



Policing Victims and Perpetrators of Intimate Partner Violence in Jamaica

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Abstract

Intimate partner violence (IPV) presents various challenges for victims and the police tasked with protecting them and investigating perpetrators. Using a mixed-methods approach, this article highlights some of the main challenges of policing IPV in Jamaica, a small island developing state. We present findings from interviews with police officers and content analysis of key legislation within a broader discussion, incorporating secondary data from national surveys and community focus groups. Collectively, this provides a comprehensive understanding of the challenges of policing IPV. We discuss some of the historical and social factors contributing to IPV in the country and examine how the police balance victim support with the investigation of perpetrators. Additionally, we identify key institutional and legislative barriers, such as inadequate training and legal limitations, which hinder effective policing. Finally, we propose the problem-oriented policing (POP) framework as a potential solution to improve the handling of IPV cases in Jamaica.

Keywords: Problem-oriented policing; intimate partner violence; Jamaica.

Introduction

Intimate partner violence (IPV) is a prevalent global issue. It presents a pervasive public health and security challenge in Jamaica, a small island developing state in the Caribbean. This article critically examines the complexities and obstacles faced by victims and law enforcement in addressing IPV in Jamaica. We assess the effectiveness of existing legislation and police procedures to tackle IPV. The research utilised a mixed-methods approach to provide a nuanced understanding of the barriers to effective IPV policing and support in Jamaica. Specifically, we use data from interviews with police officers, content analysis of key legislation, and discuss findings incorporating wider research from national surveys and community focus groups.

The Jamaica Constabulary Force (JCF) started collecting IPV-specific data in 2013; however, the absence of a clear definition of IPV in key legislation presents a concern about the inclusiveness of the data being collected. The concern is that the data may be confined to incidents of physical and sexual violence, overlooking other forms of IPV, such as emotional, psychological, and economic abuse. Internationally, IPV is recognised as a barrier to economic development and gender equality (Prakash et al., 2018). Factors contributing to IPV in Jamaica include societal stigma and fear of reprisal from family members if the abuse is made public, childhood abuse, economic dependence, substance abuse, low self-esteem, and the normalisation of violence from Jamaica's colonial past to the present (Watson-Williams, 2018). Due to the complex factors influencing IPV, policing IPV involves balancing the dual roles of supporting victims and pursuing perpetrators in an environment with acute resource constraints and a lack of specialised training.

This article is divided into four sections. The first section discusses IPV in Jamaica, reviewing available data and literature to provide context. The second section outlines the research methodology, focusing on interviews with rank-and-file officers from



the JCF and addressing the study's limitations. The third section presents the findings and discussion, analysing the dual role challenge in policing IPV, particularly the institutional and legislative barriers stemming from the JCF's institutional culture and practices. We also highlight gaps in training, risk assessment, and victim support. In the fourth section, the article proposes problem-oriented policing (POP) as a potential solution for more effective IPV policing. We suggest that this approach, combined with community outreach, specialised police training, and legal reforms, could address root causes of IPV and improve outcomes for both victims and perpetrators.

Intimate Partner Violence in Jamaica

The brutal and dehumanising history of slavery in the Caribbean has profoundly impacted Black Caribbean populations, particularly in fostering a culture of interpersonal violence, including IPV; specifically, the abuse of women by men. Under the plantation-slave system, enslaved Africans endured severe physical punishment, sexual exploitation, and psychological abuse in order to control them and suppress resistance (Beckles, 2013). The plantation system also severely disrupted traditional African family structures and gender roles. Enslaved men were often emasculated through public humiliation, while women were sexually exploited and commodified (Bush, 1990). Women were frequently subjected to rape and forced childbearing, and men were unable to fulfil their protective roles, compounding emasculation. This inability to protect their partners and children fostered feelings of helplessness and frustration (Davis, 1983). Enslaved people were prevented from forming legal bonds and, where intimate bonds were formed, they were severely challenged by the mechanisms of domination and control on plantations. The disintegration of family structures under slavery has had significant consequences for gender relations. These conditions forced adaptations and internalisations of violence as a response to powerlessness, contributing to a legacy of dysfunctional relationships and normalised violence within intimate relationships (Lazarus-Black, 2007).

In the post-emancipation period, these distorted family dynamics persisted. Formerly enslaved individuals struggled to build their lives off the plantation due to colonial oppression and continued economic exploitation. The trauma and disempowerment from slavery were transmitted across generations, manifesting in dysfunctional family relationships and cycles of violence (Shepherd et al., 1995). The normalisation of interpersonal violence continued into the post-independence period and was regularly intensified. Jamaica gained its political independence from Britain in 1962 and, within a decade, the country was engulfed in violent partisan politics with entire communities in confrontation with each other. There have been occasional flare-ups of community-level violence since, with frequent calls for states of emergency to address them. IPV can be easily neglected in such environments.

