



POLICY BRIEF



WHOLE SCHOOL PROGRAMME TO ADDRESS GENDER BASED VIOLENCE AMONG YOUNG JAMAICANS: POLICY RESPONSES FOR MEANINGFUL CHANGE



Caribbean
Vulnerable
Communities
Coalition



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STATEMENT OF ISSUES



There are many girls, boys and older women who are suffering untold sexual, psychological, emotional and verbal abuse in Jamaica, purely on the basis on their perceived and self-identifying gender. It is a problem that is institutionalised within our education system and it therefore requires a policy response from the Government of Jamaica (GoJ) that will involve changes within the school system and complementary interventions at the community and State levels.

For conceptual clarity, Gender should be understood as the socially constructed characteristics of maleness and femaleness – such as norms, roles and relationships of and between groups of females and males. (World Health Organization, 2016:4).

Additionally, it is important to adopt the United Nations' definition of GBV which is “any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” (United Nations General Assembly, 1993:3).

A nuanced definition of GBV that relates to its impact on youth populations in school settings has been emerging in the literature, and it is instructive to use it for this Policy Brief. Greene (2013:2) defines school-related gender-based violence (SRGBV) as “*acts of sexual, physical or psychological violence inflicted on children in and around schools because of stereotypes*

and roles or norms attributed to or expected of them because of their sex or gendered identity. It also refers to the differences between girls' and boys' experience of and vulnerabilities to violence.”

It is important that Jamaican policy makers have an appreciation for the elasticity of the concept of gender, as it can have profound implications on the extent to which the State can truly contribute to the good mental, physical health and well-being of all its young citizens.

This Brief therefore seeks to recommend that the GoJ designs an integrated whole school programme to tackle institutionalised education and reverse GBV trends in the school system and the society at large.



EVIDENCE OF THE PROBLEM

“Girls subjected to [school related] gender based violence in the form of rape, forced or coerced sex can have early and unintended pregnancies and, as a consequence, an increased risk of their education being curtailed.”

Pereznio et al 2010



On Friday, November 18, 2016, the Gleaner Newspaper published an article with the headline, “High School Moms - Hardship Forcing Clarendon Girls into Teenage Pregnancy.” The focus of the article was Kellits High School in Clarendon. It reported that “over the past two years, 20 girls have quit the rural school to become mothers, which has become a major concern for the school administration as they seek to implement strategies to stem the problem.” The article quoted the Guidance Councillor, Faith Byfield as saying “they are so aware of the Child Care and Protection Act that they will not name these individuals. Some of them are pregnant for schoolboys, but some of the fathers are bigger men in the communities.” The details of the article revealed one of the grave consequences of inappropriate relations between some of the country’s young females and their male counterparts; a phenomenon that is recognised worldwide as a correlate of GBV. Therefore the incidents of teenage pregnancy portends negatively for the physical, emotional and psychological health of the nation’s girls.



Victims of GBV aged 13-17

323 persons raped

**287 assaulted and 267
were victims of other
sexual offences**

Source: JCF Crime Data 2014

Data from the Jamaica Constabulary Force’s (JCF) Statistics and Information Management Unit (SIMU) show that in 2014, 323 persons aged 13-17 were raped; 287 were assaulted and 267 were victims of other sexual offences. More specific statistics on GBV for 2015 that have been provided by the JCF illustrate that as at September 2016, there were 614 reported cases of rape for females in 2015. There were no reports for males. The majority of the cases were from the St. Catherine North, St. Catherine South, St. James, Clarendon, St. Andrew South and Westmoreland communities. For aggravated assault, 142 females and 460 males were victims especially for Kingston Eastern and St. Andrew South areas. Overall, one-fifth of Jamaican women have experienced forced sexual intercourse.

Furthermore, according to the Jamaica Reproductive Health Survey (JRHS), approximately 20.3 percent of young women 15-19 years old have reported being forced to have sexual intercourse at some point during their lives. While a downward trend in the numbers started over the past few years, the levels are however still high. In fact, some researchers are of the view that the level may now be higher based on anecdotal evidence and the general increase in incidents of crime and violence in the society.

Some local children services professionals believe the narrative about GBV is actually more nuanced, citing the increasing numbers of older persons who expose children to sexual grooming and engaging them in transactional sex. Common mention is also made of the fact that many of the incidents involving parents, school staff and other minors are largely under-reported or hidden and the data about cases are largely inaccessible or difficult to mine.

