

Intimate Partner Violence Studies in the English-Speaking Caribbean and Diaspora: A Scoping Review

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Abstract

Intimate partner violence (IPV) is the most common form of gender-based violence (GBV) experienced by women globally. In the Caribbean, IPV is especially pervasive. This scoping review systematically examined descriptive studies, surveys, secondary data analyses, and mixed-methods studies or interventions conducted between 2000 and 2022 that address IPV or GBV among English-speaking adult Caribbean populations within both the region and in diaspora communities. Studies among non-English-speaking adult Caribbean populations, involving children or referencing childhood sexual abuse, articles not written or published in English, and those with a clear lack of IPV or GBV relevance were excluded. Forty ($n=40$) articles met our inclusion criteria and were included in the final analysis. Thematic analysis revealed three major domains: prevalence and risk factors (52.5%, $n=21$), cultural attitudes and perceptions (32.5%, $n=13$), and service engagement factors (15.0%, $n=6$). Studies documented IPV prevalence rates ranging from 15% to 48%, with patriarchal cultural norms, childhood violence exposure, and economic stressors as key contributing factors. Research revealed significant geographic imbalances, with 42.5% ($n=17$) of studies focusing on diaspora populations rather than Caribbean residents. Women comprised 87.5% ($n=35$) of study participants, while men were included in only 32.5% ($n=13$) of studies. Despite growing recognition of the IPV/GBV burden, research in this region remains limited in scope, scale, and methodological rigor. This review underscores an urgent need for rigorous, culturally tailored research to inform policy and improve IPV prevention and intervention strategies. Addressing these gaps can enhance evidence-based practices and health outcomes across the Caribbean.

Keywords

IPV, cultural context, English-speaking Caribbean, CARICOM, domestic violence, Caribbean diaspora

Background

Intimate Partner Violence Globally and in the Caribbean

Intimate partner violence (IPV) is the most common form of gender-based violence (GBV) experienced by women worldwide. Accessible interventions, social support networks, and innovative programs can strengthen and enhance IPV prevention, and improve self-esteem, and reinforce help-seeking behaviors, which can reduce incidence of IPV (Gilbert et al., 2017). Globally, the COVID-19 pandemic intensified IPV with an estimated 35% of women experiencing some form of it, compounded by persistent gender inequalities, socioeconomic disparities, and cultural norms (Moreira & Pinto Da Costa, 2020; Uzoho et al., 2023). In the Caribbean, IPV is especially pervasive, and nearly 40% of Caribbean women

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have experienced IPV, a rate which is approximately 21% higher than the global average (Bott et al., 2019). Despite this, there is a dearth of GBV/IPV research focused specifically on English-speaking populations both within the region and in diaspora communities (Powell Sears & Lacey, 2023). Thus, there is an urgent need for more culturally tailored research to understand what programs and interventions are currently available in the region. During the COVID-19 pandemic, IPV rates increased significantly across the region; for example, there was a 199% increase in call volume to the National Domestic Hotline in Trinidad and Tobago (Padmore, 2021). Venezuelan refugees—in Trinidad and Tobago and Guyana were also found to be particularly vulnerable (K. Williams et al., 2023).

Globally, programs that address IPV and GBV have focused on prevention, victim support, and survivor support services, and tailored evidence-based programs (EBPs), and which interventions can be significant for women who are impacted, especially in low- and middle-income countries (Sabri et al., 2023). For decades, Caribbean feminist movements have responded to IPV through research and advocacy. However, many efforts to meet survivor needs and to transform gendered norms and inequalities have not been systematically evaluated, including gender sensitization campaigns and training programs for judges and police or to broader publics, often due to limited evaluation capacity among service providers (Pitt, 2017).

In the Caribbean, the emergence of data showing the prevalence of IPV has fueled increased efforts to end violence against women and girls since 2020, particularly through collaboration between European funding governments, UN organizations, state agencies, and feminist and civil society organizations (Caribbean Regional Annual Narrative Programme Report, 2022). These efforts have included creating GBV-sensitive protocols for protective and health services, designing models for social norm and behavior change, revising school-based curricula, outreach to youth and men, social media campaigns, increased funding for research, and greater attention to marginalized groups such as women with disabilities, migrant women, Indigenous women, and those who entered unions as adolescents (*In the Spotlight*, 2022). Understanding the complex interplay of social, cultural, and economic factors is essential for developing tailored interventions (Johnson & Boodram, 2019).

IPV rates are always impacted by other elements of local context such as policy, social networks, and related health dimensions. Feminist analyses of this period highlighted the significance of state policies related to social protection, labor rights, and care responsibilities in the English-speaking region (Bobb & Worrell, 2022; Constable, 2022; Roopnarine & Brizan, 2022). Caribbean feminists have been instrumental in addressing the issue within the region, though much work remains to be done. They have highlighted the need for more research, curricula, and programs that provide

support to women victims counseling for male perpetrators, and prevention strategies that target gender norms, in an effort to amplify the voices and experiences of survivors, shedding light on their unique needs and facilitating victim-centered support services (Pargass & Clarke, 2003; Rodney et al., 2022). Such research efforts can provide insight into prevalence rates, risk and protective factors, and effective prevention and intervention strategies. Research is therefore a key component in developing targeted approaches to IPV (Lacey et al., 2021).

Incidence of IPV in the Region

There is a consensus in the literature that there is a very high rate of IPV among Caribbean populations as compared to the global average. One study published in BMC Public Health reported that out of 3,401 Caribbean respondents aged 15–30 years, 70.9% reported victimization by some form of violence, most commonly perpetrated by a relationship partner (62.8%) (Le Franc et al., 2008). In the study by Harr (2020b), results indicated that across five English-speaking Caribbean countries, an average of 46.0% of women reported experiencing IPV at some point in their lives, with around 30.0% reporting sexual abuse. IPV encompasses a broader range of abusive behaviors within an intimate relationship, which may include physical, emotional, economic, or sexual abuse. There are also alarming prevalence rates of sexual IPV in the Caribbean, with detrimental effects on individuals and communities, highlighting the urgent need for effective interventions (Guy-Cupid, 2016). Notably, education was associated with incidence rates of reported IPV among women, with tertiary or technical/vocational qualifications. Regardless of education attainment, approximately 40.0% of the women across the surveys were impacted by IPV (Harr, 2020b).

Race, Ethnicity, and Marital Age

IPV prevalence also varies by racial and ethnic groups and marital age. Afro-Caribbean and Indo-Caribbean women reported similar rates of IPV though national demographics vary significantly. In Jamaica approximately 92.0% of the population is Afro-Caribbean, while in Guyana, Indo-Caribbean women make up 40.0% compared to 30.0% Afro-Caribbean women, and 20.0% mixed-ethnicity ethnic groups. In Trinidad and Tobago approximately 40.0% of the population identifies as Afro-Caribbean, 35.0% as Indo-Caribbean and 25.0% as mixed race or other ethnicities (Pemberton & Joseph, 2018). This contextualizes IPV prevalence rates, providing a clearer understanding of its impact across ethnic groups. Afro-Caribbean women consistently reported higher rates of IPV compared to Indo-Caribbean and Indigenous/identified women in most countries (Pemberton & Joseph, 2018; C. W. Williams, 2018).

Women who entered relationships at the age of 18 years or younger reported significantly higher rates of IPV (ranging from 49.0% to 63.0%) than those who entered at 19 or older (ranging from 35.0% to 53.0%) (Harr, 2020b). Additionally, women in non-consensual relationships, including arranged marriages, were associated with higher rates of IPV (ranging from 44.0% to 56.0%) compared to those in consensual relationships (39.0%), with the exception of Guyana where women in consensual relationships reported higher rates of IPV (57.0% vs. 51.0%) (Harr, 2020a). Despite the widespread prevalence, help-seeking remains low; with fewer than one-third of survivors seeking help from police protection and only about 10.0% turning to the healthcare services (*Caribbean Women Count: Ending Violence against Women and Girls Data Hub*, n.d.).