Recent high-profile IPV cases in Jamaica have brought attention to the normalised use of violence in disputes. In April 2021, a video went viral showing a Jamaican parliamentarian and member of the governing party allegedly abusing his then girlfriend (now wife), chasing her, and hitting her with a wooden stool and his fists (Bucknor, 2021). Both the alleged victim and perpetrator refused to assist the police. This reinforced the social norm of not speaking to law enforcement authorities (Harriot, 2003), not causing public shame to one's male partner (Chevannes, 2001), and fear of continued violence to the victim if violence in the home is made public (Lazarus-Black, 2007). In three incidents in May 2021, a 21-year-old man killed a teenage girl after she rejected him, a woman was killed by her common-law partner, and a man set his girlfriend on fire in a fit of jealousy (Bucknor, 2021). In October 2023, a teacher was charged and "granted bail in his own surety" for physically assaulting his pregnant partner (The Jamaica Gleaner, 2023, para. 7). These incidents highlight the pervasiveness of IPV and the challenges in effectively protecting victims and prosecuting perpetrators of IPV.

According to the 2016 Women's Health Survey in Jamaica, one in four women (25.2%) had experienced physical violence from a male partner and 7.7% had endured sexual abuse. The lifetime prevalence of combined physical and sexual IPV stood at 27.8%, with emotional abuse affecting nearly three in 10 women (28.8%), and economic abuse reported by 8.5% of the women surveyed (Watson-Williams, 2018). Violence during pregnancy is another concerning aspect of IPV, with Pitter and Dunn (2018) finding that 36% of pregnant women in Jamaica experienced IPV. The likelihood of experiencing IPV varies with age. Watson-Williams (2018) found that women aged between 15 and 24 years reported a lower lifetime prevalence (13.2%) of physical violence than women aged 25 to 29 years.

The Women's Health Survey also indicated that childhood experiences significantly influence the likelihood of experiencing IPV in adulthood. Almost half (47.7%) of Jamaican women who had experienced intimate partner sexual violence reported having been beaten as children (Watson-Williams, 2018). Beyond childhood abuse (physical and emotional), other controlling behaviours and alcohol misuse also contribute to IPV in Jamaica (Smith, 2016). Additionally, Walters and Sewell Lewis (2020) community discussions were consistent with literature findings on contributing factors for IPV incidences in Jamaica. These were found to include relationship incompatibility after sexual intercourse, self-esteem issues, unemployment and financial struggles, fertility problems, jealousy and infidelity, teen pregnancy, perceived poor parenting, illiteracy and low education

levels. Furthermore, these community focus groups indicated that partners in common-law relationships are more likely to experience IPV than those legally married, suggesting a perceived protective effect of legal marriage (Walters & Sewell Lewis, 2020).

Global research shows that women with only elementary-level education are more likely to experience IPV, with one in three affected (World Health Organization, 2021). In Jamaica, women generally complete more years of schooling than their male counterparts, which impacts the prevalence of IPV. Notably, 19.3% of highly educated women in Jamaica have experienced IPV (Watson-Williams, 2018). The financial status of women significantly influences power dynamics in relationships, particularly in environments where women's higher employment rates, literacy, and education levels challenge traditional gender roles. This can lead to power struggles and male identity crisis, which sometimes results in IPV, with men asserting their dominance in the relationship (Walters & Sewell Lewis, 2020).

Gender roles entrenched from childhood play a critical role in the persistence of IPV. The 2016 Women's Health Survey revealed that a substantial proportion of women in Jamaica (nearly 80%) perceived it as natural for a man to be the head of the family (Watson-Williams, 2018). Furthermore, about 70% of women surveyed believed that a woman's primary role was to take care of the home. These beliefs are deeply rooted in Jamaican society. Additionally, around 30% of surveyed women believed that wives were obligated to have sex with their husbands, a view widely held by men. These perceptions contribute to the normalisation of IPV. In a striking example, Rita Marley, in her autobiography, recounted being raped by her husband, Bob Marley, after she denied him sex due to his infidelity. She initially labelled it as rape due to the lack of consent but later downplayed the issue, reflecting societal attitudes towards refusing sexual advances of one's spouse, resulting in marital rape (BBC Caribbean, 2004).

Walters and Sewell Lewis (2020) found that infidelity by women was often viewed as an intolerable offence, justifying violence as a reasonable reaction of the male partners. Some women respondents even considered death a justifiable punishment for infidelity (Walters & Sewell Lewis, 2020). Fraser (2019) reported that 50% of Jamaican women who cited infidelity as a cause of IPV were ultimately murdered by their partners. These findings underscore deeply ingrained gender biases and the normalisation of extreme violence in response to perceived moral transgressions by women.

