulted with the Government of Jamaica on evidence-based strategies to prevent violence against children and youth. The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of CDC or PEPFAR. Any policy recommendations contained within this document regarding budget allocations or statutory changes do not reflect an endorsement of CDC, PEPFAR, or the US Government.

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FOREWORD

The Planning Institute of Jamaica (PIOJ) on behalf of the Government of Jamaica (GoJ) acknowledges that the lack of rigorous data, including data on the prevalence of violence against children and youth, is one of the key challenges in planning, implementing, and evaluating programmes to prevent and protect children and youth from violence in Jamaica. However, there is an increasing body of evidence globally, detailing the disturbingly high prevalence of violence against children and the many serious effects it has on victims. It occurs at all levels of society, in our homes, communities, and schools. In Jamaica, published large-scale and comprehensive epidemiological data on violence among children are lacking. Nevertheless, Jamaica is a Pathfinder country with the Global Partnership to End Violence Against Children. The GoJ has also taken the initiative to establish the Inter-Sectoral Committee on Children and Violence to coordinate and monitor the implementation of the National Plan of Action for an Integrated Response to Children and Violence and develop protective programmes, policies and laws to enhance child rights and protection efforts in the country.

Cognizant of the existing gaps in hard and granular data and information on this critical area, the Government commissioned the Violence Against Children and Youth Survey (VACS) that resulted in a comprehensive report detailing the experiences of various types of violence among Jamaican children and youth. The Jamaica VACS provides crucial evidence to guide the GoJ in its programmatic and policy decisions to prevent and respond to violence against children and youth. The VACS also represents another step in Jamaica's resolute commitment to fulfilling its international and national commitments to ending violence against children, under such instruments as the Child Care and Protection Act (2005), the Convention on the Rights of the Child, the Vision 2030 Jamaica – National Development Plan, and the Sustainable Development Goals. Such efforts clearly demonstrate the GoJ's interest to generate and use data to guide its policies and programmes in this area. Indeed, the GoJ is excited to use this opportunity to further its commitment to enhance the National Plan of Action for an Integrated Response to Children and Violence (NPACV) 2018–2023.

Therefore, it is with great pleasure that we present the results from the 2023 Jamaica VACS, a national household-based survey conducted between September 2022 and March 2023. The Jamaica VACS was led and implemented by the Government of Jamaica through the PIOJ with support from the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and the University of the West Indies (UWI) in collaboration with local partners, including the Ministry of Education and Youth. We are glad to have had technical assistance for VACS from the U.S. Centers for Disease Control and Prevention (CDC) and funding support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).



The VACS findings will play a critical role in fulfilling Jamaica's global commitments. While sharing the national VACS results, we assure you that the GoJ stands ready to use the data as a launching pad to build on the NPACV and respond to violence against children and youth. The results have come at an opportune moment to inform revisions for the NPACV.

The PIOJ acknowledges the efforts of all the partners in the planning and implementation of the survey and in developing the project report. Special gratitude also to the dedicated field staff and all the participants who shared their time and experiences for the benefit of our nation. All these efforts are significant in our ongoing quest to make Jamaica, the place of choice to live, work, raise families and do business.

Wayne Henry, CD, JP, PhD
Director General
Planning Institute of Jamaica

ABBREVIATIONS AND ACRONYMS

ACASI	Audio-Computer Assisted Self-Interview
AIDS	Acquired Immunodeficiency Syndrome
CDA	Child Development Agency
CDC	United States Centers for Disease Control and Prevention
CI	Confidence Interval
CPFSA	Child Protection and Family Services Agency
DVP	Division of Violence Prevention
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
GoJ	Government of Jamaica
HIV	Human Immunodeficiency Virus
IRB	Institutional Review Board
JCPD	Jamaica Council for Persons with Disabilities
MLSS	Ministry of Labour and Social Security
MNS	Ministry of National Security
MOEY	Ministry of Education and Youth
MOHW	Ministry of Health and Wellness
MOJ	Ministry of Justice
NPACV	National Plan of Action for an Integrated Response to Children and Violence
OCA	Office of the Children's Advocate
ODK	Open Data Kit
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PIOJ	Planning Institute of Jamaica
PREP	Pre-Exposure Prophylaxis
PSU	Primary Sampling Units
RSE	Relative Standard Error
SC	Steering Committee
STATIN	Statistical Institute of Jamaica
STI	Sexually Transmitted Infection
TfG	Together for Girls
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UWI	University of the West Indies
VACS	Violence Against Children and Youth Survey
VPA	Violence Prevention Alliance
WHO	World Health Organization



SECTION A: KEY TERMS AND DEFINITIONS

1. VIOLENCE

According to the WHO, violence is defined as “the intentional use of physical force or power, threatened or actual, against oneself, or another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation.”¹ This definition informed the development of the questions in VACS.

2. SEXUAL VIOLENCE

Sexual violence encompasses a range of acts, including completed non-consensual sexual acts, attempted non-consensual sexual acts, non-physically pressured sexual acts, and unwanted sexual contact. In the 2023 Jamaica VACS, questions were posed on four types of sexual violence.

- **Unwanted Sexual Touching:** anyone touched the participant in a sexual way against their will but did not try and force the participant to have sex.² Touching in a sexual way against their will includes fondling, pinching, grabbing, or touching on or around the participant’s sexual body parts.
- **Attempted Forced Sex:** anyone tried to make the participant have sex against their will, but the sex did not happen. They might have tried to physically force the participant to have sex, or they might have tried to pressure the participant to have sex through harassment or threats.
- **Pressured Sex:** anyone pressured the participant to have sex against their will through harassment or threats and the sex did happen.
- **Physically Forced Sex:** anyone physically forced the participant to have sex against their will.

3. PHYSICAL VIOLENCE

Physical violence is defined as the intentional use of physical force with the potential to cause death, disability, injury, or harm. Participants were asked about physical acts of violence perpetrated by four types of potential perpetrators:

- **Intimate Partners:** include romantic or sexual partners – people the participants have been involved with romantically or sexually, which might include spouses, common law partners, partners they are living with, in a visiting relationship with, people they have dated, or people they were seeing.
- **Peers:** include people close in age to the participant that the participant may or may not already know. These may include schoolmates, neighbours, other relatives, or strangers.
- **Parents, Adult Caregivers, and Other Adult Relatives:** include biological parents, stepparents, parent’s partner, grandparents, or other adult relatives or caregivers.
- **Adults in the Community:** include teachers; police; employers; religious groups, community or area leaders or Don; neighbours; or other adults they don’t know.

For each perpetrator type, participants were asked about four measures of physical violence. Has an intimate partner, a peer, a parent, adult caregiver or other adult relative, or an adult in the community ever:

- Slapped, pushed, shoved, shook, or intentionally threw something at the participant to hurt him/her.
- Punched, kicked, whipped, or beat the participant with an object.
- Choked, smothered, tried to drown, or burned the participant intentionally.
- Used or threatened the participant with a knife, gun, or other weapon.

4. EMOTIONAL VIOLENCE

WHO provides this definition: “Emotional or psychological violence includes restricting a child’s movements, denigration, ridicule, threats and intimidation, discrimination, rejection, and other non-physical forms of hostile treatment”.³

For the 2023 Jamaica VACS, the definition of emotional violence varied according to the perpetrators based on best practices in measurement in the field. For emotional violence perpetrated by parents, **adult caregivers, or other adult relatives**, the definition included:

- The participant being told that they were not loved or did not deserve to be loved.
- The participant being told they wished they had never been born or were dead.
- The participant being ridiculed or put down, for example, cursed them about your mother, said that they were stupid, useless, or worthless.

For emotional violence perpetrated by **intimate partners**, the definition included the participant being treated the following ways by a spouse, common-law partner, partner they were living with, in a visiting relationship with, people they have dated, or people they were seeing:

- Insulted, humiliated, or made fun of the participant in front of others.
- Kept the participant from having their own money.
- Tried to keep the participant from seeing or talking to their family or friends.
- Kept track of the participant by demanding to know where the participant was and what the participant was doing.
- Made threats to physically harm the participant.

Emotional violence by peers was defined to include the following done to the participant by a person close in age to the participant. This could be a schoolmate, a neighbour, other relatives, or a stranger - but not including current or ex-partner. It could have happened in person, or through the use of technology and social media:

- Made the participant get scared or feel very bad because they were calling the participant names, saying mean things to the participant, or saying they didn’t want them around.
- Told lies or spread rumours about the participant or tried to make others dislike the participant.
- Kept the participant out of things on purpose, excluded the participant from their group of friends, or completely ignored the participant.

5. WITNESSING AND INDIRECT EXPOSURE TO VIOLENCE

The Jamaica VACS also included a series of questions on community violence, including:

- **Knowing someone who was murdered:** Someone they felt close to was ever murdered.
- **Weapon-carrying and use:** Ever carried a weapon such as a gun, knife, ice pick, or cutlass; how often they carried a weapon in the past 12 months, and reasons for carrying a weapon in the past 12 months.
- **Gang activity:** In school is defined as an affirmative response to “Is there gang activity in your school?” and in neighbourhood is defined as an affirmative response to “Is there gang activity in your neighbourhood?” Questions were also asked about feeling threatened by gang activity and belonging to a gang.
- **Witnessing violence in the home and in the neighbourhood:** Witnessing physical violence in the home included the participant hearing or seeing their mother or stepmother, or father’s partner being hit, punched, kicked, or beaten by their father, stepfather, or mother’s partner; and hearing or seeing a parent punch, kick, or beat their brothers or sisters. Witnessing physical violence in the neighbourhood included seeing anyone get attacked outside of their home and family environment.
- **Missing school due to violence:** Missing school due to sexual and physical violence victimization (sexual and physical violence as defined above).



SECTION 1: INTRODUCTION

1.1. VIOLENCE AGAINST CHILDREN AND YOUTH IN JAMAICA

Violence against children and youth is a serious public health issue that affects the health and life opportunities of young people in Jamaica. Globally, violence against children and youth is common, and while data exists in many jurisdictions on the magnitude of the problem, population-level data on the scope of the problem in Jamaica are limited. However, annual administrative data produced by the Jamaica Constabulary Force continue to show the alarming number of children and youth involved in major crimes, both as victims and perpetrators, including murder, shooting, and assaults. For the period, 2018 to 2020, Jamaica Constabulary Force data reported 1,128 young people between 10 and 24 years were victims of murder, 1,548 were victims of rape and 425 were victims of aggravated assault.⁴ On a yearly basis, the National Children's Registry also receives thousands of reports of child abuse.

Further, Jamaica has experienced decades of high levels of violent crimes and in 2015, crime was identified as the main public safety issue for Jamaicans and a significant threat to the country's human and economic development. Jamaica was also considered among the top ten countries with the highest mortality rates for homicide and violence among girls ages 10-19 years.^{5,6} Additionally, a recent study inquiring about sexual assaults among young Jamaicans during COVID-19 reported a high prevalence of sexual assaults overall (36%), with almost eight times the prevalence for girls (87%) compared to that of boys (11.4%).⁷

In 2016, Jamaica showed a strong commitment to addressing violence against children as a national priority, after becoming a Pathfinder Country under the Global Partnership to End Violence Against Children. A National Inter-Sectoral Committee was instituted as the main coordination mechanism for the implementation of Jamaica's NPACV. This Committee is supported by four Technical Working Groups, which collectively are the technical arm of the Committee responsible for progress tracking, research and analysis, stakeholder consultation and forging of partnerships, and policy recommendations. The NPACV is structured around the INSPIRE strategies - a technical package consisting of seven evidence-based strategies that together provide a framework for ending violence against children. Nevertheless, the lack of comprehensive, national level data on the magnitude, impact, and context of violence against children in Jamaica has limited the country's capacity to develop, implement and monitor effective violence prevention and response policies and programs under the NPACV.

The 2023 Jamaica VACS was conducted under the leadership of the Government of Jamaica, in collaboration with CDC. The 2023 Jamaica VACS is a national survey that collected comprehensive data to inform the scope, nature, contexts, and harmful consequences of physical, emotional, and sexual violence against children⁸ and youth⁹. The VACS data will contribute to a better understanding of violence against children and young people in Jamaica and support adequate and evidence-based violence prevention policies, programmes, and related interventions.

1.2. LEADERSHIP AND KEY PARTNERS

The dearth of population-level data particularly related to the prevalence of violence against children and youth presents a key challenge in planning, implementing, and evaluating programmes to prevent and protect children and youth from violence in Jamaica. In response to these concerns, the Government of Jamaica through PIOJ, in collaboration with CDC and implementing partners EGPAF and UWI conducted a national VACS in Jamaica. Data collection began in September 2022 and concluded by March 2023. The purpose of the VACS was to estimate the prevalence of sexual, physical, and emotional violence, identify associated risk and protective factors, and health and social consequences, as well as knowledge and use of medical, psychosocial, legal, and protective services among children and young people.

The 2023 Jamaica VACS is based on the broader work that has been done by the TfG partnership, which started in 2009. TfG is a global partnership among over twenty (20) national governments, United Nations agencies, and private sector organizations, working at the intersection of violence against children and youth and violence against women. Through data, nationally led action, and advocacy, the partnership works to raise awareness, promote evidence-based solutions, and galvanize coordinated action across sectors to end violence against boys and girls, with a special focus on sexual violence against girls. In 2016, *INSPIRE: Seven Strategies for Ending Violence Against Children* was released through a collaboration between CDC, WHO, TfG, PEPFAR, USAID, UNICEF, and other organizations.¹⁰ The seven strategies that INSPIRE encompasses are: **I**mplementation and enforcement of laws; **N**orms and values; **S**afe environments; **P**arent and caregiver support; **I**ncome and economic strengthening; **R**esponse and support services; and **E**ducation and life skills. Quality, population-level data matched with clear achievable goals and interventions have tremendous potential to inform appropriate strategic resource allocation and public health strategies to prevent violence.

The 2023 Jamaica VACS was led by PIOJ, which oversaw the implementation of VACS and chairmanship of the VACS SC. The SC included representation of senior officials from key ministries, departments, and agencies of the Government of Jamaica CDC, EGPAF/UWI, STATIN, and other partners, engaged in regular meetings and programmatic activities to provide cultural context for the adaptation of the study protocol and tools to Jamaica (list of VACS SC representation is provided in table below). Their objective was to monitor the survey implementation, to provide problem-solving support, and to enhance ownership by the Government of Jamaica and partner agencies that will be integral to organizing action around the key survey results and recommendations. Data collection was conducted by the UWI in close collaboration with EGPAF, PIOJ, and other partners, and with technical support and quality assurance monitoring from CDC. The response plan was implemented by the UWI in collaboration with the MOHW and the CPFSA. The survey was funded by PEPFAR through the CDC Caribbean Regional Office.

Jamaica VACS Steering Committee

BGA - Bureau of Gender Affairs	CDC – Centers for Disease Control and Prevention, Division of Violence Prevention, Division of Global HIV and TB and Caribbean Regional Office
MOHW – Ministry of Health and Wellness	EGPAF – Elizabeth Glaser Paediatric AIDS Foundation
PIOJ – Planning Institute of Jamaica	Eve for Life
CPFSA – Child Protection and Family Services Agency	JCPD – Jamaica Council for Persons with Disabilities
MOJ – Ministry of Justice	UNICEF – United Nations Children’s Fund
MLSS – Ministry of Labour and Social Security	UWI – University of the West Indies
MOEY – Ministry of Education and Youth	VPA - Violence Prevention Alliance
OCA – Office of the Children’s Advocate	
MNS – Ministry of National Security	



SECTION 2: MATERIALS AND METHODS

2.1. STUDY DESIGN AND SAMPLING

The 2023 Jamaica VACS was a cross-sectional, nationally representative household-based survey of **13-24-year-old**, females and males. The survey was designed to produce national estimates of experiences of physical, sexual, and emotional violence. The data presented in this report include national (1) prevalence of lifetime violence (physical, sexual, and emotional), defined as violence occurring at any time in their lifetime among 13-24-year-olds; (2) prevalence of childhood violence (physical, sexual, and emotional), defined as violence occurring before 18 years of age among 18-24-year-olds; (3) prevalence of violence in the past 12 months among 13-24-year-olds; and (4) prevalence of sexual and reproductive behaviours and risk behaviours among 13-24-year-olds.

The 2023 Jamaica VACS sampled 13-24-year-old females and males at the national level. The sampling frame was based on the 2011 Jamaica Population and Housing Census, which was the most recent available data at the time. The sampling frame for the 2023 Jamaica VACS was stratified by sex and parish. Separate samples were drawn for males and females based on the required sample size and consideration of response rates. The survey used a three-stage cluster sampling design and drew separate PSUs for males and females. Data collection took place between **September 2022 and March 2023**.

In the **first stage** of the three-stage sample design, 165 PSUs (84 female PSUs and 81 male PSUs) were selected from the 5,776 PSUs in the original national sampling frame using probability proportional to size. The PSUs were allocated across all applicable strata proportional to the percentage of national households in each stratum. In the **second stage** (mapping and listing), households were pre-screened for eligible participants. From the pre-screened households with an eligible 13-24-year-old living within the household, 15-30 households were selected from each PSU, depending on PSU size, by equal probability systematic sampling. In the **third stage**, one eligible participant from each selected household was randomly selected from the list of all eligible participants. Additional details on the sampling and methodology of the 2023 Jamaica VACS are included in Appendix A: Supplementary Sampling Methods.

2.2. SURVEY QUESTIONNAIRE

VACS includes two questionnaires: one questionnaire for the head of household and a separate core questionnaire for the participants (both a male and a female version) that are adapted for each country. The core VACS questionnaire was adapted for the 2023 Jamaica VACS through a consultative process with key partners, led by PIOJ, and logistic support from EGPAF. The participant questionnaire covered the following topics: demographics; parental relationships; education; general connectedness to family, friends, and community; endorsement of traditional gender norms; perceptions of safety; witnessing violence in the home or community; sexual history and risk-taking behaviours; experiences of physical, sexual, and emotional violence; violence perpetration; pregnancy; health outcomes and risk behaviours; violence disclosure, service-seeking, and use of services; HIV service history; and COVID-19.

Although the analyses distinguished results by sex and age group, all VACS participants responded to the same questions, except questions about pregnancy, which only applied to females. In addition, the transactional sex questions were asked differently, where males were asked if they had *provided* goods, money, or services in exchange for sex, while females were asked if they had *received* goods, money, or services in exchange for sex.

The VACS participant questionnaire also included questions designed to assess indicators to measure INSPIRE Strategies, to support Jamaica's efforts in using data-driven approaches to informing violence prevention and response initiatives. The VACS participant and head of household questionnaires included programmed skip patterns to route the interviewer to the logical sequence of questions based on participant responses. Given the complexity of the skip patterns and logic sequencing, the VACS used electronic data collection to eliminate routing error, reduce training on skip pattern sequencing, and reduce data entry errors.

All participants were asked about ever experiencing childhood violence in addition to experiences of violence in the past 12 months. For analysis purposes, in this report, prevalence estimates of childhood violence were based on responses from participants ages 18-24 reporting on their experiences prior to age 18, whereas the estimates of lifetime violence were based on responses from participants ages 13-24 reporting on experiences throughout their lifetime and estimates of current violence were based on responses from participants ages 13-24 reporting on experiences occurring in the 12 months preceding the survey. This allowed for the examination of current patterns and contexts of childhood violence in Jamaica.

2.3. INCLUSION CRITERIA AND SELECTION OF HOUSEHOLDS AND PARTICIPANTS

To be included in the survey, a participant had to be living in a sampled household, be between the ages of 13-24 at the time of the interview, and be able to speak English. Males and females with severe disabilities who did not have the capacity to understand the questions being asked and those with significant, impairing physical disabilities (e.g., hearing, visual, and speech impairment) that prevented oral and ACASI¹¹ administration of the surveys, were excluded from the study. While the majority of the survey was conducted by interviewers face-to-face, a few questions deemed more sensitive such as physical violence and sexual violence questions were conducted through ACASI. During the ACASI portion of the survey, the interviewer passed the tablet and headphones to the participant so the participant could privately hear the questions and enter their responses directly into the tablet. The interviewer did not know or see the information collected for any question through ACASI. Males and females who were not able to or refused to use the ACASI were also excluded. When using ACASI, response options were highlighted as audio played to allow participants to select a response. The highlights were an accommodation feature for low level literacy participants.

The study used the age range of 13-24 because children younger than 13 years old may not have the maturity, attention span or awareness to comprehend and respond to the interview questions. Furthermore, limiting the upper age range to 24 years helps to reduce potential recall bias for childhood experiences, or the inability to recall events in the past accurately.

The 2023 Jamaica VACS used a split sample approach, such that the survey for females was conducted in different PSUs than the survey for males. This approach was to protect the confidentiality of participants by eliminating the chance that opposite sex perpetrators will be interviewed in the same community and possibly retaliate against participants.

During mapping and listing, every household in a PSU was pre-screened for an eligible 13-24-year-old participant. A household was considered eligible if they had a 13-24-year-old eligible participant, or when the household was determined to be occupied but no one was available during pre-screening; in this case the household was also considered eligible and still approached for data collection. Once pre-screening was completed, depending on the phase of the data collection as indicated above, 15 to 30 eligible households were randomly selected from each PSU. In situations where the number of eligible households in a PSU was lower than 15, all eligible households in that PSU were selected for

the survey. Upon entering a randomly selected household, the interviewers identified the head of the household, or the person acting as the head of household at the time, to introduce the study and determine household and individual eligibility to participate. Regardless of whether there was an eligible participant in the household, interviewers invited the head of household to participate in a brief interview to assess the socio-economic conditions of the household, the vulnerability of children living in the household, as well as attitudes and practices towards the COVID-19 pandemic. In the instance where there were more than one eligible participant, a participant was randomly selected using a programme installed on the data collection tablets. If the selected participants were not available for an interview, interviewers made every effort to schedule return visits to the household at times when the selected participant would be available. If the selected participant was not available after three attempts, or if she or he declined to participate, the household was coded as a nonresponse regardless of whether another eligible participant existed in the household. In that case, neither the household nor the eligible participant were replaced.

2.4. DATA COLLECTION

Data collection was done electronically using the Open Data Kit (ODK) software program installed on Android tablets. Interviewers were selected based on specific criteria, such as age, educational level, and survey experience. Interviewers were trained and deployed to PSUs as assigned; although it proved difficult in practice, whenever possible, field workers were not assigned to the parishes they came from and where they might be well known. Trained interviewers conducted face-to-face confidential interviews with selected eligible participants. Because a limited number of interviewers were male, female interviewers interviewed both female and male participants, while male interviewers interviewed only male participants. The training for interviewers consisted of one week of in-person training of team leads/supervisors, followed by two weeks of in-person training of interviewers led by CDC with support from EGPAF/UWI. Training included modules on survey protocol, interview delivery, interviewing skills, response plan implementation, and use of the electronic data collection tool.¹² All interviewers were trained and evaluated on the mapping and listing process, study protocols, research ethics, and questionnaire tools to ensure high-quality implementation. The interviewers were also trained to use the ODK to complete the initial visit record form of the survey tool, which had a section that allowed the survey team to track incomplete interviews, as well as interviews that needed to be rescheduled.

Trained interviewers asked questions and recorded answers on tablets. The physical violence, sexual violence, and sexual behaviour and HIV/AIDS modules were administered using ACASI. For these questions, the interviewer passed the tablet and headphones to the participant and the participant responded directly into the tablet with their answer choices. The interviewer did not see the data for any question collected through ACASI and did not know if the participant disclosed a reportable event. Complete interviews were defined as either completing all questions in the survey or completing at least two of the three violence modules. Prior to the implementation of the household survey, field staff conducted a field test to pilot the data collection procedures and tools to ensure maximum quality.

Interviewers took thorough precautions to ensure privacy during the interviews. The interviewers conducted the interview in a safe and private location at a safe distance from other inhabitants in the house, or in an appropriate place in the home or yard. If privacy of a participant could not be ensured, interviewers were instructed to reschedule the interview or find an alternate place to conduct the interview within the community. If the interview was started but could not be completed while the interview team was in the selected community, the interview was coded as incomplete and not included in the analytic dataset. The initial visit record form of the survey tool included a section the interview team used to track incomplete interviews, as well as interviews that needed to be rescheduled.

2.5. ETHICAL CONSIDERATIONS

The 2023 Jamaica VACS adhered to WHO recommendations on ethics and safety in studies of violence against women.^{13,14} The survey protocol was independently reviewed and approved by CDC IRB, MOHW IRB, and UWI IRB to ensure appropriate protections for the rights and welfare of human research participants. Study protocols and training of interviewers followed detailed standards for maintaining the safety, privacy, and confidentiality of children and youth participating in a violence survey.

Additional COVID-19 mitigation measures were undertaken by both study participants and the survey team who followed standard operating procedures and protocols in compliance with CDC and WHO guidance at the time and were aligned with Jamaican COVID-19 mitigation policies. The measures included daily self-screening of field staff for COVID-19 symptoms, modifications to team size, and household entrance requirements of team members and supervisors, and individual prevention strategies, including physical distancing, wearing a mask, and practicing proper hand hygiene and cleaning of the tablets.

2.5.1. REFERRALS

During the interview, participants could have recalled frightening, humiliating, or painful experiences that could elicit a strong emotional response. Participants could also have recently experienced violence and desired immediate assistance or counseling. Evidence suggests that adult women find that talking about their experiences of violence is beneficial and appreciate having the opportunity to have a conversation about those experiences.^{15,16} In addition, there is evidence that adolescents and young adults are willing to talk about their experiences of violence within a compassionate structure.^{17,18} In other words, social support can help to alleviate the stress of difficult emotions or experiences. To respond to the needs of participants, multiple mechanisms were made available for interviewers to link participants to support as part of a comprehensive study response plan.¹⁹

Jamaica instituted the Child Care and Protection Act in 2004, which requires any person who suspects that “a child has been, is being, or is likely to be abandoned, neglected, physically or sexually ill-treated, or otherwise in need of care and protection” to file a report with the Office of the Children’s Registry (currently referred to as the National Children’s Registry)²⁰. Any information that a participant volunteered to the interviewer that met mandatory reporting requirements was reported to the National Children’s Registry.

Interviewers offered free, direct referrals to those who were flagged by ODK as eligible. The criteria for a referral were if a participant, 1) experienced any violence in the past 12 months, 2) became upset during the interview, 3) ever attempted suicide, or 4) requested help for violence, regardless of what was disclosed in the interview. The interviewer did not know which of the criteria a participant met to protect confidentiality, only that ODK identified them as having met 1 or more based on their survey answers. If the participant met any of these criteria and consented to a referral, the interviewer recorded contact information separately from survey responses and provided a referral to services. When participants reported directly to the interviewers 5) feeling unsafe in their current living situations, including in the home or community, 6) being in immediate danger, 7) experiencing physical or sexual violence, or 8) having recurrent thoughts of suicide, they were automatically referred to the National Children’s Registry in alignment with mandatory reporting requirements. Additionally, the interviewers provided all participants with a list of services reflecting free social services, programmes, and amenities currently offered in Jamaica, in case they wanted to seek services on their own or needed services in the future. All participants were also provided a mobile phone credit at the end of the interview to call any service needed.

An acute case was defined as any participant who identified as being in immediate danger or feeling unsafe in their living situation. If a participant indicated to the interviewer that she or he was in immediate danger or unsafe, the interviewer activated the response plan for acute cases. The interviewer immediately alerted the field team leader with their referral information, who then followed up with the response plan coordinator. A plan was then made to provide an intervention expediently. Field team leaders immediately informed the response plan coordinator so that a visit could be made to the participant as needed. Action plans for acute cases were activated on a case-by-case basis in order to best respond to the individual situation and ensure that the participant was not placed in any additional danger. For cases where the participant was in immediate danger, the service provider made every effort to reach the participant requiring referral within 48 to 72 hours. For non-acute cases, the service provider made every effort to reach the participant requesting the referral within one week. A total of 77 cases were referred, one of which was an acute case, and 3 were mandatory reports.

2.5.2. SURVEY INFORMED CONSENT

A graduated consent procedure was implemented starting with consent for the head of household. This was followed by permission from a parent or guardian if the participant was ages 13-17 and a verbal agreement with participants to proceed with the interview. Once the interviewer and participant were in private, a full consent (for participants ages 18 or older) or a full assent (for participants ages 13 to 17) was administered. Participants ages 18 or older and emancipated minors provided their own consent to participate in the survey. For this survey, emancipated minor was defined as an adolescent boy or girl between 16 and 17 years old who was married.

To help ensure the safety and confidentiality of both participants and interviewers, to facilitate disclosure on a sensitive topic, and to avoid the possible risk of retaliation against participation in the survey, when seeking permission from the head of household and parent/caregiver, interviewers described the study in broad terms as a youth health survey. This approach is consistent with the WHO ethical and safety recommendations regarding obtaining informed consent for participation in surveys that contain questions on domestic violence.²¹ According to the WHO guidelines, it was important to define the study in terms other than violence. VACS adopted this approach to inform heads of household, parents, and caregivers as fully as possible about the content of the survey without risking possible retaliation against participants for their participation.

Once the parent/guardian permission was obtained, the interviewer and the participant moved to a private location, where the interviewer read the contents of a verbal survey assent (for minor participants) or consent. This assent/consent informed the participants that the information they provided in the interview was confidential and anonymous, that their decision regarding participation was voluntary, and that declining to participate in the survey had no personal consequence. Participants were told that if they chose to participate, they would be asked questions about sensitive topics such as their sexual activity, and their experiences with physical, sexual, and emotional violence. Participants were assured that the information they shared was confidential, identifying information was not being gathered, and that they could skip any questions or end participation at any time. Each participant provided assent or consent verbally, which was documented electronically by the interviewer in the tablets.

2.6. RESPONSE RATES AND DATA ANALYSIS

A total of 1,419 households were sampled from 77 of the 81 randomly selected PSUs for males, where 755 eligible males completed the survey. For males, the household response rate was 78.8% and the individual response rate was 81.9%, resulting in an overall male response rate of 64.5%. A total of 1,384 households were sampled from 79 of the 84 randomly selected PSUs for females, where 757 eligible females completed the survey. The household response rate for females was 76.9% and the individual response rate was 82.4%, resulting in an overall female response rate of 63.4%. See Appendix A: Supplementary Sampling Methods for further details on sampling and how response rates were calculated.

SAS statistical software (version 9.4) was used for data management and analysis.

2.6.1. WEIGHTED PERCENTAGES

Sample weights were calculated and applied to all results to yield nationally representative estimates (see Appendix A: Supplementary Sampling Methods for additional details). When calculating the estimates for most indicators, missing values were excluded from the analysis. Sample weights were created and applied to each individual record to adjust for the probability of selection, differential nonresponse, and calibration to the census population. All analyses incorporated weights and cluster stage design. Accurate standard errors were produced for each estimate using software that considers the complex sample design. See Appendix A: Supplementary Sampling Methods for more information.

2.6.2. DEFINITION OF UNSTABLE ESTIMATES

Standard errors for estimates were calculated using methods that take the complex survey design into account. Estimates were considered unstable based on the corresponding relative standard error (RSE), which is calculated by dividing the standard error by the estimate and then multiplying by 100. As such, the RSE is affected by the magnitude of the estimate and the sample size. Using sample weights, estimates are based on the weighted sample size.

In the present report, two RSE cuts offs were used to indicate degree of instability. Estimates with an RSE greater than 30% but less than 50% were considered moderately unstable and marked with one asterisk, with the warning in the footnote that the result should be interpreted with caution. These results were included in the tables but not discussed in the results section. Estimates with an RSE equal to or greater than 50% were considered unstable and suppressed. When the prevalence of an indicator was zero percent (0.0%), those results were denoted as <0.1% in the tables and should be interpreted with caution. We could not assume that the prevalence of the item in the entire population is an absolute zero.

2.6.3. TECHNICAL NOTE TO THE READERS ABOUT THE 95% CONFIDENCE INTERVAL

The estimates in the Jamaica VACS are accompanied by a 95% CI. This is a statistical measure that indicates how confident we can be in our point estimates within a specified margin of error. The CIs are calculated as the Z-score for a normal distribution containing 95% of the values (1.96) multiplied by the standard error of the prevalence estimate. Smaller CIs mean that the estimates are more precise, whereas wider CIs indicate more variation in the sample data. This range of 95% CI indicates that, for 95 out of 100 samples completed in the same way as the VACS, the true population prevalence of

violence will be between the upper and lower CI values. For example, if the expected sexual violence prevalence in Jamaica was 30%, the CI would range between 26%-34%; this means that if we could survey the youth in Jamaica at the same time using 100 different national samples, the sexual violence estimate would fall between 26% and 34% in 95 out of 100 samples.

2.6.4. DIFFERENCES BETWEEN ESTIMATES

To evaluate whether differences between any groups or subgroups were statistically significant and not due to random variation, the 95% CIs for some estimates were compared to determine whether they overlapped. The CI overlap method is a conservative method that determines statistical difference by comparing the CI for two estimates — if the CIs do not overlap, then the estimates are considered “statistically different (or significantly different)” and that the difference is not due to random chance. In each summary section, any reference to “significantly” different results indicates a statistically significant difference based on use of the CI overlap method.