The statistical presentation of GBV in Jamaica is an element of this social problem which is a major global concern. UNESCO (2015: 11) quoting Pereznio et al 2010 reports that “girls subjected to [school-related gender based violence in the form of rape, forced or coerced sex can have early and unintended pregnancies and, as a consequence, an increased risk of their education being curtailed.” According to UN Women (2016:1), worldwide up to 50 percent of sexual assaults are committed against girls under 16. An estimated 150 million girls under the age of 18 suffered some form of sexual violence in 2002 alone. The same source indicates that the first sexual experience of some 30 percent of women worldwide was forced. The percentage is even higher among those who were under 15 at the time of their sexual initiation, with up to 45 percent reporting that the experience was forced. Where gender based violence is a bi-product of sexual intercourse, pregnancy is oftentimes a direct consequence. As stated earlier, among adolescent mothers, early pregnancy and childbirth have severe consequences including complications at birth, obstetric fistula and death, often linked to unsafe abortions. (Advocates for Youth 2008:4)





POLICY OPTIONS

01

The Do Nothing Option (Not Recommended)

The “Do Nothing Option” signals to present and future generations of well thinking, progressive country men and women that the government is not serious about safeguarding our children from structural and institutionalised violence on the basis of their gender. For some groups in the society it could be a strong indication of the government’s lack of will and capacity to protect the children of the nation. This option implies tacit if not overt complicity with the cycle of hurt and pathology that GVB spawns. It reflects a blind eye attitude that supports the attitude “see your

evil; hear no evil; know no evil.” If Jamaica’s young people are not exposed to the requisite education and interventions about GBV, the government and the society at large will unwittingly perpetrate the status quo, which is the source of the negative manifestations and trends being observed.

What is worse, is that this option has the risk of incensing the electorate, as it will not produce any visible actions to curb GBV. For the many hundreds of victims, families and onlookers who endure the harmful effects of this phenomenon, the likely results

include an increase in anti-social behaviours, mal-adjusted youth and ultimately a worsening of voter apathy. Such state of affairs would be inimical to sentiments that are enveloped in the national vision of making Jamaica “the place of choice to live, work, raise children and do business.” It would be a vulgar defiance of the country’s obligation to fulfill the requirements of the number of conventions and agreements to which it is a signatory including the Beijing Declaration and Platform for Action; Convention on the Elimination of all forms of Discrimination against Women (CEDAW); Post 2015 Sustainable Development Goals; and International Conference on Population and Development Programme of Action (ICPD POA). There are other regional commitments that Jamaica has which include provisions in the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women, “Belem do Para” 2005; the Commonwealth Plan of Action for Gender Equality 2005-2015; and the Caribbean Joint Statement on Gender Equality and Post 2015 and SIDS Agenda.

In addition, there is a host of legislation and policy documents principally the Draft National Strategic Action Plan to Eliminate Gender-based Violence and the Child Care and Protection Act, which underpin Jamaica’s aspiration to eliminate GBV.



02

Incremental/Pilot Option (Second Choice)

The government could consider introducing structural changes in the education system gradually over a period of time to tackle GBV. Such changes could include curriculum development and the incorporation of age appropriate comprehensive sexuality education, including content on GBV/VAW in modules addressing various related subject matters. The UNESCO International Guidelines on Sexuality Education define it as “an age-appropriate, culturally

sensitive and comprehensive approach to sexuality education that include programmes providing scientifically accurate, realistic, non-judgmental information” (United Nations General Assembly, 2010). Several peer reviewed research (Haberland & Rogow, 2015; Mba, Obi, Ozumba, 2009; Braeken & Cardinal 2008; Esere, 2008; Kohler, Manhart, Lafferty, 2008) demonstrate that comprehensive sexuality education programmes



- a. Increase the age of initial sex
- b. Reduce sexually transmitted infections and HIV among adolescents
- c. Reduce adolescent pregnancies;
- d. Reduce frequency of sexual

- intercourse and the number of sexual partners for adolescents already engaged in sex;
- e. Reduce intergenerational sex between adolescent girls and older men; and

- f. Increase correct and consistent use of condoms and other contraception methods for sexually active adolescents.

Metro Education Office undertook a series of actions to combat the problem. Their approach was gradual and it focused on

- a. Training of 250 Girls Education Facilitators that are classroom teachers;
- b. Inviting community health providers to talk to girls to prevent teen pregnancy that positively affects retention;
- c. Offering self-esteem programmes to combat teen pregnancy;
- d. Establishing disciplinary committees to deal with inappropriate teacher behavior;
- e. Providing Guidance and Counseling teachers to help address different needs of students; and
- f. Organising workshops for PTAs.

Those efforts were complemented by a slew of other undertakings by relevant stakeholders who implemented their respective programmes over a phased at varying timelines. A total of 21 entities including the World Bank, UNICEF and Volunteer Services Overseas (VSO) were identified to play key roles to ensure the success of the intervention. It was a multi-sectoral, multi-faceted task which required mass mobilisation of resources and personnel but it was not all done at the same time. Initiatives were rolled out as resources permitted and players found their footing with the new strategic and operational approach.