Importance of Research and Evidence-Based Practices

Programs and interventions are most effective when they are informed by behavior change research that explores cultural and community-level factors that impact uptake, dissemination, and implementation (Satyen et al., 2022). Such research is instrumental in addressing and identifying risk and protective factors and examining and evaluating prevention strategies and interventions that can be replicated, scaled up, or improved (Capaldi et al., 2012). Tailoring interventions to the cultural contexts of Caribbean communities remains critical.

Across the English-speaking Caribbean populations both within the region and in diaspora communities, initiatives increasingly address issues such as gang violence, economic empowerment, and livelihood skills, and engage communities in sensitization and education toward and support for survivors, while engaging communities in GBV prevention (Hosein & Mohammed, 2019).

By generating knowledge and evidence, and disseminating findings, research can contribute to raising awareness about IPV in the Caribbean (Lacey et al., 2021) and driving collective action toward its prevention and elimination. It challenges societal attitudes and norms that perpetuate violence, enabling advocacy efforts for policy and legal reform (Perrin et al., 2019; Sullivan & Goodman, 2019). This is crucial given IPV's profound impacts on women's health and the well-being of children, especially in lower socioeconomic communities (Pearson et al., 2023).

Paper Objective and Research Question

Research will be essential for designing interventions that effectively address IPV in the Caribbean context. Additionally, given significant research gaps and the high

prevalence of GBV/IPV among English-speaking Caribbean countries, there is an urgent need to better understand the landscape of This scoping review aims to systematically map and synthesize existing research of studies on IPV and GBV among English-speaking Caribbean populations including diaspora communities. (Tricco et al., 2018). Our goal is to offer researchers, policymakers, and service providers an accessible resource that can guide the development of culturally informed screening tools, prevention programs, referral systems, advocacy efforts, and future research studies (Powell Sears & Lacey, 2023).

Research Questions

This scoping review was guided by the following research questions:

1. What is the current state of IPV/GBV research in English-speaking Caribbean populations, both within the region and in diaspora communities?
2. What are the key characteristics, methods, themes, and findings across the existing literature?
3. What are the significant research gaps that need to be addressed?

Methods

Approach

This study followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) guidelines (Tricco et al., 2018). Scoping reviews are particularly appropriate when the goal is to examine the extent, range, and nature of research activity in a field, as well as to identify research gaps in the existing literature (Arksey & O'Malley, 2005; Levac et al., 2010).

Search Strategy

A comprehensive literature search was conducted using two major electronic databases, the National Library of Medicine MEDLINE/PubMed and EBSCO databases, following the PRISMA Protocol for Scoping Reviews (Tricco et al., 2018). The search was designed to capture all relevant literature on IPV and GBV among English-speaking Caribbean countries and populations both within the region and in diaspora communities, published between 2000–2022. We focused on this timeframe to capture contemporary research while ensuring sufficient scope to identify patterns and gaps in the literature over more than two decades. The review was conducted by two independent and calibrated reviewers (O.S.G. and V.R.).

Search Terms were Organized into Two Main Concept Categories

1. Search terms for the IPV/GBV concept included the following and were connected with the “OR” Boolean operator: “IPV,” “GBV,” “domestic violence,” “sexual violence,” “violence against women,” “dating violence,” “marital violence,” and “sexual assault.”
2. Search terms for the study population and setting concept included the following and were connected with the “OR” Boolean operator: “Afro-Caribbean,” “Caribbean,” “Caribbean American,” “Caribbean communities,” “Caribbean immigrants,” “Caribbean men,” “Caribbean women,” “Indo-Caribbean,” “West Indian,” and “West Indies,” Countries included in search terms were: “Antigua,” “Barbados,” “Bahamas,” “Barbuda,” “Belize,” “Bermuda,” “British Virgin Islands,” “Dominica,” “Grenada,” “Guyana,” “Jamaica,” “Saint Croix,” (“St. Croix”), “Saint Lucia,” (“St. Lucia”), “Saint John,” (“St. John”), “Saint Thomas,” (“St. Thomas”), “Saint Vincent and the Grenadines,” (“Saint Vincent,” “St. Vincent,” “St. Vincent and the Grenadines”), “Monseratt,” “Saint Kitts and Nevis,” (“St. Kitts and Nevis,” “Saint Kitts,” “St. Kitts,” “Nevis,”), “Trinidad and Tobago,” (“Trinidad,” “Tobago”), “Turks and Caicos,” “U.S. Virgin Islands,” Of note, Guyana (South America) and Belize (Central America), while not geographically located in the Caribbean, historically and culturally have identified as “Caribbean” countries due to British colonization and cultural factors (Tossini, 2017).

After the initial search strings were conducted, they were combined with the “AND” Boolean operator: “IPV/GBV” concept category AND “study population and setting” concept category. These terms were combined using Boolean operators (AND, OR) to maximize the identification of relevant literature.

Inclusion and Exclusion Criteria

Studies were eligible for inclusion if they met the following criteria: Published between January 2000 and December 2022;

- Primary focus on IPV or GBV.
- Conducted among English-speaking Caribbean populations (either within Caribbean countries or among Caribbean diaspora).
- Participants aged 18 years or older.
- Published in English.
- Empirical research including quantitative, qualitative, or mixed-methods studies, descriptive studies, surveys, secondary data analyses, and interventions.

Studies were excluded if they:

- focused on non-English-speaking Caribbean populations;
- primarily involved children or addressed childhood sexual abuse;
- were not published in English;
- lacked clear relevance to IPV or GBV;

English involving children or referencing childhood sexual abuse, articles not written or published in English, and a clear lack of IPV or GBV relevance were excluded.

Data Extraction

The multistage review process included a title and abstract screening, full-text screening, and extraction. Initial electronic searches on EBSCO and PubMed were conducted by V.R. and O.S.G. Duplicates were removed, and the remaining articles were screened for title and abstract relevance in alignment with the inclusion criteria. Publications lacking conceptual, demographic, or geographic relevance were excluded. The remaining articles underwent a full-text review by the reviewers. Upon completion of this stage, additional duplicates located were removed, and the final articles identified as relevant to this scoping review were discussed.

Data Synthesis

Given the heterogeneity of the included studies in terms of design, methods, and outcomes, a narrative synthesis approach was employed (Popay et al., 2006). This involved organizing studies into thematic categories based on their primary focus: (a) prevalence, risk factors, and comorbidities; (b) cultural attitudes and perceptions; and (c) factors related to IPV service engagement and provision. Within each theme, findings were synthesized to identify patterns, commonalities, and divergences across studies.

Quality Assessment and Risk of Bias

Three of us (V.R., O.G., and D.G.E.) met biweekly to review findings, discuss discrepancies, and ensure methodological rigor. While formal quality assessment using standardized tools was not conducted (which is consistent with scoping review methodology), the team critically evaluated each study in terms of methodological approach, sample size and representativeness, and limitations noted by the authors.

Results

Overview of Included Studies

Our comprehensive search strategy yielded a total of 242 articles. After removing duplicates ($n=21$), 221 articles

were screened by title and abstract, resulting in 72 articles for full-text review. The preliminary search of the electronic databases identified 149 potentially relevant articles. After removing 21 duplicates, 128 articles remained; and following full-text assessment, 40 articles met our inclusion criteria and were included in the final analysis. The most frequent reasons for exclusion were: (a) wrong study design; (b) wrong study population, where not English-speaking Caribbean or populations both within the region and in diaspora communities; and (c) non-peer-reviewed articles. One duplicate article was removed at full review. The full-text review resulted in 41 relevant articles on IPV and GBV among English-speaking Caribbean men and women and populations both within the region and in diaspora communities. The complete study selection process is illustrated in Figure 1.