SECTION 3: BACKGROUND CHARACTERISTICS

This section presents selected background characteristics of children and youth in Jamaica, including education, orphan status, work experience, marital status, sexual activity, and experiences during the COVID-19 pandemic. Orphanhood is defined as the loss of one (single orphan) or both (double orphan) parents before age 18. To assess work participation, participants were asked whether they had worked for money or other payment in the past 12 months, and the industry of that work, if they answered yes. Married refers to those who were ever married, ever lived with someone as if they were married, otherwise known as cohabitation, ever were in a visiting relationship, or in a union or common law union. This section also includes data on functional disability, which includes 1) blind or difficulty seeing, even when wearing glasses; 2) difficulty concentrating, remembering, or making decisions due to physical, mental, or emotional condition; 3) serious difficulty walking or climbing stairs; 4) difficulty dressing or bathing; 5) difficulty doing errands alone, such as collecting firewood, collecting water or shopping due to physical, mental, or emotional condition; or 6) difficulty communicating, for example understanding or being understood, using usual (customary) languages.

BACKGROUND CHARACTERISTICS OF 13-17-YEAR-OLDS

- Among those who ever attended school (99.1% of females and 98.6% of males), more than nine out of ten females (94.1%) and males (94.6%) were currently enrolled in school.
- One out of ten females (10.5%) and one out of seven males (14.1%) were orphans (meaning one or both parents died).
- Among adolescents, 15.0% of females and 22.8% of males worked for money or other payment in the past year.
- Significantly more 13-17-year-old males (30.9%) ever had sex than their female counterparts (14.7%).
- Among adolescents, more than half of females (54.4%) and close to two in five males (37.7%) had some or severe functional disability in one or more domains.

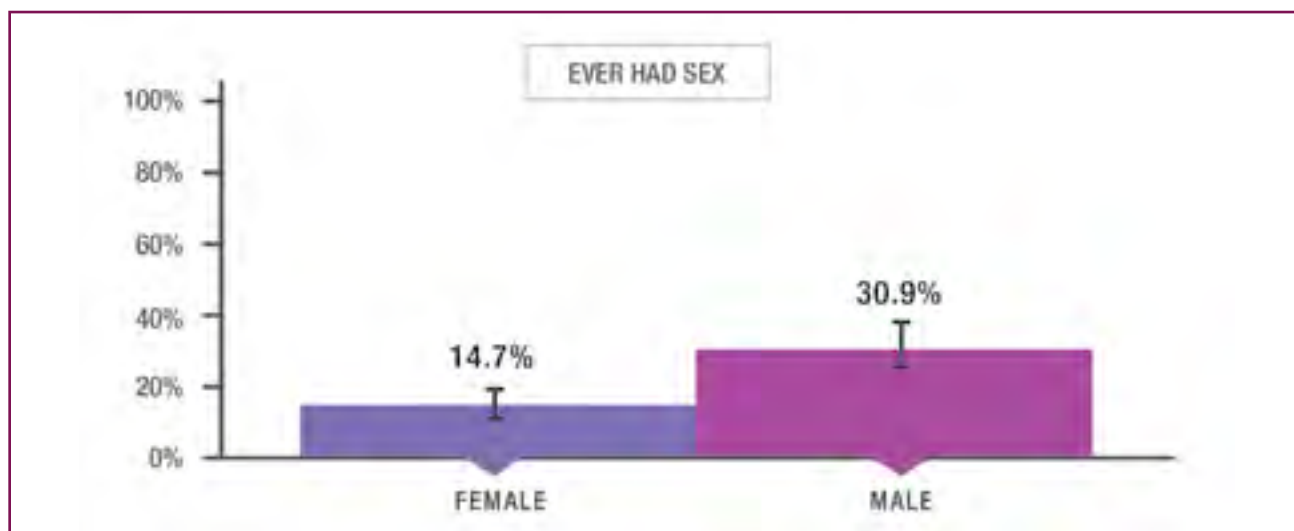


Figure 3.1 Percentage of 13-17-year-olds who ever had sex – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

Note: All figures are presented with 95% confidence intervals represented by the line above and below the bars.

BACKGROUND CHARACTERISTICS OF 18-24-YEAR-OLDS

- Among those who ever attended school, about half of females (52.0%) and seven out of ten males (70.3%) had attended or completed secondary school; almost half of females (46.8%) and one out of four males (26.1%) had attended or completed tertiary/post-secondary school.
- One in ten youth were orphans (10.6% females; 10.7% males), meaning one or both parents died before the youth turned 18 years old.
- More than three out of five females (65.6%) and males (70.6%) had worked for money or other payment within the past 12 months.
- Among those who worked, common work industries were wholesale, accommodation and food services, arts and entertainment, and recreation for females (13.3%) and for males (17.7%), and other (81.9% for females and 44.8% for males).
- Nearly one in four females (24.1%) and males (24.5%) experienced food insecurity.
- One out of ten females (10.4%) and 6.5% of males had ever been married or in a union.
- Among females who had ever been married or in a union, one out of five (20.7%) had a first partner/spouse who was 5 or more years older than them. Among those who had ever been married or in a union, about two out of five females (42.3%) and close to three out of five males (58.2%) had a first partner/spouse who was younger than them.
- About seven out of ten females (71.7%) and males (72.8%) had ever had sex.
- More than two out of five females (41.8%) and three in ten males (29.3%) had some or severe functional disability in one or more functional disability domains.

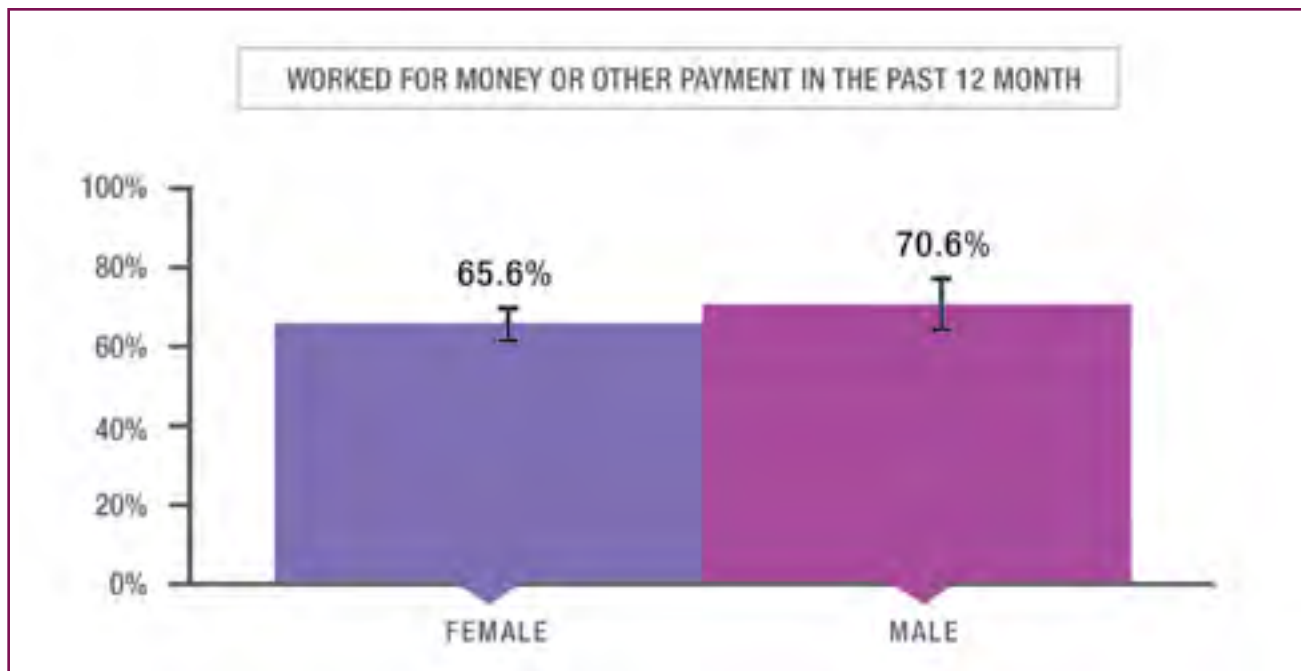


Figure 3.2 Percentage of 18–24-year-olds who worked for money or other payment in the past 12 months – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

Note: All figures are presented with 95% confidence intervals represented by the line above and below the bars.

BACKGROUND CHARACTERISTICS OF 13-24-YEAR-OLDS

- Among children and youth, 98.9% of females and 97.3% of males attended or completed secondary school or more; three out of five females (60.9%) and more than half of males (55.6%) were currently enrolled in school.
- Almost half of the youth (44.0% of females and 49.7% of males) worked for money or other payment in the past year.
- About one in four females (25.4%) and males (23.2%) experienced food insecurity.
- Almost half of the females (47.2%) and more than half of the males (54.1%) ever had sex and the mean age at first sex was 16 years for females and 14 years for males.
- Among females who had ever had sex, 71.5% of the most recent person they had sex with in the past 12 months were older; while among the males, 47.0% of the most recent person they had sex with in the past 12 months were of the same age and 38.4% were older.
- Almost half of the females (47.2%) and one third of the males (33%) had some or severe functional disability in one or more functional disability domains.

3.1. CHARACTERISTICS OF 13-17-YEAR-OLDS

Table 3.1. Background characteristics of 13-17-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	FEMALES	MALES
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Education status	Females (n=396)	Males (n=402)
Attended or completed primary school or less (or never attended school)	**	**
Attended or completed some secondary school or more	99.1 (98.1 - 100.0)	98.6 (97.2 - 99.9)
Attended or completed other type of school [1]	**	**
Current school enrolment status	Females (n=398)	Males (n=402)
Currently enrolled in school	94.1 (91.7 - 96.5)	94.6 (92.0 - 97.1)
Orphan status [2]	Females (n=385)	Males (n=389)
Not an orphan	89.5 (85.3 - 93.8)	85.9 (81.0 - 90.7)
Lost one parent, but not both parents	10.5 (6.2 - 14.7)	14.0 (9.2 - 18.9)
Lost both parents	<0.1%***	**
Lost one or both parents [3]	10.5 (6.2 - 14.7)	14.1 (9.3 - 19.0)
Socioeconomic conditions	Females (n=398)	Males (n=400)
Worked for money or other payment in the past 12 months	15.0 (11.6 - 18.3)	22.8 (17.4 - 28.2)
	Females (n=371)	Males (n=373)
Food insecurity [4]	27.1 (20.6 - 33.6)	21.5 (15.1 - 27.8)
Relationship and sexual history		
	Females (n=392)	Males (n=376)
Ever been married or in a union	**	**
	Females (n=376)	Males (n=376)
Ever had sex [5]	14.7 (11.3 - 18.1)	30.9 (24.3 - 37.5)

Functional disability [6]	Females (n=398)	Males (n=402)
Severe functional disability [7] in one or more domains	6.7 (4.0 - 9.5)	3.3 (1.4 - 5.3)
Some or severe functional disability [8] in one or more domains	54.4 (47.7 – 61.2)	37.7 (32.9 – 42.4)

Note: CI = confidence interval.

- [1] Includes special school, adult education/night, and Jamaican Foundation for Lifelong Learning/adult literacy classes.
- [2] Orphanhood is defined as one or both parents have died for the purpose of categorization and analysis in keeping with international definitions.
- [3] Separate category created by combining the lost one parent, but not both parents and lost both parents categories.
- [4] Food insecurity is defined as the household not having enough money for food.
- [5] Sex includes vaginal, oral, or anal intercourse.
- [6] Functional disability domains include: 1) blind or difficulty seeing, even when wearing glasses; 2) difficulty concentrating, remembering, or making decisions due to physical, mental, or emotional condition; 3) serious difficulty walking or climbing stairs; 4) difficulty dressing or bathing; 5) difficulty doing errands alone, such as collecting firewood, collecting water or shopping due to physical, mental, or emotional condition; or 6) difficulty communicating, for example understanding or being understood, using usual (customary) languages.
- [7] Severe functional disability is defined as having *a lot of difficulty or cannot do at all*, in one or more functional disability domains.
- [8] Some or severe functional disability includes having some *difficulty, a lot of difficulty or cannot do at all*, in one or more functional disability domains.
- ** Unstable estimate (RSE is greater than or equal to 50%), estimate was suppressed.
- *** When the prevalence of an indicator is zero percent (0.0%), those results are denoted as <0.1% and should be interpreted with caution. It cannot be assumed that the prevalence of the item in the entire population is an absolute zero.
- n represents the denominator.

3.2. CHARACTERISTICS OF 18-24-YEAR-OLDS

Table 3.2.1. Background characteristics of 18-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	FEMALES	MALES
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Highest level of education	Females (n=359)	Males (n=351)
Never attended school	**	1.7 (0.1 - 3.2)*
Attended or completed primary school	**	1.8 (0.3 - 3.2)*

Attended or completed secondary school	52.0 (45.5 – 58.5)	70.3 (64.3 – 76.3)
Attended or completed tertiary/post-secondary school	46.8 (40.1 – 53.4)	26.1 (20.3 – 31.8)
Attended or completed other type of school [1]	**	**
Orphan status before age 18 [2]	Females (n=342)	Males (n=339)
Not an orphan before age 18	89.4 (86.0 – 92.7)	89.3 (85.9 – 92.7)
Lost one parent, but not both parents	10.4 (7.0 - 13.7)	10.4 (7.2 - 13.7)
Lost both parents	**	**
Lost one or both parents before age 18 [3]	10.6 (7.3 – 14.0)	10.7 (7.3 – 14.1)
Socioeconomic conditions	Females (n=359)	Males (n=352)
Ever been married or in a union	65.6 (59.0 – 72.1)	70.6 (65.7 – 75.6)
	Females (n=345)	Males (n=337)
Food insecurity [4]	24.1 (18.3 – 29.9)	24.5 (19.1 – 29.9)
Relationship status and sexual history	Females (n=357)	Males (n=327)
Ever been married or in a union	10.4 (6.6 – 14.3)	6.5 (3.1 – 10.0)
	Females (n=356)	Males (n=326)
Child marriage (married before age 18)	**	**
	Females (n=34)	Males (n=15)
First partner/spouse 5 or more years older [5]	20.7 (9.0 – 32.5)	**
	Females (n=34)	Males (n=15)
First partner/spouse was younger [5]	42.3 (24.3 – 61.0)	58.2 (32.3 – 84.2)
	Females (n=339)	Males (n=328)
Ever had sex [6]	71.7 (66.2 – 77.2)	72.8 (67.4 – 78.1)
	Females (n=247)	Males (n=245)
Sex of sex partners		
Females	2.2 (0.2 – 4.2)*	98.7 (97.1 – 100.0)
Males	89.8 (85.9 – 93.8)	<0.1%***
Both	8.0 (4.4 – 11.6)	**

Functional disability [7]	Females (n=359)	Males (n=353)
Severe functional disability [8] in one or more domains	2.3 (0.3 – 4.3) *	5.4 (2.7 – 8.2)
Some or severe functional disability [9] in one or more domains	41.8 (35.6 – 48.0)	29.3 (23.4 – 35.2)

Note: CI = confidence interval.

[1] Includes special school, adult education/night, and Jamaica Foundation for Lifelong Learning /adult literacy classes.

[2] Orphanhood is defined as one or both parents have died for the purpose of categorization and analysis in keeping with international definitions.

[3] Separate category created by combining the lost one parent, but not both parents and lost both parents categories.

[4] Food insecurity is defined as the household not having enough money for food.

[5] Includes those who have ever been married or ever lived with a partner.

[6] Sex includes vaginal, oral, or anal intercourse.

[7] Functional disability domains include: 1) blind or difficulty seeing, even when wearing glasses; 2) difficulty concentrating, remembering, or making decisions due to physical, mental, or emotional condition; 3) serious difficulty walking or climbing stairs; 4) difficulty dressing or bathing; 5) difficulty doing errands alone, such as collecting firewood, collecting water or shopping due to physical, mental, or emotional condition; or

6) difficulty communicating, for example understanding or being understood, using usual (customary) language.

[8] Severe functional disability is defined as having *a lot of difficulty* or *cannot do at all*, in one or more functional disability domains.

[9] Some or severe functional disability includes having *some difficulty*, *a lot of difficulty* or *cannot do at all*, in one or more functional disability domains.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

** Unstable estimate (RSE is greater than or equal to 50%), estimate is suppressed.

*** When the prevalence of an indicator is zero percent (0.0%), those results are denoted as <0.1% and should be interpreted with caution. It cannot be assumed that the prevalence of the item in the entire population is an absolute zero.

n represents the denominator.

Table 3.2.2. Work industry among 18-24-year-olds who have worked in the past 12 months – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Females (n=225)	Males (n=253)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Good-producing sectors including agriculture [1]	1.6 (0.0 - 3.1)*	36.1 (27.4 - 44.9)
Wholesale, accommodation & food services, arts & entertainment, recreation [2]	13.3 (8.8 - 17.9)	17.7 (12.9 - 22.5)
Financial & insurance activities, real estate activities [3]	3.2 (0.5 - 5.9)*	**
Other [4]	81.9 (76.2 - 87.5)	44.8 (35.2 - 54.4)

Note: CI = confidence interval.

[1] Agriculture, hunting, and forestry; fishing; mining and quarrying; manufacturing; and construction and installation.

[2] Wholesale and retail; repair of motor vehicle; and hotels and restaurant services.

[3] Financial intermediation; and real estate, renting, and business activities.
parents categories.

[4] Other includes electricity, gas, and water supply; personal and household goods; transport, storage, and communication; public administration and defence; compulsory social security; education; health and social work; other community, social, and personal service activities; private households with employed persons; extra-territorial organizations and bodies; self-employed/hustle; and other.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

** Unstable estimate (RSE is greater than or equal to 50%), estimate is suppressed.

n represents denominator.

3.3. CHARACTERISTICS OF 13-24-YEAR-OLDS

Table 3.3. Background characteristics of 13-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	FEMALES	MALES
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Education status	Females (n=755)	Males (n=753)
Completed primary school or less (or never attended school)	0.9 (0.2 - 1.5)*	2.5 (1.2 - 3.9)
Attended or completed some secondary school or more	98.9 (98.2 - 99.6)	97.3 (96.0 - 98.7)
Attended or completed other type of school [1]	**	**
	Females (n=754)	Males (n=748)
Currently enrolled in school	60.9 (55.8 - 66.1)	55.6 (50.1 - 61.1)
Socioeconomic conditions	Females (n=757)	Males (n=752)
Worked for money or other payment in the past 12 months	44.0 (38.8 - 49.1)	49.7 (45.0 - 54.4)
	Females (n=716)	Males (n=710)
Food insecurity [2]	25.4 (21.0 - 29.7)	23.2 (19.1 - 27.2)
Relationship status	Females (n=755)	Males (n=751)
Ever had an intimate partner [3]	42.4 (38.5 - 46.3)	57.2 (52.3 - 62.0)
	Females (n=749)	Males (n=703)
Ever been married or in a union	6.1 (3.8 - 8.4)	4.0 (1.8 - 6.1)
Sexual history	Females (n=715)	Males (n=704)
Ever had sex [4]	47.2 (42.3 - 52.1)	54.1 (49.4 - 58.8)
	Females (n=315)	Males (n=378)
Mean age at first sex (among those who ever had sex)	16 years	14 years

	Females (n=259)	Males (n=258)
Age category of most recent person they had sex with in past 12 months	60.9 (55.8 - 66.1)	55.6 (50.1 - 61.1)
Younger	6.3 (2.7 - 9.8)	14.6 (9.9 - 19.4)
About same age	22.2 (17.0 - 27.4)	47.0 (39.8 - 54.1)
Older	71.5 (65.7 - 77.4)	38.4 (31.0 - 45.8)
	Females (n=181)	Males (n=89)
Age difference of most recent person they had sex with in past 12 months, among those who had sex with an older person		
Less than 5 years older	56.5 (49.0 - 64.0)	55.7 (42.6 - 68.7)
5–10 years older	33.1 (26.0 - 40.2)	35.2 (21.5 - 49.0)
More than 10 years older	10.4 (5.9 - 14.8)	9.1 (3.9 - 14.3)
Functional disability [5]	Females (n=757)	Males (n=755)
Severe functional disability [6] in one or more domains	4.2 (2.5 - 5.8)	4.5 (2.7 - 6.3)
Some or severe functional disability [7] in one or more domains	47.2 (42.8 - 51.6)	33.0 (29.0 - 36.9)

Note: CI = confidence interval.

[1] Includes special school, adult education/night, and Jamaica Foundation for Lifelong Learning /adult literacy classes.

[2] Food insecurity is defined as the household not having enough money for food.

[3] Intimate partner includes current or previous spouses, common law partners, partner they are living with, in a visiting relationship with, people they have dated, or people they were seeing.

[4] Sex includes vaginal, oral, or anal intercourse.

[5] Functional disability domains include: 1) blind or difficulty seeing, even when wearing glasses; 2) difficulty concentrating, remembering, or making decisions due to physical, mental, or emotional condition; 3) serious difficulty walking or climbing stairs; 4) difficulty dressing or bathing; 5) difficulty doing errands alone, such as collecting firewood, collecting water or shopping due to physical, mental, or emotional condition; or 6) difficulty communicating, for example understanding or being understood, using usual (customary) language.

[6] Severe functional disability is defined as having *a lot of difficulty or cannot do at all*, in one or more functional disability domains.

[7] Some or severe functional disability includes having *some difficulty, a lot of difficulty or cannot do at all*, in one or more functional disability domains.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

** Unstable estimate (RSE is greater than or equal to 50%), estimate is suppressed.

n represents the denominator.



SECTION 4: SEXUAL VIOLENCE

This section presents the prevalence and contexts of sexual violence against children and youth in Jamaica. Four forms of sexual violence were included: unwanted sexual touching, attempted physically forced sex, pressured sex (through harassment or threats), and physically forced sex. The section further describes the context in which sexual violence occurs as well as service knowledge and use for experiences of sexual violence.

For each form of sexual violence, the perpetrator, context, and location of the first incident is reported among 13-24-year-olds. If a female or male reported only one incident, then they were asked only about the most recent time; however, children and youth may have experienced multiple incidents of each form of sexual violence, so when they reported more than one incident, they were asked about the perpetrator of the first AND most recent times of each form of violence. Since a participant could have provided up to eight perpetrators (one perpetrator for the first or most recent incident of each form of violence experienced), the total percentages of perpetrators may sum to more than 100%. All findings presented are weighted percentages of the total number who experienced sexual violence in childhood (for ages 18-24), lifetime (for ages 13-24), or in the past 12 months (for ages 13-17, 18-24, and 13-24). In some cases, the number of incidents of sexual violence for females and males were too small to generate stable estimates for certain indicators.

SEXUAL VIOLENCE IN CHILDHOOD AMONG 18-24-YEAR-OLDS

- Almost one in four females (23.7%) and over one in ten males (11.7%) experienced sexual violence in childhood, a statistically significant difference.
- One in five females experienced unwanted sexual touching during childhood (19.7%), one in seven experienced unwanted attempted sex during childhood (13.6%), and 4.5% experienced physically forced sex during childhood.
- Among males, 8.1% experienced unwanted sexual touching during childhood and 6.3% experienced unwanted attempted sex during childhood.

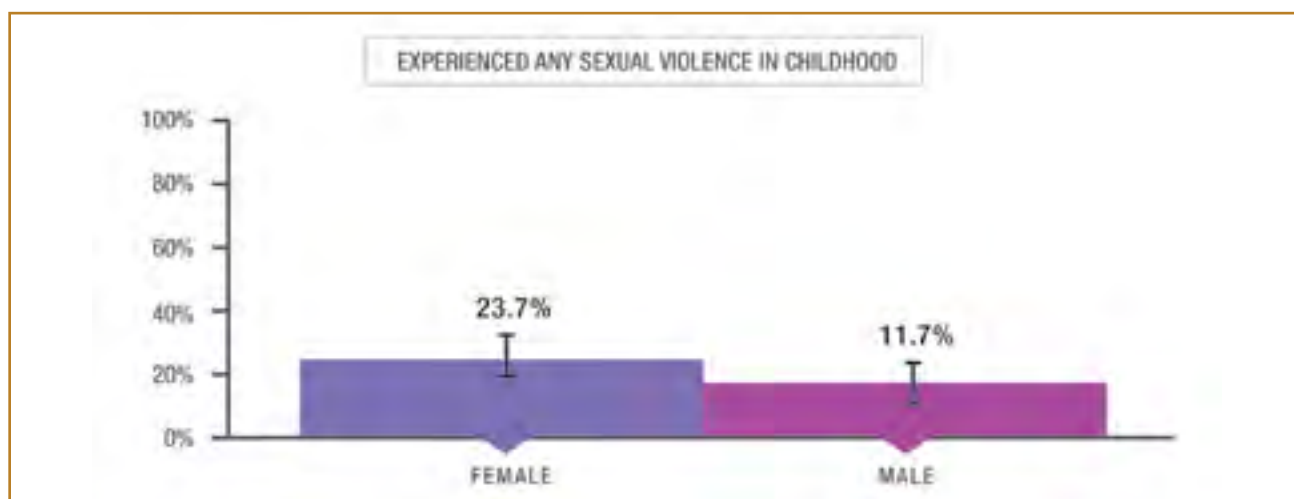


Figure 4.1. Prevalence of sexual violence prior to age 18, among 18-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

Note: All figures are presented with 95% confidence intervals represented by the line above and below the bars.

LIFETIME SEXUAL VIOLENCE AMONG 13-24-YEAR-OLDS

- More than one in three females (35.7%) and more than one in five males (22.5%) experienced lifetime sexual violence, a statistically significant difference.
- Compared with males, females had significantly higher prevalence of unwanted sexual touching (females 27.4%; males 15.2%), unwanted attempted sex (females 20.2%; males 11.8%), and pressured sex (females 7.7% and males 3.4%).
- Nearly one in seven females (14.3%) and one in ten males (11.0%) experienced physically forced sex.
- Among females who ever had sex (47.2%), one in five (19.0%) experienced pressured or physically forced sex at their first sexual experience.
- More than two out of five female victims (43.1%) and one third of male victims (36.6%) first experienced sexual violence at age 13 or younger.
- Common perpetrators of the first incident of sexual violence against 13-24-year-old females included friends or neighbours (46.1%) and current or ex-intimate partners (26.6%); 65.7% of the perpetrators of the first incident of sexual violence were 5 or more years older.
- Common perpetrators of the first incident of sexual violence against 13-24-year-old males included friends or neighbours (49.5%) and current or ex-intimate partners (48.5%); common perpetrators of first incident of pressured or physically forced sex for males were current or ex-intimate partners (67.4%).
- Among those who experienced any sexual violence (35.7% of females and 22.5% of males), the first incident often occurred in the home for both females (52.2%) and males (56.6%), and in the afternoon or evening for both females (50.5% and 37.1%, respectively) and males (42.4% and 40.5%, respectively).
- Among those who experienced any sexual violence, more than half of the females (53.4%) and one third of the males (34.7%) told someone about their experience, commonly a friend or neighbour (54.9% females; 60.4% males) or a parent or relative (females 48.0%; males 20.8%).
- Among those who experienced any sexual violence, nearly two in five females (39.8%) and almost one in three males (31.1%) knew of a place to seek help for sexual violence.
- One in ten females (10.0%) and males (10.2%) sought professional services (including hospital/clinic, police station, social welfare or legal office, religious leader, or community leader) for any experience of sexual violence, most often from police or other security personnel for females (62.5%) and from healthcare provider for males (98.9%).
- Feelings of fear, guilt or embarrassment prevented females (66.4%) and individual beliefs about need for services prevented males (85.0%) from seeking services for sexual violence.

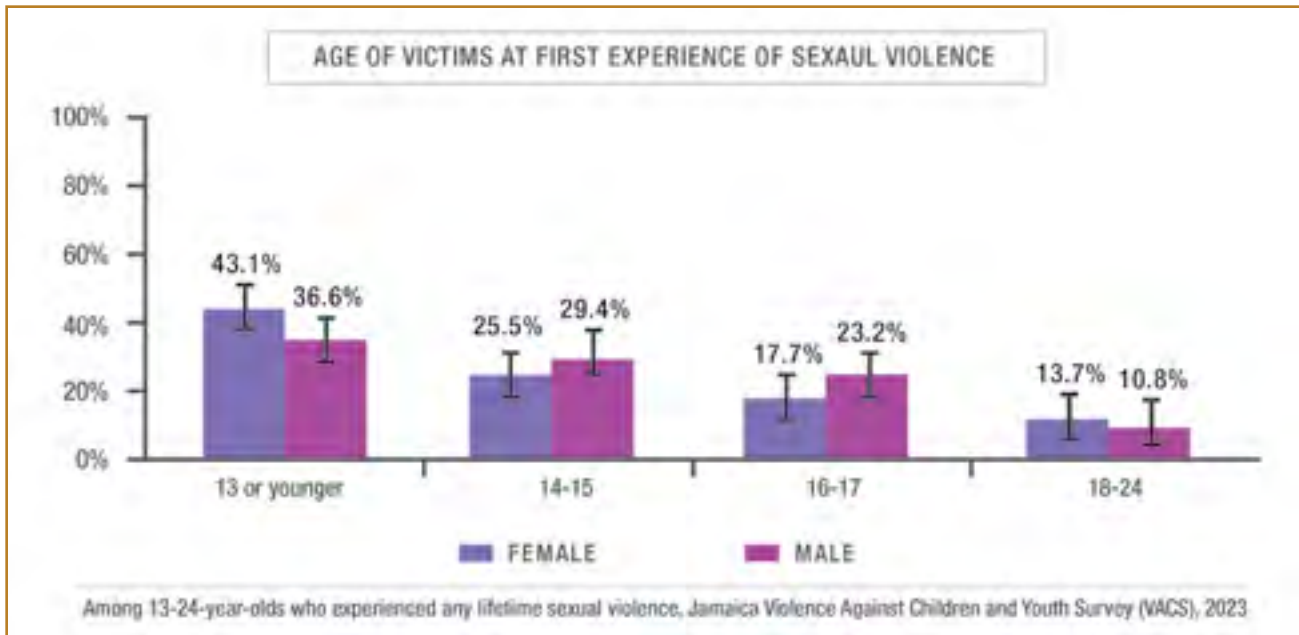


Figure 4.2. Age of victims at first experience of sexual violence [1], among 13-24-year-olds who experienced any lifetime sexual violence – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

Note: All figures are presented with 95% confidence intervals represented by the line above and below the bars

SEXUAL VIOLENCE IN THE PAST 12 MONTHS

- Among adolescents ages 13-17, 12.2% of females and about one in ten males (9.6%) experienced any sexual violence in the past 12 months.
- Among youth ages 18-24, about one in seven females (14.6%) and one in ten males (10.8%) experienced any sexual violence in the past 12 months.
- Among adolescents and youth ages 13-24, 13.6% of females and 10.3% of males experienced any sexual violence in the past 12 months.

4.1. SEXUAL VIOLENCE IN CHILDHOOD AMONG 18-24-YEAR-OLDS

The prevalence of childhood sexual violence and each of the four types of sexual violence are presented in this section.

Table 4.1. Prevalence of sexual violence [1] before age 18, among 18-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	FEMALES (n=348)	MALES (n=341)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Any type of sexual violence in childhood	23.7 (18.5 - 28.9)	11.7 (7.2 - 16.2)
Females (n=295)		
Unwanted sexual touching in childhood	19.7 (14.9 - 24.4)	8.1 (4.0 - 12.2)
Females (n=313)		
Unwanted attempted sex in childhood	13.6 (9.4 - 17.8)	6.3 (3.1 - 9.5)
Females (n=337)		
Pressured sex [2] in childhood	3.7 (1.5 - 5.8)*	1.8 (0.0 - 3.6)*
Females (n=321)		
Physically forced sex in childhood	4.5 (2.5 - 6.5)	4.7 (1.7 - 7.7)*
Females (n=343)		
Pressured or physically forced sex in childhood	5.9 (3.5 - 8.3)	4.7 (1.9 - 7.5)*
Males (n=298)		
Unwanted sexual touching in childhood	8.1 (4.0 - 12.2)	
Males (n=312)		
Unwanted attempted sex in childhood	6.3 (3.1 - 9.5)	
Males (n=324)		
Pressured sex [2] in childhood	1.8 (0.0 - 3.6)*	
Males (n=308)		
Physically forced sex in childhood	4.7 (1.7 - 7.7)*	
Males (n=330)		
Pressured or physically forced sex in childhood	4.7 (1.9 - 7.5)*	

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).

[2] Pressured sex includes ever being pressured to have sex against their will, such as through harassment or threats, and the sex did happen.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

n represents the denominator.