While the literature predominantly highlights women as victims of IPV, there is growing recognition of men as victims of IPV. The 2021 Reproductive Health Survey in Jamaica questioned women (who had had sex, been married, or been in a romantic relationship with men) about their involvement in any form of IPV (verbal, physical, or sexual) against a current or former partner, over their lifetime and in the past 12 months (National Family Planning Board [NFPB] & Statistical Institute of Jamaica [STATIN], 2023). The survey revealed that 45.1% of the women admitted to perpetrating abuse, predominantly verbal abuse (40.1%; NFPB & STATIN, 2023). Additionally, 20.1% of respondents admitted to committing physical or sexual abuse, with the majority (19.5%) being physical abuse (NFPB & STATIN, 2023). The available data and literature on IPV in Jamaica confirm that it is a pervasive problem affecting both men and women. However, they do not shed light on how IPV is addressed by the institution charged with protecting and supporting victims of IPV and facilitating justice by investigating IPV perpetrators.

Policing Intimate Partner Violence: Addressing the Dual Role Challenge

The JCF operates within a challenging socio-political environment marked by high levels of violence and resource constraints. The JCF is the primary law enforcement agency in Jamaica, with an approach to policing deeply rooted in traditional hierarchical structures and a historically militaristic policing style inherited from its colonial past. While the Force has made efforts to modernise and professionalise, the complex social issues it faces, particularly regarding IPV and domestic violence, demand specialised strategies beyond conventional crime control methods. The JCF has acknowledged these challenges and, in response, has begun implementing targeted initiatives aimed at improving its handling of IPV cases.

Among these efforts is the establishment of Domestic Violence Intervention (DVI) Centres at select police stations. These serve as safe spaces for victims to report incidents and access professional support, including counselling and referrals to relevant agencies (United Nations Development Programme [UNDP], 2022). DVI Centres also offer follow-up services and updates to ensure ongoing support for victims. Additionally, the JCF has incorporated mandatory domestic violence training for all new police recruits at the National Police College of Jamaica. This training ensures officers are equipped to handle domestic violence cases professionally and sensitively.

Since 2020, over 300 supervisors and managers have also undergone specialised training in domestic violence intervention (Jamaica Constabulary Force, 2024). In its fight against IPV, the JCF has also instated a national coordination unit within the

Community Safety and Security Branch (CSSB), whose main purpose is to enhance data collection and collaboration with external partners (Jamaica Constabulary Force, 2024). The JCF also encourages community involvement in reporting suspected IPV, recognising that victims may sometimes be too embarrassed or afraid to come forward (Jamaica Constabulary Force, 2024). They have initiated public awareness campaigns and community education efforts to reduce the stigma associated with reporting domestic violence and promote early intervention to prevent escalation.

Methodology

This article takes a victim-centred approach to the research to understand IPV policing dynamics in Jamaica. A victim-centred approach in policing IPV focuses on prioritising the safety, needs, and perspectives of the victim while ensuring that the investigation and support mechanisms are tailored to their specific circumstances. This approach emphasises treating victims with dignity, providing them with necessary resources, and actively involving them in decision-making to enhance their well-being and autonomy. At the same time, law enforcement must balance victim protection with holding perpetrators accountable, ensuring that the victim's experience remains central to all police actions (Goodman & Epstein, 2008). This approach is particularly crucial in IPV cases, where victims face increased vulnerability and the risk of ongoing harm (Douglas, 2019).

To better understand Jamaica's approach to policing IPV, we conducted structured and semi-structured interviews with JCF police officers between October 2023 and January 2024. The interviews were used to assess police preparedness (training and self-assessment) and the standard practices in their responses to reported incidents of IPV. We employed purposive sampling to ensure that participants had direct experience and knowledge of IPV and policing responses. We interviewed 21 police officers (seven women and 14 men, three of whom are no longer with the service, having retired or migrated within six to nine months of the interviews). These interviews provided valuable information on the institutional barriers (institutional culture and practices) to policing IPV in Jamaica.

The data were analysed using qualitative data analysis methods—thematic discourse analysis and comparative content analysis. First, the interviews conducted with officers from the JCF were organised thematically to identify institutional and cultural barriers to effectively addressing IPV. These interviews provided insights into police preparedness, standard practices and attitudes, and systemic challenges. Second, a comparative content analysis was conducted on legislation addressing IPV in Jamaica, specifically the Domestic Violence Act (1996) (DVA) and the Sexual Offences (Amendment) Act (2009) (SOA). This analysis compared Jamaica's legal framework with those of other Caribbean nations (the Bahamas, Barbados, and Trinidad and Tobago) to highlight legislative gaps and barriers to effective policing of IPV cases in Jamaica. This dual approach allowed us to examine both the practical and legislative challenges faced by law enforcement in policing IPV.

Findings and Discussion: The Dual Role Challenge

We present the findings in two sections: Institutional barriers to policing IPV cases and Legislative barriers to policing IPV cases. Each section includes several sub-themes and incorporates a discussion of the findings in context, informed by broader research literature.

Institutional Barriers to Policing IPV Cases

Despite the JCF's commendable efforts to combat IPV, our research found that JCF officers experience significant challenges in effectively addressing IPV incidents. These challenges include resource constraints and training deficiencies, difficulties in addressing mental health and addiction risks, and inadequate support for victims. These factors collectively undermine the JCF's ability to provide adequate protection for IPV victims and accountability for perpetrators, despite the recent mobilisation and awareness efforts accompanying DVI Centres' opening.