Study Characteristics

The 40 included studies were published between 2000 and 2022 (42.5%, $n=17$; see Table 1), with another substantial portion published between 2017–2022 (42.5%, $n=17$). Studies were conducted across multiple locations.

Geographic Distribution

Studies were conducted across multiple locations, reflecting both regional and diaspora populations. The largest proportion focused on with 42.5% ($n=17$) focusing on Caribbean populations in the United States, 20.0% ($n=11$) in Trinidad and Tobago, and 12.5% ($n=8$) in the U.S. Virgin Islands. The remainder were distributed across Jamaica (12.5%, $n=5$), Barbados (17.5%, $n=7$), Guyana (7.5%, $n=3$), Grenada (7.5%, $n=3$), and other English-speaking Caribbean nations.

Participant Characteristics

The majority of studies included women as participants 87.8%, ($n=36$), while 29.3% ($n=12$) included men. In terms of ethnicity, 31.7% ($n=13$) of studies focused on Afro-Caribbean or Black Caribbean populations, 7.3% ($n=3$) on Indo-Caribbean populations, and 12.2% ($n=5$) included multiple racial/ethnic groups (Table 1).

Study Characteristics and Methodological Approaches

Table 1 also reveals the diversity of methodological approaches employed across the 40 studies. Of the 27 studies that collected primary data, various approaches used the most common approach was survey or ACASI (Audio Computer-Assisted Self-Interview) methodology (62.5%, $n=25$), followed by qualitative methods including interviews 21.4% ($n=6$), Surveys or questionnaires: 21.4% ($n=6$), focus groups, and content analysis 37.5%, ($n=15$).

Mixed-methods designs were employed in 17.9% ($n=5$) of studies. Nearly one-third (46.2%, $n=6$) of studies utilized secondary data analysis, with half of these ($n=6$) drawing from the National Survey of American Life (NSAL) 2001–2003, which is over 20 years old.

Of the 27 studies that collected primary data, various approaches were used including ACASI (25.9%, $n=7$), qualitative interviews (18.5%, $n=5$), surveys or questionnaires (19.2%, $n=5$), focus groups (11.1%, $n=3$), and mixed methods (14.8%, $n=4$). The comprehensive characteristics of all included studies, including author, year, location, sample size, and key findings, are presented in Table 2.

IPV/GBV Measurement Approaches

Studies employed various standardized instruments to measure IPV and GBV, as detailed in Table 3. The most frequently used measures included the Abuse assessment screen (20.0%, $n=8$), which screens for physical, sexual, and emotional abuse during pregnancy and the preceding year; the Severity of Violence Against Women Scale (17.5%, $n=7$), which assesses threats and physical violence experienced by women from their male partners; and the Women's Experience of Battering (17.5%, $n=7$), which measures psychological aspects of battering and women's subjective experiences.

Other measures used less frequently included the Attitude Toward Wife Abuse Scale–Modified (2.5%, $n=1$), the Danger Assessment (2.5%, $n=1$), the Violence Against Women Survey (2.4%, $n=1$), and the Revised Conflict Tactics Scale (CTS2; 2.5%, $n=1$). Several qualitative studies employed semi-structured interview protocols developed specifically for those investigations. Recent studies from 2022 incorporated COVID-19-specific measures and coping assessments to understand pandemic-related impacts on IPV experiences.

Thematic Synthesis of Findings

Our analysis identified three major thematic categories across the 41 studies: (a) prevalence, risk factors, and comorbidities of IPV/GBV; (b) cultural attitudes and perceptions; and (c) factors related to IPV service engagement and provision.

Theme 1: Prevalence, Risk Factors, and Comorbidities of Reported IPV/GBV. Twenty-one studies (52.5%) that discuss IPV/GBV prevalence, risk factors, and comorbidities among the study population (Alexander et al., 2012; Cleghorn, 2022; Draughon et al., 2015; Janagan Johnson et al., 2021; Jones, 2021; Kyriakakis et al., 2021; Lacey et al., 2015, 2021, 2022; Le Franc et al., 2008; Lucea et al., 2012; Nagassar et al., 2010; Priestley, 2014; Sabri et al., 2014; Spooner, 2009; Stockman et al., 2013; Wallace et al., 2022). Studies consistently reported high prevalence rates of IPV/GBV. For example, Le Franc et al. (2008) found that among 3,401 respondents aged

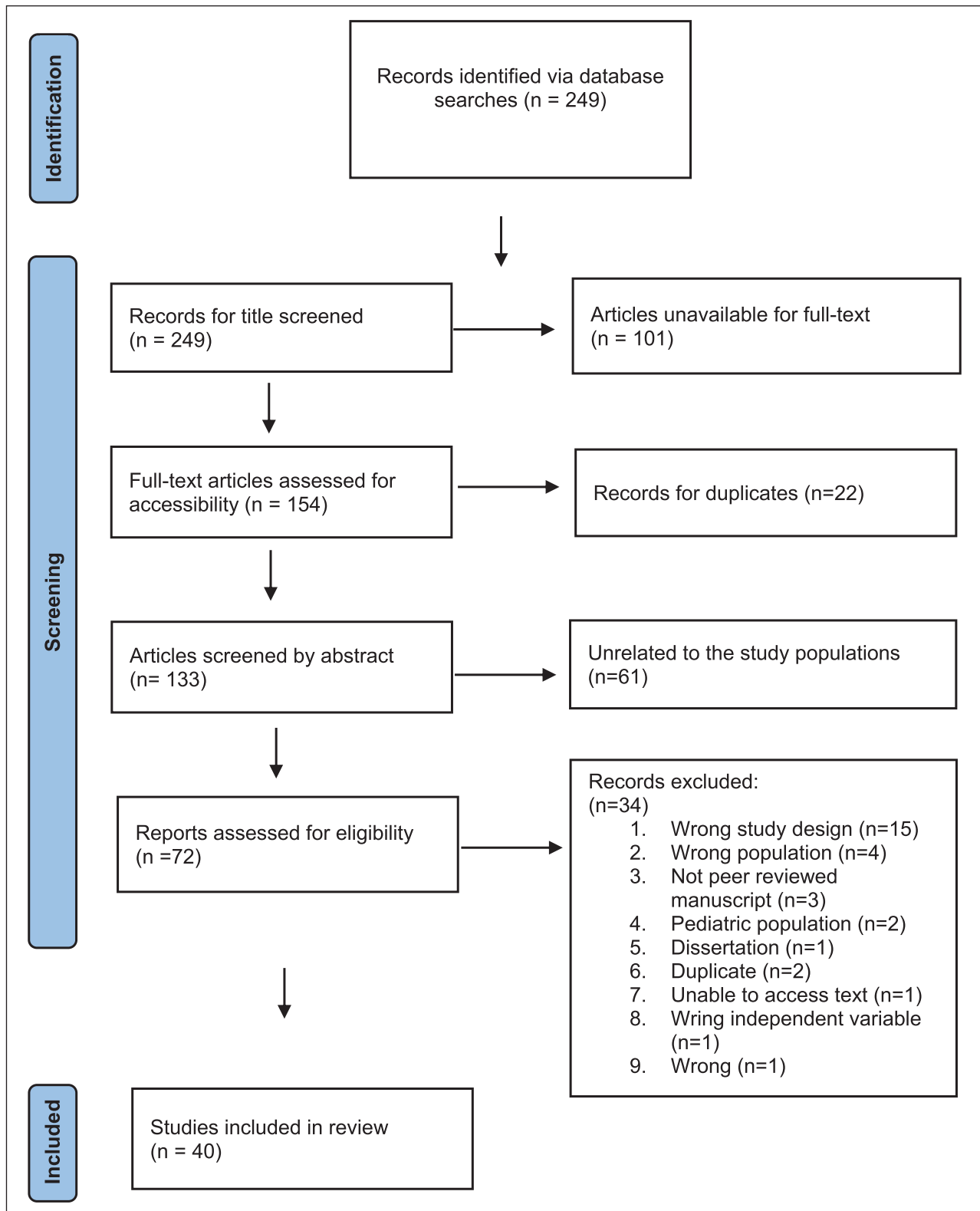


Figure 1. Preferred reporting items for systematic reviews and meta-analysis flow chart.