4.2. LIFETIME SEXUAL VIOLENCE AMONG 13-24-YEAR-OLDS

Table 4.2.1. Prevalence of lifetime sexual violence [1] among 13-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023

	FEMALES	MALES
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
	Females (n=746)	Males (n=740)
Any sexual violence [1]	35.7 (31.7 - 39.6)	22.5 (18.6 - 26.4)
	Females (n=699)	Males (n=691)
Unwanted sexual touching	27.4 (23.7 - 31.0)	15.2 (11.4 - 18.9)
	Females (n=721)	Males (n=713)
Unwanted attempted sex	20.2 (16.8 - 23.6)	11.8 (9.0 - 14.7)
	Females (n=737)	Males (n=713)
Pressured sex [2]	7.7 (5.2 - 10.2)	3.4 (1.6 - 5.1)
	Females (n=732)	Males (n=721)
Physically forced sex	14.3 (11.5 - 17.2)	11.0 (7.7 - 14.2)
	Females (n=742)	Males (n=728)
Pressured or physically forced sex	15.6 (12.6 - 18.6)	11.6 (8.3 - 14.9)
	Females (n=291)	Males (n=362)
Pressured or physically forced sex at first sexual experience, among those who ever had sex	19.0 (13.5 - 24.5)	2.8 (0.8 - 4.8)*

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).

[2] Pressured sex includes ever being pressured to have sex against their will, such as through harassment or threats, and the sex did happen.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

n represents the denominator.

4.2.1 EXPERIENCES OF LIFETIME SEXUAL VIOLENCE BEFORE AND DURING THE COVID-19 PANDEMIC AMONG 13-24-YEAR-OLDS

Table 4.2.2. Experience of lifetime sexual violence [1] before and during the COVID-19 pandemic [2] among 13-24-year-olds who have ever experienced sexual violence – Jamaica Violence Against Children and Youth Survey (VACS), 2023

	FEMALES	MALES
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
	Females (n=207)	Males (n=116)
Experienced sexual violence before the COVID-19 pandemic [2]	79.3 (73.5 - 85.1)	75.2 (65.3 - 85.1)
	Females (n=207)	Males (n=116)
Experienced sexual violence during the COVID-19 pandemic	33.6 (26.0 - 41.1)	34.5 (23.6 - 45.4)

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).

[2] COVID-19 pandemic timeframe includes March 2020 through August 2022.

Note: Before and during the COVID-19 pandemic are not mutually exclusive. Percents may sum to >100% because some victims may have reported experiencing sexual violence before and during the COVID-19 pandemic.

n represents the denominator.

Table 4.2.3. Experience of first incident of sexual violence [1] was before or during the COVID-19 pandemic [2], among 13-24-year-olds who have ever experienced sexual violence – Jamaica Violence Against Children and Youth Survey (VACS), 2023

	FEMALES	MALES
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Unwanted sexual touching	Females (n=144)	Males (n=70)
First experience was before COVID-19	75.0 (67.2 - 82.7)	72.9 (57.9 - 87.8)
First experience was during COVID-19	25.0 (17.3 - 32.8)	27.1 (12.2 - 42.1)
Unwanted attempted sex	Females (n=102)	Males (n=45)
First experience was before COVID-19	71.4 (62.2 - 80.6)	74.0 (58.3 - 89.7)
First experience was during COVID-19	28.6 (19.4 - 37.8)	15.2 (11.4 - 18.9)
Pressured sex [3]	Females (n=33)	Males (n=16)
First experience was before COVID-19	68.4 (49.5 - 87.4)	76.5 (51.3 - 100.0)
First experience was during COVID-19	31.6 (12.6 - 50.5)*	**
Physically forced sex	Females (n=76)	Males (n=45)
First experience was before COVID-19	58.6 (46.4 - 70.9)	77.2 (63.2 - 91.3)
First experience was during COVID-19	41.4 (29.1 - 53.6)	22.8 (8.7 - 36.8)*

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).

[2] COVID-19 pandemic timeframe includes March 2020 through August 2022.

[3] Pressured sex includes ever being pressured to have sex against their will, such as through harassment or threats, and the sex did happen.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

** Unstable estimate (RSE is greater than or equal to 50%), estimate is suppressed.

n represents the denominator.

4.2.2. CHARACTERISTICS OF VICTIMS OF LIFETIME SEXUAL VIOLENCE AMONG 13-24-YEAR-OLDS

Table 4.2.4. Characteristics of victims at the first experience of sexual violence [1], among 13-24-year-olds who experienced any lifetime sexual violence – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Age at first experience of sexual violence [1]		
	Females (n=201)	Males (n=101)
13 or younger	43.1 (35.5 - 50.6)	36.6 (27.4 - 45.9)
14–15	25.5 (19.1 - 31.8)	29.4 (18.7 - 40.0)
16–17	17.7 (12.5 - 22.9)	23.2 (13.5 - 32.8)
18–24	13.7 (8.1 - 19.4)	10.8 (3.1 - 18.6)*
Age at first experience of pressured or physically forced sex [2]		
	Females (n=80)	Males (n=42)
13 or younger	22.6 (13.4 - 31.7)	29.1 (13.3 - 44.9)
14–15	22.2 (11.6 - 32.8)	41.1 (23.6 - 58.6)
16–17	24.1 (13.5 - 34.7)	**
18–24	31.1 (18.8 - 43.4)	15.4 (2.4 - 28.5)*
	Females (n=219)	Males (n=124)
Experienced multiple incidents of sexual violence	79.4 (72.9 - 85.9)	85.3 (78.5 - 92.1)

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through harassment or threats) sex.

[2] Among those who experienced pressured or physically forced sex.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

** Unstable estimate (RSE is greater than or equal to 50%), estimate is suppressed.

n represents the denominator.

4.2.3. PERPETRATORS OF THE FIRST INCIDENT OF LIFETIME SEXUAL VIOLENCE AMONG 13-24-YEAR-OLDS

Table 4.2.5. Characteristics of perpetrators of the first experience of sexual violence [1], among 13-24-year-olds who experienced any lifetime sexual violence – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Perpetrators of first incident of any sexual violence [1]		
	Females (n=231)	Males (n=136)
Current or ex-intimate partner [2]	26.6 (20.5 - 32.6)	48.5 (36.2 - 60.8)
Family member	13.4 (8.1 - 18.7)	3.4 (0.2 - 6.5)*
Friend or neighbour	46.1 (37.7 - 54.4)	49.5 (38.9 - 60.1)
Other [3]	36.6 (29.3 - 43.8)	11.8 (5.0 - 18.6)
Perpetrators of first incident of pressured [4] or physically forced sex		
	Females (n=98)	Males (n=58)
Current or ex-intimate partner [2]	35.4 (23.8 - 47.1)	67.4 (54.5 - 80.2)
Family member	9.9 (3.1 - 16.7)*	**
Friend or neighbour	34.9 (22.7 - 47.2)	34.6 (21.8 - 47.3)
Other [3]	27.1 (16.3 - 37.8)	**
Perpetrators of first incident of pressured [4] or physically forced sex		
	Females (n=228)	Males (n=143)
Perpetrator 5 or more years older at first incident of any sexual violence	65.7 (58.9 - 72.5)	34.2 (24.8 - 43.5)
	Females (n=97)	Males (n=63)
Perpetrator 5 or more years older at first incident of pressured or physically forced sex	72.2 (61.8 - 82.6)	34.3 (20.8 - 47.7)

Note: CI = confidence interval. Percents may sum to >100% because some victims may have experienced multiple forms of sexual violence and may have had different perpetrators for the first incident of each sexual violence form.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).

[2] Intimate partner includes current or previous spouses, common law partners, partner they are living with, in a visiting relationship with, people they have dated, or people they were seeing.

[3] Includes authority figure (i.e., teacher, police/security person, employer, or neighbourhood/religious leader), stranger, and other.

[4] Pressured sex includes ever being pressured to have sex against their will, such as through harassment or threats, and the sex did happen.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

** Unstable estimate (RSE is greater than or equal to 50%), estimate is suppressed.

n represents the denominator.

4.2.4. LOCATION OF THE FIRST INCIDENT OF LIFETIME SEXUAL VIOLENCE AMONG 13-24-YEAR-OLDS

Table 4.2.6. Location and time of day of first incident of sexual violence [1], among 13-24-year-olds who ever experienced sexual violence – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Females (n=237)	Males (n=136)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Location of first incident of sexual violence		
Home setting [2]	52.2 (45.1 - 59.2)	56.6 (45.6 - 67.6)
School	19.2 (13.4 - 24.9)	26.7 (17.5 - 36.0)
Outside location	29.0 (21.9 - 36.1)	23.9 (15.1 - 32.7)
Other [3]	21.5 (15.5 - 27.4)	7.0 (2.1 - 12.0)*
Time of day [4] of first incident of sexual violence		
	Females (n=221)	Males (n=124)
Morning	11.6 (7.2 - 15.9)	14.2 (6.8 - 21.6)
Afternoon	50.5 (42.7 - 58.3)	42.4 (32.8 - 51.9)
Evening	37.1 (29.3 - 44.8)	40.5 (28.9 - 52.0)
Late at night	22.0 (15.7 - 28.3)	23.8 (14.9 - 32.8)

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).

[2] Home setting includes the victim's home and someone else's home.

[3] Other includes inside a car, inside a bus or taxi, restaurant, bar or club, church, and other.

[4] Morning refers to sunrise-noon, afternoon refers to noon-sunset, evening refers to sunset-midnight, and late at night refers to midnight-sunrise.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

Note: Percents may sum to >100% because some victims may have experienced multiple forms of sexual violence that may have occurred at different locations or at different time of the day.

n represents the denominator.

4.3. DISCLOSURE, KNOWLEDGE OF SERVICES, AND RECEIPT OF SERVICES FOR SEXUAL VIOLENCE AMONG 13-24-YEAR-OLDS

Table 4.3.1. Disclosure, service-seeking, and receipt of services for any incident of lifetime sexual violence [1] among 13-24-year-olds who ever experienced any sexual violence and pressured or physically forced sex – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

Disclosure, service-seeking, and receipt of services for any incident of sexual violence		
	Females (n=239)	Males (n=141)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Told someone about an experience of any sexual violence	53.4 (46.2 - 60.7)	34.7 (26.5 - 43.0)
	Females (n=230)	Males (n=126)
Knew of a place to seek help for any experience of sexual violence	39.8 (33.5 - 46.0)	31.1 (23.3 - 38.9)
	Females (n=230)	Males (n=126)
Sought professional services for any experience of sexual violence [2]	10.0 (5.6 - 14.4)	10.2 (4.6 - 15.9)
	Females (n=230)	Males (n=124)
Received professional services for any experience of sexual violence [2]	6.8 (3.7 - 9.9)	7.5 (2.4 - 12.6)*
Disclosure, service-seeking, and receipt of services for any incident of sexual violence, among those who have experienced any pressured or physically forced sex		
	Females (n=111)	Males (n=63)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Told someone about experience of any sexual violence	59.1 (47.2 - 71.1)	48.8 (35.3 - 62.4)
	Females (n=108)	Males (n=57)
Knew of a place to seek help for any experience of sexual violence	38.8 (27.9 - 49.6)	39.4 (25.7 - 53.1)
Sought help for experience of any sexual violence	14.5 (7.3 - 21.7)	18.0 (7.2 - 28.8)*
Received help for experience of any sexual violence	10.3 (4.0 - 16.5)*	13.6 (3.9 - 23.3)*

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).

[2] Professional services include hospital/clinic, police station, social welfare or legal office, religious leader, or community leader.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

n represents the denominator.

Table 4.3.2. Relationship with the person the victim told about any incident of sexual violence [1], among 13-24-year-olds who experienced any sexual violence and who told someone – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

Disclosure, service-seeking, and receipt of services for any incident of sexual violence		
Person the victim told about sexual violence	Females (n=127)	Males (n=49)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Parent or relative	48.0 (35.9 - 60.2)	20.8 (6.3 - 35.3)*
Current or ex-partner or spouse	24.8 (16.7 - 33.0)	16.5 (2.1 - 31.0)*
Friend or neighbour	54.9 (44.3 - 65.4)	60.4 (45.4 - 75.5)
Other [2]	12.2 (4.9 - 19.5)*	17.5 (4.4 - 30.6)*

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).

[2] Includes service provider (like a doctor or counsellor), authority figure (like a teacher or police officer), community or area leader or Don, pastor, or religious leader, and other.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

n represents the denominator.

Table 4.3.3. Source of service received for any incident of sexual violence [1], among 13-24-year-olds who ever experienced sexual violence and received help – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

Disclosure, service-seeking, and receipt of services for any incident of sexual violence		
	Females (n=127)	Males (n=49)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Doctor, nurse, or other health care worker in a hospital or clinic	45.1 (21.8 - 68.5)	98.9 (96.5 - 100.0)
Police or other security personnel	62.5 (38.5 - 86.6)	53.7 (14.8 - 92.5)*
Lawyer, judge/magistrate, or other legal professional, other than police	30.2 (9.9 - 50.5)*	**
Social worker, guidance counsellor or other counsellor	60.6 (38.8 - 82.4)	**
Community or religious leader	27.4 (6.8 - 48.0)*	**
CPFSA(CDA)/OCA [2]	60.1 (37.7 - 82.5)	<0.1%***

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (though harassment or threats).

[2] CPFSA (CDA)/OCA: Child Protection and Family Services Agency (Child Development Agency)/ Office of the Children’s Advocate.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

** Unstable estimate (RSE is greater than or equal to 50%), estimate is suppressed.

*** When the prevalence of an indicator is zero percent (0.0%), those results are denoted as <0.1% and should be interpreted with caution. It cannot be assumed that the prevalence of the item in the entire population is an absolute zero.

Note: Percents may sum to >100% because some victims may have received service from multiple providers.

n represents the denominator.

Table 4.3.4. Reasons for not seeking services for sexual violence [1], among 13-24-year-olds who ever experienced any sexual violence and did not seek services [2] – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

Disclosure, service-seeking, and receipt of services for any incident of sexual violence		
Reasons for not seeking services	Females (n=63)	Males (n=27)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Structural barriers to accessing services [3]	37.8 (24.4 - 51.1)	33.4 (9.4 - 57.5)*
Relationship/interpersonal barriers to disclosure [4]	46.8 (34.8 - 58.7)	**
Individual beliefs about need for services [5]	46.4 (34.8 - 57.9)	85.0 (72.6 - 97.4)
Feelings of fear, guilt, or embarrassment [6]	66.4 (53.9 - 78.9)	41.1 (16.9 - 65.3)

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).

[2] Among those who knew of a hospital/clinic, police station, Child Protection and Family Services Agency (Child Development Agency) (CPFSA/CDA), guidance counsellor, legal office, pastor, or community leadership to go for help.

[3] Structural barriers to accessing services include services too far away; could not afford services; services not high quality.

[4] Relationship/interpersonal barriers to disclosure include did not know who to go to; afraid of getting in trouble; perpetrator told me not to tell anyone; dependent on perpetrator, or on someone else/fear of abandonment.

[5] Individual beliefs about need for services include did not think it was a problem; did not want/need to tell anyone.

[6] Feelings of fear, guilt, or embarrassment include felt it was my fault; embarrassed for my family; afraid of perpetrator.

Note: Percents may sum to >100% because some victim’s may have reported multiple reasons for not seeking services.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

** Unstable estimate (RSE is greater than or equal to 50%), estimate is suppressed.

n represents the denominator.

4.4. SEXUAL VIOLENCE IN THE PAST 12 MONTHS

Table 4.4. Prevalence of sexual violence [1] in the past 12 months, among 13-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

		Females		Males	
	n	WEIGHTED % (95% CI)	n	WEIGHTED % (95% CI)	
13–17-year-olds					
Any sexual violence in the past 12 months	392	12.2 (8.8 - 15.7)	395	9.6 (6.1 - 13.1)	
Unwanted sexual touching in the past 12 months	351	8.1 (5.2 - 11.0)	355	6.1 (3.0 - 9.1)	
Unwanted attempted sex in the past 12 months	370	6.7 (4.5 - 8.9)	361	3.8 (1.5 - 6.0)	
Pressured sex [2] in the past 12 months	386	**	380	**	
Physically forced sex in the past 12 months	368	4.4 (2.2 - 6.7)	378	3.6 (1.0 - 6.3)*	
18–24-year-olds					
Any sexual violence in the past 12 months	350	14.6 (10.9 - 18.4)	342	10.8 (7.2 - 14.4)	
Unwanted sexual touching in the past 12 months	310	9.2 (6.0 - 12.5)	307	8.8 (5.2 - 12.4)	
Unwanted attempted sex in the past 12 months	318	7.2 (4.3 - 10.1)	314	2.8 (0.6 - 5.1)*	
Pressured sex [2] in the past 12 months	338	2.8 (0.7 - 4.8)*	325	**	
Physically forced sex in the past 12 months	327	6.1 (3.0 - 9.2)	311	3.2 (0.8 - 5.6)*	
13–24-year-olds					
Any sexual violence in the past 12 months	742	13.6 (11.0 - 16.2)	737	10.3 (7.7 - 12.8)	
Unwanted sexual touching in the past 12 months	661	8.8 (6.5 - 11.0)	662	7.6 (5.2 - 10.0)	
Unwanted attempted sex in the past 12 months	688	7.0 (5.1 - 8.9)	675	3.2 (1.7 - 4.8)	
Pressured sex [2] in the past 12 months	724	2.2 (0.9 - 3.6)*	705	**	
Physically forced sex in the past 12 months	695	5.4 (3.4 - 7.4)	689	3.4 (1.6 - 5.2)	

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).

[2] Pressured sex includes ever being pressured to have sex against their will, such as through harassment or threats, and the sex did happen.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

** Unstable estimate (RSE is greater than or equal to 50%), estimate is suppressed.

n represents the denominator.



SECTION 5: PHYSICAL VIOLENCE

This section presents the prevalence and contexts of physical violence against children and youth in Jamaica. The prevalence by perpetrator, injuries received, disclosure of violence, and knowledge and use of services are also described. Findings include the overall prevalence of physical violence in childhood (before age 18) for 18-24-year-olds, lifetime for 13-24-year-olds, and in the past 12 months by age group. Prevalence of injuries from physical violence among 13-24-year-olds are also described. Such injuries include bruises, cuts, scrapes, or scratches; black eyes or eye injuries; gashes or deep wounds; broken bones or broken teeth; burns; and other injuries.

PHYSICAL VIOLENCE IN CHILDHOOD AMONG 18-24-YEAR-OLDS

- About one in three females (31.9%) and males (34.4%) experienced childhood physical violence.
- Almost three in ten females (28.5%) and close to one in four males (23.6%) experienced physical violence by a parent, adult caregiver or adult relative during childhood.
- One in seven females (14.0%) and one in four males (25.3%) experienced physical violence by a peer during childhood.

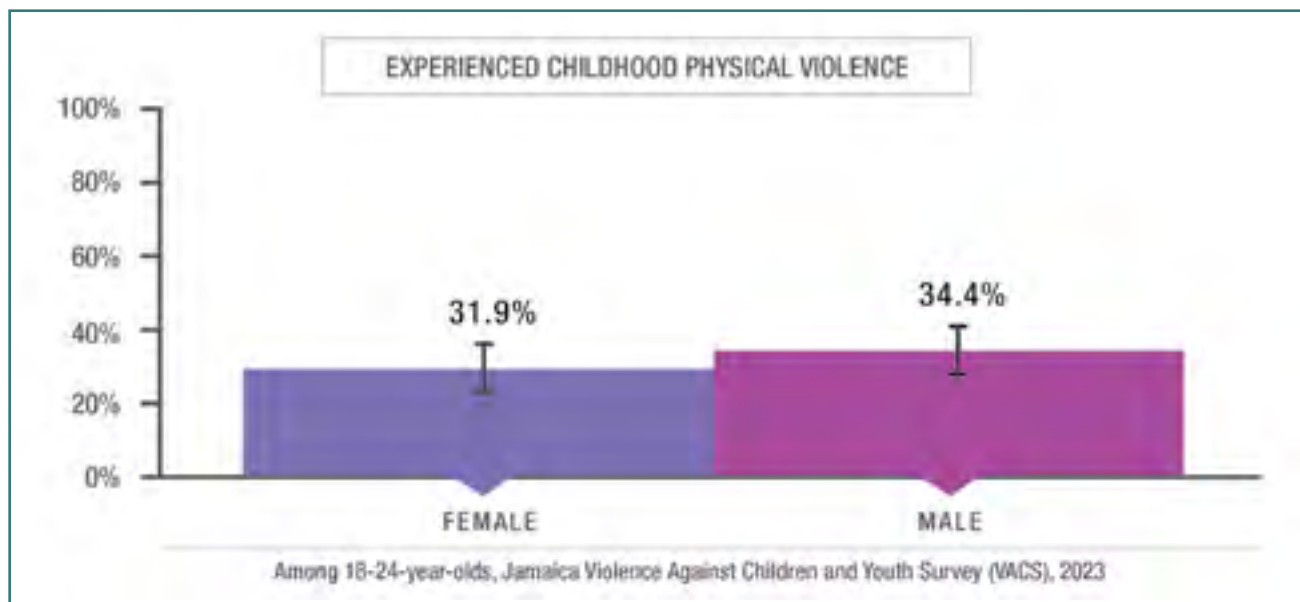


Figure 5.1. Prevalence of physical violence prior to age 18, among 18–24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

Note: All figures are presented with 95% confidence intervals represented by the line above and below the bars.

LIFETIME PHYSICAL VIOLENCE AMONG 13-24-YEAR-OLDS

- More than half of females (53.2%) and three in five males (60.6%) experienced lifetime physical violence.
- One in six females and males who ever had a partner (16.6% and 16.5%, respectively) experienced physical violence by an intimate partner.
- Two in five females (40.6%) and males (38.6%) experienced physical violence by a parent, adult caregiver or adult relative.
- One in three females (33.5%) and more than two in five males (44.4%) experienced physical violence by a peer, a statistically significant difference.
- More than half of females (51.3%) and male (53.2%) victims of physical violence had their first experience between the ages of 12 and 17.
- Among those who experienced physical violence (53.2% of females and 60.6% of males), more than half of female (55.7%) and half of male (49.8%) victims experienced an injury due to physical violence. Half of the females (49.1%) and two in five males (41.6%) were injured by a parent or caregiver or adult relative.
- Among those who experienced physical violence, half of the female (50.2%) and close to half of male (45.7%) victims told someone about their experience; they commonly told a friend or neighbour (51.2% females; 54.4% males) or a parent or relative (45.9% females; 51.8% males).
- Among those who experienced physical violence, half knew of a place to seek help for any experience of physical violence (51.1% females; 49.3% males).
- One in five females (20.0%) and males (20.6%) who experienced physical violence sought professional services, mainly from social workers or counsellors (56.3%) and healthcare staff (40.1%) for females and healthcare staff (51.8%) and social workers or counsellors (39.1%) for males. One in seven females (14.9%) and one in six males (16.5%) received professional services including from hospital/clinic, police station, social welfare or legal office, religious leader, or community leader).
- Among children and youth who experienced physical violence but did not seek services (80% of females and 79.4% of males), individual beliefs about the need for services was a common barrier (59.2% females; 75.7% males) to seeking services for physical violence.

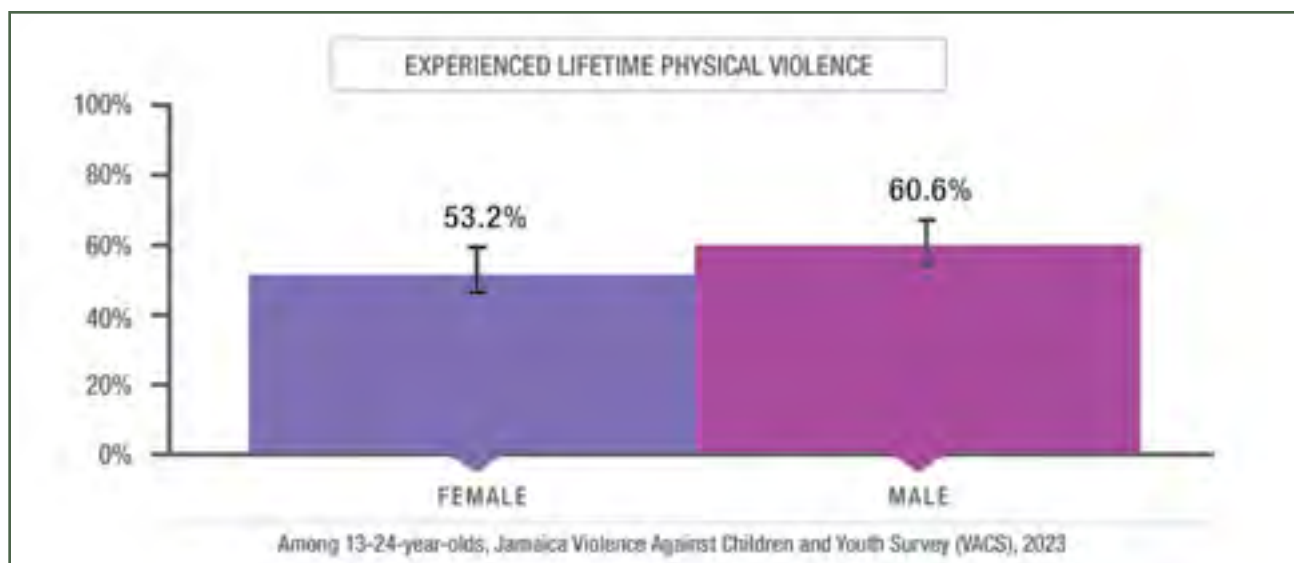


Figure 5.2. Prevalence of lifetime physical violence, among 13–24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

Note: All figures are presented with 95% confidence intervals represented by the line above and below the bars.

PHYSICAL VIOLENCE IN THE PAST 12 MONTHS

- About one in four females (23.2%) and one in five males (22.3%) ages 13-17 years experienced physical violence in the past 12 months.
- Among youth ages 18-24 years, almost one in eight females (12.1%) and one in seven males (13.8%) experienced physical violence in the past 12 months.
- One in six females (16.9%) and males (17.5%) age 13-24 years experienced physical violence in the past 12 months.

5.1. PHYSICAL VIOLENCE IN CHILDHOOD AMONG 18-24-YEAR-OLDS

Table 5.1. Prevalence of physical violence [1] before age 18, overall and by perpetrator type, among 18-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Females (n=359)	Males (n=351)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Physical violence in childhood, any perpetrator	31.9 (26.4 - 37.4)	34.4 (28.5 - 40.3)
	Females (n=290)	Males (n=288)
Intimate partner [2] physical violence in childhood	4.9 (2.6 - 7.1)	4.3 (1.9 - 6.8)
	Females (n=313)	Males (n=289)
Parent, adult caregiver or adult relative physical violence in childhood	28.5 (22.4 - 34.6)	23.6 (17.4 - 29.8)
	Females (n=347)	Males (n=321)
Physical violence by an adult in the community or neighbourhood in childhood	4.5 (2.1 - 6.8)	5.9 (2.7 - 9.1)
	Females (n=315)	Males (n=311)
Peer physical violence in childhood	14.0 (8.7 - 19.3)	25.3 (19.2 - 31.4)

Note: CI = confidence interval.

[1] Physical violence includes a 'yes' response to one or more of the following: 1) slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you; 2) punched, kicked, whipped, or beat you with an object; 3) choked, smothered, tried to drown you, or burned you intentionally; 4) used or threatened you with a knife, gun, or other weapon.

[2] Intimate partner includes current or previous spouses, common law partners, partner they are living with, in a visiting relationship with, people they have dated, or people they were seeing.

Note: Percents may sum to >100% as youth may experience violence from more than one person.

n represents the denominator.

5.2. LIFETIME PHYSICAL VIOLENCE AMONG 13-24-YEAR-OLDS

Table 5.2.1. Prevalence of lifetime physical violence [1] and age of first experience of physical violence, among 13-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Females (n=754)	Males (n=753)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Physical violence, any perpetrator	53.2 (49.2 - 57.2)	60.6 (56.8 - 64.4)
Prevalence of physical violence among those who ever experienced physical violence by perpetrator		
	Females (n=451)	Males (n=565)
Intimate partner [2] physical violence	16.6 (12.4 - 20.8)	16.5 (12.3 - 20.7)
	Females (n=752)	Males (n=742)
Parent, adult caregiver or adult relative physical violence	40.6 (36.5 - 44.6)	38.6 (34.8 - 42.4)
	Females (n=745)	Males (n=742)
Physical violence by an adult in the community or neighbourhood	10.1 (7.6 - 12.5)	14.7 (11.8 - 17.7)
	Females (n=750)	Males (n=749)
Peer physical violence	33.5 (29.5 - 37.5)	44.4 (40.5 - 48.4)
Age of first experience of physical violence, among those who ever experienced physical violence		
	Females (n=245)	Males (n=305)
5 or younger	5.5 (2.0 - 8.9)*	3.9 (1.3 - 6.5)*
6–11	27.9 (21.4 - 34.5)	30.8 (25.1 - 36.5)
12–17	51.3 (44.3 - 58.4)	53.2 (46.5 - 59.8)
18–24	15.2 (10.0 - 20.5)	12.1 (7.7 - 16.6)

Note: CI = confidence interval.

[1] Physical violence includes a 'yes' response to one or more of the following: 1) slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you; 2) punched, kicked, whipped, or beat you with an object; 3) choked, smothered, tried to drown you, or burned you intentionally; 4) used or threatened you with a knife, gun, or other weapon.

[2] Among those who have had an intimate partner, including current or previous spouses, common law partners, partner they are living with, in a visiting relationship with, people they have dated, or people they were seeing.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate

n represents the denominator.

Table 5.2.2. Experience of lifetime physical violence [1] before and during the COVID-19 pandemic [2] among 13-24-year-olds who have ever experienced physical violence – Jamaica Violence Against Children and Youth Survey (VACS), 2023

	Females	Males
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
	Females (n=304)	Males (n=322)
Experienced physical violence before the COVID-19 pandemic [2]	84.7 (80.3 - 89.1)	89.0 (85.3 - 92.8)
	Females (n=304)	Males (n=322)
Experienced physical violence during the COVID-19 pandemic	28.3 (22.6 - 34.0)	30.8 (25.2 - 36.3)

Note: CI = confidence interval.

[1] Physical violence includes a 'yes' response to one or more of the following: 1) slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you; 2) punched, kicked, whipped, or beat you with an object; 3) choked, smothered, tried to drown you, or burned you intentionally; 4) used or threatened you with a knife, gun, or other weapon.

[2] COVID-19 pandemic timeframe includes March 2020 through August 2022.

Note: Before and during the COVID-19 pandemic are not mutually exclusive. Percents may sum to >100% because some victims may have reported experiencing sexual violence before and during the COVID-19 pandemic.

n represents the denominator.

Table 5.2.3. Experience of first incident of physical violence [1] was before or during the COVID-19 pandemic [2], among 13-24-year-olds who have ever experienced physical violence – Jamaica Violence Against Children and Youth Survey (VACS), 2023

	Females	Males
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Physical violence by intimate partner[3]	Females (n=47)	Males (n=45)
First experience was before COVID-19	72.4 (58.4 - 86.5)	64.3 (45.4 - 83.2)
First experience was during COVID-19	27.6 (13.5 - 41.6)	35.7 (16.8 - 54.6)
Physical violence by peer	Females (n=160)	Males (n=213)
First experience was before COVID-19	79.0 (72.3 - 85.6)	80.5 (74.6 - 86.4)
First experience was during COVID-19	21.0 (14.4 - 27.7)	19.5 (13.6 - 25.4)
Physical violence by parents, caregivers, or other adult relatives	Females (n=224)	Males (n=193)
First experience was before COVID-19	83.9 (78.3 - 89.4)	84.3 (79.0 - 89.7)
First experience was during COVID-19	16.1 (10.6 - 21.7)	15.7 (10.3 - 21.0)
Physical violence by adults in the community/neighbourhood	Females (n=46)	Males (n=62)
First experience was before COVID-19	79.0 (64.9 - 93.1)	72.4 (59.7 - 85.0)
First experience was during COVID-19	21.0 (6.9 - 35.1)*	27.6 (15.0 - 40.3)

Note: CI = confidence interval.

[1] Physical violence includes a 'yes' response to one or more of the following: 1) slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you; 2) punched, kicked, whipped, or beat you with an object; 3) choked, smothered, tried to drown you, or burned you intentionally; 4) used or threatened you with a knife, gun, or other weapon.

[2] COVID-19 pandemic timeframe includes March 2020 through August 2022. Categories for first experience of sexual violence before and during COVID-19 are mutually exclusive.

[3] Among those who have had an intimate partner, including current or previous spouses, common law partners, partner they are living with, in a visiting relationship with, people they have dated, or people they were seeing.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

n represents the denominator.