Training Deficiencies

Hirschel et al. (2007), Buzawa et al. (2015), and Douglas (2019) emphasised that decision-making in IPV cases demands not only a solid legal understanding but also a deep grasp of psychosocial factors. As such, effective IPV intervention requires knowledge of the complex psychological impact that violence can have on victims and the behaviour patterns of perpetrators. From the qualitative interviews conducted by the authors, 61.1% of JCF respondents reported that they had not received training on strategies for reducing risks posed by IPV perpetrators. This finding highlights a significant gap in officer preparedness, as effective intervention requires specialised knowledge to address the complexities of IPV. This deficiency in training aligns with the broader literature on policing IPV, which emphasises the critical role of risk assessment and management in preventing the escalation of violence and protecting victims (Buzawa et al., 2015). This gap in training is significant because risk assessment and management are fundamental in preventing the escalation of violence and repeat offences (Watson et al., 2008).

Training in risk assessment equips officers to identify high-risk situations and implement appropriate interventions. Without such training, officers may overlook critical indicators of danger, leading to ineffective protection measures for victims. The qualitative interviews conducted by the authors revealed a notable lack of preparedness among JCF officers in handling IPV cases. Specifically, 56.8% of respondents indicated they felt only marginally prepared, while 28% admitted to feeling completely unprepared. When asked about their confidence in making protective order decisions for IPV victims, 31.9% of respondents acknowledged a lack of confidence, and an additional 30% expressed uncertainty about when such decisions should be made. Unpreparedness and lack of confidence can result in inadequate responses that fail to ensure victims' safety and may even exacerbate harm to victims.

Effective risk assessment and management are essential components of policing IPV. Watson et al. (2008) noted that systematic risk assessment can help predict and prevent future violence. Without proper training, officers may fail to recognise the severity of a situation or misjudge the level of threat, potentially leaving victims vulnerable to further abuse. Additionally, the lack of confidence among JCF officers in making protective decisions highlights the need for comprehensive training programmes that include practical, scenario-based learning to build competence and confidence in handling IPV cases.

The literature further supports the importance of training, indicating that well-trained officers are more likely to make informed decisions that prioritise victim safety and perpetrator accountability (Buzawa et al., 2015). Moreover, Hirschel et al. (2007) argued that understanding the psychosocial aspects of IPV, such as the psychological trauma experienced by victims and the behavioural patterns of abusers, is crucial for effective intervention. Without this understanding, officers may not fully appreciate the complexities of IPV, leading to inadequate support for victims and ineffective management of perpetrators. The significant training gap identified in this study underscores the urgent need for enhanced training programmes for JCF officers, not just recruits and management. These programmes should focus on legal knowledge and the psychosocial dynamics of IPV, equipping officers with the skills necessary for practical risk assessment and management. By addressing this gap, the JCF can improve its response to IPV, ensuring better victim protection and more effective intervention in IPV cases.

Mental Health and Addiction

The intersection of IPV with mental ill-health issues and substance abuse is often overlooked (Spencer et al., 2023). In qualitative interviews conducted by the authors, a significant proportion of JCF respondents (36.1%) reported that they rarely addressed mental health and addiction issues when responding to IPV incidents. A further 38.8% indicated that they occasionally considered these factors in IPV-related cases. One senior officer noted that mental health and substance abuse are only queried if they are "obvious," such as when a perpetrator smells of alcohol or cannabis or exhibits erratic behaviour. This lack of systematic consideration of mental health conditions and addiction in IPV cases is consistent with existing literature, which highlights the need for greater integration of these factors into risk assessments to improve outcomes for both victims and perpetrators (Spencer et al., 2023).

In 2016, psychosis accounted for 106,674 visits to public health clinics for mental illness in Jamaica, representing over 80% of all mental health-related clinic visits nationwide (Pan American Health Organization [PAHO] & UNDP, 2019). Approximately 3% of Jamaicans experience depression, while about 4% suffer from anxiety (Ministry of Health and Wellness of Jamaica, 2019), with women reporting higher rates of both conditions compared to men. Psychotic disorders, such as schizophrenia, are highly stigmatised (Youssef et al., 2012). This stigma is exacerbated by substance abuse issues, which are prevalent among many Jamaicans with psychotic disorders (Iballaboh & De La Haye, 2013). The JCF's oversight in not considering mental health challenges in IPV incidents demonstrates a lack of understanding of how mental health issues and substance abuse are often intertwined with anti-social and violent behaviours and vulnerabilities to violence. Research has indicated that individuals with mental health challenges or substance use disorders are at higher risk of both perpetrating and experiencing IPV (World Health Organization, 2012).