15 to 30 years from Barbados, Jamaica, and Trinidad and Tobago, 70.9% reported experiencing some form of violence, with 62.8% reporting violence perpetrated by a relationship

partner. Similarly, Stockman et al. (2014) documented a lifetime prevalence of IPV of 45% in St. Thomas and 38% in St. Croix, while Wallace et al. (2022) provided crucial insights

Table 1. Characteristics of Included Studies ($n=40$).

Study characteristics	N= Studies (%)
Year	
2000–2010	6 (15.0)
2011–2016	17 (42.5)
2017–2022	17 (42.5)
Country	
Barbados	8 (20.0)
Grenada	3 (7.5)
Guyana	3 (7.5)
Jamaica	5 (12.5)
Saint Kitts and Nevis	1 (2.5)
Saint Vincent and the Grenadines	1 (2.5)
Trinidad and Tobago	13 (32.5)
The United States of America	17 (42.5)
The U.S. Virgin Islands	8 (20.0)
Study design	
Case-control	6 (15.0)
Cross-sectional	1 (2.5)
Mixed methods	9 (22.5)
Survival analysis	1 (2.5)
Survey or ACASI	26 (65.0)
NSAL 2001–2003	6 (15.0)
Secondary data analysis	13 (32.5)
Qualitative (interviews, focus groups, content analysis)	16 (40.0)
Study population	
Gender	
Men	14 (35.0)
Women	36 (90.0)
Race/Ethnicity	
Afro-Caribbean or Black Caribbean	13 (32.5)
Indo-Caribbean or East Indian	3 (7.5)
Multiracial	5 (12.5)

Note. ACASI=Audio Computer-Assisted Self-Interview; NSAL=National Survey of American Life.

into how the COVID-19 pandemic impacted domestic violence victimization and perpetration patterns in Trinidad and Tobago.

Sociodemographic factors were consistently associated with the risk of IPV/GBV. For example, Nagassar et al. (2010) found that the prevalence of verbal, physical, and financial abuse within intimate relationships was significantly higher among women in lower middle and working-class households in Trinidad. Data from the Jamaica Reproductive Health Survey 2008 analyzed by Priestley (2014) revealed that younger age, poverty, and having a controlling partner were associated with increased exposure to all forms of IPV.

Childhood experiences emerged as significant risk factors for later IPV victimization (Lacey et al., 2021) found that Caribbean Black women who reported childhood abuse had significantly higher proportions of reported severe physical intimate partner victimization than those without childhood abuse histories. Community-level factors also played an important role, with documenting (Jones, 2021) that women

living in communities with high levels of violence acceptance reported greater IPV risk, underscoring the impact of neighborhood norms.

Nine studies examined comorbid conditions associated with IPV/GBV experiences, identifying significant associations with mental health outcomes. For example, Lacey and Mouzon (2016) found positive associations between severe physical IPV and adverse mental and physical health outcomes among the U.S. Caribbean Black women. Lucea et al. (2012) documented that IPV was an independent risk factor for disordered eating patterns. Parnell et al. (2022) examined coping and protective factors among African American and the U.S. Caribbean Black women exposed to IPV, contributing valuable insights into resilience mechanisms. These findings demonstrate that IPV/GBV in the Caribbean cannot be separated from broader structural and psychological vulnerabilities. The comorbid health consequences often extending beyond physical harm, with many survivors navigate intersecting social, economic, and emotional traumas.

Table 2. Comprehensive Extraction of Literature on IPV/GBV in English-Speaking Caribbean Populations Both Within the Region and in Diaspora Communities (n = 40).

Authors, year	Sample size and demographics	Data source	Key findings
Cleghorn, 2022	9 Cisgender adults from Trinidad and Tobago, aged 25–45 years with previous experiences of IPV while in a same-gender relationships	Primary data; interviews	Violence in same-gender relationships occurs in various ways and serves as a control mechanism for partners
Janagan Johnson et al., 2021	40 women from Trinidad and Tobago, aged 18–59, who had called 800-SAVE, the national DV hotline	Primary data; interviews	Controlling for age, ethnicity, religion, socioeconomic status, education, or geographical location, women and children were negatively affected by DV
Joseph & Jones, 2023	60 men from Barbados and Grenada, aged 16–80 years in Barbados and Grenada—convicted of an IPV-related offense, and men from the general public	Secondary data analysis; interviews	Normalization of DV occurred in the context of patriarchal values and childhood exposure to violence
Lacey et al., 2022	6,082 women, including 1,623 Caribbean Blacks in the United States (primarily New York, New Jersey, Florida, Connecticut, Massachusetts, and the District of Columbia)	Secondary data analysis; survey	Women who reported physical IPV and childhood physical abuse reported increased rates of mental health conditions
Miller & Contreras-Urbina, 2021	1,498 ever-partnered women from Guyana, aged 15–64 years	Secondary data analysis; survey (Guyana WHLES 2018, WHO VAW instrument)	Lifetime physical/sexual IPV prevalence was 38.8%; violence during pregnancy 9.2%. Physical violence during pregnancy associated with poor overall health and increased suicide ideation. Controlling partner behavior significantly associated with pregnancy violence.
Kyriakakis et al., 2021	30 women from Barbados engaged in sex work	Primary data analysis; interviews	IPV was associated with the ability of women to engage in condom use negotiation
Lacey et al., 2021	6,082 women, including 1,623 Caribbean Blacks in the United States (New York, New Jersey, Florida, Connecticut, Massachusetts, and the DC)	Secondary data analysis; survey	Decision not to seek help may be related to cultural factors among Caribbean Black Women
Lacey et al., 2021	6,082 women, including 1,623 Caribbean Blacks in the United States (New York, New Jersey, Florida, Connecticut, Massachusetts, and the DC)	Secondary data analysis; survey	Caribbean Black women who reported child abuse had significantly higher proportions of reported severe physical intimate partner victims than those who did not report child abuse
Lacey et al., 2021	6,082 women, including 1,623 Caribbean Blacks in the United States (New York, New Jersey, Florida, Connecticut, Massachusetts, and the DC)	Secondary data analysis; survey	Being an Afro-Caribbean immigrant was associated with lower odds for anxiety disorders, substance use disorder, and suicide ideation
Nathaniel, 2021	12 social workers from state agencies in Trinidad who had frequently dealt with cases of IPV against women.	Primary data analysis; interviews	Attitudes and behaviors of victims, societal norms and attitudes, and weak interagency collaboration contributed to VAW.
Alexander et al., 2020	14 men from St. Croix, USVI, aged 18–54 years	Primary data analysis; interviews	Men reported masculine norms relating to validating their own status, deflecting responsibility from violent or sexual risk-taking behaviors, and the utilization of violence and risky sexual behaviors to cope with fear and distrust of sexual partners.
Johnson & Boodram, 2019	31 women from Trinidad and Tobago, who identified themselves as victims of DV and had attempted or actually reported incidents to the Trinidad and Tobago police	Primary data analysis; surveys and interviews	Women experienced barriers toward reporting abusive situations related to pervasive patriarchal-cultural conceptions held by police and an absence of risk-assessment instruments.
Thakur, 2018	909 women and men from Jamaica, aged 18 years and older (collected via the internet)	Primary data analysis; survey, interviews	Online GBV is a significant issue among internet respondents. Men were also found to be subject to online abuse.
Johnson, 2017	30 women from Trinidad and Tobago, who sought services from the Coalition Against DV Agency	Primary data analysis; surveys and interviews	DV impacted women's abilities to attend work and keep their jobs. Women who left abusive relationships tended to leave without any material or financial security to avoid contact with the abusive partner.
Baboolal, 2016	12 women, who had identified as Indo-Caribbean and were residents of New York City	Primary data analysis; interviews	Physical violence against women in Indo-Caribbean immigrant enclaves was pervasive. Women were particularly concerned with male dominance, legal immigration status, victimization, and downplaying of IPV within the community.
DeShong & Haynes, 2016	44 pan-Caribbean, English-language online newspaper articles published between April 1, 2014 and June 15, 2014 which contained references to IPV	Secondary data analysis, content analysis of newspapers	State and non-governmental organization responses to IPV are characterized by underfunding, partisan political arrangements, and limited framing of IPV among agencies
Lacey & Mouzon, 2016	6,082 women, including 1,623 Caribbean Blacks in the United States (primarily New York, New Jersey, Florida, Connecticut, Massachusetts, and the District of Columbia)	Secondary data analysis; survey	Positive association between SPIPV and the mental/physical health status of the U.S. Caribbean Black women
Pitner, 2016	6 practicing midwives from the antenatal clinic of a hospital in Kingston, Jamaica	Primary data analysis; focus groups	Midwives emphasized the importance of GBV screening among pregnant women in the hospitals. Midwives reported a lack of knowledge around GBV, a lack of professional preparedness, and concerns for their own safety/security.
Draughton et al., 2015	426 women of African descent from Baltimore, MD, and St. Thomas and St. Croix (USVI), aged 18–55, who were in intimate relationships and had experienced physical abuse	Primary data analysis; survey	USVI women experiencing intimate partner forced sex were more likely to have 3+ past-year sex partners, casual sex partners, and concurrent sex partners compared to women from Baltimore.
Lacey et al., 2015	3,277 African-American and Black Caribbean women	Secondary data analysis; survey	Severe physical IPV was associated with mental disorders.
Lacey et al., 2015	505 African-American and Black Caribbean women, who had reported being physically abused	Secondary data analysis; survey	Binge eating disorder was associated with partner violence among Caribbean Black women.
Priestley, 2014	9,641 women from Jamaica, aged 15–49 who had been involved in at least one sexual partnership in their lifetime	Secondary data analysis; survey	Being younger, in one of the poorest households, and having a controlling partner increased the likelihood of exposure to all forms of IPV.