Table 5.2.4. Prevalence of experiencing physical harm or injury [2] as a result of physical violence [1], among 13-24-year-olds who experienced any physical violence, overall and by perpetrator – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Females (n=69)	Males (n=440)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Experienced physical harm or injury [2] as a result of physical violence by any perpetrator	55.7 (49.8 - 61.5)	49.8 (44.8 - 54.9)
	Females (n=69)	Males (n=91)
Injured by intimate partner [3]	61.0 (49.3 - 72.6)	34.3 (22.1 - 46.4)
	Females (n=297)	Males (n=272)
Injured by parents, caregivers or adult relatives	49.1 (42.9 - 55.4)	41.6 (34.9 - 48.3)
	Females (n=71)	Males (n=98)
Injured by adult in the community or neighbourhood	25.8 (14.5 - 37.2)	26.3 (16.2 - 36.5)
	Females (n=259)	Males (n=329)
Injured by peer	42.4 (36.1 - 48.7)	50.6 (44.5 - 56.7)

Note: CI = confidence interval.

- [1] Physical violence includes a 'yes' response to one or more of the following: 1) slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you; 2) punched, kicked, whipped, or beat you with an object; 3) choked, smothered, tried to drown you, or burned you intentionally; 4) used or threatened you with a knife, gun, or other weapon.
- [2] Includes participant being hurt by someone so that they were injured in one or more of the following ways: 1) bruises, cuts, scrapes or scratches; 2) black eyes or other eye injuries; 3) gashes, deep wounds such as from a knife, gun or other object; 4) broken bones or teeth; 5) burns such as from a cigarette, hot liquid, open flame, acid or caustic soda; or 6) other injuries.
- [3] Among those who have had an intimate partner, including current or previous spouses, common law partners, partner they are living with, in a visiting relationship with, people they have dated, or people they were seeing. n represents the denominator.

5.3. DISCLOSURE, KNOWLEDGE OF SERVICES, AND SERVICE-SEEKING FOR PHYSICAL VIOLENCE IN LIFETIME AMONG 13-24-YEAR-OLDS

Table 5.3.1. Disclosure, service-seeking, and receipt for any incident of physical violence [1], among 13-24-year-olds who ever experienced physical violence – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Females (n=365)	Males (n=422)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Told someone about experience of any physical violence	50.2 (44.2 - 56.1)	45.7 (40.1 - 51.4)
	Females (n=351)	Males (n=399)
Knew of a place to seek help for any experience of physical violence	51.1 (45.2 - 57.0)	49.3 (43.6 - 55.0)
	Females (n=347)	Males (n=397)
Sought professional services [2] for any experience of physical violence	20.0 (15.5 - 24.5)	20.6 (15.8 - 25.5)
	Females (n=343)	Males (n=389)
Received professional services [2] for any experience of physical violence	14.9 (10.9 - 18.9)	16.5 (12.1 - 20.8)

Note: CI = confidence interval.

[1] Physical violence includes a ‘yes’ response to one or more of the following: 1) slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you; 2) punched, kicked, whipped, or beat you with an object; 3) choked, smothered, tried to drown you, or burned you intentionally; 4) used or threatened you with a knife, gun, or other weapon.

[2] Professional services include doctor, nurse, or other healthcare worker in a hospital or clinic; police or other security personnel; lawyer, judge/magistrate, or other legal professional, other than police; social worker, guidance counsellor or other counsellor; community leader; pastor or religious leader; and CPFSA(CDA)/OCA: Child Protection and Family Services Agency (Child Development Agency)/ Office of the Children’s Advocate
n represents the denominator.

Table 5.3.2. Relationship with the person the victim told about any incident of physical violence [1], among 13-24-year-olds who ever experienced physical violence and who told someone – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

Person the victim told about physical violence	Females (n=177)	Males (n=201)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Parent or relative	45.9 (38.1 - 53.6)	51.8 (43.9 - 59.8)
Current or ex-partner or spouse	18.0 (11.3 - 24.7)	13.1 (8.2 - 18.1)
Friend or neighbour	51.2 (42.8 - 59.6)	54.4 (45.8 - 62.9)
Other [2]	19.4 (12.7 - 26.1)	17.9 (12.0 - 23.7)

Note: CI = confidence interval.

[1] Physical violence includes a ‘yes’ response to one or more of the following: 1) slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you; 2) punched, kicked, whipped, or beat you with an object; 3) choked, smothered, tried to drown you, or burned you intentionally; 4) used or threatened you with a knife, gun, or other weapon.

[2] Includes service provider (like a doctor or counsellor), authority figure (like a teacher or police officer), community or area leader or Don, pastor, or religious leader, and other.

Note: Percents may sum to >100% because some victims may have experienced physical violence multiple times and may have told multiple people.

n represents the denominator.

Table 5.3.3. Source of services received for any incident of physical violence [1] among 13-24-year-olds who ever experienced physical violence and received help – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Females (n=52)	Males (n=74)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Doctor, nurse, or other health care worker in a hospital or clinic	40.1 (25.3 - 54.9)	51.8 (37.4 - 66.2)
Police or other security personnel	31.8 (15.7 - 47.8)	24.6 (13.8 - 35.4)
Lawyer, judge/magistrate, or other legal professional, other than police	16.0 (5.7 - 26.3)*	12.2 (3.5 - 20.9)*
Social worker, guidance counsellor or other counsellor	56.3 (41.0 - 71.6)	39.1 (25.4 - 52.7)
Community or religious leader	33.7 (20.0 - 47.4)	37.9 (24.5 - 51.2)
CPFSA(CDA)/OCA [2]	17.6 (6.3 - 28.9)*	**

Note: CI = confidence interval.

[1] Physical violence includes a ‘yes’ response to one or more of the following: 1) slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you; 2) punched, kicked, whipped, or beat you with an object; 3) choked, smothered, tried to drown you, or burned you intentionally; 4) used or threatened you with a knife, gun, or other weapon.

[2] CPFSA (CDA)/OCA: Child Protection and Family Services Agency (Child Development Agency)/ Office of the Children’s Advocate.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

** Unstable estimate (RSE is greater than or equal to 50%), estimate is suppressed.

Note: Percents may sum to >100% because some victims may have received service from multiple providers.

n represents the denominator.

Table 5.3.4. Reasons for not seeking services for physical violence [1], among 13-24-year-olds who ever experienced physical violence and did not seek services [2] – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

Reasons for not seeking services	Females (n=116)	Males (n=113)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Structural barriers to accessing services [3]	28.2 (19.8 - 36.6)	23.2 (13.0 - 33.3)
Relationship/interpersonal barriers to disclosure [4]	25.2 (16.6 - 33.8)	11.9 (3.5 - 20.3)*
Individual beliefs about need for services [5]	59.2 (49.5 - 69.0)	75.7 (67.5 - 84.0)
Feelings of fear, guilt, or embarrassment [6]	38.3 (29.6 - 47.0)	35.0 (24.8 - 45.1)

Note: CI = confidence interval.

Note: Percents may sum to >100% because some victims may have reported multiple reasons for not seeking services.

[1] Physical violence includes a ‘yes’ response to one or more of the following: 1) slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you; 2) punched, kicked, whipped, or beat you with an object; 3) choked, smothered, tried to drown you, or burned you intentionally; 4) used or threatened you with a knife, gun, or other weapon.

[2] Among those who knew of a hospital/clinic, police station, Child Protection and Family Services Agency/Child Development Agency (CPFSA/CDA), guidance counsellor, legal office, pastor, or community leadership to go for help.

[3] Structural barriers to accessing services includes services too far away; could not afford services; services not high quality; did not trust the system.

[4] Relationship/interpersonal barriers to disclosure includes did not know who to go to; afraid of getting in trouble; someone told me not to tell anyone or seek help; afraid of getting kicked out of home or not having someone to take care of me.

[5] Individual beliefs about need for services includes what happened to me was not a problem; did not want or need help.

[6] Feelings of fear, guilt, or embarrassment includes felt like it was my fault; I was embarrassed; afraid the person would hurt me again.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

n represents the denominator.

5.4. PHYSICAL VIOLENCE IN THE PAST 12 MONTHS

Table 5.4. Prevalence of physical violence [1] in the past 12 months, among 13-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

		Females		Males	
	n	WEIGHTED % (95% CI)	n	WEIGHTED % (95% CI)	
13–17-year-olds					
Any physical violence in the past 12 months	395	23.2 (17.7 - 28.8)	401	22.3 (16.7 - 27.9)	
Intimate partner [2] physical violence	154	**	249	6.9 (1.1 - 12.7)*	
Parent, adult caregiver or adult relative physical violence	374	13.3 (8.6 - 18.0)	378	8.2 (5.1 - 11.3)	
Physical violence by an adult in the community or neighbourhood	385	6.1 (2.9 - 9.2)	391	4.1 (1.3 - 7.0)*	
Peer physical violence	372	15.1 (10.9 - 19.4)	383	17.5 (13.1 - 21.9)	
18–24-year-olds					
Any physical violence in the past 12 months	359	12.1 (8.7 - 15.6)	351	13.8 (10.3 - 17.3)	
Intimate partner [2] physical violence	296	10.5 (6.7 - 14.3)	302	5.4 (2.3 - 8.4)	
Parent, adult caregiver or adult relative physical violence	351	2.4 (0.9 - 3.8)*	326	3.8 (1.6 - 6.1)	
Physical violence by an adult in the community or neighbourhood	355	2.4 (0.7 - 4.0)*	338	2.1 (0.6 - 3.6)*	
Peer physical violence	348	3.8 (1.7 - 5.9)	336	7.6 (4.5 - 10.6)	
13–24-year-olds					
Any physical violence in the past 12 months	754	16.9 (13.7 - 20.0)	752	17.5 (14.3 - 20.7)	
Intimate partner [2] physical violence	450	8.6 (5.6 - 11.5)	551	5.9 (3.0 - 8.8)	
Parent, adult caregiver or adult relative physical violence	725	6.9 (4.7 - 9.2)	704	5.8 (3.9 - 7.7)	
Physical violence by an adult in the community or neighbourhood	740	3.9 (2.3 - 5.5)	729	3.0 (1.5 - 4.5)	
Peer physical violence	720	8.6 (6.3 - 10.9)	719	11.9 (9.2 - 14.6)	

Note: CI = confidence interval.

[1] Physical violence includes a 'yes' response to one or more of the following: 1) slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you; 2) punched, kicked, whipped, or beat you with an object; 3) choked, smothered, tried to drown you, or burned you intentionally; 4) used or threatened you with a knife, gun, or other weapon.

[2] Among those who have had an intimate partner, including current or previous spouses, common law partners, partner they are living with, in a visiting relationship with, people they have dated, or people they were seeing.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

** Unstable estimate (RSE is greater than or equal to 50%), estimate is suppressed.

n represents the denominator.



Doctor Bird
Reading Series

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Crab Hunt

and other stories



SECTION 6: WITNESSING AND INDIRECT EXPOSURE TO VIOLENCE

This section presents lifetime prevalence of experiences of community violence, including murder of someone close, carrying and using weapons, and gang activity in the school and in the neighbourhood. Other aspects of community violence include witnessing physical violence in the home and neighbourhood. This session also reports prevalence of missing school due to any physical or sexual violence victimization.

COMMUNITY AND WEAPON-RELATED VIOLENCE AMONG 13-24-YEAR-OLDS

- Close to one in three females (32.4%) and males (29.6%) felt close to someone who had been murdered.
- One in ten females (9.5%) and close to one in four males (22.9%) ever carried a weapon, a statistically significant difference.
- Among those who ever carried a weapon (9.5% of females and 22.9% of males), the main reason for carrying a weapon was for protection against attacks by other people (93.7% females; 75.5% males).
- Among those who ever attended school, about one in four females (24.1%) and one in three males (32.0%) knew of gang activity in their school, a statistically significant difference.
- About one in six females (15.9%) and one in seven males (14.6%) knew of gang activity in the neighbourhood.
- One in ten females (10.4%) and 8.5% of males felt threatened by gang activity in the past 12 months.

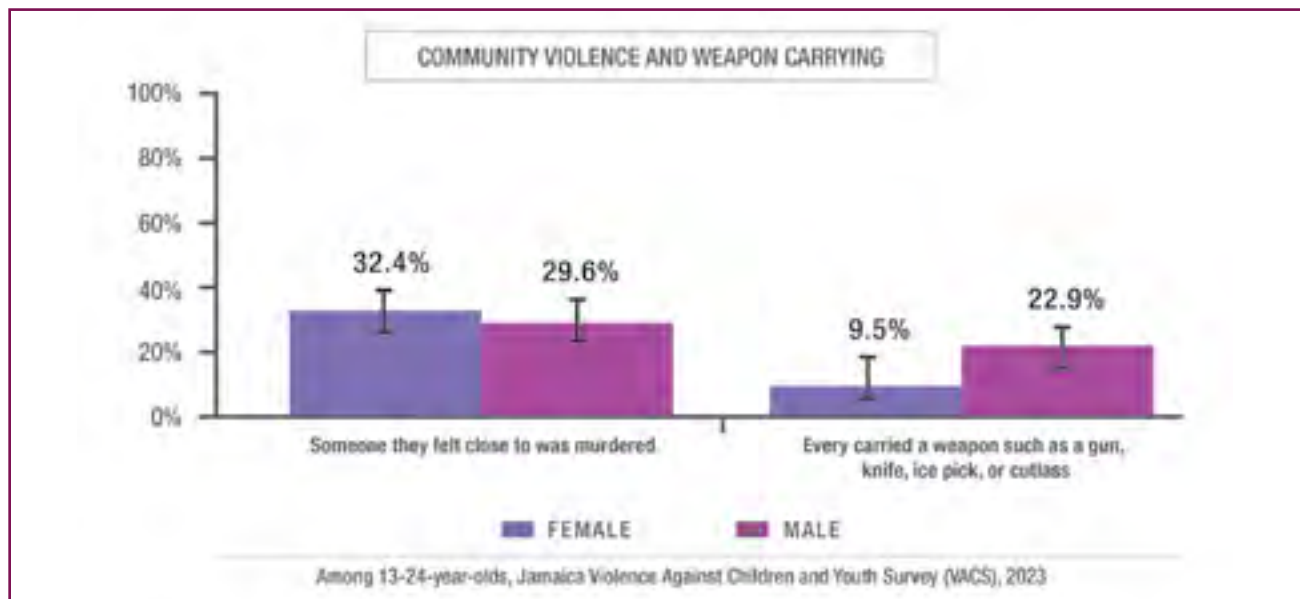


Figure 6.1. Prevalence of community violence and weapon carrying, among 13-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

Note: All figures are presented with 95% confidence intervals represented by the line above and below the bars.

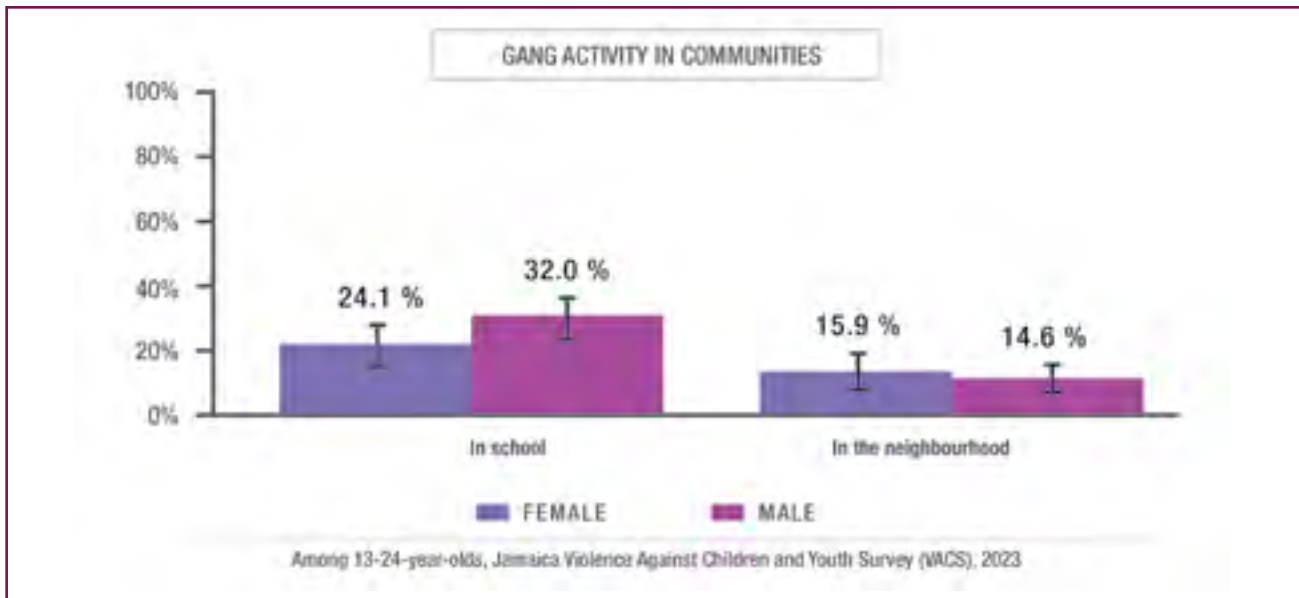


Figure 6.2. Prevalence of gang activity in community, among 13-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

Note: All figures are presented with 95% confidence intervals represented by the line above and below the bars.

WITNESSING PHYSICAL VIOLENCE

- Among youth ages 18-24 years, nearly one in two females (45.3%) and about two in five males (37.9%) witnessed physical violence in the home before age 18.
- Among youth ages 18-24 years, more than three out of five females (63.1%) and males (66.7%) witnessed physical violence in the neighbourhood before age 18.
- More than one-third of females (34.9%) and males (31.5%) age 13-17 had ever witnessed physical violence in their home, while more than half of females (54.8%) and males (52.7%) had ever witnessed physical violence in their neighbourhood.
- One in three females (33.5%) and two out of five males (41.9%) ages 13-24 years ever saw someone stabbed with a knife or sharp weapon, or shot with a gun, BB gun or air rifle outside of the home, a statistically significant difference.

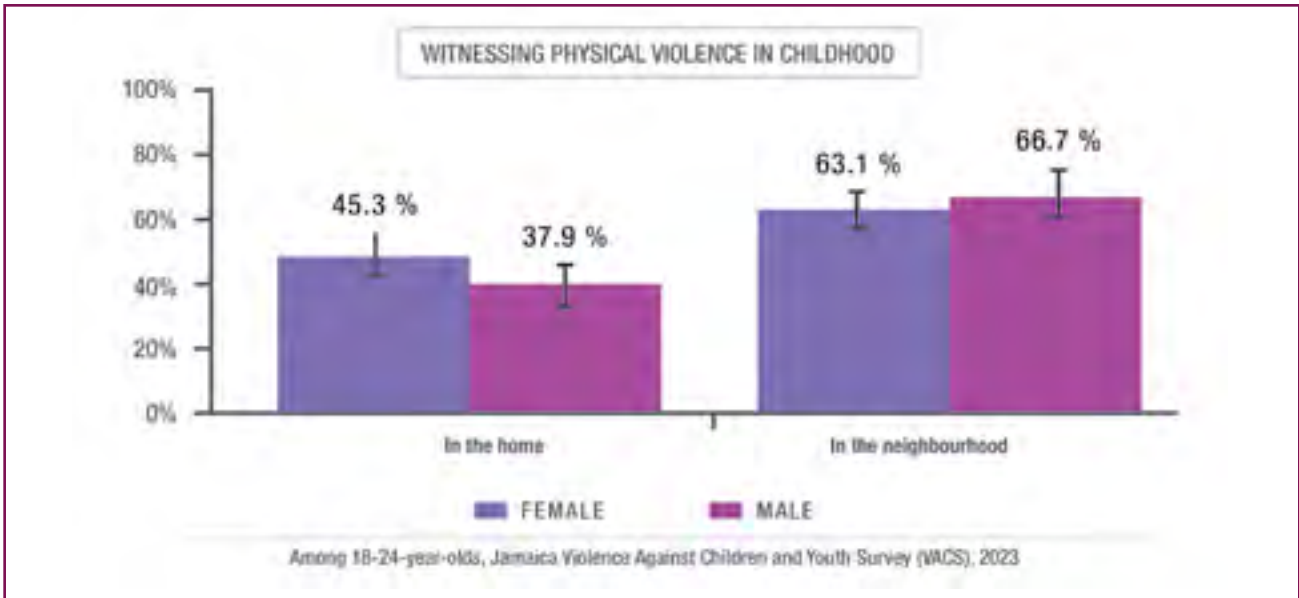


Figure 6.3. Prevalence of witnessing physical violence in the home and in the neighbourhood, among 18-24-year-olds before age 18 – Jamaica Violence Against Children and Youth Survey (VACS), 2023. Note: All figures are presented with 95% confidence intervals represented by the line above and below the bars.

MISSING SCHOOL DUE TO VIOLENCE AMONG 13-24-YEAR-OLDS

- More than one out of ten females (13.8%) and males (11.9%) missed school due to any physical violence victimization.

6.1. COMMUNITY AND WEAPON-RELATED VIOLENCE

Table 6.1.1. Prevalence of community and weapon-related violence, among 13-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Females (n=753)	Males (n=741)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Someone they felt close to was ever murdered	32.4 (28.3 - 36.5)	29.6 (25.6 - 33.6)
	Females (n=752)	Males (n=737)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Ever carried a weapon such as a gun, knife, ice pick, or cutlass	9.5 (7.0 - 12.0)	22.9 (19.0 - 26.9)
	Females (n=74)	Males (n=140)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Carried a weapon such as a gun, knife, ice pick, or cutlass in the past 12 months, among those who ever carried a weapon	67.5 (55.6 - 79.4)	54.1 (43.8 - 64.4)
Main reason carried a weapon in the past 12 months	Females (n=56)	Males (n=115)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
For protection against attacks by other people	93.7 (86.4 - 100.0)	75.5 (64.3 - 86.7)
Other [1]	**	24.5 (13.3 – 35.7)
	Females (n=74)	Males (n=140)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Used a weapon to threaten or injure another person in the past 12 months, among those who ever carried a weapon	14.8 (5.0 - 24.5)*	6.8 (2.4 - 11.2)*

Note: CI = confidence interval.

[1] Includes “it makes me feel important,” “I wanted to hurt someone,” and other.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

** Unstable estimate (RSE is greater than or equal to 50%), estimate is suppressed.

n represents the denominator.

Table 6.1.2. Prevalence of gang activity in communities, among 13-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Females (n=652)	Males (n=684)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Gang activity in school [1]	24.1 (20.1 - 28.1)	32.0 (28.2 - 35.7)
	Females (n=605)	Males (n=656)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Gang activity in neighbourhood [2]	15.9 (12.0 - 19.8)	14.6 (11.0 - 18.1)
	Females (n=751)	Males (n=748)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Felt threatened by gang activity in the past 12 months	10.4 (8.0 - 12.7)	8.5 (6.0 - 11.1)
	Females (n=754)	Males (n=744)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Was a member of a gang in the past 12 months	2.1 (0.9 - 3.4)	3.0 (1.2 - 4.7)

Note: CI = confidence interval.

[1] Gang activity in school is defined as an affirmative response to “Is there gang activity in your school?”

[2] Gang activity in neighbourhood is defined as an affirmative response to “Is there gang activity in your neighbourhood?”

n represents the denominator.

6.2. WITNESSING PHYSICAL VIOLENCE

Table 6.2. Prevalence of witnessing physical violence in the home [1] in the neighbourhood [2] and with weapons [3], among 18-24-year-olds before age 18, and among 13-17-year-olds and 13-24-year-olds in their lifetime – Jamaica Violence Against Children and Youth Survey (VACS), 2023

Witnessed physical violence in childhood (among 18–24-year-olds)		
	Females (n=357)	Males (n=348)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
In the home [1]	45.3 (40.0 – 50.6)	37.9 (31.6 – 44.1)
	Females (n=348)	Males (n=344)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
In the neighbourhood [2]	63.1 (57.0 – 69.2)	66.7 (61.2 – 72.2)
Witnessed physical violence in their lifetime (among 13–17-year-olds)		
	Females (n=394)	Males (n=400)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
In the home [1]	34.9 (29.6 - 40.1)	31.5 (26.5 - 36.5)
	Females (n=398)	Males (n=397)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
In the neighbourhood [2]	54.8 (48.0 - 61.7)	52.7 (45.8 - 59.6)
Witnessed physical violence in their lifetime (among 13–24-year-olds)		
	Females (n=756)	Males (n=750)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
With weapons [3]	33.5 (29.5 – 37.5)	41.9 (37.9 – 45.9)

Note: CI = confidence interval.

[1] Witnessing physical violence in the home includes hearing or seeing your mother or stepmother, or father's partner being hit, punched, kicked, or beaten by your father, stepfather, or mother's partner; and hearing or seeing a parent punch, kick, or beat your brothers or sisters.

[2] Witnessing physical violence in the neighbourhood includes seeing anyone get attacked outside of your home and family environment.

[3] Saw someone stabbed with a knife or sharp weapon, or shot with a gun, BB gun or air rifle outside of the home.

n represents the denominator.

6.3. MISSING SCHOOL DUE TO VIOLENCE

Table 6.3. Missing school as a result of any sexual [1] or physical [2] violence victimization among 13-24-year-olds who have ever attended school– Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Females (n=244)	Males (n=148)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Missed school due to any sexual violence victimization	6.6 (3.5 – 9.7)	9.0 (2.5 – 15.5)*
	Females (n=377)	Males (n=420)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Missed school due to any physical violence victimization	13.8 (9.6 – 18.0)	11.9 (7.4 – 16.4)

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).

[2] Physical violence includes a ‘yes’ response to one or more of the following: 1) slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you; 2) punched, kicked, whipped, or beat you with an object; 3) choked, smothered, tried to drown you, or burned you intentionally; 4) used or threatened you with a knife, gun, or other weapon.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

n represents the denominator.



SECTION 7: EMOTIONAL VIOLENCE



This section presents childhood experiences of emotional violence perpetrated by parents, adult caregivers or other adult relatives, intimate partners, and peers among 18-24-year-olds. This section also describes lifetime and past 12-month experiences of emotional violence among 13-24-year-olds. Refer to Section A for a complete definition.

EMOTIONAL VIOLENCE IN CHILDHOOD AMONG 18-24-YEAR-OLDS

- More than one in three females (37.8%) and almost one in three males (31.0%) experienced emotional violence during childhood.
- About one in three females (30.4%) and one in five males (19.6%) experienced childhood emotional violence by a peer.

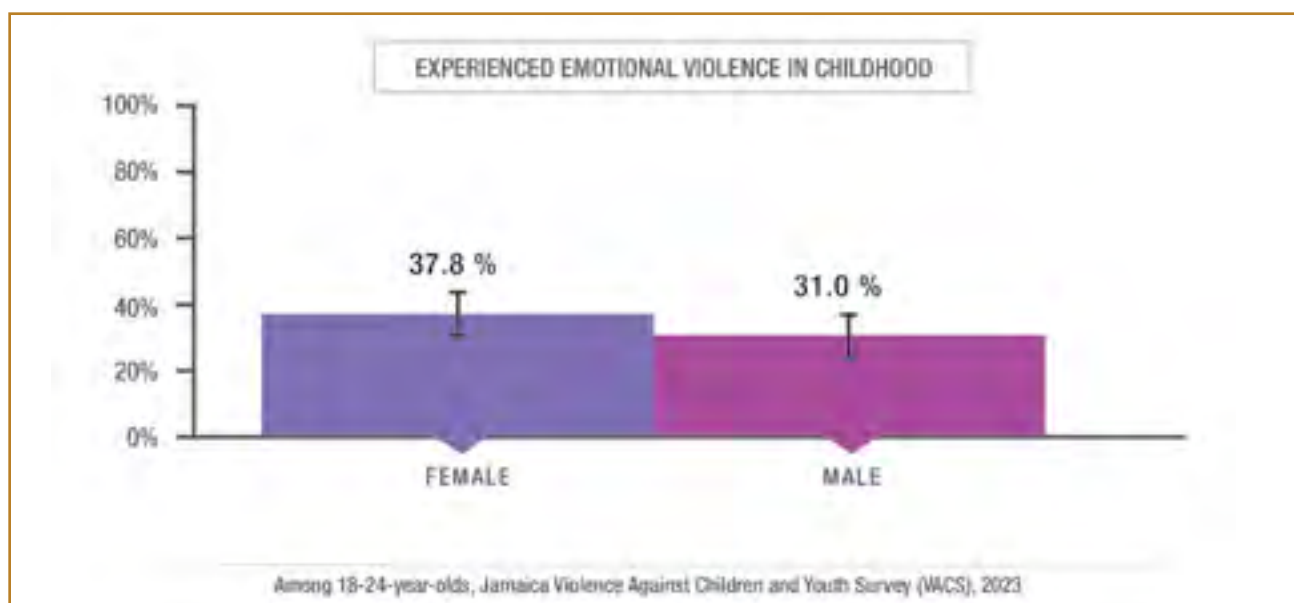


Figure 7.1. Prevalence of emotional violence prior to age 18, among 18-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

Note: All figures are presented with 95% confidence intervals represented by the line above and below the bars.

LIFETIME EMOTIONAL VIOLENCE AMONG 13-24-YEAR-OLDS

- More females (61.2%) than males (51.8%) experienced lifetime emotional violence, a statically significant difference.
- Among females, 24.8% experienced emotional violence by a parent, adult caregiver or adult relative and among ever-partnered females, 29.3% experienced emotional violence by an intimate partner.
- Among males, 18.4% experienced emotional violence by a parent, adult caregiver or adult relative, and among ever-partnered males, 34.2% experienced emotional violence by an intimate partner.
- More than half of females (53.4%) and more than one in three males (35.5%) experienced emotional violence by a peer, a statically significant difference.
- More than one in three female (36.8%) and male (33.5%) victims of emotional violence first experienced it at age 13 or younger.

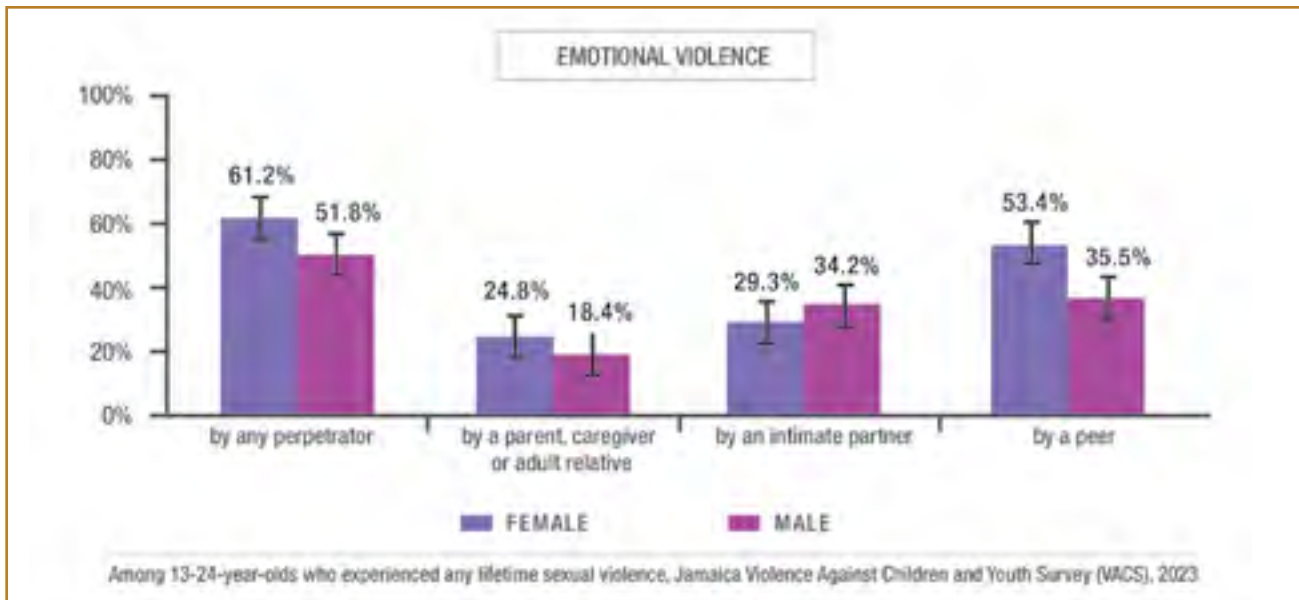


Figure 7.2. Prevalence of lifetime emotional violence and by perpetrator of emotional violence [1], among 13-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023. Note: All figures are presented with 95% confidence intervals represented by the line above and below the bars.

EMOTIONAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13-24-YEAR-OLDS

- Significantly more females (13.1%) than males (7.1%) experienced emotional violence by a parent, adult caregiver, or other adult relative in the past 12 months.
- Among ever-partnered children and youth, 16.0% of females and 19.7% of males experienced emotional violence by an intimate partner in the past 12 months.
- Significantly more females (25.5%) than males (15.4%) experienced emotional violence by a peer in the past 12 months.