Perpetrators with untreated mental health issues or addiction problems may exhibit unpredictable or more violent behaviour, posing greater risks to victims (Stuart, 2005). Victims struggling with mental ill-health or addiction may find it harder to seek help or leave abusive situations due to the compounded challenges of their circumstances (Hughes et al., 2012). Neglecting these factors can lead to inadequate risk assessments and interventions that fail to address the root causes of violence, potentially resulting in repeat incidents and escalating severity. Therefore, comprehensive IPV assessments by the JCF must engage the relevant professionals to include evaluations of mental health and addiction to develop effective safety plans and intervention strategies for IPV victims.

Providing access to mental health services and addiction treatment can help address the underlying issues contributing to the cycle of violence, reducing the likelihood of recurrence and supporting long-term recovery and stability (Calcia et al., 2021). That these critical factors are overlooked or left to personal judgement and biases, according to the JCF respondents,

underscores the urgent need for improved training, increased collaboration, and resource allocation to address these integral components of IPV assessment.

Inadequate Support for Victims

Victim support remains a critical area of concern in the context of IPV policing. The qualitative interviews conducted by the authors revealed that 31.9% of JCF officers reported only occasionally changing a victim's residence as part of their protective strategy. The majority indicated that they made no attempt to alter a victim's residential situation. Furthermore, respondents noted that IPV victims were rarely provided with essential emergency contact information by the responding officers. These findings point to significant gaps in the protective measures and support services available to IPV victims. This aligns with literature emphasising the critical importance of comprehensive safety planning and immediate access to resources to effectively protect victims of IPV (Goodman & Epstein, 2008).

Goodman and Epstein (2008) argued that an effective IPV response must encompass comprehensive protective strategies and ensure that victims have ready access to support services, including temporary housing. The provision of safe and secure housing is crucial for victims who need immediate protection from their abusers. Without such measures, victims remain vulnerable to continued violence, undermining their safety and well-being. Similarly, providing emergency contact information is a fundamental aspect of victim support. It ensures that victims have direct access to emergency services and critical resources when needed. The absence of this information can leave victims isolated and without immediate recourse in times of crisis, further exacerbating their risk and trauma.

The study's findings suggest that the current protective strategies employed by the JCF are woefully inadequate. Changing a survivor's residence can be a crucial step in safeguarding them from further abuse, yet it is not commonly practised. This indicates a need for more robust protocols and resources dedicated to ensuring the physical safety of IPV victims. Furthermore, ensuring that all victims are provided with comprehensive emergency contact information should be standard practice. This would empower them with the knowledge and resources to seek help promptly and effectively. Additionally, a holistic approach to survivor support should include access to counselling services, legal assistance, and social support networks. The DVI Centres across the island could help to meet this need, playing a vital role in helping victims recover from their experiences and rebuild their lives. Goodman and Epstein (2008) emphasised that such integrated support systems are essential for a truly effective IPV response, providing victims with the necessary tools to achieve long-term safety and stability. By implementing comprehensive protective measures, the JCF can significantly improve its response to IPV and better protect and empower survivors.

Legislative Barriers to Policing IPV Cases

The JCF relies on a framework of laws designed specifically to address the multifaceted nature of IPV. This legal framework is critical for providing protection and justice to victims, as well as for deterring potential offenders. At the heart of Jamaica's approach to combating IPV are two pieces of legislation: the 1996 DVA, amended in 2004, and the 2009 SOA. These laws empower the police to take decisive action against perpetrators of IPV and offer various forms of legal recourse and protection to victims.

In addition to the practical institutional barriers highlighted above, the JCF also face legislative barriers based on the limitations in the definition and scope of the DVA and SOA. The DVA primarily defines domestic violence in terms of physical and mental harm, but fails to address other critical aspects of IPV, such as economic abuse, emotional abuse, and other controlling behaviours. This lack of explicit recognition of non-physical forms of abuse significantly reduces the protections available to victims. Studies have indicated that effective domestic violence legislation must encompass a broad spectrum of abusive behaviours to provide comprehensive protection (UN Women, 2020).

The SOA criminalises marital rape only under limited circumstances, such as separation or the existence of a separation agreement, non-cohabitation orders, or when the husband knows he is suffering from a sexually transmitted infection. This limited scope fails to recognise the reality that marital rape can occur outside of these conditions. A more inclusive definition would better protect married individuals from sexual violence within their marriage.

The DVA covers spouses, former spouses, and those in visiting relationships but does not clearly extend protection to same-sex relationships or non-cohabiting partners. This lack of inclusivity fails to protect all victims of IPV adequately, particularly those in marginalised groups. Inclusive definitions that recognise various types of relationships are critical for comprehensive protection (World Health Organization, 2023). The SOA also does not explicitly address the needs of vulnerable groups, such as LGBTQ+ individuals, persons with disabilities, and those in non-traditional intimate partner relationships. As such, both the

SOA and DVA legislation define intimate relationships in heteronormative terms, which excludes recognition of non-heterosexual relationships and affects the handling of IPV cases within LGBTQ+ communities (Messinger, 2011; Potter, 2015). The heteronormative framing of intimate partnerships influences policing, leading to inadequate preparation of officers handling IPV incidents within LGBTQ+ relationships. This lack of recognition or understanding results in under-policing, misidentification of the primary aggressor, or even dismissal of the seriousness of these incidents (Messinger, 2011). Addressing these gaps requires legislative amendments to include consensual non-heterosexual and non-traditional intimate partner relationships. However, this is a controversial issue in Jamaica, given the commonly held view by Jamaica's conservative Christians and legal gatekeepers that consensual sex between individuals of the same sex is illegal and should remain that way.