(continued)

Table 2. (continued)

Authors, year	Sample size and demographics	Data source	Key findings
Sabri et al., 2014	456 women of African descent from Baltimore, MD, and St. Thomas and St. Croix (USVI), aged 18–55, who were recruited from primary care, prenatal, or family planning clinics and had reported lifetime experiences of physical, sexual, and psychological abuse by a current/former intimate partner	Primary data analysis; surveys	Increased risk for lethal violence included fear of abusive partners, PTSD, and use of legal resources.
Stockman et al., 2013	1,545 women of African descent from Baltimore, MD, and St. Thomas and St. Croix (USVI), aged 18–55, who were recruited from primary care, prenatal, or family planning clinics	Primary data analysis; surveys	Lifetime prevalence of IPV was 45% in St. Thomas and 38% in St. Croix. The lifetime prevalence of IPV was 38% in St. Thomas and 28% in St. Croix
Lucea et al., 2013	545 women of African descent from Baltimore, MD, and St. Thomas and St. Croix (USVI), aged 18–55, who were recruited from primary care, prenatal, or family planning clinics and had reported an intimate relationship within the past 2 years	Primary data analysis; surveys	Resource utilization was low among women who reported abuse, and women who were older and at severe risk for lethality from IPV and PTSD were predictive of certain types of resource use.
Mitchell et al., 2013	363 healthcare workers at the Georgetown Public Hospital Corporation in Guyana	Primary data analysis; surveys	Health care workers aged 31–40 had higher odds of accepting justifications for physical violence.
Sabri et al., 2013	431 women of African descent from Baltimore, MD, and St. Thomas and St. Croix (USVI), aged 18–55, who had reported lifetime and past 2-year experiences of intimate partner physical and sexual abuse	Primary data analysis; surveys	African Caribbean women with severe physical abuse experiences were significantly less likely to use resources
Stockman et al., 2013	668 women of African descent from Baltimore, MD, and St. Thomas and St. Croix (USVI), aged 18–55, who were recruited from primary care, prenatal, or family planning clinics	Primary data analysis; surveys	Having a partner with concurrent sex partners was independently associated with a history of IPV. Concurrent sex partners, frequent condom use during vaginal sex, frequent condom use during anal sex, drug use, and past-year STI were associated with recent IPV history among USVI women.
Sukhu, 2013	7 men from Trinidad who were drawn from referrals through a state counseling agency and were receiving court-mandated counseling	Primary data analysis; interviews	Violence among men who engage in partner violence is integral to their masculine gender identity.
Alexander et al., 2012	475 individuals 18 years or older who were admitted to the emergency department in Georgetown, Guyana, for acute traumatic injuries	Primary data analysis; surveys	8% reported having injuries inflicted by a domestic partner. 81.6% disclosing IPV were female. IPV was the cause of 46.3% of women
Lucea et al., 2012	709 women of African descent from Baltimore, MD, and St. Thomas and St. Croix (USVI), aged 18–55, who were recruited from primary care, prenatal, or family planning clinics	Primary data analysis; surveys	IPV was an independent risk factor for disordered eating patterns.
Nagassar et al., 2010	390 women from Couva, Trinidad, aged 16 years or older	Primary data analysis; cross-sectional survey	Significant relationships between verbal, physical, and financial abuse and socioeconomic class
Spooner, 2009	761 reports of violence perpetrated against women by their intimate partners in Barbados and St. Kitts	Secondary data analysis; survival analysis	Women who are eligible for protection orders experienced a negligibly reduced hazard of repeat abuse by their partners.
Le Franc et al., 2008	3,401 individuals from Barbados, Jamaica, and Trinidad and Tobago, aged 15–30 years	Primary data analysis; survey	70.9% reported victimization by some form of violence, of which 62.8% reported violence perpetuated by a partner.
Gibbison, 2007	1,498 men and women from Jamaica, aged 15–49	Secondary data analysis; survey	Men who justified violence against women were more likely to have multiple sexual partners and less likely to use condoms, were more likely to be young, less educated, and living in urban areas.
Hadeed & El-Bassel, 2007	17 Afro-Trinidadian women from Trinidad and Tobago, aged 18–55, who had experienced IPV in the past year and were still involved in an intimate relationship with the perpetrator	Primary data analysis; interviews	Women were not screened for IPV when they sought services. Healthcare professionals should receive more training in IPV and safety-planning skills.
Griffith et al., 2006	194 individuals from Trinidad and 290 individuals from the United States, attending either the University of the West Indies or the University of Central Florida	Primary data analysis; surveys	Trinidadians more tolerant of DV compared to the United States and were less likely to intervene in DV that involved friends, neighbors, or coworkers.
Hadeed & El-Bassel, 2006	17 Afro-Trinidadian women from Trinidad and Tobago, aged 18–55, who had experienced IPV in the past year and were still involved in an intimate relationship with the perpetrator	Primary data analysis; interviews	Women were able to maintain social contact with family and friends in spite of DV and male control. Women did not feel that social support from family and friends was sufficient.
Wallace et al., 2022	602 married or cohabiting adult citizens in Trinidad and Tobago.	Primary data; survey	Covid-19 pandemic significantly impacted domestic violence victimization and perpetration patterns, with increased rates during lockdown periods.
Joseph & Jones 2023 capacity)	60 males (16–80 years) from Barbados and Grenada	Primary data; focus	Five key domains identified: meanings of violence, patriarchal culture, normalization of violence, male victimization, and blame attribution and empathy. Patriarchal values and childhood exposure to violence reduced empathic capacity

Note. IPV = Intimate partner violence; VAW = Violence against women; USVI = United States Virgin Islands; SPIPV = Severe physical IPV; GBV = Gender-based violence; PTSD = Post-traumatic stress disorder; DV = Domestic violence; STI = Sexually transmitted infection.