7.1. EMOTIONAL VIOLENCE IN CHILDHOOD AMONG 18-24-YEAR-OLDS

Table 7.1. Prevalence of first experience of emotional violence [1] before age 18, among 18-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Females (n=354)	Males (n=348)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Emotional violence in childhood, any perpetrator [1]	37.8 (31.5 – 44.1)	31.0 (25.2 – 36.8)
	Females (n=336)	Males (n=324)
Emotional violence by a parent, adult caregiver, or other adult relative in childhood	13.0 (8.5 – 17.4)	11.2 (7.1 – 15.4)
	Females (n=290)	Males (n=282)
Emotional violence by an intimate partner [2]	11.7 (7.7 – 15.6)	15.8 (10.5 – 21.2)
	Females (n=326)	Males (n=319)
Emotional violence by a peer	30.4 (24.1 – 36.7)	19.6 (13.9 – 25.4)

Note: CI = confidence interval.

[1] Emotional violence includes answering yes to one or more from the following perpetrator type – parent, adult caregiver, or other adult relative, intimate partners, or peers. Emotional violence by a parent, adult caregiver, or other adult relative includes: 1) told you that you were not loved or did not deserve to be loved; 2) said they wished you had never been born or were dead; and 3) ridiculed or cursed you or put you down, for example, cursed you about your mother, said that you were stupid, useless or worthless. Emotional violence by intimate partner includes: 1) insulted, humiliated, or made fun of you in front of others; 2) kept you from having your own money; 3) tried to keep you from seeing or talking to your family or friends; 4) kept track of you by demanding to know where you were and what you were doing; and 5) made threats to physically harm you. Emotional violence by peers includes: 1) made you get scared or feel really bad because they were calling you names, saying mean things to you, or saying they didn't want you around; 2) told lies or spread rumours about you, or tried to make others dislike you; and 3) kept you out of things on purpose, excluded you from their group of friends, or completely ignored you.

[2] Among those who ever had an intimate partner.

n represents the denominator.

7.2. LIFETIME EMOTIONAL VIOLENCE AMONG 13-24-YEAR-OLDS

Table 7.2.1. Prevalence of lifetime emotional violence and age of first experience of emotional violence [1], among 13-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Females (n=754)	Males (n=755)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Emotional violence, any perpetrator	61.2 (57.1 – 65.3)	51.8 (47.2 – 56.3)
Emotional violence by a parent, adult caregiver, or adult relative		
	Females (n=754)	Males (n=749)
Emotional violence by a parent, adult caregiver, or adult relative	24.8 (21.3 – 28.4)	18.4 (14.8 – 22.1)
Emotional violence by an intimate partner [2]		
	Females (n=453)	Males (n=568)
Emotional violence by an intimate partner [2]	29.3 (25.1 – 33.4)	34.2 (29.0 – 39.5)
Emotional violence by a peer		
	Females (n=752)	Males (n=751)
Emotional violence by a peer	53.4 (48.7 – 58.1)	35.5 (31.5 – 39.5)
Age at first experience of emotional violence		
	Females (n=405)	Males (n=287)
13 or younger	36.8 (31.2 – 42.3)	33.5 (26.3 – 40.7)
14–15	22.2 (18.1 – 26.4)	21.4 (15.6 – 27.2)
16–17	20.2 (15.9 – 24.5)	22.7 (15.9 – 29.6)
18–24	20.8 (15.2 – 26.4)	22.3 (15.8 – 28.9)

Note: CI = confidence interval.

[1] Emotional violence includes answering yes to one or more from the following perpetrator type – parent, adult caregiver, or other adult relative, intimate partners, or peers. Emotional violence by a parent, adult caregiver, or other adult relative includes: 1) told you that you were not loved or did not deserve to be loved; 2) said they wished you had never been born or were dead; and 3) ridiculed or cursed you or put you down, for example, cursed you about your mother, said that you were stupid, useless or worthless. Emotional violence by intimate partner includes: 1) insulted, humiliated, or made fun of you in front of others; 2) kept you from having your own money; 3) tried to keep you from seeing or talking to your family or friends; 4) kept track of you by demanding to know where you were and what you were doing; and 5) made threats to physically harm you. Emotional violence by peers includes: 1) made you get scared or feel really bad because they were calling you names, saying mean things to you, or saying they didn't want you around; 2) told lies or spread rumours about you, or tried to make others dislike you; and 3) kept you out of things on purpose, excluded you from their group of friends, or completely ignored you.

[2] Among those who ever had a partner.
n represents the denominator.

Table 7.2.2. Experience of lifetime emotional violence [1] before and during the COVID-19 pandemic [2] among 13-24-year-olds who have ever experienced emotional violence – Jamaica Violence Against Children and Youth Survey (VACS), 2023

	Females (n=754)	Males (n=755)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
	Females (n=411)	Males (n=301)
Experienced emotional violence before the COVID-19 pandemic [2]	73.9 (68.8 – 79.1)	70.7 (63.7 – 77.6)
	Females (n=411)	Males (n=301)
Emotional violence by an intimate partner [2]	45.0 (39.3 – 50.7)	47.9 (40.8 – 55.1)

Note: CI = confidence interval.

[1] Emotional violence includes answering yes to one or more from the following perpetrator type – parent, adult caregiver, or other adult relative, intimate partners, or peers. Emotional violence by a parent, adult caregiver, or other adult relative includes: 1) told you that you were not loved or did not deserve to be loved; 2) said they wished you had never been born or were dead; and 3) ridiculed or cursed you or put you down, for example, cursed you about your mother, said that you were stupid, useless or worthless. Emotional violence by intimate partner includes: 1) insulted, humiliated, or made fun of you in front of others; 2) kept you from having your own money; 3) tried to keep you from seeing or talking to your family or friends; 4) kept track of you by demanding to know where you were and what you were doing; and 5) made threats to physically harm you. Emotional violence by peers includes: 1) made you get scared or feel really bad because they were calling you names, saying mean things to you, or saying they didn't want you around; 2) told lies or spread rumours about you, or tried to make others dislike you; and 3) kept you out of things on purpose, excluded you from their group of friends, or completely ignored you.

[2] COVID-19 pandemic timeframe includes March 2020 through August 2022.

Note: Before and during the COVID-19 pandemic are not mutually exclusive. Percents may sum to >100% because some victims may have reported experiencing sexual violence before and during the COVID-19 pandemic.

n represents the denominator.

Table 7.2.3. Experience of first incident of emotional violence [1] before and during the COVID-19 pandemic [2] among 13–24-year-olds who have ever experienced emotional violence – by perpetrator type – Jamaica Violence Against Children and Youth Survey (VACS), 2023

	Females	Males
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Emotional violence by parent, adult caregiver or other adult relative	Females (n=164)	Males (n=104)
First experience was before COVID-19	71.8 (63.7 – 79.8)	77.9 (67.6 – 88.2)
First experience was during COVID-19	28.2 (20.2 – 36.3)	22.1 (11.8 – 32.4)
Emotional violence by intimate partner [3]	Females (n=100)	Males (n=137)
First experience was before COVID-19	51.2 (39.3 – 63.1)	46.3 (36.0 – 56.6)
First experience was during COVID-19	48.8 (36.9 – 60.7)	53.7 (43.4 – 64.0)
Emotional violence by peer	Females (n=342)	Males (n=190)
First experience was before COVID-19	67.2 (61.4 – 73.0)	70.2 (61.9 – 78.5)
First experience was during COVID-19	32.8 (27.0 – 38.6)	29.8 (21.5 – 38.1)

Note: CI = confidence interval.

[1] Emotional violence includes answering yes to one or more from the following perpetrator type – parent, adult caregiver, or other adult relative, intimate partners, or peers. Emotional violence by a parent, adult caregiver, or other adult relative includes: 1) told you that you were not loved or did not deserve to be loved; 2) said they wished you had never been born or were dead; and 3) ridiculed or cursed you or put you down, for example, cursed you about your mother, said that you were stupid, useless, or worthless. Emotional violence by intimate partner includes: 1) insulted, humiliated, or made fun of you in front of others; 2) kept you from having your own money; 3) tried to keep you from seeing or talking to your family or friends; 4) kept track of you by demanding to know where you were and what you were doing; and 5) made threats to physically harm you. Emotional violence by peers includes: 1) made you get scared or feel really bad because they were calling you names, saying mean things to you, or saying they didn't want you around; 2) told lies or spread rumours about you, or tried to make others dislike you; and 3) kept you out of things on purpose, excluded you from their group of friends, or completely ignored you.

[2] COVID-19 pandemic timeframe includes March 2020 through August 2022.

[3] Among those who ever had a partner.

n represents the denominator.

7.3. EMOTIONAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13-24-YEAR-OLDS

Table 7.3. Prevalence of emotional violence [1] in the past 12 months, among 13-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Females (n=753)	Males (n=753)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Emotional violence, any perpetrator	35.3 (31.2 – 39.5)	28.5 (24.5 – 32.5)
	Females (n=750)	Males (n=743)
Emotional violence by a parent, adult caregiver, or other adult relative	13.1 (10.4 – 15.9)	7.1 (5.0 – 9.3)
	Females (n=450)	Males (n=561)
Emotional violence by an intimate partner [2]	16.0 (12.2 – 19.8)	19.7 (15.4 – 23.9)
	Females (n=741)	Males (n=731)
Emotional violence by a peer	25.5 (21.5 – 29.4)	15.4 (12.1 – 18.7)

Note: CI = confidence interval.

[1] Emotional violence includes answering yes to one or more from the following perpetrator type – parent, adult caregiver, or other adult relative, intimate partners, or peers. Emotional violence by a parent, adult caregiver, or other adult relative includes: 1) told you that you were not loved or did not deserve to be loved; 2) said they wished you had never been born or were dead; and 3) ridiculed or cursed you or put you down, for example, cursed you about your mother, said that you were stupid, useless, or worthless. Emotional violence by intimate partner includes: 1) insulted, humiliated, or made fun of you in front of others; 2) kept you from having your own money; 3) tried to keep you from seeing or talking to your family or friends; 4) kept track of you by demanding to know where you were and what you were doing; and 5) made threats to physically harm you. Emotional violence by peers includes: 1) made you get scared or feel really bad because they were calling you names, saying mean things to you, or saying they didn't want you around; 2) told lies or spread rumours about you, or tried to make others dislike you; and 3) kept you out of things on purpose, excluded you from their group of friends, or completely ignored you.

[2] Among those who ever had a partner.

n represents the denominator.



SECTION 8: INSPIRE INDICATORS



This section presents data on indicators relevant to *INSPIRE: Seven Strategies for Ending Violence Against Children* ²², which is a technical package that includes evidence-based strategies with demonstrated success in preventing and responding to violence in childhood. INSPIRE aligns closely with other violence frameworks recognized and applied in Jamaica, including RESPECT. ²³ INSPIRE reflects a collaboration of the WHO, CDC, UNICEF, PEPFAR, USAID, and other partners as part of the Global Partnership to End Violence Against Children (<https://www.end-violence.org/inspire>). There are seven strategies included in INSPIRE: Implementation and enforcement of laws; Norms and values; Safe environments; Parent and caregiver support; Income and economic strengthening; Response and support services and Education and life skills.

The 2023 Jamaica VACS covers indicators for six of the strategies – all except Implementation and enforcement of laws. Additionally, the indicators for Response and support services for victims of violence are included in the previous sections on disclosure, knowledge of services, and receipt of services among victims of sexual violence (section 4) and physical violence (section 5); so, they are not included in this section. Data on INSPIRE indicators capture key opportunities to inform evidence-based interventions and approaches.

INSPIRE INDICATORS AMONG 13-17-YEAR-OLDS

Safe environments

- Significantly more females (52.6%) than males (30.0%) missed school or did not leave home due to fear of safety for any reason in the 12 months prior to the COVID-19 lockdown.
- Nearly two in five females (38.7%) and one in three males (31.8%) witnessed violence in the community/neighbourhood in the past 12 months.

Parent and caregiver support

- More than two out of five females (42.0%) and almost one in three males (30.1%) experienced parental use of positive discipline, such as explaining why the behaviour is wrong or giving a reminder or warning not to do something again, in the past 12 months.
- More males (87.7%) than females (70.2%) felt it was easy to talk to their mother, a statistically significant difference.
- Significantly more males (67.5%) than females (50.6%) felt it was easy to talk to their father.
- Almost half of females (48.1%) and males (45.7%) experienced physical discipline or verbal aggression from parents in the past 12 months.
- Most females (97.5%) and males (96.4%) had caring adult relationships in their family (e.g., someone who cares about them or is willing to help them make decisions).

Education and life skills

- More than three in four females (76.2%) and almost three in four males (72.6%) were meaningfully engaged in their community.
- More than three in four females (76.4%) and seven in ten males (70.2%) were taught how to avoid physical fights and violence in school during the school year.
- One in three males (31.0%) and one in five females (21.5%) were in a physical fight in the past 12 months.

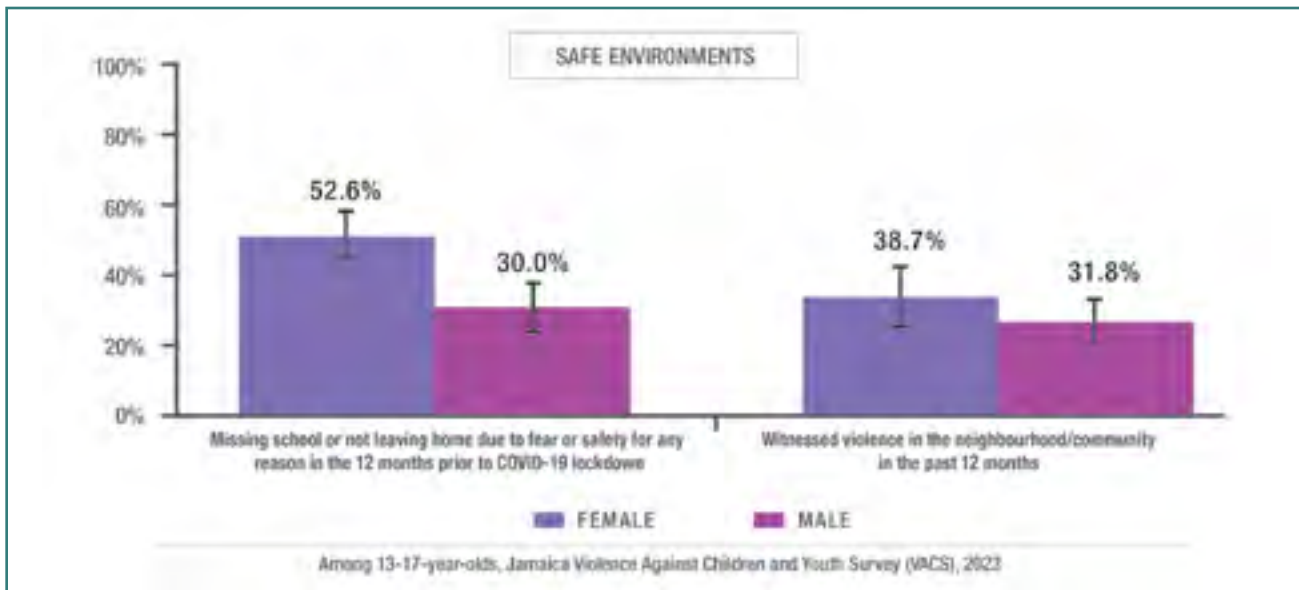


Figure 8.1. Safe environments among 13-17-year-olds – Jamaica Violence Against Children Survey (VACS), 2023. Note: All figures are presented with 95% confidence intervals represented by the line above and below the bars.

INSPIRE INDICATORS AMONG 18-24-YEAR-OLDS

Norms and Values

- Significantly more males (31.6%) than females (18.5%) agreed that corporal punishment by parents was necessary to raise a child properly.
- Less than one in ten females (7.4%) and males (9.7%) agreed that corporal punishment by teachers was necessary.
- Significantly more males (57.5%) than females (40.8%) endorsed harmful traditional attitudes and beliefs about gender, sexuality and violence.

Education and life skills

- Significantly more males (37.0%) than females (11.4%) had early sexual debut (first sex at or before age 15).
- More than one in ten females (11.3%) were pregnant before age 18.
- Significantly more males (21.4%) than females (11.9%) binge drank in the past 30 days.
- Significantly more males (31.0%) than females (7.0%) smoked marijuana/ganja in the past 30 days.

INSPIRE INDICATORS AMONG 13-24-YEAR-OLDS

Response and support services

- Half of females (49.7%) and males (50.0%) knew of a place to go for help for violence.

Education and life skills

- More than one in ten females (12.3%) who had ever had sex received money or gifts in exchange for a sexual relationship
- Nearly three in ten males (29.1%) provided money or gifts to a woman or girl in exchange for a relationship.
- Significantly more females (64.5%) than males (52.4%) experienced mental distress in the past 30 days.
- Significantly more females (26.1%) than males (9.5%) ever thought of suicide.

8.1. INSPIRE INDICATORS AMONG 13-17-YEAR-OLDS

For 13-17-year-olds, indicators include data on Safe environments, Parent and caregiver support, Income and economic strengthening, and Education and life skills.

Table 8.1. INSPIRE Indicators among 13-17-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023

		Females		Males
	n	WEIGHTED % (95% CI)	n	WEIGHTED % (95% CI)
Safe environments				
Missing school or not leaving home due to fear of safety for any reason in the 12 months prior to the COVID-19 lockdown	397	52.6 (46.3 – 58.9)	399	30.0 (24.5 – 35.4)
Witnessed violence in the neighbourhood/community in the past 12 months	394	38.7 (32.0 – 45.3)	392	31.8 (25.3 – 38.2)
Parent and caregiver support				
Parents' use of positive parental discipline in the past 12 months	396	42.0 (34.9 – 49.2)	402	30.1 (25.0 – 35.2)
Close relationship with mother	385	90.0 (87.1 – 93.0)	396	94.5 (91.9 – 97.1)
Close relationship with father	339	69.6 (64.5 – 74.8)	341	80.7 (74.3 – 87.0)
Easy to talk to mother	392	70.2 (64.8 – 75.7)	394	87.7 (83.7 – 91.7)
Easy to talk to father	385	50.6 (45.0 – 56.1)	381	67.5 (59.3 – 75.7)
High parental monitoring and supervision	398	93.9 (91.2 – 96.6)	401	90.3 (85.3 – 95.3)
Parents' use of physical discipline or verbal aggression in the past 12 months	397	48.1 (41.6 – 54.6)	402	45.7 (39.9 – 51.5)
Caring adult relationships in family [6]	397	97.5 (95.6 – 99.4)	401	96.4 (92.8 – 100.0)
Income and economic strengthening				
Experiencing food insecurity [1]	371	27.1 (20.6 – 33.6)	373	21.5 (15.1 – 27.8)
Education and life skills				
Currently enrolled in school	398	94.1 (91.7 – 96.5)	402	94.6 (92.0 – 97.1)
Binge drinking [2] in the past 30 days	382	3.3 (1.5 – 5.0)	381	6.7 (3.8 – 9.7)
In a physical fight in the past 12 months	385	21.5 (16.2 – 26.8)	390	31.0 (26.4 – 35.5)
Peer social supports [3]	397	91.6 (88.3 – 94.8)	402	93.3 (90.5 – 96.1)
Caring adult relationships in community [4]	398	93.9 (91.1 – 96.7)	401	96.2 (94.1 – 98.3)
Meaningful participation in community [5]	398	76.2 (71.1 – 81.3)	402	72.6 (67.0 – 78.2)
Taught anger management in school during school year	372	48.3 (42.5 – 54.1)	371	45.2 (38.5 – 51.8)

Taught how to avoid physical fights and violence in school during school year	372	76.4 (72.5 – 80.2)	375	70.2 (64.4 – 76.0)
Taught how to avoid bullying in school during school year	373	71.7 (66.2 – 77.3)	374	62.4 (57.0 – 67.8)

Note: CI = confidence interval.

- [1] Food insecurity is defined as the household not having enough money for food. Youth employment (working for money or other payment in the past 12 months) is an additional indicator of income and economic strengthening and can be found in table 3.1.
- [2] Binge drinking includes drinking 4 or more drinks in a row for females and 5 or more drinks in a row for males.
- [3] Peer social supports includes affirmative responses to one or more of the following: my friends really try to help me; I can count on my friends when things go wrong; I have friends with whom I can share my good times and bad times; I can talk about problems with my friends.
- [4] Caring adult relationships in community includes affirmative responses to one or more of the following: outside of my home and school, there is an adult who really cares about me; there is an adult whom I trust who notices when I am upset about something; there is an adult who tells me when I do a good job; there is an adult who always wants me to do my best.
- [5] Meaningful participation in community includes affirmative responses to one or more of the following: In my community, school, or privately, I am part of a club; I am part of a sports team; I am part of a religious organization; I am part of some other group.
- [6] Caring adult relationships in family includes affirmative responses to one or both of the following: including your mother and father and any other family members, would you say that you have/had an adult family member 1) who cares about you; or 2) who is willing to help you make decisions?

n represents the denominator.

8.2. INSPIRE INDICATORS AMONG 18-24-YEAR-OLDS

For young adults ages 18-24, INSPIRE indicators include data on norms and values, income and economic strengthening, and education and life skills.

Table 8.2. INSPIRE Indicators among 18-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023

		Females		Males
	n	WEIGHTED % (95% CI)	n	WEIGHTED % (95% CI)
Norms and values				
Agreement with the necessity of corporal punishment by parents	356	18.5 (14.2 – 22.7)	343	31.6 (26.6 – 36.6)
Agreement with the necessity of corporal punishment by teachers	357	7.4 (4.3 – 10.4)	342	9.7 (5.6 – 13.7)
Acceptance of wife beating [1]	359	8.3 (5.1 – 11.5)	353	12.9 (8.7 – 17.1)
Attitudes about gender, sexuality, and violence [2]	359	40.8 (34.8 – 46.8)	352	57.5 (52.1 – 62.9)
Income and economic strengthening				
Experiencing food insecurity [3]	345	24.1 (18.3 – 29.9)	337	24.5 (19.1 – 29.9)
Education and life skills				
Early sexual debut: first sex at or before age 15	339	11.4 (8.3 – 14.4)	328	37.0 (31.8 – 42.3)
Early pregnancy: pregnant before age 16	244	2.7 (0.9 – 4.5)*	NA	NA
Early pregnancy: pregnant before age 18	244	11.3 (7.1 – 15.5)	NA	NA
Binge drinking [4] in the past 30 days	340	11.9 (8.0 – 15.8)	329	21.4 (16.5 – 26.4)
Cigarette smoking in the past 30 days	331	7.0 (4.0 – 10.1)	327	14.9 (10.5 – 19.3)
Marijuana/Ganja smoking in the past 30 days	332	7.0 (3.8 – 10.3)	331	31.0 (24.1 – 37.8)

Note: CI = confidence interval.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

- [1] Includes affirmative responses to one or more of the following: a husband is justified in hitting or beating his wife if she: goes out without telling him; neglects the children; argues with him; refuses to have sex with him; does not cook/prepare the food/food is burnt/food does not taste good.
- [2] Includes affirmative responses to one or more of the following: only men, not women should decide when to have sex; if someone insults a boy or man, he should defend his reputation with force if he needs to; there are times when a woman should be beaten; women who carry condoms have sex with a lot of men; a woman should tolerate violence to keep the family together.
- [3] Food insecurity is defined as the household not having enough money for food. Youth employment (working for money or other payment in the past 12 months) is an additional indicator of income and economic strengthening and can be found in table 3.2.1.
- [4] Binge drinking includes drinking 4 or more drinks in a row for females and 5 or more drinks in a row for males. n represents the denominator.

8.3. INSPIRE INDICATORS AMONG 13-24-YEAR-OLDS

For children and youth ages 13-24, INSPIRE indicators include data on Response and support services and Education and life skills.

Table 8.3. INSPIRE Indicators among 13-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023

		Females		Males
	n	WEIGHTED % (95% CI)	n	WEIGHTED % (95% CI)
Response and support services				
Knew where to go for help for violence [1]	733	49.7 (45.1 – 54.3)	738	50.0 (45.0 – 54.9)
Education and life skills				
Lifetime transactional sex – received money or gifts [2]	304	12.3 (8.0 – 16.6)	NA	NA
Lifetime transactional sex – provided money or gifts [3]	NA	NA	356	29.1 (23.8 – 34.5)
Mental distress in the past 30 days	740	64.5 (60.6 – 68.4)	746	52.4 (47.7 – 57.1)
Ever thought of suicide	735	26.1 (22.2 – 30.0)	748	9.5 (7.2 – 11.8)

Note: CI = confidence interval.

- [1] Knew place to seek service for physical or sexual violence among those who had experienced sexual or physical violence.
- [2] Ever engaged in transactional sex (includes entering into a sexual relationship with someone mainly in order to get things that they need such as money, gifts, or other things that are important to them), among females who ever had sex.
- [3] Ever given a woman or girl who is [not your wife and is also] not a sex worker any money, gifts or helped her to pay for things mainly in order to start or continue a relationship with her, among males who ever had sex. n represents the denominator.



#Parenting

SECTION 9: OVERLAP AMONG SEXUAL, PHYSICAL, AND EMOTIONAL VIOLENCE

This section presents data on the overlap between different types of violence among children and youth in Jamaica. Although specific forms of violence have a distinctive nature and can occur in isolation, attempts to categorize violence can be somewhat artificial given that the boundaries between acts of violence often become blurred. Overlap among different forms of violence happens in two primary ways: (1) violence could occur simultaneously, such as when a child or youth is being emotionally and physically subjected to violence at the same time; and/or (2) violence could occur to the same child or youth, but at different points in time. Examining the intersection between various forms of violence is important because the coexistence of different forms of violence underscores the necessity of identifying common risk and protective factors that can effectively address multiple forms of violence concurrently. The overlap of sexual, physical, and emotional violence experienced in childhood and lifetime are described here.

OVERLAP OF TYPES OF VIOLENCE IN CHILDHOOD AMONG 18-24-YEAR-OLDS

- More than half of females (54.9%) and males (54.6%) experienced any type of violence during childhood.
- About one in six females (17.5%) and nearly one in seven males (13.5%) experienced two types of violence during childhood.

OVERLAP OF TYPES OF LIFETIME VIOLENCE AMONG 13-24-YEAR-OLDS

- More than three out of four females (77.2%) and males (77.6%) experienced any lifetime violence.
- More than one in four females (27.0%) and males (30.1%) experienced two types of violence during their lifetime.
- Significantly more females (22.4%) than males (13.3%) experienced three types of violence during their lifetime.

9.1. OVERLAP AMONG TYPES OF VIOLENCE IN CHILDHOOD AMONG 18-24-YEAR-OLDS

Table 9.1. Prevalence and overlap of different types of violence before age 18, among 18-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

Any violence	Females (n=359)	Males (n=353)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
No childhood violence	45.1 (40.0 – 50.2)	45.4 (39.0 – 51.8)
Any childhood violence	54.9 (49.8 – 60.0)	54.6 (48.2 – 61.0)
One type of violence only	Females (n=359)	Males (n=353)
Childhood sexual violence [1] only	4.7 (2.4 – 7.0)	3.1 (0.8 – 5.4)*
Childhood physical violence [2] only	9.6 (6.2 – 13.1)	18.0 (13.0 – 23.0)
Childhood emotional violence [3] only	13.2 (9.1 – 17.3)	16.0 (11.6 – 20.4)
Multiple types of violence	Females (n=359)	Males (n=353)
Two types of violence	17.5 (13.7 – 21.3)	13.5 (9.7 – 17.4)
Three types of violence	9.9 (5.7 – 14.1)	4.0 (0.7 – 7.3)*

Note: CI = confidence interval.

- [1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).
- [2] Physical violence includes a 'yes' response to one or more of the following: 1) slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you; 2) punched, kicked, whipped, or beat you with an object; 3) choked, smothered, tried to drown you, or burned you intentionally; 4) used or threatened you with a knife, gun, or other weapon.
- [3] Emotional violence includes answering yes to one or more from the following perpetrator type – parent, adult caregiver, or other adult relative, intimate partners, or peers. Emotional violence by a parent, adult caregiver, or other adult relative includes: 1) told you that you were not loved or did not deserve to be loved; 2) said they wished you had never been born or were dead; and 3) ridiculed or cursed you or put you down, for example, cursed you about your mother, said that you were stupid, useless or worthless. Emotional violence by intimate partner includes: 1) insulted, humiliated, or made fun of you in front of others; 2) kept you from having your own money; 3) tried to keep you from seeing or talking to your family or friends; 4) kept track of you by demanding to know where you were and what you were doing; and 5) made threats to physically harm you. Emotional violence by peers includes: 1) made you get scared or feel really bad because they were calling you names, saying mean things to you, or saying they didn't want you around; 2) told lies or spread rumours about you, or tried to make others dislike you; and 3) kept you out of things on purpose, excluded you from their group of friends, or completely ignored you.
- * Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

n represents the denominator.

9.2. OVERLAP AMONG TYPES OF LIFETIME VIOLENCE AMONG 13-24-YEAR-OLDS

Table 9.2. Prevalence and overlap of different types of lifetime violence among 13-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

Any violence	Females (n=757)	Males (n=755)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
No violence	22.8 (19.4 – 26.2)	22.4 (18.8 – 25.9)
Any violence	77.2 (73.8 – 80.6)	77.6 (74.1 – 81.2)
One type of violence only	Females (n=757)	Males (n=755)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Sexual violence [1] only	3.9 (2.3 – 5.6)	1.9 (0.9 – 3.0)
Physical violence [2] only	8.5 (6.1 – 10.9)	19.7 (15.4 – 24.1)
Emotional violence [3] only	15.3 (12.5 – 18.1)	12.6 (9.9 – 15.4)
Multiple types of violence	Females (n=757)	Males (n=755)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Two types of violence	27.0 (23.0 – 31.1)	30.1 (26.2 – 34.1)
Three types of violence	22.4 (19.1 – 25.8)	13.3 (10.0 – 16.5)

Note: CI = confidence interval.

- [1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).
- [2] Physical violence includes a 'yes' response to one or more of the following: 1) slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you; 2) punched, kicked, whipped, or beat you with an object; 3) choked, smothered, tried to drown you, or burned you intentionally; 4) used or threatened you with a knife, gun, or other weapon.
- [3] Emotional violence includes answering yes to one or more from the following perpetrator type – parent, adult caregiver, or other adult relative, intimate partners, or peers. Emotional violence by a parent, adult caregiver, or other adult relative includes: 1) told you that you were not loved or did not deserve to be loved; 2) said they wished you had never been born or were dead; and 3) ridiculed or cursed you or put you down, for example, cursed you about your mother, said that you were stupid, useless or worthless. Emotional violence by intimate partner includes: 1) insulted, humiliated, or made fun of you in front of others; 2) kept you from having your own money; 3) tried to keep you from seeing or talking to your family or friends; 4) kept track of you by demanding to know where you were and what you were doing; and 5) made threats to physically harm you. Emotional violence by peers includes: 1) made you get scared or feel really bad because they were calling you names, saying mean things to you, or saying they didn't want you around; 2) told lies or spread rumours about you, or tried to make others dislike you; and 3) kept you out of things on purpose, excluded you from their group of friends, or completely ignored you.

n represents the denominator.



SECTION 10: HEALTH CONDITIONS ASSOCIATED WITH VIOLENCE

This section presents the relationships between health outcomes among 13-24-year-olds and lifetime experiences of sexual, physical, or emotional violence. The health outcomes assessed include mental distress in the past 30 days, self-harm behaviours, thoughts of suicide, and suicide attempts. Health outcomes that do not specify “in the past 30 days” may have occurred at any time in the person’s life (ever). This section also describes negative impacts of COVID-19 on functioning well-being, and relationships. Finally, this section describes binge drinking (defined as consuming four or more alcohol drinks in a row for females, and five or more drinks in a row for males) in the past 30 days, cigarette smoking in the past 30 days, marijuana/ganja smoking in the past 30 days; and symptoms or diagnoses of STIs.

LIFETIME SEXUAL, PHYSICAL, AND EMOTIONAL VIOLENCE AND MENTAL HEALTH AND SUICIDE AMONG 13-24-YEAR-OLDS

- Females who experienced lifetime sexual, physical, or emotional violence were significantly more likely to have mental distress in the last 30 days, to have ever intentionally harmed themselves, and to have ever thought of suicide compared to females who did not experience each type of violence.
- Males who experienced lifetime sexual violence were more likely to have ever intentionally hurt themselves and to have ever thought of suicide compared to males who did not experience sexual violence.
- Males who experienced lifetime physical or emotional violence were significantly more likely to have mental distress in the last 30 days compared to males who did not experience physical or emotional violence.

