**Children’s Exposure to Violence in Jamaica: Over a Decade of Research and Interventions**

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**ABSTRACT**

Many children in Jamaica are exposed to violence of various forms in settings where they should be protected, namely, their homes, schools and communities. Schools in particular which were once seen as safe havens have been in the media with reports of student on student violence, student on teacher violence, teacher on student violence and community on school violence. This paper presents research findings over the last 15 years out of The University of the West Indies (UWI), Mona, Jamaica on the nature and prevalence of violence exposure, outcomes and associated risk and protective factors. It also highlights psychologically-driven interventions and policy papers addressing violence exposure coming out of the Department of Child and Adolescent Health, UWI, Mona, during the past decade.

**Keywords:** Children, Jamaica, psychosocial interventions, outcomes, violence exposure

**INTRODUCTION**

Whether small- or large-scale studies, research on children’s exposure to violence in Jamaica reveals high percentages. One of the earlier documentation of exposure in Jamaican children was of 79% of adolescent girls attending schools in inner city communities in Kingston who reported witnessing violence in their communities (1). An epidemiological study of 3124 high school students from 34 randomly selected schools throughout the island supported the finding as it identified that 79% of students had witnessed violence in their communities, 61% at school and 45% in their homes (2). While prevalence rates of child physical abuse at home are difficult to determine, a population based study suggests that 50% of the Jamaican adult population report being severely punished at home when they were children (3). Gardner et al (4) in a randomly selected study of 1710 students at secondary schools in the Kingston metropolitan area reported that 84% knew of students who carried weapons to school and 89% were worried about violence at school.

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**Exposición de los Niños a la Violencia en Jamaica: más de una Década de Investigaciones e Intervenciones**

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**RESUMEN**

Muchos niños en Jamaica son expuestos a la violencia de varias formas en lugares donde se espera que tengan protección, es decir, la casa, la escuela y la comunidad. Las escuelas en particular, que una vez fueron vistas como refugios de seguridad, han sido noticia en los medios de difusión, reportando hechos violentos de unos estudiantes sobre otros, estudiantes contra maestros, maestros contra estudiantes, y la comunidad contra la escuela. Este trabajo presenta los hallazgos de la investigación realizada en los últimos 15 años por la Universidad de West Indies (UWI), Mona, Jamaica, acerca de la naturaleza y el predominio de la exposición a la violencia, resultados, así como factores de protección y riesgos asociados. También resalta las intervenciones psicológicamente impulsadas y los documentos de políticas que abordan la exposición a la violencia, provenientes del Departamento de Salud de Niño y el Adolescente, UWI, Mona, durante la última década.

**Palabras claves:** niños, Jamaica, intervenciones, hallazgos, exposición a la violencia
Further, 60% had a family member who had been a victim of violence. A follow-up study of an urban national birth cohort of 1674 pre-adolescents found that almost four in 10 (37%) children had suffered a loss of a family member or close friend to murder (5). In a 2003 study designed to guide the development of a grief management training workshop for teachers, 90 pre-adolescent boys and girls attending primary schools in inner-city communities were surveyed; 67% reported experiencing some form of parental loss including by violent or non-violent death, incarceration and migration (6, 7).

Some educators have admitted to creating an environment of punishment in schools. In a 2004 survey conducted with 74 teachers from public and private primary level schools including suburban, urban, inner city and rural, 29% of teachers admitted to occasionally pinching and thumping their students, 24% to flogging them often and 70% to verbally humiliating them (8). Boys were disciplined more often than girls and teachers were most likely to use punitive measures if their class sizes were over 40 students and if the schools were located in inner-city communities. The survey also revealed that teachers with higher levels of training and years of seniority tended to use withdrawal of privileges over punitive means to discipline (8). In an earlier study, Evans (9) also found that corporal punishment and verbal abuse of students were more often meted out to boys and were for reasons related to both academic work and behaviour.

Peer-bullying in schools constitute another form of school violence. In a 2008 study where university students who had attended rural and urban schools throughout the island were asked to retrospectively recall traumatic experiences while at school, they listed being verbally humiliated, robbed and beaten as the top three frequently occurring experiences (10). Additionally, in that same study, over 40% of the students identified that their worst bullying experiences had been committed by an educator (10).

Acts of violence co-occurring in multiple settings is not unusual for some children, particularly those residing in inner city communities. In a 2009 study, Pottinger identified that the most frequently reported co-occurrence of violence for primary level students was experiencing physical abuse by family members and also witnessing violence in the community (11). Further, ANOVA revealed gender differences in the type of co-occurrence of violence and its impact. Directly experiencing violence in more than one setting was associated with poorer psychological outcomes for boys than girls, while vicarious exposure through witnessing violence in different settings was associated with poor outcomes for girls. Parents attending church, not using illegal substances and children having adequate facilities in their homes to keep them inside and occupied were associated with reduced exposure to violence (11).