Table 3. Intimate Partner Violence and Gender-Based Violence Measures ($n = 40$).

Measures	Number of studies (%)
AAS	8 (20.0)
ATWA	1 (2.5)
DA	1 (2.5)
VAWS	1 (2.5)
CTS2	1 (2.5)
SVAWS	7 (17.5)
WEB	7 (17.5)
COVID-19 and coping-specific measures	2 (5.0)

Note. AAS=Abuse assessment screen; ATWA=Attitude toward wife abuse scale–modified; DA=Danger assessment; VAWS=Violence Against Women Survey; CTS2=Revised Conflict Tactic Scale; SVAWS=Severity of Violence Against Women Scale; WEB=Women’s experience of battering.

Table 4. Summary of Critical Findings.

40 peer-reviewed studies (2000–2022): Identified addressing IPV/GBV among English-speaking Caribbean populations (Stockman et al., 2013; Le Franc et al., 2008; Priestley, 2014; Lucea et al., 2012; Sabri et al., 2014; Sukhu, 2013; Miller & Contreras-Urbina, 2021). Three research themes emerged: Prevalence/risk factors (52.5%), cultural attitudes (32.5%), and service engagement (15%). Geographic imbalance exists with 42.5% of studies focusing on diaspora populations rather than Caribbean residents (Lacey et al., 2015; Lacey et al., 2021; Lacey et al., 2022; Baboolal, 2016; Stockman et al., 2013). Significant diversity gaps identified: 87.5% of studies included women, only 32.5% included men, LGBTQ+ experiences were largely absent (Le Franc et al., 2008). No randomized controlled trials found: Limited longitudinal studies, heavy reliance on outdated datasets from 2001 to 2003 (Lacey et al., 2015; Lacey et al., 2021; Lacey et al., 2022). Cultural normalization of IPV through patriarchal norms: Violence described as integral to masculine identity and social validation (Sukhu, 2013; Alexander et al., 2020; Griffith et al., 2006; DeShong & Haynes, 2016). Help-seeking remains critically low: Fewer than one-third seek police protection, only 10% access healthcare services (Lacey et al., 2021; Miller & Contreras-Urbina, 2021).

Note. LGBTQ=Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning; GBV=Gender-based violence; IPV=Intimate partner violence.

Table 5. Implications for Practice, Policy, and Research.

Practice

- Implement trauma-informed, culturally sensitive Intimate Partner Violence (IPV) screening protocols across Caribbean healthcare settings to address provider knowledge gaps
- Develop Community-Based Participatory Research approaches partnering with local women’s organizations and grassroots leaders for culturally relevant interventions
- Create survivor-centered support services that address cultural stigma, fear of retaliation, and mistrust of institutions

Policy

- Strengthen enforcement mechanisms for protection orders, as current interventions show minimal reduction in repeat abuse
- Address structural barriers to help-seeking through reforms accounting for Caribbean cultural norms around family privacy and community reputation

Research

- Conduct rigorous studies, including randomized controlled trials and longitudinal designs, to establish evidence-based interventions for Caribbean contexts
- Expand inclusion of underrepresented populations; Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning (LGBTQ) individuals, Indigenous communities, Indo-Caribbean populations, and cisgender men
- Develop culturally adapted measurement instruments reflecting Caribbean vernacular and diverse religious traditions (Hinduism, Islam, Orisha, Catholic)

Note. IPV=Intimate partner violence; LGBTQ+=Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning.

Theme 2: Cultural Attitudes and Perceptions. Thirteen studies ($n=32.5\%$) that explored the cultural attitudes and perceptions of IPV/GBV in the English-speaking Caribbean populations both within the region and in diaspora communities (Alexander et al., 2020; Baboolal, 2016; DeShong & Haynes, 2016; Gibbison, 2007; Griffith et al., 2006; Johnson & Boodram, 2019; Joseph & Jones, 2023; Mitchell et al., 2013; Nathaniel, 2021; Pitter, 2016; Sukhu, 2013; Thakur, 2018). These studies primarily explored hegemonic masculinity and heteropatriarchy, societal norms the normalization of interpersonal violence, and attitudes toward survivors of IPV. Focus groups discussions and interviews across multiple revealed how IPV/GBV was embedded in broader gender norms and power dynamics. For example, Cleghorn et al., (2024) captured how with men from the U.S. Virgin Islands and Trinidad and Tobago who were convicted of IPV-related offenses described IPV/GBV as integral to their masculine gender identity, as a source of validation of their social standing within a patriarchal society, and a mechanism for control of partners (Alexander et al., 2020; Cleghorn, 2022). Similarly, Sukhu (2013) argued that masculinity in Trinidad is often constructed through dominance and aggression, reinforcing violence as normative behavior. Moreover, normalizing IPV/GBV was also evident in community attitudes by being dismissed, or justified by the men perpetrating IPV/GBV (Gibbison, 2007; Miller & Contreras-Urbina, 2021). Joseph and Jones (2023) explored men's perspectives on violence against women in Barbados and Grenada, providing important insights into perpetrator attitudes and cultural normalization of violence, such as honor-based masculinity, victim-blaming ideologies, and deference to male authority—continue to fuel silence and tolerance around IPV. Moreover, the persistence of such attitudes may hinder survivor disclosure, help-seeking behaviors, and broader prevention efforts.

Theme 3: Factors Related to IPV Service Engagement and Provision. Six studies ($n=6$) (15%) focused on factors influencing user service engagement with providers of IPV services across English-speaking Caribbean contexts. (Hadeed & El-Bassel, 2007; Jones, 2021; Kyriakakis et al., 2021; Lacey et al., 2021; Lucea et al., 2013; Sabri et al., 2013). These studies consistently highlighted low levels of service utilization among women who reported lifetime experiences of abuse, pointing to both structural and sociocultural barriers.

Cultural stigma, fear of retaliation, and mistrust of institutions were recurrent themes. Generally, IPV resource utilization was low among women who reported lifetime abuse indicating that a woman's decision not to seek help may be associated with sociocultural factors among Caribbean Black Women. Johnson and Boodram (2019) further corroborate the impact of cultural norms in their finding that women in Trinidad and Tobago experienced barriers toward reporting abusive situations relating to pervasive patriarchal conceptions held by police. Provider-side challenges were also apparent. Pitter (2016) found that midwives in Kingston,

Jamaica, lacked adequate training and professional preparedness to screen for and respond to IPV cases. Similarly, Bryan (2020) identified gaps in knowledge and confidence among Barbadian primary care professionals regarding IPV intervention.

Governmental responses to reports of IPV were also found to negligibly reduce repeat IPV abuse among women in Barbados and St. Kitts (Spooner, 2009), which analyzed protection order cases and found minimal reduction in repeat abuse among women in Barbados and St. Kitts, pointing to weak enforcement and systemic shortcomings in state interventions. Together, these findings underscore the need for survivor-centered, culturally informed, and trauma-sensitive services across the region. Structural investments must be paired with efforts to challenge societal norms and train providers in gender-responsive care practices.

Discussion

This scoping review systematically maps IPV and GBV research conducted specifically among English-speaking Caribbean populations both within the region and in diaspora communities. We have identified 40 peer-reviewed studies that addressed IPV/GBV in the region, revealing key thematic areas and substantial gaps. Despite growing recognition of the IPV/GBV burden, research in this region remains limited in scope, scale, and methodological rigor (e.g., mixed methods, system science, or clinical trials). We found that there is a lack of sufficient evidence-based scholarship, particularly relating to best practices for developing and testing evidence-based programs (EBPs) and services for English-speaking Caribbean countries and populations both within the region and in diaspora communities. Notably, none included any randomized clinical trials, and only a handful assessed outcomes longitudinally. Most of the studies used secondary analysis and data that were outdated, diluted, and did not provide a comprehensive perspective of IPV/GBV. Most studies also employed quantitative surveys or descriptive designs. Few studies incorporated qualitative inquiry, and even fewer used mixed methods or implementation science frameworks. This limits insight into the contextual drivers of IPV/GBV and the effectiveness of interventions.