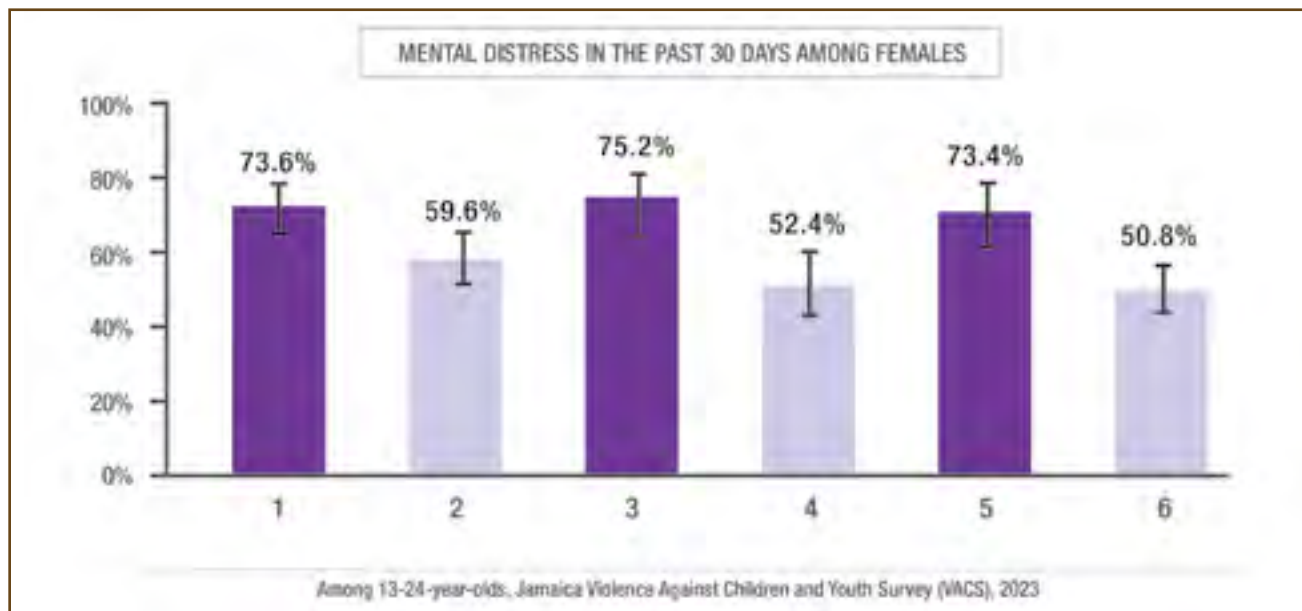


Figure 10.1. Prevalence of mental distress in the past 30 days, by experience of sexual, physical, or emotional violence in their lifetime, among 13–24-year-old females – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

Note: All figures are presented with 95% confidence intervals represented by the line above and below the bars.

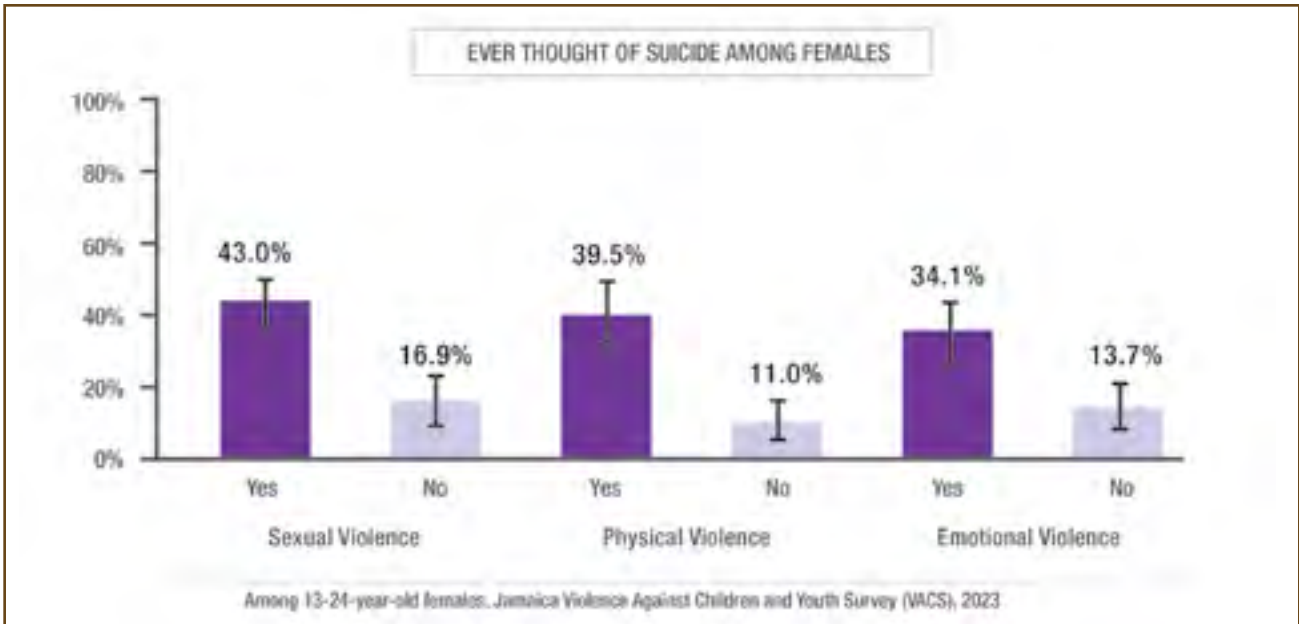


Figure 10.2. Prevalence of ever having thought of suicide by experience of sexual, physical, or emotional violence, among 13–24-year-old females – Jamaica Violence Against Children and Youth Survey (VACS), 2023. Note: All figures are presented with 95% confidence intervals represented by the line above and below the bars.

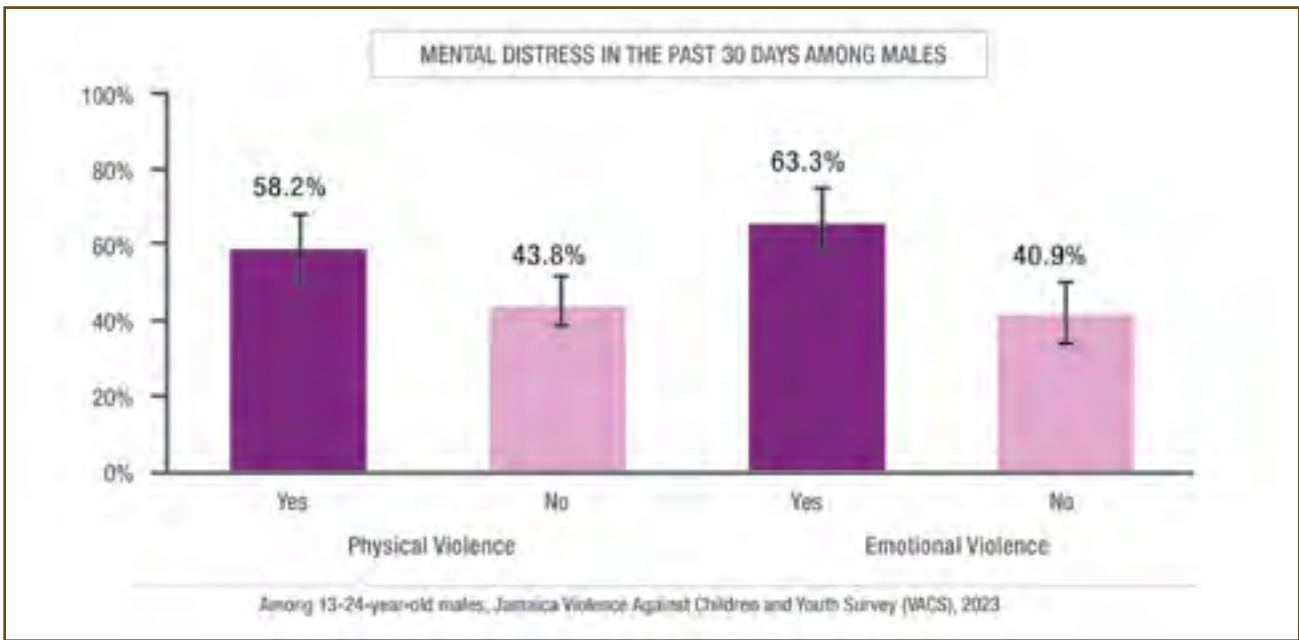


Figure 10.3. Prevalence of mental distress in the past 30 days, by experience of physical or emotional violence, among 13–24-year-old males – Jamaica Violence Against Children and Youth Survey (VACS), 2023. Note: All figures are presented with 95% confidence intervals represented by the line above and below the bars.

LIFETIME SEXUAL, PHYSICAL, AND EMOTIONAL VIOLENCE AND SUBSTANCE USE AND STI HISTORY AMONG 13-24-YEAR-OLDS

- Females who experienced sexual violence in their lifetime were significantly more likely to have binge drank in the past 30 days and to have ever had symptoms or diagnosis of an STI²⁴ compared to female non-victims of sexual violence.
- Males who experienced sexual violence were significantly more likely to have smoked cigarettes in the past 30 days and to have smoked marijuana/ganja in the past 30 days compared to male non-victims of sexual violence.
- Females who experienced emotional violence were significantly more likely to ever have had symptoms or diagnosis of STI compared to female non-victims of emotional violence.
- Males who experienced emotional violence were significantly more likely to have smoked marijuana/ganja in the past 30 days and to ever have had symptoms of an STI compared to male non-victims of emotional violence.

IMPACTS OF COVID-19 PANDEMIC ON MENTAL/EMOTIONAL HEALTH AMONG 13-24-YEAR-OLDS

- Significantly more females (46.6%) than males (35.6%) experienced worsened mental/emotional health during the COVID-19 pandemic.
- About three in five females (61.4%) and half of males (51.0%) had concerns about getting COVID-19.
- Among females, more than half spend less time outside (55.9%) and less time with friends in-person (52.0%) now compared to before the COVID-19 outbreak.

10.1. MENTAL HEALTH CONDITIONS BY EXPERIENCE OF VIOLENCE AMONG 13-24-YEAR-OLDS

Table 10.1.1. Mental health conditions by experience of lifetime sexual [1], physical [2], or emotional [3] violence, among 13-24-year-old females – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Mental distress in the past 30 days	Ever intentionally hurt themselves	Ever thought of suicide	Ever attempted suicide [4]
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Lifetime sexual violence				
Experienced lifetime sexual violence n ^y	73.6 (67.2 – 80.0) 260	25.7 (19.5 – 32.0) 256	43.0 (35.6 – 50.4) 259	39.2 (27.4 – 50.9) 113
No sexual violence n ^y	59.6 (54.5 – 64.7) 477	9.8 (6.8 – 12.8) 474	16.9 (12.9 – 20.8) 473	29.1 (17.3 – 40.9) 77
Lifetime physical violence				
Experienced lifetime physical violence n ^y	75.2 (70.2 – 80.3) 388	23.9 (19.0 – 28.9) 383	39.5 (33.7 – 45.3) 386	39.1 (29.3 – 48.9) 149
No physical violence n ^y	52.4 (46.6 – 58.3) 349	5.9 (3.1 – 8.7) 347	11.0 (6.9 – 15.1) 346	19.4 (7.0 – 31.9)* 40
Lifetime emotional violence				
Experienced lifetime emotional violence n ^y	73.4 (68.8 – 77.9) 455	21.3 (16.6 – 26.1) 450	34.1 (28.9 – 39.2) 452	36.6 (26.9 – 46.3) 158
No emotional violence n ^y	50.8 (44.1 – 57.6) 284	6.1 (3.3 – 9.0) 282	13.7 (9.0 – 18.4) 282	28.6 (11.8 – 45.4) 32

Note: CI = confidence interval.

- [1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).
- [2] Physical violence includes a 'yes' response to one or more of the following: 1) slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you; 2) punched, kicked, whipped, or beat you with an object; 3) choked, smothered, tried to drown you, or burned you intentionally; 4) used or threatened you with a knife, gun, or other weapon.
- [3] Emotional violence includes answering yes to one or more from the following perpetrator type – parent, adult caregiver, or other adult relative, intimate partners, or peers. Emotional violence by a parent, adult caregiver, or other adult relative includes: 1) told you that you were not loved or did not deserve to be loved; 2) said they wished you had never been born or were dead; and 3) ridiculed or cursed you or put you down, for example, cursed you about your mother, said that you were stupid, useless or worthless. Emotional violence by intimate partner includes: 1) insulted, humiliated, or made fun of you in front of others; 2) kept you from having your own money; 3) tried to keep you from seeing or talking to your family or friends; 4) kept track of you by demanding to know where you were and what you were doing; and 5) made threats to physically harm you. Emotional violence by peers includes: 1) made you get scared or feel really bad because they were calling you names, saying mean things to you, or saying they didn't want you around; 2) told lies or spread rumours about you, or tried to make others dislike you; and 3) kept you out of things on purpose, excluded you from their group of friends, or completely ignored you.
- [4] Among those who ever thought of suicide.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

n^y represent the denominator of the subgroup for which the analyses were run for such as those who experienced sexual violence, physical violence, and emotional violence.

Table 10.1.2. Mental health conditions by experience of lifetime sexual [1], physical [2], or emotional [3] violence, among 13-24-year-old males – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Mental distress in the past 30 days	Ever intentionally hurt themselves	Ever thought of suicide	Ever attempted suicide [4]
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Lifetime sexual violence				
Experienced lifetime sexual violence n ^y	61.2 (51.5 – 70.9) 163	12.8 (6.0 - 19.6) 164	20.0 (11.7 – 28.3) 165	23.2 (5.9 – 40.6)* 30
No sexual violence n ^y	49.7 (44.6 – 54.8) 570	3.8 (1.8 – 5.8) 572	6.3 (4.0 – 8.7) 570	34.4 (16.5 – 52.3) 35
Lifetime physical violence				
Experienced lifetime physical violence n ^y	58.2 (52.7 – 63.7) 439	6.7 (3.5 – 9.8) 440	13.2 (9.7 – 16.7) 440	33.0 (18.9 – 47.0) 58
No physical violence n ^y	43.8 (36.1 – 51.6) 306	4.5 (1.8 – 7.2)* 307	3.9 (1.2 – 6.6)* 306	** 11
Lifetime emotional violence				
Experienced lifetime emotional violence n ^y	63.3 (57.4 – 69.3) 377	9.2 (5.4 – 13.0) 379	14.7 (11.1 – 18.3) 378	25.5 (10.8 – 40.2) 57
No emotional violence n ^y	40.9 (34.2 – 47.5) 369	2.2 (0.5 – 3.9)* 370	3.9 (1.4 – 6.5)* 370	45.7 (18.9 – 72.5) 12

Note: CI = confidence interval.

- [1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).
- [2] Physical violence includes a ‘yes’ response to one or more of the following: 1) slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you; 2) punched, kicked, whipped, or beat you with an object; 3) choked, smothered, tried to drown you, or burned you intentionally; 4) used or threatened you with a knife, gun, or other weapon.
- [3] Emotional violence includes answering yes to one or more from the following perpetrator type – parent, adult caregiver, or other adult relative, intimate partners, or peers. Emotional violence by a parent, adult caregiver, or other adult relative includes: 1) told you that you were not loved or did not deserve to be loved; 2) said they wished you had never been born or were dead; and 3) ridiculed or cursed you or put you down, for example, cursed you about your mother, said that you were stupid, useless or worthless. Emotional violence by intimate partner includes: 1) insulted, humiliated, or made fun of you in front of others; 2) kept you from having your own money; 3) tried to keep you from seeing or talking to your family or friends; 4) kept track of you by demanding to know where you were and what you were doing; and 5) made threats to physically harm you. Emotional violence by peers includes: 1) made you get scared or feel really bad because they were calling you names, saying mean things to you, or saying they didn’t want you around; 2) told lies or spread rumours about you, or tried to make others dislike you; and 3) kept you out of things on purpose, excluded you from their group of friends, or completely ignored you.
- [4] Among those who ever thought of suicide.
- * Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.
- ** Unstable estimate (RSE is greater than or equal to 50%), estimate is suppressed.

n^y represent the denominator of the subgroup for which the analyses were run for such as those who experienced sexual violence, physical violence, and emotional violence.

10.2. SUBSTANCE USE AND STI HISTORY BY EXPERIENCE OF VIOLENCE AMONG 13-24-YEAR-OLDS

Table 10.2.1. Substance use and STI history by experience of sexual [1], physical [2], or emotional [3] violence, among 13-24-year-old females – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Binge drinking [4] in the past 30 days	Cigarette smoking in the past 30 days	Marijuana/ Ganja smoking in the past 30 days	Ever had symptoms or diagnosis of STI [5]
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Sexual violence				
Experienced sexual violence n ^y	13.5 (8.2 – 18.8) 253	8.0 (4.0 – 11.9) 246	7.9 (3.7 – 12.1) 245	24.6 (16.9 – 32.3) 203
No sexual violence n ^y	5.3 (3.0 – 7.6) 466	3.2 (1.2 – 5.1)* 462	3.1 (1.3 – 4.8) 464	10.9 (7.0 – 14.8) 308
Physical violence				
Experienced physical violence n ^y	9.2 (5.7 – 12.8) 379	7.2 (4.1 – 10.4) 376	5.7 (2.9 – 8.5) 374	20.3 (13.9 – 26.7) 268
No physical violence n ^y	7.0 (3.8 – 10.2) 34	2.2 (0.3 – 4.1)* 332	3.7 (1.3 – 6.1)* 335	12.0 (7.3 – 16.7) 243
Emotional violence				
Experienced emotional violence n ^y	10.5 (6.6 – 14.5) 442	5.8 (3.2 – 8.5) 438	5.2 (2.6 – 7.8) 439	21.2 (15.7 – 26.7) 324
No emotional violence n ^y	4.5 (2.0 – 7.1) 278	3.3 (1.0 – 5.7)* 271	4.0 (1.4 – 6.7)* 271	8.1 (3.7 – 12.5) 187

Note: CI = confidence interval.

- [1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).
- [2] Physical violence includes a 'yes' response to one or more of the following: 1) slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you; 2) punched, kicked, whipped, or beat you with an object; 3) choked, smothered, tried to drown you, or burned you intentionally; 4) used or threatened you with a knife, gun, or other weapon.
- [3] Emotional violence includes answering yes to one or more from the following perpetrator type – parent, adult caregiver, or other adult relative, intimate partners, or peers. Emotional violence by a parent, adult caregiver, or other adult relative includes: 1) told you that you were not loved or did not deserve to be loved; 2) said they wished you had never been born or were dead; and 3) ridiculed or cursed you or put you down, for example, cursed you about your mother, said that you were stupid, useless or worthless. Emotional violence by intimate partner includes: 1) insulted, humiliated, or made fun of you in front of others; 2) kept you from having your own money; 3) tried to keep you from seeing or talking to your family or friends; 4) kept track of you by demanding to know where you were and what you were doing; and 5) made threats to physically harm you. Emotional violence by peers includes: 1) made you get scared or feel really bad because they were calling you names, saying mean things to you, or saying they didn't want you around; 2) told lies or spread rumours about you, or tried to make others dislike you; and 3) kept you out of things on purpose, excluded you from their group of friends, or completely ignored you.
- [4] Binge drinking includes drinking 4 or more drinks in a row for females and 5 or more drinks in a row for males.
- [5] STI (Sexually Transmitted Infection) includes ever testing positive for syphilis, gonorrhoea, chlamydia, herpes, or any other sexually transmitted disease or infection besides HIV or STI symptoms including unusual discharge or oozing from vagina/penis, unexplained sores or bumps on the vagina/penis, painful urination, or other pain that may have been from a sexually transmitted disease or infection.
- * Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.
- ** Unstable estimate (RSE is greater than or equal to 50%), estimate is suppressed.
- n^y represent the denominator of the subgroup for which the analyses were run for such as those who experienced sexual violence.

Table 10.2.2. Substance use and STI history by experience of sexual [1], physical [2], or emotional [3] violence, among 13-24-year-old males – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Binge drinking [4] in the past 30 days	Cigarette smoking in the past 30 days	Marijuana/ Ganja smoking in the past 30 days	Ever had symptoms or diagnosis of STI [5]
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Sexual violence				
Experienced lifetime sexual violence n ^y	20.8 (13.1 – 28.5) 157	19.1 (11.7 – 26.4) 159	30.9 (20.2 – 41.6) 157	15.6 (8.0 – 23.3) 115
No sexual violence n ^y	13.1 (9.7 – 16.5) 540	7.1 (4.6 – 9.7) 537	15.8 (11.9 – 19.6) 540	6.7 (4.2 – 9.2) 397
Physical violence				
Experienced physical violence n ^y	16.9 (12.1 – 21.7) 418	12.5 (8.2 – 16.8) 416	22.4 (15.9 – 28.9) 414	9.5 (6.1 – 12.8) 302
No physical violence n ^y	12.0 (8.2 – 15.9) 290	5.8 (2.5 – 9.1) 290	14.4 (9.5 – 19.3) 292	8.3 (4.5 – 12.1) 219
Emotional violence				
Experienced emotional violence n ^y	19.1 (14.3 – 23.8) 359	12.0 (7.9 – 16.2) 357	24.9 (18.8 – 30.9) 354	14.4 (10.5 – 18.4) 270
No emotional violence n ^y	10.4 (5.6 – 15.3) 351	7.5 (4.4 – 10.6) 351	13.2 (8.3 – 18.1) 354	2.3 (0.8 – 3.9)* 253

Note: CI = confidence interval.

- [1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).
- [2] Physical violence includes a 'yes' response to one or more of the following: 1) slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you; 2) punched, kicked, whipped, or beat you with an object; 3) choked, smothered, tried to drown you, or burned you intentionally; 4) used or threatened you with a knife, gun, or other weapon.
- [3] Emotional violence includes answering yes to one or more from the following perpetrator type – parent, adult caregiver, or other adult relative, intimate partners, or peers. Emotional violence by a parent, adult caregiver, or other adult relative includes: 1) told you that you were not loved or did not deserve to be loved; 2) said they wished you had never been born or were dead; and 3) ridiculed or cursed you or put you down, for example, cursed you about your mother, said that you were stupid, useless or worthless. Emotional violence by intimate partner includes: 1) insulted, humiliated, or made fun of you in front of others; 2) kept you from having your own money; 3) tried to keep you from seeing or talking to your family or friends; 4) kept track of you by demanding to know where you were and what you were doing; and 5) made threats to physically harm you. Emotional violence by peers includes: 1) made you get scared or feel really bad because they were calling you names, saying mean things to you, or saying they didn't want you around; 2) told lies or spread rumours about you, or tried to make others dislike you; and 3) kept you out of things on purpose, excluded you from their group of friends, or completely ignored you.
- [4] Binge drinking includes drinking 4 or more drinks in a row for females and 5 or more drinks in a row for males.
- [5] STI (Sexually Transmitted Infection) includes ever testing positive for syphilis, gonorrhoea, chlamydia, herpes, or any other sexually transmitted disease or infection besides HIV or STI symptoms including unusual discharge or oozing from vagina/penis, unexplained sores or bumps on the vagina/penis, painful urination, or other pain that may have been from a sexually transmitted disease or infection.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

n^y represent the denominator of the subgroup for which the analyses were run for such as those who experienced sexual violence.

10.3. IMPACTS OF COVID-19 PANDEMIC ON MENTAL/EMOTIONAL HEALTH

Table 10.3. Impacts of COVID-19 pandemic on mental/emotional health, among 13-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

Mental/emotional health		
	Females (n=684)	Males (n=678)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Mental/emotional health has been worsened slightly, moderately or a great deal by the COVID-19 pandemic	46.6 (42.2 – 51.0)	35.6 (31.3 – 40.0)
Concerns about getting COVID-19		
	Females (n=694)	Males (n=685)
Not at all concerned	38.6 (34.4 – 42.8)	49.0 (44.1 – 53.9)
A little, moderately, or very concerned	61.4 (57.2 – 65.6)	51.0 (46.1 – 55.9)
Overall worry or stress has been affected by the COVID-19 pandemic		
	Females (n=689)	Males (n=683)
Not at all	56.9 (52.9 – 60.9)	60.5 (55.8 – 65.2)
Slightly, moderately, or very much increased	43.1 (39.1 – 47.1)	39.5 (34.8 – 44.2)
Overall worry or stress has been affected by the COVID-19 pandemic		
Eating	Females (n=687)	Males (n=691)
Less	17.7 (14.5 – 20.9)	13.0 (9.9 – 16.1)
Same	48.0 (43.6 – 52.4)	59.4 (54.7 – 64.1)
More	34.3 (30.0 – 38.6)	27.6 (23.8 – 31.4)
Sleeping	Females (n=690)	Males (n=692)
Less	22.9 (19.0 – 26.8)	19.9 (16.1 – 23.6)
Same	42.5 (37.9 – 47.0)	51.4 (46.7 – 56.1)
More	34.6 (30.2 – 39.1)	28.7 (25.3 – 32.2)
Physical activity	Females (n=688)	Males (n=692)
Less	45.6 (41.2 – 50.1)	28.4 (24.5 – 32.4)
Same	35.1 (31.0 – 39.2)	43.7 (39.1 – 48.4)
More	19.3 (16.0 – 22.5)	27.8 (24.0 – 31.7)

Spending time outside		Females (n=692)	Males (n=684)
	Less	55.9 (51.3 – 60.5)	34.4 (29.8 – 39.1)
	Same	26.4 (22.3 – 30.5)	40.3 (35.2 – 45.4)
	More	17.7 (14.9 – 20.4)	25.3 (21.6 – 29.0)
Spending time with friends in-person		Females (n=684)	Males (n=684)
	Less	52.0 (47.4 – 56.6)	35.1 (30.0 – 40.2)
	Same	28.1 (24.4 – 31.8)	42.2 (37.7 – 46.8)
	More	19.9 (16.3 – 23.5)	22.7 (19.2 – 26.1)
Spending time with friends remotely		Females (n=685)	Males (n=688)
	Less	26.7 (22.5 – 30.9)	19.9 (15.9 – 23.8)
	Same	29.6 (26.0 – 33.3)	44.7 (40.3 – 49.1)
	More	43.7 (39.4 – 47.9)	35.5 (31.6 – 39.3)
Spending time with intimate partner, among those who ever had an intimate partner		Females (n=393)	Males (n=481)
	Less	39.5 (34.0 – 45.0)	26.9 (21.5 – 32.2)
	Same	35.9 (30.5 – 41.4)	49.2 (43.8 – 54.6)
	More	24.6 (19.7 – 29.4)	24.0 (19.4 – 28.5)

Note: CI = confidence interval.
n represents the denominator.



SECTION 11: SEXUAL RISK BEHAVIOURS AND HIV



The tables in this section present associations between exposure to violence in childhood and sexual risk-taking behaviours, such as having multiple sexual partners, transactional sex, and infrequent condom use. Multiple sexual partners are defined as two or more sexual partners in the past 12 months. Infrequent condom use is defined as never or sometimes using condoms, among non-married sexually active youth and married youth with more than one sexual partner in the past 12 months. Transactional sex was defined for females as entering into a sexual relationship with someone in the past 12 months mainly in order to get things that the participant needs such as money, gifts, or other things that are important to the participant, among females who ever had sex. For males, transactional sex was defined as having given a woman or girl who is [not the participant's wife and is also not a sex worker] money, gifts or helped her to pay for things mainly in order to start or continue a relationship with her in the past 12 months, among males who ever had sex.

To explore the associations between exposure to violence during childhood and later risk-taking behaviours, knowledge and use of HIV testing services, analyses were restricted to participants ages 19-24. The inclusion of only those ages 19 or older ensures that violence in childhood preceded involvement in current sexual risk-taking behaviours.

SEXUAL RISK-TAKING BEHAVIOURS AMONG 19-24-YEAR-OLDS WHO HAD SEXUAL INTERCOURSE IN THE PAST 12 MONTHS

- Significantly more males (62.9%) than females (26.7%) had two or more sex partners in the past 12 months.
- Among non-married youth who ever had sex, and married youth who had sex with only one partner or with more than one partner in the past 12 months (73.6% of males and 75.5% of females), close to three out of five males (57.7%) and nearly half of the females (47.1%) used condoms infrequently in the past 12 months.
- More than one in six males (17.3%) and about one in ten females (9.6%) engaged in transactional sex in the past 12 months.
- Among 19-24-year-old males who had sexual intercourse in the past 12 months (46.4%), significantly more males who experienced sexual violence in childhood (92.1%) had multiple sex partners in the past 12 months compared to males who did not experience sexual violence (56.4%).

HIV TESTING KNOWLEDGE AND BEHAVIOURS AMONG 13-24-YEAR-OLDS

- Nearly three in four females (72.1%) and more than three in five males (61.4%) knew where to go for HIV testing.
- One in four females (26.4%) and one in five males (21.6%) were ever tested for HIV.
- Females who experienced lifetime sexual violence (34.2%) were significantly more likely to have been tested for HIV compared to females who did not experience sexual violence (21.8%).
- Half of females (49.7%) and males (50.0%) knew of a source to seek services for violence; Common sources for help with violence were the police or other security personnel, closely followed by a pastor or religious leader, and doctor, nurse, or other healthcare worker.

- About one in ten children and youth had ever heard of PrEP and PEP for HIV prior to the survey.
- Among those who ever had sex (47.2% of females and 54.1% of males), nearly nine out of ten females (86.2%) and seven out of ten males (69.6%) would be willing to take PrEP for HIV.
- About four out of five females (81.8%) and 67.2% of males were willing to take PEP for HIV if exposed.
- Among those who experienced forced or pressured sex (15.6% of females and 11.6% of males), nearly one in five females ever heard of PEP (19.1%) and PrEP (19.6%) for HIV.
- Among children and youth who were never tested for HIV (73.6% of females and 78.4% of males), common reasons for not getting tested were beliefs that they did not need to test or that they were low risk (72.6% females; 60.1% males).

11.1. SEXUAL RISK BEHAVIOURS AMONG 19-24-YEAR-OLDS

Table 11.1.1. Sexual risk behaviours among 19-24-year-olds who had sex in the past 12 months – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
	Females (n=175)	Males (n=141)
Two or more sex partners in the past 12 months	26.7 (19.9 – 33.5)	62.9 (55.2 – 70.6)
	Females (n=168)	Males (n=140)
Infrequent condom use in the past 12 months [1]	47.1 (38.8 – 55.4)	57.7 (50.8 – 64.6)
	Females (n=196)	Males (n=189)
Transactional sex in the past 12 months – received money or gifts [2]	9.6 (4.7 – 14.4)	NA
Transactional sex in the past 12 months – provided money or gifts [3]	NA	17.3 (11.6 – 22.9)

Note: CI = confidence interval.

- [1] Infrequent condom use: never or sometimes use condoms in the past 12 months. Married persons who had sex with only one partner in the past 12 months and who did not use condoms were included in the frequent condom user category.
- [2] Ever engaged in transactional sex (includes entering into a sexual relationship with someone mainly in order to get things that they need such as money, gifts, or other things that are important to them), among females who ever had sex.
- [3] Ever given a woman or girl who is [not your wife and is also] not a sex worker any money, gifts or helped her to pay for things mainly in order to start or continue a relationship with her, among males who ever had sex.
- n represents the denominator.

Table 11.1.2. Sexual risk behaviours by experience of childhood sexual [1] and any childhood violence [2], among 19-24-year-old females who had sexual intercourse in the past 12 months – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Multiple sex partners in the past 12 months	Infrequent condom use in the past 12 months	Transactional sex in the past 12 months [3]
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Sexual violence in childhood			
Experienced sexual violence in childhood n [‡]	40.1 (24.0 – 56.1) 43	64.4 (48.3 – 80.4) 41	17.3 (5.5 – 29.0)* 47
No sexual violence in childhood n [‡]	20.3 (13.4 – 27.2) 128	41.7 (31.4 – 52.0) 123	7.1 (1.8 – 12.4)* 145
Any violence in childhood			
Experienced any violence in childhood n [‡]	32.7 (21.6 – 43.9) 91	49.1 (38.1 – 60.1) 88	15.1 (7.5 – 22.8) 98
No violence in childhood n [‡]	19.7 (10.8 – 28.6) 84	44.8 (33.8 – 55.8) 80	** 98

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).

[2] Any childhood violence includes sexual violence, physical violence, or emotional violence. Physical violence includes a 'yes' response to one or more of the following: 1) slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you; 2) punched, kicked, whipped, or beat you with an object; 3) choked, smothered, tried to drown you, or burned you intentionally; 4) used or threatened you with a knife, gun, or other weapon. Emotional violence includes answering yes to one or more from the following perpetrator type – parent, adult caregiver, or other adult relative, intimate partners, or peers. Emotional violence by a parent, adult caregiver, or other adult relative includes: 1) told you that you were not loved or did not deserve to be loved; 2) said they wished you had never been born or were dead; and 3) ridiculed or cursed you or put you down, for example, cursed you about your mother, said that you were stupid, useless or worthless. Emotional violence by intimate partner includes: 1) insulted, humiliated, or made fun of you in front of others; 2) kept you from having your own money; 3) tried to keep you from seeing or talking to your family or friends; 4) kept track of you by demanding to know where you were and what you were doing; and 5) made threats to physically harm you. Emotional violence by peers includes: 1) made you get scared or feel really bad because they were calling you names, saying mean things to you, or saying they didn't want you around; 2) told lies or spread rumours about you, or tried to make others dislike you; and 3) kept you out of things on purpose, excluded you from their group of friends, or completely ignored you.