Currently, a clinic-based study is being conducted in Kingston, St Andrew and St Catherine, Jamaica, that compares the effects of psychological trauma in children who have been exposed to interpersonal violence, sexual abuse, physical abuse, bereavement and natural disasters.

**Some Conclusions of These Research Projects**

Exposure to community violence is associated with anxiety and feelings of inferiority in young children. Witnessing domestic violence is related to socially aggressive behaviours including gang-related activities. Educator bullying (comprising verbal aggression, physical assault, sexual harassment) can result in oppositional behaviours, loss of trust and depression in children and adolescents. Students who experience relational, physical or emotional violence at school whether by peer or educator have been victimized and victimization increases poor psychosocial health including poor self-esteem, depression, loss of trust in the system and opposition to authority figures. Female students who are already exposed to violence in settings other than at school are seen by their teachers as angry, oppositional or depressed but see themselves as popular among their peers. Boys who face violence in multiple settings are seen by their teachers as restless and disruptive.

**Social and Psychological Interventions**

(i) In 2001, following a sensitization meeting with the Minister of Education and the Regional Directors of the Ministry of Education, a training programme on grief management for teachers was developed and successfully piloted in two schools. As the majority of children exposed to violence do not receive mental health services, this school-based programme was designed to take interventions aimed at loss and grief management into the schools. Pre- and post-test evaluation of the training revealed significant improvement in teachers’ knowledge and perception of competency in managing behavioural problems; and at one year follow-up, while 50% of the teachers who had participated in the training had either migrated or left the teaching professions, 40% reported they continued to use strategies taught at the workshop (6).

(ii) In 2003, the Caribbean Institute of Media and Communication (CARIMAC) collaborated with Mona School of Business, The University of the West Indies (UWI), Mona, Jamaica, to examine and discuss media and violence in a seminal symposium entitled “Coverage of Crime and Violence in the Jamaican Media” and invited child specialists in the field to be part of that public discussion. At the seminar, the distress felt by children from what they see on prime time news was articulated … “people screaming and crying and people hugging them”,...
“blood and dead body on the ground”, “police counting gun shots” … “feel sad and afraid to go on the road” … (12). The symposium heightened awareness of the impact of screen violence particularly on children and sparked several initiatives including a proposed new code of conduct for journalists and media practitioners (13).

(iii) Children who are in residential care often are emotionally wounded by incidents of traumatic violence and loss. A Care Plan supported by the Child Development Agency was developed and piloted in 2004 for use in residential care (14). This plan was developed after a needs evaluation was done and a training programme conducted with the director, resident counsellor and house mothers at one of the nation’s residential homes. Guidelines for staff selection and training were suggested along with group counselling sessions aimed at helping children acknowledge and deal with their grief, as well as strategies to shape desirable social skills and behaviour in children and the house mothers.

(iv) In 2005, a Grief and Trauma specialty service was developed by the Departments of Child Health and Psychiatry, University Hospital of the West Indies (UHWI), Jamaica, for children who have been exposed to or experienced any form of trauma, violence and/or loss. This service is an out-patient clinic conducted at the UHWI and accepts referrals for children throughout the island. The clinic also offers training in grief and trauma management to paediatric residents, psychiatry residents and graduate students in clinical psychology and social work.

(v) At the request of the Ministry of Education, a paper was submitted to the Ministry in 2008 on “Lessons learnt from violence” for their in-house journal (15). Among several recommendations, this paper highlighted the importance of a school policy on bullying for all schools at both the primary and secondary level. The policy spoke to the need for school administrators, staff and students being knowledgeable about what comprises bullying, schools having a written policy publicizing the consequences of committing acts of bullying and detailing specific steps for reporting, as well as incentives for reporting and responding to violence in a non-confrontational manner. An additional recommendation was the need for school administrators to provide on-the-job training for their staff to cope with and effectively implement strategies to not only discipline (intervene) but (prevent) teach students socially acceptable ways to manage their stress and traumatic exposure.

Concluding Remarks
Staff in the Department of Child and Adolescent Health as well as staff in other departments at The University of the West Indies recognize the public health concern of violence exposure in children and have responded with research, training and clinical service. They also sit on national boards or serve as consultants and so help to further drive policy changes and guide the establishment of regulations and guidelines. The Department of Child and Adolescent Health has been working hard to ensure that policy directives are driven by child development and psychological research and that research is applied to the various mandates that govern the nation’s children.

REFERENCES