There is a strong heteronormative bias in the literature, with most studies focused on cisgender, heterosexual women. Cisgender refers to individuals whose gender identity matches the sex they were assigned at birth (Aultman, 2014). Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning individuals experiences were largely absent, and only one study addressed violence among same-sex couples. These omissions highlight the need for inclusive research frameworks that reflect the full diversity of Caribbean gender and sexual identities (Pearson et al., 2023). Many of the studies lacked culturally validated instruments. Although the WHO Violence Against Women Instrument and the CTS were occasionally adapted, these instruments

were rarely modified to reflect Caribbean vernacular or sociocultural nuance. This gap raises concerns about the validity of measurement and the relevance of conclusions drawn. This restricts our understanding of how IPV manifests within different sociocultural and policy contexts across the Caribbean. Recent research has begun to address some of these gaps, with Wallace et al. (2022) providing timely insights into how global health crises like COVID-19 impact IPV rates in Caribbean contexts through their examination of domestic violence during the pandemic in Trinidad and Tobago.

Lack of Diversity of Studies

The majority of the studies in the final sample and overall lacked diversity, which makes it challenging to apply the findings to groups and settings of English-speaking Caribbean countries and populations both within the region and in diaspora communities. The overwhelming focus on cisgender women in heterosexual relationships limits the applicability of findings across the broader Caribbean population. Key groups, including transgender, nonbinary, gender and sexual diverse, and Indigenous populations, as well as multiracial and Indo-Caribbean communities, remain underrepresented. Joseph and Jones (2023) represent a notable exception in addressing male perspectives, exploring men's attitudes toward violence against women in Barbados and Grenada, and identifying how patriarchal values and childhood exposure to violence contribute to the normalization of domestic violence among men.

We found a few studies that addressed the experiences of Indo-Caribbean, multiracial, or Indigenous populations affected by IPV/GBV (Baboolal, 2016), while no studies specifically examined multiracial or Indigenous populations. This underrepresentation of historically marginalized groups highlights the need for more research on their experiences and tailored interventions, especially considering that 40% of the population in Guyana and Trinidad and Tobago identifies as Indo-Caribbean (Baek et al., 2023; Harr, 2020a). Indigenous women, in particular, face distinct vulnerabilities linked to rural isolation, traditional gender roles, and extractive economies (Stephens, 2022).

Cultural attitudes and gender norms also remain underexplored. Only a handful of studies explored how cultural norms—particularly patriarchal attitudes and gendered expectations—affect IPV tolerance. For instance, Griffith et al. (2006) found that Trinidadian participants were more accepting of certain forms of IPV than their U.S. counterparts, suggesting deeply rooted cultural legitimization of violence under specific conditions (Griffith et al., 2006). Future research should adopt an intersectional lens that accounts for overlapping forms of marginalization, including race, class, gender identity, and colonial legacies (Hankivsky, 2012). Involving communities meaningfully through research methods can ensure that research inquiries, techniques, and interventions

are culturally relevant and address specific needs and experiences effectively. Comparative research within and across Caribbean nations could shed light on how these dynamics vary by cultural and policy context.

Building Capacity, Advocacy, and Policy Change

The findings underscore an urgent need for policy-relevant, behaviorally informed research to address IPV/GBV in the Caribbean. Governments, international organizations, and philanthropic entities must prioritize sustained investment in behavioral IPV research. Key suggestions include: (a) Increased Funding and Resources; (b) Collaboration Efforts; (c) Capacity Development; (d) Data Collection and Sharing Promotion; (e) Establishment of Research Networks and Data Accessibility; (f) Public Awareness Campaigns and Policy Involvement; (g) Ensuring ethical research practices. By implementing these approaches, the Caribbean region can take steps in combating IPV/GBV and associated health inequalities, enhancing the welfare and security of its population.

We acknowledge that significant progress is being made in the region, particularly by agencies such as Pan American Health Organization (PAHO), Caribbean Community (CARICOM), and others (Bott et al., 2012; Harr, 2020a; *PAHO Trinidad and Tobago Builds Capacity to Respond to Gender-Based Violence under the Spotlight Initiative—PAHO/WHO | Pan American Health Organization*, n.d.; *Three New Courses Launched by PAHO and Partners to Strengthen Health Personnel Skills to Address Violence against Women and Girls—PAHO/WHO | Pan American Health Organization*, n.d.), but there is a need to emphasize the importance of translating research findings into actionable recommendations for policymakers and healthcare practitioners as has been undertaken in the region through collaboration with UN agencies and PAHO, particularly through the (Spotlight Initiative Programme, n.d.) Harnessing the infrastructure of PAHO and Caribbean Community presents a strategic pathway to implementing these recommendations in culturally grounded, scalable ways. Thus, by implementing these approaches, the Caribbean region can actively address IPV/GBV and reduce health disparities through evidence-based, community-driven strategies.

Utilizing Community Engagement and Community-Based Participatory Research

Community engagement particularly through Community-Based Participatory Research (CBPR), which engages at the community level to address stigma and other barriers, to prevention and change, to reduce the stigma of IPV, represents a promising approach for addressing IPV in the English-speaking Caribbean (Israel et al., 2012; Wallerstein et al., 2017). CBPR should be considered, given its effectiveness in developing culturally tailored interventions. As noted by

Straatman (2014), CBPR is a collaborative methodology that equitably involves community members, organizational representatives, and researchers in all aspects of the research process. It enhances cultural relevance, ensures community ownership, and strengthens the application of findings in real-world settings (Minkler & Wallerstein, 2008; Thomas & Gonzalez-Prendes, 2009). By utilizing CBPR it is possible to strengthen behavioral research in the Caribbean and promote evidence-based interventions to address health disparities in the region. Expanding the use of CBPR in future IPV research could promote greater community trust, contextual sensitivity, and the co-creation of interventions tailored to cultural and socioeconomic realities (Wallerstein et al., 2017). Researchers are encouraged to partner with local women's organizations, health services, and grassroots leaders to codesign and evaluate IPV prevention programs that resonate with community values and lived experiences.

Limitations

This study is not without limitations. Our search was limited to published literature in academic journals, potentially excluding important insights found in gray literature, such as UN and local and regional government reports and other publications. Additionally, we did not include books, for example, Bissessar and Huggins (2022) *Domestic Violence in the Anglophone Caribbean*. Studies published in books are not reflected in our search, but like this and others, they have been reported in a range of formats forums and platforms and have informed policy and institutional development.

Our scoping review excluded non-English studies, which may limit generalizability across multilingual contexts of the broader Caribbean. Additionally, there was also a heavy reliance on a small number of national datasets, with many studies using data that is decades old. For example, the NSAL survey from 2001 to 2003, where four papers included in this review utilized these data. This may contribute to outdated assumptions about IPV prevalence, particularly in rapidly changing sociopolitical climates. While some studies or data may be deemed outdated, this may not necessarily affect the validity of assumptions made about IPV prevalence, even in rapidly changing sociopolitical climates.

Research on IPV/GBV often faces challenges in the recruitment and retention of participants, leading to lower participation rates. Several factors contribute to this, including participation in programs and interventions designed to address IPV/GBV (Kerekes & Palmer, 2020). There are challenges in engaging individuals in IPV/GBV interventions, and barriers such as disparities in access to resources for IPV victims may contribute to lower participation in available programs (Peek-Asa et al., 2011). Regardless of these limitations, we were able to produce a comprehensive summary of the existing relevant literature.