03

The Recommended Option (First Choice)

The ideal policy option for the GoJ would be to design an integrated whole school programme to tackle institutionalised education, and reverse GBV trends in the school system and the society at large. This would be the most comprehensive way to arrest the systemic impacts of the problem while creating the type of multiplier effects that would lead to the desired outcomes. The strength of this policy option is partly founded in the wise counsel of the Pan American Health Organization (PAHO) (201: 20) which advised policy makers and programmers in Latin America and the Caribbean to “address norms and attitudes in the Region that support gender inequality or that view violence against women as a “private matter.”

An integrated whole school approach, which is backed up

by community mobilisation and engagement, is required if projects are to deliver a robust response and referral system, and if they are to ensure that cases are reported to, and acted on by, education, social welfare and law enforcement agencies and that counseling, care and health advice are available. The approach is based on the premise that addressing a complex issues such as GBV requires an equally complex and comprehensive response involving many categories of stakeholders. This approach would be buttressed by a dedicated monitoring and evaluation (M&E) framework that would gather both qualitative and quantitative data about programme impact against incidence levels and baselines that would be established/identified at the start of targeted interventions. The M&E framework would clarify



Interventions must address community based issues, in addition to school related factors if they are to successfully tackle the root factors

the data sources at the national, local and plant (school) levels and, among other things, outline the protocol for data management and analysis for policy formulation and development.

The aforementioned suggestion to incorporate age-appropriate comprehensive sexuality education including content on GBV, as part of the Incremental/ Pilot Option, would be but one component of this comprehensive policy and programmatic response. The fact is, sexuality and reproductive health education can help girls and boys develop the capacity for healthy and respectful relationships, and prevent unwanted and unsafe sex.

Curricula that integrate discussions of gender issues, including gender-based violence, rights and power dynamics, can be particularly effective in empowering girls. The GoJ would not be starting from ground zero with this policy and programmatic response. There are tried and proven approaches and testimonials from other jurisdictions that could inform the architecture of the country's national

response. The 'Gender Equity Movement in Schools' project in Mumbai, India, has developed an add-on curriculum that includes content on gender roles, gender-based violence and sexual and reproductive health for standards 6 and 7 children (Inter-Agency Standing Committee. 2015). Graduates demonstrated improved self-confidence, attitudes and gender awareness (Achyut et al., 2011). Programmes promoting non-violence among men and boys, such as ReproSalud in Peru, demonstrate positive shifts in attitudes to violence and gender equality (OECD, 2012). In Brazil, India and the Balkans, Instituto Promundo and its partners have implemented promising programmes that use trained teacher and student facilitators to work with boys and young men from secondary schools to promote non-violence and reflect on gender norms. Engaging students and teachers in the process led to some programmes being institutionalised in school curricula (Etherington, Nicole et al 2016). Teachers who receive specialised training and supervision can help promote gender-sensitive and inclusive classrooms and develop positive forms of discipline in schools. Plan

International, through its 'Learn without Fear' campaign launched in 2011, worked with teachers, parents and district education authorities in Viet Nam to develop positive forms of discipline in schools. Teachers who received training were more in favour of abolishing corporal punishment than teachers who were not trained (Devers et al., 2012).

The implication of the varying perspectives of the causes and consequences of SRGBV is that interventions must address community-based issues, in addition to school-related factors if they are to successfully tackle the root factors. Dialogue should be opened up with initiation counselors and religious leaders; parents and community members should be sensitised and mobilised to work with schools to minimise children's exposure to risk. School administrators need to be made aware of their responsibility to stamp out abuse and to tackle the perpetrators of an often violent, gendered and oppressive school culture.

As a critical complementary activity, the GoJ should provide adequate protection for teachers in the education system through the promulgation of new legislation or amendment to the Sexual Offences Act, Domestic Violence Act and the Offences Against the Persons Act that stipulates a protection framework for academic staff (including Guidance Councillors) of secondary education institutions.



POLICY RECOMMENDATION

This Brief has presented three (3) policy options for the GoJ to consider. The authors strongly recommend that the First Policy Choice be contemplated as the most effective response to address GBV in the Jamaican society, especially within the school system where its perpetration is undeniably evident. The Second Policy Choice represents the alternative to the ideal response within a context where all avenues to implement the preferred option are completely unavailable and impracticable. Virtually all the literature both internationally and regionally on GBV especially within school settings, recommend that a wholistic, multi-sectoral and multi-level response be used to address the problem. This policy and programmatic undertaking would not only create an enabling environment for our people, especially our young girls and boys, to be empowered but it would also provide a more effectual push back against the conditions that breed the social malady that is GBV.



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