[3] Ever engaged in transactional sex (includes entering into a sexual relationship with someone mainly in order to get things that they need such as money, gifts, or other things that are important to them), among females who ever had sex.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

** Unstable estimate (RSE is greater than or equal to 50%), estimate is suppressed.

n[‡] represents the denominator of the subgroup for which the analyses were run for such as those who experienced sexual violence.

Table 11.1.3. Sexual risk behaviours by experience of childhood sexual [1] and any childhood violence [2], among 19-24-year-old males who had sexual intercourse in the past 12 months – Jamaica Violence Against Children and Youth Survey (VACS), 2023..

	Multiple sex partners in the past 12 months	Infrequent condom use in the past 12 months	Transactional sex in the past 12 months [3]
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Sexual violence in childhood			
Experienced sexual violence in childhood n [¥]	92.1 (81.9 - 100.0) 24	55.6 (37.3 - 73.8) 24	33.2 (12.0 - 54.3)* 26
No sexual violence in childhood n [¥]	56.4 (47.1 - 65.7) 115	57.2 (47.3 - 67.1) 114	13.7 (7.8 - 19.7) 160
Any violence in childhood			
Experienced any violence in childhood n [¥]	71.0 (61.5 - 80.5) 73	62.9 (54.5 - 71.3) 73	20.2 (11.6 - 28.9) 97
No violence in childhood n [¥]	53.9 (40.9 - 66.8) 68	51.8 (40.6 - 63.0) 67	14.0 (7.4 - 20.6) 92

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).

[2] Any childhood violence includes sexual violence, physical violence, or emotional violence. Physical violence includes a 'yes' response to one or more of the following: 1) slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you; 2) punched, kicked, whipped, or beat you with an object; 3) choked, smothered, tried to drown you, or burned you intentionally; 4) used or threatened you with a knife, gun, or other weapon. Emotional violence includes answering yes to one or more from the following perpetrator type - parent, adult caregiver, or other adult relative, intimate partners, or peers. Emotional violence by a parent, adult caregiver, or other adult relative includes: 1) told you that you were not loved or did not deserve to be loved; 2) said they wished you had never been born or were dead; and 3) ridiculed or cursed you or put you down, for example, cursed you about your mother, said that you were stupid, useless or worthless. Emotional violence by intimate partner includes: 1) insulted, humiliated, or made fun of you in front of others; 2) kept you from having your own money; 3) tried to keep you from seeing or talking to your family or friends; 4) kept track of you by demanding to know where you were and what you were doing; and 5) made threats to physically harm you. Emotional violence by peers includes: 1) made you get scared or feel really bad because they were calling you names, saying mean things to you, or saying they didn't want you around; 2) told lies or spread rumours about you, or tried to make others dislike you; and 3) kept you out of things on purpose, excluded you from their group of friends, or completely ignored you.

[3] Ever given a woman or girl who is [not your wife and is also] not a sex worker any money, gifts or helped her to pay for things mainly in order to start or continue a relationship with her, among males who ever had sex.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

n[¥] represent the denominator of the subgroup for which the analyses were run for such as those who experienced sexual violence.

11.2. HIV TESTING KNOWLEDGE AND BEHAVIOUR AMONG 13-24-YEAR-OLDS

This section describes knowledge of HIV testing services and HIV testing behaviours and barriers among females and males overall and among those who experienced lifetime sexual violence, compared to those who did not. This section also describes knowledge of places (or people) to go to for post-violence support and knowledge and willingness to take PrEP and PEP.

Table 11.2.1. HIV prevention, testing, treatment knowledge and behaviour among 13-24-year-olds by experience of any sexual violence [1] – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Females		Males	
	n	WEIGHTED % (95% CI)	n	WEIGHTED % (95% CI)
Know where to go for HIV test	748	72.1 (68.5 - 75.8)	752	61.4 (57.0 - 65.8)
Ever tested for HIV	747	26.4 (22.2 - 30.7)	741	21.6 (16.8 - 26.4)
Know where to go for an HIV test by experience of sexual violence				
	Females		Males	
	n	WEIGHTED % (95% CI)	n	WEIGHTED % (95% CI)
Experienced any lifetime sexual violence	264	72.1 (65.9 - 78.2)	166	70.9 (63.0 - 78.8)
No lifetime sexual violence	479	72.1 (67.5 - 76.6)	572	59.0 (54.2 - 63.8)
Know where to go for an HIV test by experience of sexual violence				
	Females		Males	
	n	WEIGHTED % (95% CI)	n	WEIGHTED % (95% CI)
Experienced any lifetime sexual violence	262	34.2 (27.9 - 40.5)	163	30.8 (19.3 - 42.3)
No lifetime sexual violence	480	21.8 (16.8 - 26.7)	564	19.3 (15.0 - 23.5)

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).n represents the denominator.

Table 11.2.2. Service knowledge and PEP and PrEP for HIV awareness among all 13-24-year-olds and among those who experienced forced or pressured sex – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Females	Males
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Among all 13-24-year-olds	n=733	n=738
Knowledge of where to seek services for violence	49.7 (45.1 - 54.3)	50.0 (45.0 - 54.9)
Among those with current knowledge of where to seek violence service	n=346	n=340
Knew of a doctor, nurse, or other healthcare worker in a hospital or clinic	60.6 (54.5 - 66.7)	60.0 (54.0 - 66.1)
	n=347	n=338
Knew of police or other security personnel to go to for help with violence	70.8 (65.1 - 76.4)	74.3 (68.7 - 79.8)
	n=344	n=337
Knew of a lawyer, judge/magistrate, or other legal professional, other than police to go to for help with violence	25.5 (20.3 - 30.7)	27.4 (21.6 - 33.2)
	n=347	n=339
Knew of a social worker, guidance counsellor, or other counsellor to go to for help with violence	55.5 (49.7 - 61.4)	64.7 (59.4 - 70.0)
	n=346	n=335
Knew of a community leader to go to for help with violence	21.3 (16.4 - 26.1)	30.0 (23.9 - 36.1)
	n=344	341
Knew of a pastor or religious leader to go to for help with violence	61.1 (55.2 - 66.9)	62.8 (56.1 - 69.5)
	n=341	n=332
Knew of a CPFSA(CDA)/OCA [1] to go to for help with violence	11.6 (7.7 - 15.5)	12.2 (7.5 - 16.9)
Among all 13-24-year-olds	n=732	n=741
Ever heard of PrEP [2] for HIV	11.7 (9.1 - 14.3)	12.0 (9.5 - 14.4)
	n=734	n=740
Ever heard of PEP [3] for HIV	13.9 (11.1 - 16.7)	12.5 (9.3 - 15.7)
	n=282	n=340
Willing to take PrEP for HIV among those who have ever had sex	86.2 (81.8 - 90.6)	69.6 (63.5 - 75.7)

	n=647	n=679
Willing to take PEP for HIV if exposed	81.8 (78.2 - 85.3)	67.2 (61.8 - 72.7)
Among those who have heard of PEP	n=95	n=80
Know that PEP for HIV must be taken within 72 hours of exposure	54.1 (41.7 - 66.6)	45.3 (32.2 - 58.4)
Among those who experienced forced or pressured sex		
	n=119	n=76
Ever heard of PEP for HIV	19.1 (9.6 - 28.6)	15.1 (4.6 - 25.7)*
	n=17	n=12
	n=117	n=75
Ever heard of PrEP for HIV	19.6 (10.5 - 28.6)	15.9 (6.5 - 25.3)

Note: CI = confidence interval.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

** Unstable estimate (RSE is greater than or equal to 50%), estimate is suppressed.

n represents the denominator.

[1] CPFSA (CDA)/OCA: Child Protection and Family Services Agency (Child Development Agency)/ Office of the Children's Advocate.

[2] PrEP: Pre-Exposure Prophylaxis

[3] PEP: Post-Exposure Prophylaxis

Table 11.2.3. Reasons for not getting tested for HIV, among 13-24-year-olds who ever had sex but were never tested for HIV – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

Reasons for not testing for HIV	Females (n=152)	Males (n=266)
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Don't need test/low risk	72.6 (63.2 - 82.0)	60.1 (53.9 - 66.3)
Other [1]	19.9 (12.4 - 27.3)	34.9 (28.8 - 41.0)

Note: CI = confidence interval.

[1] Includes no knowledge of HIV test, don't know where to get HIV test, test costs too much, transport to test site is too much, test site too far away, afraid partner will know about test/results, afraid others will know about test/results, don't want to know if I have HIV, can't get treatment if I have HIV, and other.

n represents the denominator.



SECTION 12: VIOLENCE PERPETRATION



This section presents the prevalence of lifetime physical violence perpetration, physical violence perpetration in the past 12 months, and lifetime intimate partner violence perpetration, among children and youth in Jamaica. Additionally, this section demonstrates associations between lifetime physical violence and intimate partner violence perpetration and experiences of sexual and physical violence.

PHYSICAL VIOLENCE PERPETRATION

- Nearly one in five 13-24-year-old females (18.0%) and males (18.7%) perpetrated physical violence in their lifetime.
- Females (31.7%) and males (32.1%) who experienced sexual violence were significantly more likely to ever have perpetrated physical violence compared to their counterparts who did not experience sexual violence (10.9% and 14.9%, respectively).
- Females (29.6%) and males (26.8%) who experienced physical violence were significantly more likely to ever have perpetrated physical violence, compared to their counterparts who did not experience physical violence (5.2% and 5.8%, respectively).

INTIMATE PARTNER VIOLENCE PERPETRATION

- One in seven females (14.3%) and 8.1% males ever perpetrated physical intimate partner violence, among 13-24-year-olds who ever had a partner.
- Females who experienced childhood sexual violence were significantly more likely to have ever perpetrated physical intimate partner violence (23.7%) compared to females who did not experience sexual violence (8.0%)

12.1. PHYSICAL VIOLENCE PERPETRATION

Table 12.1. Physical violence [1] perpetration against anyone, among 13-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Females		Males	
	n ^y	WEIGHTED % (95% CI)	n ^y	WEIGHTED % (95% CI)
Perpetrated physical violence (lifetime)	742	18.0 (15.0 - 21.1)	735	18.7 (15.4 - 22.0)
Perpetrated physical violence in the past 12 months	734	7.8 (5.4 - 10.1)	727	6.0 (4.0 - 8.1)
Prevalence of lifetime physical violence perpetration by experience of sexual violence				
Experienced sexual violence [2]	260	31.7 (25.1 - 38.2)	163	32.1 (23.9 - 40.3)
No sexual violence	474	10.9 (8.0 - 13.9)	563	14.9 (11.4 - 18.3)
Prevalence of lifetime physical violence perpetration by experience of sexual violence				
Experienced physical violence	387	29.6 (24.4 - 34.8)	433	26.8 (21.4 - 32.2)
No physical violence	355	5.2 (2.5 - 8.0)	301	5.8 (2.6 - 9.0)

Note: CI = confidence interval.

[1] Physical violence includes a 'yes' response to one or more of the following: 1) slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you; 2) punched, kicked, whipped, or beat you with an object; 3) choked, smothered, tried to drown you, or burned you intentionally; 4) used or threatened you with a knife, gun, or other weapon.

[2] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats)

n^y represent the denominator of the subgroup for which the analyses were run for such as those who experienced sexual violence.

12.2. INTIMATE PARTNER VIOLENCE PERPETRATION

Table 12.2. Intimate partner [1] violence perpetration, among 13-24-year-olds who ever had a partner by experience of sexual or physical violence [2] – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Females		Males	
	n ^y	WEIGHTED % (95% CI)	n ^y	WEIGHTED % (95% CI)
Perpetrated physical intimate partner violence ever	448	14.3 (10.9 - 17.7)	550	8.1 (5.1 - 11.0)
Intimate partner violence perpetration (ever) by experience of sexual violence [3]				
Experienced sexual violence before 18	176	23.7 (16.5 - 30.9)	120	12.1 (6.9 - 17.3)
No sexual violence before 18	266	8.0 (5.0 - 11.0)	425	6.8 (3.5 - 10.0)
Intimate partner violence perpetration (ever) by experience of physical violence [4]				
Experienced physical violence before 18	215	24.8 (18.2 - 31.4)	287	11.3 (6.6 - 15.9)
No physical violence before 18	233	3.5 (1.4 - 5.6)	261	3.6 (0.6 - 6.5)*

Note: CI = confidence interval.

[1] Intimate partner includes current or previous spouses, common law partners, partner they are living with, in a visiting relationship with, people they have dated, or people they were seeing.

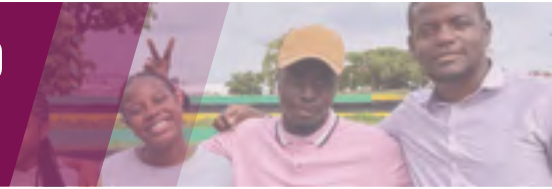
[2] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats). Physical violence includes a 'yes' response to one or more of the following: 1) slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you; 2) punched, kicked, whipped, or beat you with an object; 3) choked, smothered, tried to drown you, or burned you intentionally; 4) used or threatened you with a knife, gun, or other weapon.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

n^y represent the denominator of the subgroup for which the analyses were run for such as those who experienced sexual violence.



SECTION 13: CHARACTERISTICS ASSOCIATED WITH VIOLENCE



This section presents experiences of sexual and physical violence in the past 12 months by characteristics of children and youth, including orphan status, school attendance and completion, employment status, ever witnessing violence at home, marriage or union status, food insecurity, and functional disability.

CHARACTERISTICS ASSOCIATED WITH VIOLENCE AMONG 13-24-YEAR-OLDS

- Female orphans (42.8%) were significantly more likely to have experienced sexual or physical violence in the past 12 months compared to females who were not orphans (24.3%).
- More youth who experienced food insecurity (32.7%) experienced sexual or physical violence in the past 12 months compared to those who did not experience food insecurity (24.4%).
- Females with severe functional disability (64.7%) were significantly more likely to have experienced sexual or physical violence in the past 12 months compared to those who did not have severe functional disability (24.5%).

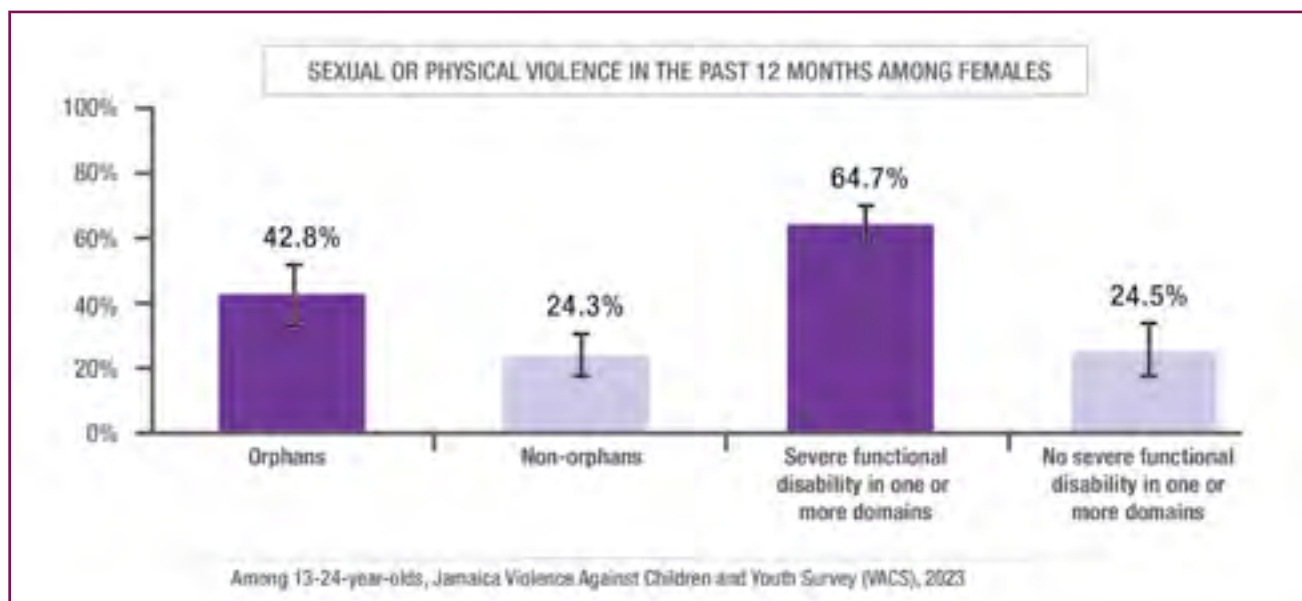


Figure 13.1. Prevalence of sexual or physical violence in the past 12 months among 13-24-year-old females by selected characteristics – Jamaica Violence Against Children and Youth Survey (VACS), 2023. Note: All figures are presented with 95% confidence intervals represented by the line above and below the bars.

CHARACTERISTICS ASSOCIATED WITH VIOLENCE AMONG 18-24-YEAR-OLDS

- More females who worked for money or other payment (27.4%) experienced sexual and physical violence in the past 12 months, than those who did not work (15.2%).
- Females who attended or completed secondary school or less (31.9%) were significantly more likely to have experienced sexual or physical violence in the past 12 months compared to females who attended or completed higher than secondary or tertiary school (13.0%).

13.1. CHARACTERISTICS ASSOCIATED WITH VIOLENCE AMONG 13–24-YEAR-OLDS

Table 13.1. Prevalence of sexual or physical violence [1] in the past 12 months among 13-24-year-olds by selected characteristics – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Females		Males	
	n*	WEIGHTED % (95% CI)	n*	WEIGHTED % (95% CI)
Sexual or physical violence by orphan status (lost one or both parents in childhood)				
Orphan	82	42.8 (30.9 - 54.7)	86	26.0 (13.1 - 38.8)
Non-orphan	643	24.3 (20.7 - 28.0)	641	23.1 (19.1 - 27.0)
Sexual or physical violence by school attendance				
Attending school	497	25.0 (20.7 - 29.4)	455	24.3 (18.8 - 29.8)
Not attending school	255	27.8 (22.3 - 33.3)	292	23.0 (17.1 - 28.8)
Sexual or physical violence by working for money or other payment in the past year				
Worked	277	30.2 (24.8 - 35.6)	360	22.4 (16.9 - 27.8)
Did not work	478	22.9 (18.3 - 27.6)	391	25.0 (18.9 - 31.1)
Sexual or physical violence by witnessed violence at home				
Witnessed violence at home	497	31.9 (26.0 - 37.9)	244	24.5 (17.8 - 31.2)
Did not witness violence at home	255	22.4 (18.3 - 26.4)	503	23.2 (18.8 - 27.7)
Sexual or physical violence by marital status				
Ever been married or in a union	39	15.6 (6.5 - 24.7)	18	**
Never been married or in a union	708	26.7 (23.2 - 30.1)	685	24.0 (19.7 - 28.3)
Sexual or physical violence by food insecurity				
Experienced food insecurity [2]	176	32.7 (24.8 - 40.6)	158	33.5 (24.8 - 42.3)
Did not experience food insecurity [2]	538	24.4 (20.8 - 28.0)	551	21.4 (17.0 - 25.8)
Sexual or physical violence by functional disability [3]				
Severe functional disability [4] in one or more domains				
Yes	33	64.7 (44.9 - 84.4)	33	44.0 (21.9 - 66.1)
No	722	24.5 (21.2 - 27.7)	721	22.6 (18.7 - 26.6)

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats). Physical violence includes a 'yes' response to one or more of the following: 1) slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you; 2) punched, kicked, whipped, or beat you with an object; 3) choked, smothered, tried to drown you, or burned you intentionally;

4) used or threatened you with a knife, gun, or other weapon.

[2] Food insecurity is defined as the household not having enough money for food.

[3] Functional disability domains include: 1) blind or difficulty seeing, even when wearing glasses; 2) difficulty concentrating, remembering, or making decisions due to physical, mental, or emotional condition; 3) serious difficulty walking or climbing stairs; 4) difficulty dressing or bathing; 5) difficulty doing errands alone, such as collecting firewood, collecting water or shopping due to physical, mental, or emotional condition; or 6) difficulty communicating, for example understanding or being understood, using usual (customary) languages.

[4] Severe functional disability is defined as having *a lot of difficulty or cannot do at all*, in one or more functional disability domains (see Section 3).

n^y represent the denominator of the subgroup for which the analyses were run for such as those who experienced sexual violence.

** Unstable estimate (RSE is greater than or equal to 50%), estimate was suppressed.

13.2. CHARACTERISTICS ASSOCIATED WITH VIOLENCE AMONG 18–24-YEAR-OLDS

Table 13.2. Characteristics of 18-24-year-olds by experience of sexual or physical violence [1] in the past 12 months – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Females		Males	
	n ^y	WEIGHTED % (95% CI)	n ^y	WEIGHTED % (95% CI)
Sexual or physical violence by orphan status (lost one or both parents in childhood)				
Orphan	41	32.6 (15.5 – 49.8)	40	10.9 (1.8 – 20.0)*
Non-orphan	301	22.1 (17.6 – 26.6)	298	20.6 (15.6 – 25.7)
Sexual or physical violence by level of education [2]				
Attended or completed secondary school or less	193	31.9 (24.9 – 38.9)	265	21.9 (16.3 – 27.5)
Attended or completed higher than secondary or tertiary school	165	13.0 (8.0 – 17.9)	83	16.9 (8.1 – 25.7)
Sexual or physical violence by working for money or other payment in the past year				
Worked	225	27.4 (21.8 – 32.9)	257	19.9 (13.7 – 26.0)
Did not work	134	15.2 (7.1 – 23.4)	94	22.4 (12.6 – 32.2)
Sexual or physical violence by witnessed violence at home				
Witnessed violence at home	151	25.3 (18.1 – 32.5)	118	19.5 (11.2 – 27.7)
Did not witness violence at home	206	21.7 (16.3 – 27.1)	229	21.4 (15.3 – 27.5)
Sexual or physical violence by marriage or cohabitation				
Married or in a union	38	14.0 (5.3 – 22.8)*	17	**
Unmarried and not in a union	319	24.4 (20.2 – 28.5)	310	21.4 (16.1 – 26.7)

Sexual or physical violence by food insecurity				
Experienced food insecurity [3]	83	31.2 (20.9 – 41.5)	79	24.3 (14.6 – 34.1)
Did not experience food insecurity [3]	262	20.3 (16.0 – 24.6)	257	19.5 (14.3 – 24.7)
Sexual or physical violence by functional disability [4]				
Some or severe functional disability [5] in one or more domains				
Yes	145	28.7 (20.7 – 36.6)	72	25.6 (15.1 – 36.1)
No	214	19.2 (14.5 – 24.0)	259	18.5 (13.5 – 23.5)

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats). Physical violence includes a 'yes' response to one or more of the following: 1) slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you; 2) punched, kicked, whipped, or beat you with an object; 3) choked, smothered, tried to drown you, or burned you intentionally; 4) used or threatened you with a knife, gun, or other weapon.

[2] Includes special school, adult education/night, and Jamaica Foundation for Lifelong Learning /adult literacy classes.

[3] Food insecurity is defined as the household not having enough money for food.

[4] Functional disability domains include: 1) blind or difficulty seeing, even when wearing glasses; 2) difficulty concentrating, remembering, or making decisions due to physical, mental, or emotional condition; 3) serious difficulty walking or climbing stairs; 4) difficulty dressing or bathing; 5) difficulty doing errands alone, such as collecting firewood, collecting water or shopping due to physical, mental, or emotional condition; or 6) difficulty communicating, for example understanding or being understood, using usual (customary) languages.

[5] Some or severe functional disability includes having *some difficulty*, *a lot of difficulty* or *cannot do at all*, in one or more functional disability domains.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

** Unstable estimate (RSE is greater than or equal to 50%), estimate is suppressed.

n^y represent the denominator of the subgroup for which the analyses were run for such as those who experienced sexual violence.



SECTION 14: YOUTH AND COVID-19

This section presents findings on the characteristics associated with COVID-19 among children and youth in Jamaica. The characteristics include vaccination status, perception of vaccine safety, and actions taken in the past 14 days to limit risk of contracting COVID-19.

CHARACTERISTICS ASSOCIATED WITH COVID-19 AMONG 13–24-YEAR-OLDS

- About two in five females (38.9%) and one in three males (32.3%) had at least one dose of COVID-19 vaccine.
- About half of females (53.1%) and males (44.8%) considered the COVID-19 vaccine somewhat safe.
- Seven in ten females (70.5%) and more than three in five males (65.6%) considered getting a COVID-19 vaccine important- to various- degrees to protect themselves against COVID-19.
- Common actions taken to limit risk of contracting COVID-19 in the past 14 days by females were wearing a mask when going outside, increasing use of hand sanitizer/rubbing alcohol, and staying at home.
- Common actions taken to limit risk of contracting COVID-19 in the past 14 days by males were wearing a mask when going outside, washing their hands more frequently, and social distancing when outside.

14.1. CHARACTERISTICS ASSOCIATED WITH COVID-19 AMONG 13-24-YEAR-OLDS

Table 14.1. Characteristics associated with COVID-19 among 13-24-year-olds – Jamaica Violence Against Children and Youth Survey (VACS), 2023.

	Females	Males
	WEIGHTED % (95% CI)	WEIGHTED % (95% CI)
Vaccination status		
	Females (n=680)	Males (n=670)
Family and friends who have received a COVID-19 vaccine		
None	10.8 (7.9 - 13.6)	16.1 (12.7 - 19.4)
Some	67.8 (63.9 - 71.6)	61.8 (57.7 - 65.9)
Many or almost all	21.5 (17.5 - 25.4)	22.1 (18.2 - 26.0)
	Females (n=698)	Males (n=697)
Less	17.7 (14.5 - 20.9)	13.0 (9.9 - 16.1)
	Females (n=698)	Males (n=697)
Youth had at least one dose of COVID-19 vaccine	38.9 (34.2 - 43.5)	32.3 (27.8 - 36.8)
	Females (n=241)	Males (n=213)
Brand of COVID-19 vaccine on first dose		
AstraZeneca	32.4 (25.1 - 39.6)	23.2 (17.4 - 29.0)
Johnson & Johnson/Janssen	9.7 (5.7 - 13.7)	11.9 (7.1 - 16.6)
Pfizer-BioNTech/Comirnaty	57.9 (50.4 - 65.5)	64.1 (56.8 - 71.3)
Moderna	<0.1***	**
Vaccine safety		
	Females (n=660)	Males (n=647)
How safe youth consider the COVID-19 vaccine		
Not at all safe	35.5 (31.1 - 39.9)	41.2 (36.3 - 46.1)
Somewhat	53.1 (48.5 - 57.7)	44.8 (39.8 - 49.8)
Very/Completely safe	11.4 (8.6 - 14.2)	14.1 (11.0 - 17.1)

	Females (n=679)	Males (n=660)
Importance of getting a COVID-19 vaccine to protect themselves against COVID-19		
Not at all important	29.5 (25.0 - 34.1)	34.4 (30.5 - 38.3)
A little, somewhat, or very important	70.5 (65.9 - 75.0)	65.6 (61.7 - 69.5)
Things done in the past 14 days to limit risk of contracting COVID-19		
	Females (n=757)	Males (n=755)
Nothing	20.5 (16.3 - 24.8)	19.6 (15.3 - 23.9)
Avoiding crowded places	11.4 (8.6 - 14.2)	19.9 (15.6 - 24.1)
Wearing mask when going outside	40.9 (35.9 - 45.8)	47.5 (41.6 - 53.3)
Wearing gloves when going outside	2.2 (0.8 - 3.6)*	3.9 (2.4 - 5.3)
Washing hands more frequently	23.4 (19.7 - 27.2)	31.2 (26.3 - 36.1)
Increased use of hand sanitizer/rubbing alcohol to disinfect hands	33.4 (28.0 - 38.9)	24.1 (19.3 - 28.9)
Avoiding touching face	2.4 (1.0 - 3.7)	9.7 (6.9 - 12.4)
Staying at home unless absolutely necessary to go out	27.8 (22.6 - 33.0)	18.9 (15.4 - 22.4)
Social distancing when outside	23.3 (19.3 - 27.3)	26.9 (22.5 - 31.3)
Disinfecting home/personal items more often	12.7 (9.3 - 16.1)	12.8 (9.7 - 15.8)
Other	0.8 (0.1 - 1.5)*	1.3 (0.4 - 2.2)*

Note: CI = confidence interval.

* Unstable estimate (RSE is greater than 30% but less than 50%), result should be interpreted with caution. RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. RSE is expressed as a percent of the estimate.

** Unstable estimate (RSE is greater than or equal to 50%), estimate is suppressed.

*** When the prevalence of an indicator is zero percent (0.0%), those results are denoted as <0.1% and should be interpreted with caution. It cannot be assumed that the prevalence of the item in the entire population is an absolute zero.

n represent the denominator.



SECTION 15: DISCUSSION AND CONCLUSIONS

15.1. DISCUSSION

The 2023 Jamaica VACS provides national data on the prevalence and context of sexual, physical, and emotional violence among 13-24-year-old female and male children and youth in Jamaica. This report describes the burden and contexts of health conditions, social consequences and risk and protective factors associated with violence against children, adolescents, and young adults. It also explores the overlap between sexual, physical, and emotional violence and the services sought and utilized for incidents of sexual violence and physical violence. The wealth of data provided by the Jamaica VACS can guide prevention and response efforts that are uniquely adapted to the context of Jamaica for the children and youth of Jamaica.

The 2023 Jamaica VACS results show that more than three in four females (77.2%) and males (77.6%) ages 13-24 experienced any violence during their lifetime. Physical violence is prevalent among 13-24-year-olds: more than half of the females (53.2%) and three in five males (60.6%) experienced physical violence during their lifetime. Additionally, one in three females (35.7%) and more than one in five males (22.5%) experienced sexual violence in their lifetime. A common age of first experience of sexual violence was 13 and younger among females (43.1%) and males (36.6%). Common perpetrators of first experiences of sexual violence were friends or neighbours (46.1%) among females and current or previous intimate partners (48.5%) among males. Emotional violence is also prevalent among 13-24-year-olds in Jamaica with three in five females (61.2%) and half of males (51.8%) experiencing emotional violence during their lifetime. Furthermore, many children and youth were exposed to violence in their homes, neighbourhoods, and communities. About two in five 18-24-year-olds witnessed violence in the home, and more than three in five 18-24-year-olds witnessed violence in the neighbourhood during their childhood. Gang violence was widespread, in schools and neighbourhoods. One third of youth experienced the murder of someone they felt close to; and one in ten females and close to two in five males ages 13-24 ever carried a weapon in their lifetime.

Considerations for Prevention and Response Programs

These findings provide critical information on violence against children and youth in Jamaica and warrant attention in developing, adapting, and evaluating prevention and response strategies. Below are key areas of prevention and response programming based on results from the 2023 Jamaica VACS. Furthermore, Jamaica used INSPIRE for their national plan of action and is committed to continuing to use INSPIRE as a framework for an evidence-based approach to prevention and responding to violence against children and youth.

Parental and Adult Relative Dynamics and Violence

The insights gleaned from the VACS underscore a multifaceted relationship between parental figures, adult relatives, and the perpetuation of childhood violence. While parental supervision and nurturing adult relationships showcase strengths within Jamaican households, concerning trends in disciplinary practices have emerged. Verbal aggression and physical discipline remain persistently prevalent, and may contribute to the perpetuation of physical violence against children in Jamaica. Furthermore, witnessing violence in the home during childhood is also common, where children can hear or see their parents when they are committing acts of violence against each other or against their siblings. In contrast, children and youth in Jamaica benefit from very high parental monitoring

and supervision; most children and youth feel very close to their mothers; and more adolescent boys feel it is easy to talk to their mother and father compared to their female peers. Given the nuanced nature of parent-child relationship as both a potential risk and a protective factor for violence against children, emphasis may be placed on programs and policy strengthening parent-child relationships. Furthermore, an accent on positive and gender-responsive parenting may be helpful. Programs that incorporate key principles such as gender equality and inclusion while promoting positive gender norms and socialization and open and supportive communication between parents and children might prove effective. Programs such as *SOS!*²⁵; *Parents/Families Matter!*²⁶ and others- may prove helpful to reduce violence against children and youth perpetrated by parents or adult relatives and equip parents and adult relatives with alternate approaches to discipline, how to foster a healthy relationship with the young people in their lives, and how to recognize warning signs and help young people navigate challenging situations and know when and how to get help. Furthermore, given the high prevalence of witnessing violence in the home, community mobilization approaches might be considered, such as *SASA!*²⁷ which has been successful in preventing intimate partner violence, indicating potential effectiveness in reshaping community cultural norms, power dynamics, and familial interactions. These initiatives are intended to foster a culture that not only addresses harmful behaviors but actively promotes positive, non-violent interactions within households and the communities.

Recognizing the intricate nature of familial relationships as both sources of support and, in some cases, violence, these programs need to be adaptive and deeply rooted in Jamaican cultural contexts. By tailoring interventions to address these complexities, there's an opportunity to break the cycle of violence within households and promote healthier, more nurturing environments for children and youth in Jamaica.