Finally, academic journals may provide a limited view of Caribbean research on IPV/GBV, and an appreciation of the

wider research and publication context could add value and give a more balanced picture of how IPV is impacting communities in the region. The role of international funding agencies and research initiatives often drives research focus in a competitive funding environment and can be a "grant chase" which may influence research priorities (McGovern, 2012). This raises important questions about how to align regional study and practice with international standards or expectations, without fully accounting for the multiple levels of local context and the sociocultural nuances that exist. Additionally, many Caribbean countries are considered to be middle- or high-income countries as defined by the World Bank, which often excludes them from being eligible for funding initiatives.

Conclusion










This review highlights persistent and significant gaps and supports a call for additional behavioral research with a focus on promising practices related to GBV and IPV within English-speaking Caribbean populations both within the region and in diaspora communities' contexts (Jones et al., 2017). The findings underscore the urgent need for high-quality, inclusive, and culturally sensitive research to understand the multifaceted dynamics and long-term impacts of IPV and GBV in the Caribbean. Despite growing global momentum, the region remains marginalized in evidence-based intervention research, particularly in terms of longitudinal and randomized designs. Future research should prioritize inclusivity by capturing the experiences of under-represented groups such as Caribbean Indigenous, Indo-Caribbean, and Afro-Caribbean women. Expanding the scope of research to include Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning LGBTQ+ individuals, cisgender men, and multicultural populations is critical for a holistic understanding of IPV/GBV dynamics in the region; Religious and cultural considerations must also be integrated into study designs, particularly in communities where gender roles are influenced by Hinduism, Islam, Orisha, and Catholic traditions.

Finally, there is an urgent need to design, test, and scale culturally adapted interventions that resonate with Caribbean lived realities and structural constraints. Addressing these research gaps is crucial for advancing IPV prevention, strengthening survivor support services, and informing equitable policymaking across the region. Such work must proceed without bias or judgment, guided by a culturally intelligent and trauma-informed framework that can serve as a model for other Global South contexts.

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Gabrielle Jamela Hosein, PhD, is a senior lecturer at the Institute for Gender and Development Studies, The University of the West Indies, St. Augustine Campus, Trinidad and Tobago. Dr. Hosein has authored the qualitative study, Gender-Based Violence in Trinidad and Tobago, has published a newspaper column, Diary of a Mothering Worker, since 2012 and has been part of Caribbean feminism for more than 25 years.

Vineha Ramesh, MSW, LMSW, is a licensed social worker, psychotherapist, and graduate research assistant at the Social Intervention Group at the Columbia University School of Social Work. Her research focuses on sociocultural determinants of intimate partner violence and gender-based violence among marginalized communities.

Ohshue S. Gatanaga, MSW, MPH, is a doctoral candidate at the University of Washington. His research focuses on infusing syndemics and intersectionality theories to examine how multiple marginalized identities impact behavioral health and substance use outcomes. In particular, he is interested in exploring historically under-researched communities, such as Asian American subgroups and LGBTQ+ communities. He received his MSW and MPH from Columbia University.

Karene-Anne Nathaniel, PhD, has been a social work educator at the University of the West Indies, St. Augustine Campus, Trinidad and Tobago, for over 20 years. Dr. Nathaniel is committed to Social Work and social justice education, in particular, professional socialization and identity development, building competence in professional practice in the Caribbean with all protected populations, survivors of violence and trauma, and marginalized communities.

Maegan Ramchal, MSW, LSW, is an associate psychotherapist who specializes in working with adults who are marginalized along race, gender, sexuality, class, and ability lines. Her research focuses on intimate partner violence, mental health, and disability on a global scale. She has also worked in developmental psychology and neurodevelopmental psychology. Ms. Ramchal received her MSW from the Columbia School of Social Work and is currently working toward obtaining her LCSW and will be starting her PhD in Social Work in Fall 2025.

Devany Howard, MSW, is a program analyst for the US Department of Agriculture, where she works in the Food and Nutrition Service focusing on policy and program issues for the Child Nutrition Programs to ensure that children and youth receive nutritious meal.

Louisa Gilbert, PhD, is a licensed social worker with over 30 years of experience developing, implementing, evaluating, and disseminating multilevel interventions to address gender-based violence (GBV), HIV/AIDS, substance misuse, opioid overdose, and trauma among key affected communities. Her research has advanced evidence-based computerized GBV prevention models that have been integrated into a continuum of HIV prevention, testing, and treatment interventions.

Sherna Alexander Benjamin, MBA, BSW, Dip DevL, is a graduate student at the Boston College School of Social Work. Her areas of interest include economic development and its impact on social sustainability, violence prevention, peace, and security. Investigating how integrating financial wellness within systems can build household wealth to bridge income and wealth gaps, reduce poverty, and enhance the quality of life, especially among working low-income families. The role of social innovation and leadership in developing collaborative solutions to build healthy communities. Public policy, impact evaluation, and entrepreneurship as a path to regenerative socioeconomic change for public and private entities moving beyond sustainable development in the wake of Industry 5.0, as well as the effects of migration on market competition and the ethical use of technology and digital tools. Her numerous national and international awards and recognitions demonstrate her impactful contributions.

Kacey-Ann S. Cockett is a Research assistant at the Social Intervention Group (SIG) at Columbia University School of Social Work. With a bachelor's in Liberal Studies from CUNY School of Professional Studies and background in international social development, her scholarly interests center on violence against women within immigrant populations, with a specific focus on the Caribbean diaspora. Her research explores the complex intersections of intimate partner violence, mental health, and substance use to develop and culturally adapt evidence-based, trauma-informed interventions. Through this work, she aims to advance responsive strategies that promote safety, healing, and resilience among marginalized communities, particularly within the Caribbean diaspora.

Brittany V. Thomas, MSW, is a social worker with 20 years of experience addressing intimate partner violence, sexual violence, and human trafficking, with special attention to vulnerable populations. She received her MSSW from Columbia University and currently researches, develops, and delivers training for diverse professionals in healthcare, education, and nonprofits so that they can be equipped to identify and respond to victims and survivors, coordinate care, and create stronger communities to prevent abuse and exploitation.

Gail-Ann Guy-Cupid, PhD, is an assistant professor at the College of Liberal Arts and the Social Sciences at the University of the Virgin Islands, St Croix, and is a feminist activist. Dr. Guy-Cupid's research focuses on leadership and advocacy, explicitly analyzing human rights policies to include women and children. Dr. Guy-Cupid is the founder of CRY RAPE (Report, Advocate, Protect, Educate), which speaks to violence in all forms. Her activism is marked by wisdom, humility, and compassion.

Tricia Basdeo-Gobin, MSc, is a researcher, feminist, and activist with over 10 years of experience in gender and development. Her experience and accomplishments include project oversight, research, and facilitation on issues such as Intimate Partner Violence, Gender-Based Violence, Gender Mainstreaming and Development, Gender Responsive Budgeting, Gender and Trade, and Sexual Reproductive Health and Rights. Mrs Basdeo-Gobin is the regional board for the Caribbean Male Action Network (CariMAN) and a Caribbean Changemaker for Sexual Reproductive Health and Rights. She is also the co-founder and chairperson of the CariMAN Advocacy Working Group.

Ariel Richer, PhD, LMSW, is an assistant professor at the University of Utah, College of Social Work, and an interventionist who engages in community-driven research to co-create culturally tailored interventions and services. Specifically, she is interested in addressing the substance use, intimate partner violence, and HIV and STI risk (SAVA) syndemic. Additionally, Dr. Richer seeks to increase access to psychedelics and indigenous plant medicines among BIPOC communities. She is also the Co-Founder of the Urban Indigenous Collective, a community-based public health nonprofit that ensures access to culturally tailored services for Indigenous people living in Lenapehoking (New York City) and the surrounding tri-state area through research, advocacy, and programming.