In contrast to Jamaica, Trinidad and Tobago and Barbados have more inclusive legislation to address IPV. Trinidad and Tobago's Domestic Violence (Amendment) Act (2020) explicitly includes economic and emotional abuse in their definition of domestic violence. This broader definition provides more comprehensive protection for victims. Additionally, Trinidad and Tobago's Act mandates the establishment of domestic violence units within the police force and provides for government-funded shelters and support services. These provisions address the gaps in support services and enforcement in Jamaica's DVA. Furthermore, Trinidad and Tobago's Sexual Offences (Amendment) Act (2019) includes comprehensive definitions of sexual offences, explicitly criminalising marital rape under all circumstances. This inclusive approach ensures that all victims receive adequate protection and support under the law.

The Domestic Violence (Protection Orders) (Amendment) Act (2016) of Barbados includes comprehensive provisions for victim support services, including safe housing and financial assistance. It also has a broader definition of relationships that includes intimate partners and dating relationships. Furthermore, the Act mandates public awareness campaigns and training programmes for officials, ensuring better implementation and community support. These measures enhance the protection and support available to victims, compared to those provided under Jamaica's DVA. The Sexual Offences (Amendment) Act (2016) of Barbados includes explicit provisions for emotional and psychological abuse, recognising the multifaceted nature of sexual violence. This proactive approach to prevention is a best practice that could enhance the effectiveness of Jamaica's legislation. Beyond the definition limitations in Jamaica's legislation, there are practical limitations or inefficiencies that negatively impact policing of IPV cases. These include accessing protective orders and the weak enforcement mechanism of those orders, lack of mandated support services for victims, and lack of public awareness campaigns for these Acts.

Protection Orders: Application and Access

Jamaica's DVA allows for applications for protection orders to be made by the victims themselves or by a police officer with the court's leave. In this case, an officer obtains permission from the court before applying for a protection order on behalf of a victim. This procedural step is intended to ensure that there is sufficient cause to warrant the issuance of a protection order and to maintain judicial oversight over the process. However, this requirement can inadvertently delay the provision of immediate protection for victims of IPV. The process of obtaining a court's leave involves several administrative and judicial steps, each of which can introduce delays. The officer must first gather sufficient evidence and present it to the court, which then reviews the request and makes a determination. This process can take days or even weeks, during which time the victim remains unprotected and vulnerable to further abuse. The availability of judicial officers can also impact the speed at which a court's leave is granted. In many parishes in Jamaica, courts are often overburdened with cases, leading to scheduling delays. If a judicial officer is not immediately available to review the application for a court's leave, the victim's request for protection may be postponed, prolonging their exposure to potential harm.

The requirement for a court's leave can also be intimidating for victims, especially those who may already be traumatised by the legal system and fearful of their abuser. The additional legal hurdle may deter some victims from seeking help altogether. Moreover, if the abuser becomes aware that the victim is seeking legal protection, there is a risk of retaliation, further endangering the victim during the period when protection is being sought but is not yet granted. For victims without legal knowledge or access to legal assistance, navigating the complex procedures to obtain a court's leave can be daunting. The requirement for a court's leave adds an extra layer of burden, potentially discouraging victims from pursuing legal protection.

Protection Orders: Enforcement

If victims within Jamaica succeed in their application for a protection order, they may encounter another issue—the weak enforcement mechanisms and low penalties for breaches. The maximum penalty for breaching a protection order is a fine of US\$60 or imprisonment for up to six months, with the former being favoured by judges (Iyengar, 2009). This results in a lack of deterrence for offenders and insufficient protection for victims. Research has shown that stringent enforcement and continuous monitoring are crucial for the effectiveness of protection orders (World Health Organization, 2021). Harsher

penalties, such as mandatory imprisonment or mandatory treatment programmes, have been shown to be more effective in deterring IPV and ensuring victim safety (Iyengar, 2009).

Comparing Jamaica's approach to protective orders with other jurisdictions highlights significant disparities. Breaching a civil protection order in Australia leads to criminal charges; in Jamaica, it results in contempt of court (Douglas & Fitzgerald, 2018). This difference underscores the need for tougher measures to hold perpetrators accountable and protect victims effectively. The enforcement of protection orders and monitoring of offenders under Jamaica's SOA also requires strengthening. The SOA provides for a sex offender registry and reporting obligations, but the effectiveness of these measures relies on rigorous enforcement and regular monitoring, which are not explicitly detailed in the Act.