Gender and Violence Associations

The Jamaica VACS data reveal gendered patterns around violence experience and perpetration, and norms and attitudes about violence among children and youth. More adolescent boys and young men endorse harmful gender norms than their female counterparts. More adolescent girls and young women experienced lifetime sexual violence than their male counterparts. Additionally, lifetime emotional violence and peer emotional violence were both higher among females than males as well as some mental health outcomes such as thoughts of suicide. The prevalence of lifetime physical violence perpetration is similar for females and males. The prevalence of lifetime intimate partner violence victimization is also similar for males and females. Furthermore, more females experienced intimate partner violence than males and more females were injured by an intimate partner than males.

Another key finding is that experiencing physical and sexual violence is associated with intimate partner violence perpetration among females, meaning that violence victimization is linked to violence perpetration. This finding shows that urgent primary prevention is therefore crucial to reduce violence overall and in the longer-term. While more boys carry weapons than girls, the primary reason for carrying a weapon being for protection is higher among girls than boys. Programs geared towards addressing harmful norms and beliefs- such as *Yaari-Dosti*; *Coaching Boys Into Men*; *Choices*²⁸ which focus on transforming harmful gender norms and social attitudes, are designed to promote healthier, non-violent relationships and child and youth safety. Strengthening education and life skills programs also becomes pivotal in empowering youth to navigate relationships and protect themselves against violence. Such programs as *Safe Dates*²⁹; *Real Consent*; *Stepping Stones*; *Dating Matters*; *No Means No!*³⁰ can help to reduce violence in intimate relationships if adapted to the Jamaican context.

In addition, comprehensive sexual education, the cultivation of positive masculinity, and active engagement with communities (e.g., community influencers, faith leaders) are key in promoting non-violent, gender-equitable relationships and fostering safe environments.

Community and Weapons-Related Violence

Harmful norms and practices play a significant role in the perpetuation of violence in communities. The majority of Jamaican youth have witnessed violence in the community during childhood. Gang activity is not only prevalent in neighbourhoods but also in schools. Exposure to violence is associated with both violence victimization and perpetration^{31,32,33}. The normalization of carrying weapons for protection among a considerable portion of youth accentuates the pressing need for interventions addressing weapon-related violence within communities. Furthermore, community violence detrimentally affects education, where half of females and one third of males ages 13-17 missed school or didn't leave home due to fear and lack of safety in the 12 months prior to the COVID lock-down. Many children and youth witnessed someone stabbed or shot in the community, and many were close to someone who was murdered.

Amidst these distressing findings, the Jamaica VACS data suggest that the community also holds protective factors for violence against children and youth. Most children reported having peer social supports, and caring adult relationships in the community. Most Jamaican children also feel their participation in community is meaningful. Despite the sequelae of sexual and physical violence preventing or hindering girls from continuing education, higher education appears to be a protective factor for girls, as those with higher school attendance had lower prevalence of sexual and physical violence. Initiatives to identify environments where violence is most likely to occur have been successful in reducing firearm and weapons related violence and interrupting the spread of violence by promoting safe environments.

In Jamaica, violence interruption programs, also referred to as street outreach and community norms change programs, have been implemented and may benefit from evaluation to measure impact and inform possible scale up. Additionally, initiating new strategies such as the evidence-based Cardiff Model³⁴ can help reduce gang and gun violence in neighborhoods. Given that violence often occurs in schools (e.g., peer violence and gangs), initiatives to establish a safe and enabling school environment may also be prioritized, such as mentoring and afterschool programs. Furthermore, policies and programming, such as SASA!, supporting overall community mobilization strategies, can address deleterious societal and cultural beliefs and behaviours and support safe and protective norms and attitudes.

Post-violence Services and Mental Health

Violence constitutes a serious risk factor for health and wellness. Sexual, physical, emotional, and community violence cause trauma in children and youth in Jamaica who are exposed, and is also associated with detrimental mental health and wellbeing outcomes. Children and youth who experienced sexual, physical, and emotional violence had a higher prevalence of most mental health conditions compared to those who did not experience violence. The common perpetrators of violence against children were people deemed trustworthy (e.g., family and friends) and in places which should have been the safest (homes, schools, and their communities). Additionally, most children experienced violence very young. For instance, most children who experienced sexual violence were 13 or younger the first time it happened- suggesting a need to focus on early sexual violence interventions. Children who experienced any form of violence also had a higher prevalence of substance use and sexually transmitted infections. Strategies to specifically support victims of violence can include substance use and mental health interventions through life and social skills training, and parent and caregiver support to youth, connecting youth to caring adults, behavioural health services, and combining school and community interventions.

Further, emotional violence against children and youth is pervasive in Jamaica, with the common perpetrator being their peers. Lastly, injuries from incidents of violence are common and severe in Jamaica. Many children who experience physical violence had a resultant injury. Access to emergency

medical care and quality clinical health care, social welfare and criminal justice support are critical to reduce the long-term impacts of violence against children and youth and its associated outcomes.

Post-violence services play a significant role in preventing re-victimization or future perpetration given the cyclic nature of violence and the association of sexual violence and physical violence victimization and perpetration among children and youth. Preventing and responding appropriately to sexual violence and physical violence can help prevent perpetration.

Most child victims of violence do not disclose and far less children and youth seek post-violence care and support; their reasons for not seeking help reveal opportunities for norms change interventions to break the culture of silence. To increase the proportion of youth who disclose and receive services, child-focused clinical, therapeutic, and criminal justice support may benefit from review, strengthening and ongoing quality assurance. Government investment and support for providers to receive training on trauma-informed care and equipping of health care staff with appropriate tools and protocols to address child abuse can improve effectiveness of services.

Efforts to raising awareness around response services can help ensure children and youth know where to seek help and build a culture of trust and belief in the benefits of disclosure and help-seeking. Additionally, addressing barriers hindering their access to and use of services - such as logistical, emotional, and structural barriers - would ensure that all victims of violence who want services can easily access high-quality care. For youth who experience multiple forms of violence, response services combining comprehensive screening and clinical inquiry with interventions in community locations and schools can help to reach more victims and mitigate the long-term adverse consequences of poly-victimization. Another approach to consider might be hospital-community partnerships³⁵ which have addressed re-victimization, substance use, further involvement in crime and violence, and rates of (re)entry into the criminal justice system.

15.2. STRENGTHS AND LIMITATIONS

The VACS is Jamaica's first representative national data on the burden of sexual, physical, and emotional violence against children and youth. There are important strengths and limitations to consider when interpreting the data.

Strengths

The sampling strategy ensured the data are representative of the country, pre-screened, and sampled randomly using a stratified three-stage cluster design allowing for calculation of weighted estimates. Another strength is the survey's depth in capturing rich contextual nuances surrounding violence that can inform programmatic and policy strategies. By utilizing a standardized core questionnaire, the VACS allows for cross-country comparison, fostering a global perspective. Most importantly, the process of planning the VACS – thorough engagement with government ministries, departments and agencies, and other partners – bolsters country ownership, encouraging efforts to use the data to prevent and respond to violence against children and youth in Jamaica. Finally, VACS' alignment with the INSPIRE technical package as well as the Jamaica **National Plan of Action for an Integrated Response to Children and Violence**³⁶, ensures that the best evidence guides programming and policy decisions.

Limitations

There are also limitations that must be considered. First, given that the VACS is a household survey, some populations have been excluded or missed if they were not living in a household at the time of data collection. This includes vulnerable populations such as children and youth residing in residential care as well as children and youth with certain disabilities and those living on the street or in juvenile detention centres. Children and youth were excluded from the study if they had a severe disability or language barrier that prevented them from understanding or responding to the interview questions (both interviewer administered and ACASI), or from being interviewed in private. Consequently, findings do not fully represent these groups. These children and youth may be among the most vulnerable groups for violence and future studies addressing the burden of violence would provide crucial and specific information among these special populations.

An additional limitation is that the survey only collects contextual information on the first and most recent episodes of each type of violence, when individuals reported multiple instances of a form of violence. This potentially results in missing important contextual detail on certain violent events affecting participants. The VACS survey design is also vulnerable to recall bias. The study does not include participants over the age of 24 years old to maximize the participants' ability to recall events from childhood. However, there is still a chance that participants do not accurately recall the details of their past victimization experiences. In addition, some open-ended questions that involved asking participants to explain why they were not tested for HIV or why they did not seek services for violence have high proportions of "other" responses. These pose challenges in interpretation and warrant further work in refining questionnaire answer options.

Another possible limitation is that some participants may not have been comfortable disclosing personal and sensitive life experiences with interviewers, thus providing an underestimate of the prevalence of violence. The survey was only conducted if interviewers could ensure privacy and reduce the risk of retaliation for participation in the survey. Interviewers underwent extensive training on how to maximize rapport with participants. Part of the questionnaire included an ACASI component, which allowed participants to move through sensitive questions privately and may have facilitated higher disclosure on sensitive subjects as well as reduce the impact of social desirability. Finally, the survey progressed in a graduated manner, starting with the least sensitive topics, and moving into more sensitive topics, to help comfort participants and facilitate trust-building with their interviewer. These strategies were in place to facilitate disclosure.

The Jamaica VACS faced several challenges in the field. Community violence challenges in sampled areas (such as threats and gun violence, etc.) lead to limited access, limited time for survey and reduced response to the survey. Further challenges including inability to access certain areas due to gated communities or controlled access apartment buildings, or lack of appropriate vehicles to drive through difficult terrain, and data collectors' attrition posed challenges to implementing the Jamaica VACS as originally planned. The loss of 9 PSUs during survey implementation due to security reasons might have reduced the accuracy of estimates or the power of the survey for performing some comparative analyses. It is also realistic to assume more violence in these communities, and their exclusion might have led to the underestimation of violence-related estimates. In addition, some PSUs had lower-than-expected eligibility and response rates, potentially affecting the overall survey quality.

Despite limitations, Jamaica VACS offers the first comprehensive understanding of violence against children and youth nationwide.

15.3. CONCLUSION

The 2023 Jamaica VACS compliments and aligns with existing local data from other research studies and administrative systems and provides powerful information that can be used to further inform violence prevention and response efforts. The dedication of the Government of Jamaica and partners signifies a strong commitment to using the findings of the Jamaica VACS to catalyse action to prevent and respond to violence against children and youth. This evidence will help Jamaica continue to lead the way in addressing the issue by taking stock of what is currently working, identifying new priorities, and enacting an updated cohesive national strategy focusing on immediate and future prevention and response programmes. Fostering multi-sectoral partnerships and effective coordination among government agencies, non-governmental organizations, international technical experts, and key community groups is critical in the implementation of the national response. This concerted effort represents a pivotal step towards achieving significant strides in addressing violence against children and youth in Jamaica.

APPENDIX A: SUPPLEMENTARY SAMPLING METHODS

The development and the implementation of the Jamaica VACS was led by PIOJ, with technical support from CDC in Atlanta and CDC Caribbean Regional Office in Kingston, Jamaica. The 2023 Jamaica VACS methodology follows and builds on surveys completed in other countries such as Eswatini, Tanzania, Kenya, Zimbabwe, Haiti, Cambodia, Indonesia, Malawi, and Rwanda. The survey was implemented between September 2022 and March 2023 in every parish within Jamaica.

A.1. STUDY DESIGN AND SAMPLING

The master frame for the Jamaica VACS included 5,776 PSUs (also called enumeration districts) from the census data initially compiled from the 2011 National Population and Housing Census. For the Jamaica VACS, 165 of the 5,776 PSUs were selected to represent all the parishes in the country and by rural-urban status. The sample size was determined from a standard cluster sample formula where the estimated prevalence of 30% for sexual violence in childhood was assumed based on previous VACS conducted in African, Caribbean, and Asian countries (e.g., Eswatini, Tanzania, Kenya, Zimbabwe, Haiti, Cambodia, and Indonesia).

In female PSUs, 757 interviews were completed among 1,384 surveyed households. In male PSUs, 755 interviews were completed among 1,419 surveyed households. Tables A1.1 and A1.2 reflect the sample size by age group, parish, and rural-urban status.

Table A1.1. Sample size by age and analytic subgroups — 2023 Jamaica VACS

	13–24-year-old	13–17-year-old	18–24-year-old
	S	S	S
	N	N	N
Males	757	398	359
Females	755	402	353
TOTAL	1512	800	712

Table A1.2. Allocation of the 165 PSUs by parish — 2023 Jamaica VACS

Parish	Female PSUs			Male PSUs		
	Urban	Rural	Total	Urban	Rural	Total
Kingston	3	0	3	4	0	4
St. Andrew	16	3	19	16	2	18
St. Thomas	2	2	4	2	3	5
Portland	1	1	2	1	2	3
St. Mary	1	3	4	1	2	3
St. Ann	1	4	5	1	3	4
Trelawny	0	1	1	0	1	1
St. James	3	2	5	2	2	4
Hanover	0	3	3	0	3	3
Westmoreland	1	3	4	2	3	5
St. Elizabeth	1	4	5	1	3	4
Manchester	3	5	8	2	4	6
Clarendon	2	5	7	2	4	6
St. Catherine	11	3	14	12	3	15
Total (165)	45	39	84	46	35	81

Initially, 134 PSUs (67 female; 67 male) were selected for data collection. Several issues occurred after data collection started (i.e., inability to access some PSUs and security incidents in others), which required some PSUs to be dropped. In addition, other PSUs had lower-than-expected eligibility and response rates, with projections showing that the minimum number of completed interviews would not be reached in these PSUs. To counter these challenges, an additional sample of 31 PSUs (17 female; 14 male) was drawn. However, similar issues were experienced in these new PSUs, preventing the field teams from reaching the minimum number of completed interviews. Therefore, a third and final sample of 16 additional PSUs (8 female; 8 male) was drawn to replace the dropped PSUs. The 16 replacement PSUs were matched to the originally selected PSUs by sex, parish, rural/urban areas, and geographic proximity. In total, data were collected in 77 of the 81 male PSUs and 79 out of the 84 female PSUs.

A.2. WEIGHTING PROCEDURE

Weighting is a method used to obtain parameters from the dataset resulting from sampling to represent the total population. The VACS used a three-step weighting procedure:

Step 1: computation of base weight for each sample participant.

Step 2: adjustment of the base weights for differential nonresponse in the sample; and

Step 3: post-stratification calibration adjustment of weights to known population totals.

A.2.1 BASE WEIGHT

In Step 1, base weights were calculated as the inverse proportion of the overall selection probabilities for each participant, which was the product of the probabilities of selection of PSUs, selection of households, and selection of eligible individuals, in the male or female samples (Tables A.3.1 and A.3.2)

A.2.2 NONRESPONSE ADJUSTMENTS

In Step 2, the base weights were adjusted to compensate for nonresponse losses for PSUs, households, and participants. For the nonresponse weighting process, classes were established based on sex, parish, urban/rural location, and age. We accounted for the weights of the lost PSUs while calculating the base weights by adjusting the selection probabilities of the remaining PSUs proportionally. The household-level nonresponse weights were computed by dividing the weighted sum of base weights for those households that were eligible (including non-respondents) by those who completed the survey within each weighting class. This is also the same as one divided by the weighted household response rate for each weighting class. Similarly, the person-level nonresponse weight was calculated as the proportion of the weighted sum of base weights of eligible individuals to those who completed the interviews within each weighting class. Alternatively, this could be computed as one divided by the weighted person-level response rate for each weighting class. The final nonresponse weights for every participant were calculated as the product of the household response weights. The overall nonresponse weight is the same as the inverse proportion of the weighted overall response rate (household x individual) within a given weighting class. Nonresponse weights from the Jamaica VACS data were largely uniform, with only one outlier adjusted by merging the weighting class of age groups. Finally, the nonresponse adjusted base weight for individuals who completed the survey was determined as the individual base weight times the individual nonresponse weight.

A.2.3. RESPONSE RATES

Although the final sample, after redrawing and replacements, had 165 PSUs (81 male, 84 female), the survey team could not visit or complete interviews in 9 PSUs (4 male and 5 female) due to security concerns. The PSU completion or response rates were 95% (79/84) and 94% (77/81) for the male and female samples, respectively.

Figures A1 and A2 show household and individual response rates for national samples. The household and individual disposition codes were used to compute the household-level and individual level response as per the below formulas.

$$\text{Household — Level Response Rate} = \frac{[1] + [2]}{[1] + [2] + [4] + [6]}$$

Where:

- [1] = Completed Household Survey, 1 person selected
- [2] = Completed Household Survey, no eligible in household, Refusal
- [3] = Unoccupied/ Abandoned, Not Eligible
- [4] = No one home
- [5] = Demolished
- [6] = Household
- [7] = Other

*Note: Disposition codes [3] Unoccupied/Abandoned, [5] Demolished, and [7] Other, Not Eligible were not used to calculate household-level response rate.

A total of 2,803 households were visited during the study: 1,384 for females and 1,419 for males. The head of household interview was completed by 704 and 758 participants among the female and male samples of 920 and 922, respectively, with household response rates of 77.1% for females and 83.3% for males (Figure A1).

In participating households, a census was conducted to determine whether an eligible participant resided in the household. As a result, a total of 1,512 individuals, ages 13 to 24 years participated in the Jamaica VACS with 757 females and 755 males completing the individual questionnaire, yielding an individual response rate of 82.3% for females and 81.9% for males (Figure A2).

$$\text{Individual — Level Response Rate} = \frac{[1]}{[1] + [2] + [3] + [4]}$$

Where:

[1] = Completed Individual Survey

[2] = Selected Participant Refusal

[3] = Incomplete

[4] = Not available

[5] = Not Eligible (Does not speak study language/disability)

*Note: Disposition code [5] Not Eligible (does not speak study language/disability) was not used to calculate individual-level response rate.

The overall response rate for the individual participant is equal to the product of the household response rates and the individual response rates. The combined household and individual response rates yielded an overall response rate of 63.3% for females and 64.5% for males (Figure A2).

Figure A1. Household-Level Response Rates, 2023 Jamaica VACS

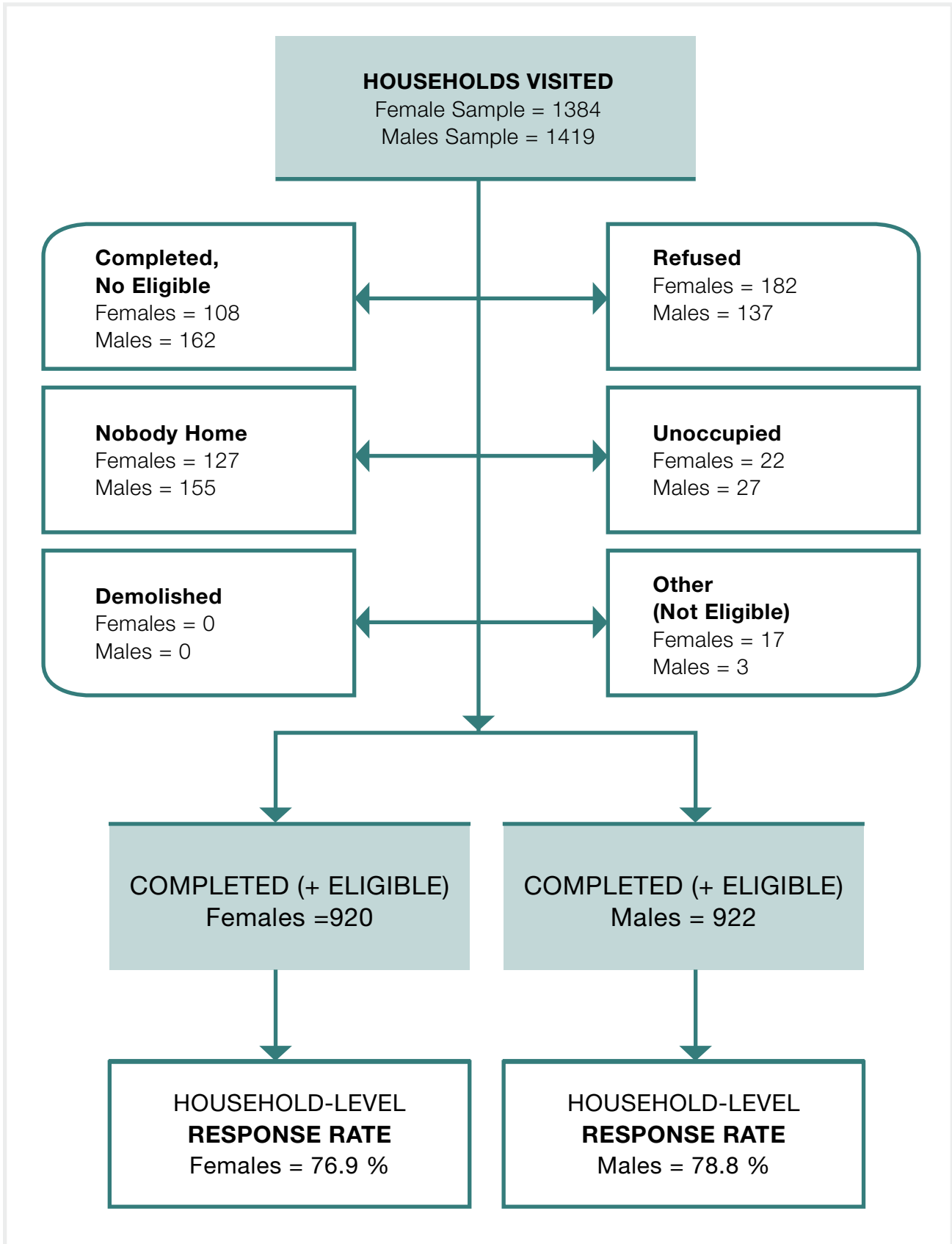
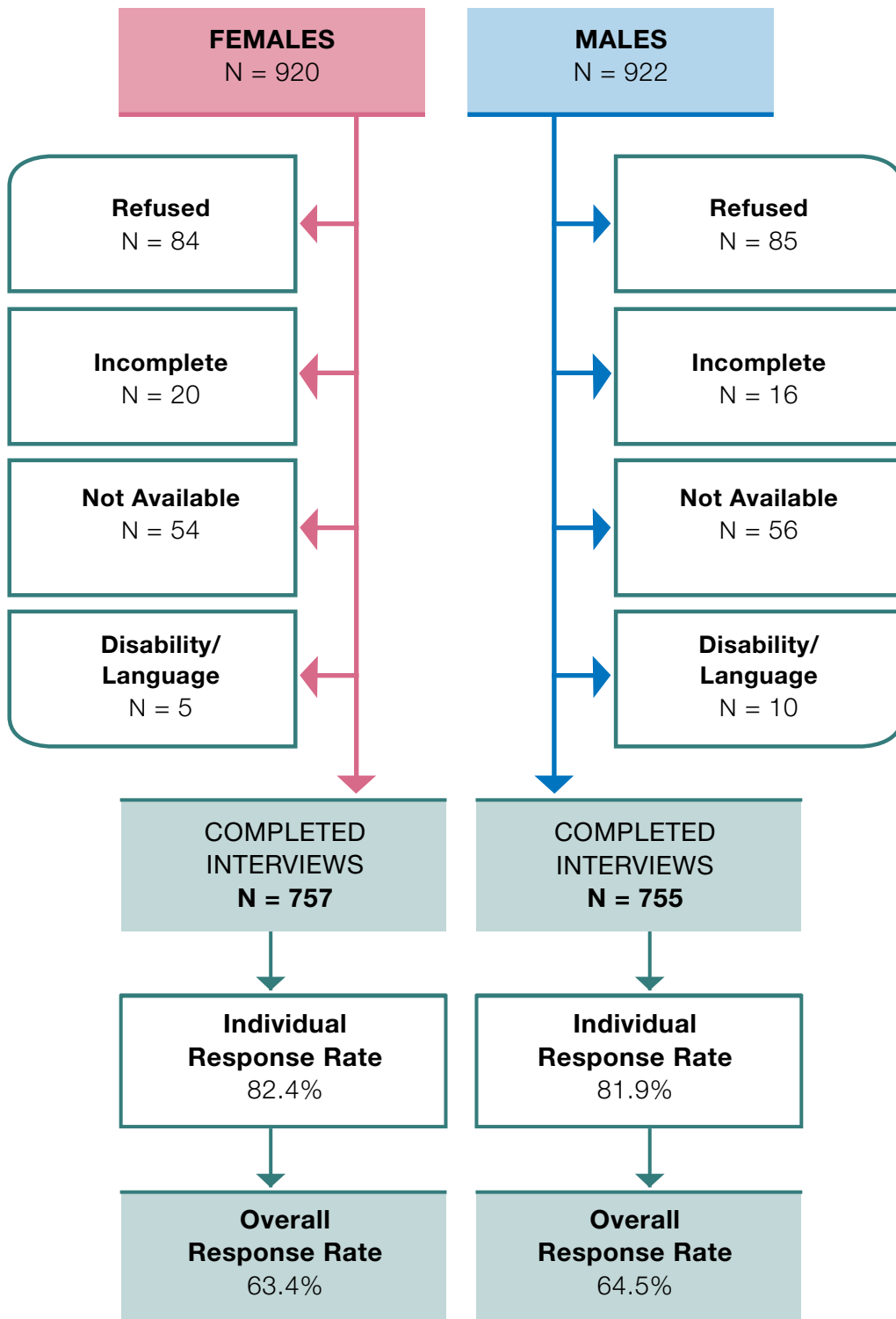


Figure A2. Individual-Level Response Rates, 2023 Jamaica VACS



A.2.4. POST-STRATIFICATION CALIBRATION ADJUSTMENT

In the final stage of the weighting process (Step 3), calibration was done to bring the final weights to the 2019 population and census projected by STATIN, distributed by parish, eligible age groups, and sex (Tables A.3.1 and A.3.2). These variables were used to form weighting classes. Because data on eligible populations by urban/rural location were not available, this class was removed from the post-stratification weighting procedure. The post-stratification weights (PSW) for individuals were calculated by dividing the eligible population in the weighting class by the sum of nonresponse-adjusted base weights. To control a few outliers with extreme PSWs, we had to either collapse the age group class or merge adjacent Parishes.

Table A.3.1. Nonresponse adjustments for the female sample by weighting classes – 2023 Jamaica VACS

Stratum Number	Parish Name	Age Group	Sample (n)	Base Weight	Nonresponse Adjustments	Population Eligible	Post-stratification Adjustments	Sample Weight
1	CLARENDON	13-17	52	3896	1.05	10710	2.61	11363
2	CLARENDON	18-24	31	2701	1.09	15174	5.10	15055
3	HANOVER	13-17	24	1573	1.03	2626	1.62	2786
4	HANOVER	18-24	21	1457	1.07	4583	2.95	4862
5	KINGSTON	13-17	11	585	1.00	3397	5.80	3604
6	KINGSTON	18-24	9	3852	1.00	5831	1.51	3157
7	MANCHESTER	13-17	28	2113	1.00	7684	3.64	8152
8	MANCHESTER	18-24	32	3265	1.12	11227	3.05	11307
9	PORTLAND	13-17	19	1691	1.05	3549	2.02	3765
10	PORTLAND	18-24	12	1258	1.00	4895	3.89	5193
11	ST. ANDREW	13-17	62	4850	1.02	21934	4.43	23252
12	ST. ANDREW	18-24	69	5968	1.12	41113	6.08	38416
13	ST. ANN	13-17	31	1999	1.00	6938	3.47	7361
14	ST. ANN	18-24	34	2005	1.03	11127	5.37	11805
15	ST. CATHERINE	13-17	49	4966	1.10	20286	3.71	21128
16	ST. CATHERINE	18-24	52	5935	1.21	34122	4.70	32058
17	ST. ELIZABETH	13-17	26	2230	1.06	5993	2.51	6358
18	ST. ELIZABETH	18-24	27	2248	1.15	8487	3.22	9004
19	ST. JAMES	13-17	22	1193	1.33	7095	6.86	10778
20	ST. JAMES	18-24	22	1308	1.11	13155	6.86	9431
21	ST. MARY	13-17	12	1381	1.07	4749	4.73	6982
22	ST. MARY	18-24	10	1058	1.00	7248	4.73	5308
23	ST. THOMAS	13-17	31	1982	1.09	3852	1.77	4087
24	ST. THOMAS	18-24	19	1505	1.13	5982	3.52	6347
25	TRELAWNY	13-17	13	518	1.63	3221	6.42	5733
26	TRELAWNY	18-24	8	346	1.00	4400	6.42	2352
27	WESTMORELAND	13-17	18	1792	1.00	5405	3.02	5734
28	WESTMORELAND	18-24	13	1225	1.21	9023	6.07	8426
						283,806	3.80	283,806

Table A.3.2. Nonresponse adjustments for the male sample by weighting classes – 2023 Jamaica VACS

Stratum Number	Parish Name	Age Group	Sample (n)	Base Weight	Nonresponse Adjustments	Population Eligible	Post-stratification Adjustments	Sample Weight
29	CLARENDON	13-17	48	3976	1.03	10968	2.66	11392
30	CLARENDON	18-24	47	4337	1.11	16851	3.56	17495
31	HANOVER	13-17	31	3604	1.00	2771	0.77	2878
32	HANOVER	18-24	21	1555	1.00	4632	2.98	4811
33	KINGSTON	13-17	28	2019	1.02	3499	1.69	3634
34	KINGSTON	18-24	17	1319	1.16	6409	4.20	6657
35	MANCHESTER	13-17	25	1720	1.04	7954	4.46	8261
36	MANCHESTER	18-24	22	1609	1.03	12592	7.62	12815
37	PORTLAND	13-17	19	1063	1.08	3539	3.05	3676
38	PORTLAND	18-24	20	1299	1.03	5341	3.97	5547
39	ST. ANDREW	13-17	56	4927	1.16	22151	5.93	33065
40	ST. ANDREW	18-24	43	4139	1.16	40443	5.93	27706
41	ST. ANN	13-17	20	1621	1.00	7172	7.08	11308
42	ST. ANN	18-24	22	1836	1.06	11673	7.08	13225
43	ST. CATHERINE	13-17	69	5868	1.04	20758	3.40	21560
44	ST. CATHERINE	18-24	54	5149	1.07	34504	6.26	33229
45	ST. ELIZABETH	13-17	28	2899	1.16	6391	1.81	6638
46	ST. ELIZABETH	18-24	29	2394	1.00	9432	3.94	9796
47	ST. JAMES	13-17	12	946	1.50	7277	6.99	10352
48	ST. JAMES	18-24	12	1401	1.06	12786	6.99	9846
49	ST. MARY	13-17	3	429	1.67	4786	7.08	2754
50	ST. MARY	18-24	2	166	2.00	7769	7.08	1793
51	ST. THOMAS	13-17	18	1411	1.00	4072	2.89	4229
52	ST. THOMAS	18-24	27	3157	1.00	6363	2.02	6609
53	TRELAWNY	13-17	12	1104	1.00	3041	2.75	3158
54	TRELAWNY	18-24	9	849	1.00	4976	5.86	5165
55	WESTMORELAND	13-17	33	2203	1.00	5870	2.66	6097
56	WESTMORELAND	18-24	28	1603	1.04	9329	5.53	9652
						293,349	3.97	293,349

A.2.5. FINAL WEIGHTS

The final sample weight for each participant was determined as the product of the three weights **[Individual sample weight = Individual sample weight x Non-Response weight x Post-Stratification weight]**. For the female sample, the mean sample weights for the Jamaica VACS were 374.91, ranging between 73.85 and 877.98, and a sum of 283,806, which matched the eligible female population. The male sample weights had extreme variations caused by a few outliers. Jamaica partners agreed to trim the male weights to the 95th percentile and distribute the trimmed weight to the final sample weight. The final male sample weight had a mean sample weight of 388.54, spreading from 43.06 to 1030.84, and added up to the eligible male population size of 293,349 in the country. Tables A.3.1 and A.3.2 show the distribution of sample weights for the female and male samples by weighting classes of parish, age group and sex. Quality assurance checks revealed the weighting process had minimum multiplicative effects of 1.32 and 1.42 for the female and male samples, respectively. The final weights were used in all subsequent analyses to produce estimates of population parameters with SAS software version 9.4.

A.2.6. HOUSHOLD WEIGHTS

The same approach for the individual sample weights guided the calculation of weights for households. Household base weights were calculated as the inverse of the PSU and household selection probabilities. The nonresponse adjustments are the proportions of the weights in a weighting class by the weighted response of all eligible households to those who completed the survey. We calibrated the adjusted base weights by households with eligible participants to generate the post-stratification household weights. However, we had to collapse the age class and spread the weights to the Parish level to reduce the extreme household post-stratification weights of one female and two male classes to under eight. The final household weight was the product of the household base weight, adjusted for nonresponse and calibrated with the population of eligible Heads of Household **[Household weight = Household base weight x Household nonresponse weight x Post-stratification weight]**. The mean sample weights for heads of households in the female and male samples were 178 and 185, respectively, with corresponding multiplicative effects of 1.32 and 1.42, each.

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