In contrast to Jamaica, the Bahamas's Domestic Violence (Protection Orders) Act (2007) and Sexual Offences Act (2017) both include a robust framework for emergency protection orders, which can be issued immediately and without notice to the respondent. This provision offers immediate relief and safety for victims in urgent situations. Additionally, their Acts include public education campaigns and mandatory training for police officers to improve awareness and enforcement. These provisions can also serve as a model for strengthening Jamaica's legislative framework.

Support Services for Victims

While Jamaica's DVA mentions the possibility of counselling, it does not mandate comprehensive support services, such as legal aid, shelters, or psychological support. The absence of mandated support services leaves victims without the necessary resources to escape abusive situations and recover. Comprehensive support services are essential for victim protection and recovery, as evidenced by global best practices. Also, while Jamaica's SOA includes penalties and legal procedures, it does not mandate comprehensive support services for victims, such as counselling, legal aid, and medical care. Victims of sexual offences require holistic support to recover from trauma and navigate the legal system effectively.

The effectiveness of Jamaica's IPV interventions can be assessed through victim support and judicial efficiency. The Victim Services Division (formerly the Victim Support Unit), established in 1998 as a unit of the Ministry of Justice, represents a positive step in attempting to provide holistic support to IPV victims (UN Women, 2006). However, the actual effectiveness of such support is contingent on the victim's willingness and ability to navigate the complex judicial system, which is often hampered by delays and procedural hurdles. The judicial system's slow pace and lack of expedient trials negatively impacts the victim's mental and emotional well-being, sometimes leading to re-victimisation (Gillen, 2019). Special measures, like video links for testimony as provided for under the Evidence Special Measures Act (2012), can offer some respite. However, their infrequent use reflects systemic deficiencies in adequately protecting and supporting IPV victims.

Awareness and Training

Jamaica's DVA does not stipulate any requirements for public awareness campaigns or specialised training for law enforcement and judicial officers. Without mandated awareness measures and training, there is a risk of insufficient understanding and enforcement of the Act. Jamaica's SOA is primarily focused on punitive measures without sufficient emphasis on preventative measures. There is a need for public education campaigns, community outreach, and mandatory training for law enforcement and judicial officers to help prevent sexual offences.

Both the Amended DVA (2004) and SOA provide the basic legal frameworks for addressing IPV and sexual crimes in Jamaica. However, crucial amendments are necessary to address their gaps. By adopting best practices from other Caribbean countries, these Acts can be strengthened to provide comprehensive and effective protection to all victims of IPV and sexual offences. Inclusive definitions of abuse and sexual offences, simplified protection order application processes and robust enforcement mechanisms, mandated support services, and awareness and training programmes are essential components for improving the effectiveness of these Acts. Strengthening the Acts and committing to public awareness would complement specialised police training and reorientation to produce proactive policing of IPV.

The Solution: Problem-Oriented Policing Implementation in Jamaica

As a way forward, we suggest the implementation of POP as a workable framework within which the JCF can more effectively address IPV. POP represents a proactive strategy designed to identify and resolve the underlying issues that contribute to crime and disorder. Developed by Herman Goldstein in the 1970s, POP emphasises a systematic approach to addressing specific problems using the SARA model, that is, scanning, analysis, response, and assessment (Goldstein, 1979). The process begins with scanning, which involves identifying recurring problems that concern both the public and the police. Next, analysis tries to understand the problem's underlying conditions and contributing factors. Following this, response involves developing and

implementing tailored interventions to address the identified issues. Finally, assessment evaluates the effectiveness of these interventions, making necessary adjustments based on feedback and results. The inclusive nature of POP ensures that all victims are protected. By advocating for inclusiveness, POP ensures that legislation provides comprehensive protection to victims, regardless of their relationship structure, status, and sexual orientation.

Additionally, the crime triangle concept in POP offers valuable insights for understanding and reducing IPV. By focusing on the offender, victim, and location, POP addresses the environmental factors that facilitate abuse. Interventions are integrated into social institutions, such as healthcare centres, mental health facilities, and schools, creating safer environments and providing support services. This approach ensures that IPV is addressed holistically, considering the motivations of offenders, the perspectives of victims, and the environmental conditions that enable abuse. The strength of POP lies in its flexibility and adaptability, allowing for customised solutions to specific community issues.

Regionally and internationally, there have been several successful implementations of POP to address IPV. In the United Kingdom, the Cardiff Model integrates health data with police data to identify IPV hotspots and develop targeted interventions, resulting in a significant reduction in IPV incidents and improved victim support services (Nguyen et al., 2022). In the United States, the Minneapolis Domestic Violence Experiment demonstrated the effectiveness of arrest policies in reducing repeat IPV offences, emphasising the importance of data-driven interventions (Sherman & Berk, 1984). Trinidad and Tobago have also adopted POP strategies to address IPV by focusing on community policing and multi-agency collaboration, leading to increased reporting of IPV cases and better support for victims (Deosaran, 2002).

The successful implementation of POP in other jurisdictions highlights POP's effectiveness in combining data integration, community involvement, specialised training, and legislative support to positively impact IPV at the national and subnational levels. Combining data from various sources helps to provide a comprehensive understanding of IPV and engaging the community in problem-solving efforts enhances trust and effectiveness. Continuous specialised training for police officers is essential to handle IPV effectively, and the legal framework should support POP initiatives with the goal of protecting victims' rights.

The agility of POP makes it a valuable tool in addressing IPV in Jamaica. Implementation would require adapting the SARA model to the Jamaican context, focusing on a structured and community-oriented approach. Within the Jamaican context, scanning within the SARA model would involve identifying areas with high incidences of IPV through data collection, community reports, and a comprehensive understanding of what constitutes IPV. This can be achieved by collaborating with local organisations, healthcare providers, and community leaders. The analysis phase would entail examining the socio-economic, cultural, and individual factors contributing to IPV. This may involve conducting surveys, focus groups, and interviews with victims and perpetrators to gain a comprehensive understanding of the issue. Based on the analysis, tailored interventions can be developed. These may include community education programmes aimed at changing cultural attitudes towards IPV; strengthening support services for victims, such as shelters and counselling; training JCF officers to handle IPV cases with sensitivity and competence; and establishing specialised IPV units within the JCF. We note that, though the DVI Centres have been established, they are relatively new, so their long-term effectiveness is unknown. It remains to be seen whether they will be consistently funded and appropriately resourced to meet the needs of IPV victims. Continuous assessment of these initiatives is crucial to measure their impact. This process can include gathering regular community feedback, analysing crime statistics, and adjusting strategies as needed.

Irrespective of the high level of success in addressing IPV within the POP framework, implementing POP in Jamaica presents challenges. Resource constraints, including funding, personnel, and training are significant hurdles. The JCF may struggle to reallocate existing resources or secure additional funding (Radio Jamaica News, 2019). Additionally, resistance to new policing strategies and a lack of community trust can impede the effectiveness of POP initiatives. Building trust requires consistent and transparent communication between the police and the community, which will take time. Furthermore, current legal and policy frameworks may not fully support the comprehensive approach required for POP, necessitating prolonged legislative reforms and policy adjustments.

Limitations and Future Research

There were some practical limitations in our analysis. These included potential biases in self-reported data, the challenges of generalising findings from a purposive sample, and the assumption that more inclusive and comprehensive treatment of IPV-related legislation in Jamaica will improve intervention and prosecution. Efforts to mitigate these included clear delineation of the research scope, using secondary data and analysis to support our discussion of the implications of the findings, and coupling advocacy for improved legislation with improved policing strategies to increase the likelihood of success.

Additionally, we note that the scope of this article was limited to examining police interactions with victims, with some inferences made about perpetrators. Further research is necessary to explore how police handle perpetrators and assess the support services available to both victims and perpetrators of IPV in Jamaica. This limitation should be addressed in future studies.

Conclusion

As a former plantation-slave society, Jamaica has a long history of normalised interpersonal violence and brutality. Likewise, responses to violence have historically been ineffective, ranging from indifference and incompetence to poorly thought out or inconsistently resourced interventions. Interventions and support services for victims of IPV have struggled for special attention within this environment. However, with data consistently showing that IPV is a matter of critical concern, more attention is being paid to support victims and hold perpetrators accountable. Outside of health services where victims of IPV may seek help, the police are the primary first responders reporting incidents of IPV. Interactions with the police set the stage for whether victims receive appropriate and immediate support and whether perpetrators are investigated and held accountable. If the police lack compassion and sensitivity, coupled with being ill-prepared due to the absence of specialised training and risk assessment tools, the situation is worsened for victims.

We commend the JCF's efforts in recognising the need for enhanced training for new recruits to handle IPV cases, but the training needs to be institution wide. The interviews with police highlight that seasoned officers also need to receive specialised training to make them more confident and more competent in handling IPV cases, to consistently assess risks, and provide safety and support information to victims. Additionally, the analysis showed that the JCF is also restricted by the limited scope of legislation through which IPV is addressed in law—the SOA and the DVA. Comparative legislation from the Bahamas, Barbados, and Trinidad and Tobago highlights that there are regional examples that can assist Jamaica in making their legislation more responsive to the needs of the society.

As a complement to specialised police training and improved legislation, we advocate the adoption of the POP framework. We believe it offers a promising approach to addressing IPV in Jamaica, pending legislatures' recognition of the need for improved legislation. By employing the SARA model and learning from successful implementations globally, Jamaica can develop effective, community-oriented strategies to reduce IPV and support victims. The successful implementation of POP in Jamaica will require a commitment to training, resource allocation, community engagement, and legislative support. These, individually and collectively, face challenges. Despite these challenges, we contend that POP offers a better chance of improved outcomes for policing victims and perpetrators of IPV in Jamaica than the current ad hoc strategy.

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