WOMEN'S HEALTH AND LIFE EXPERIENCES: A QUALITATIVE RESEARCH REPORT ON VIOLENCE AGAINST WOMEN IN GUYANA

RUTH RODNEY
SIREESHA J. BOBBILI

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Ruth Rodney, RN, PhD
Assistant Professor
School of Nursing
Faculty of Health
York University
Toronto, Canada

Sireesha J. Bobbili, MPH, PhD Candidate
Project Manager
WHO/PAHO Collaborating Centre for Addiction & Mental Health
Institute for Mental Health Policy Research
Centre for Addiction and Mental Health
Toronto, Canada

UN Women Copy Editors:
Sharon Carter-Burke and Isiuwa Iyahen

Layout Editor:
Vilmar Luiz

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LIST OF ACRONYMS

CARICOM   Caribbean Community

CDC   Centers for Disease Control and Prevention

CFCN   Cops and Faith Community Network

COHSOD   CARICOM Council for Human and Social Development

CSDH   WHO Commission on Social Determinants of Health

FGD   Focus Group Discussion

GBV   Gender-Based Violence

HIV   Human Immunodeficiency Virus

NCDF   NGO Caribbean Development Foundation

NGO   Non-Governmental Organization

PAHO   Pan-American Health Organization

STS   Secondary Trauma Stress

UN   United Nations

UNDP   UN Development Programme

UNFPA   UN Population Fund

UNGA   UN General Assembly

UNICEF   UN Children's Fund

UNODC   UN Office on Drugs and Crime

VAWG   Violence Against Women and Girls

WHLES   Women's Health and Life Experiences Survey

WHO   World Health Organization

ACKNOWLEDGEMENTS

EXECUTIVE SUMMARY

Introduction

Violence against women and girls (VAWG) is a profound violation of human rights and is also considered a citizen security and a public health issue. The UN's 1993 Declaration on the Elimination of Violence Against Women defines VAWG as, "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life". Exposure to violence in intimate relationships for women and their families requires a continued comprehensive approach that acknowledges state responsibility in enhancing public policies focused on the security of women and girls by considering the social determinants of health.

In Guyana, VAWG is a reminder that efforts to promote equality between women and men are challenged by deeply ingrained ideas about gender, which are informed by discourses on race and class. The legacies of a colonial past steeped in exceptional violence remain present in understandings about experiences of VAWG, even though Guyana's governing bodies have acknowledged and participated in global initiatives to end violence against women since 1975 (Antrobus, 2006; Phillips, 2010).

This report aligns with the Women's Health and Life Experiences Survey (WHLES) conducted in Guyana in 2018, by contributing contextual information on women and community perspectives and experiences of VAWG. In the spring of 2014, with support from the Government of Canada, UN Women and the UN Development Programme (UNDP), in partnership with the Caribbean Community (CARICOM) Secretariat and statistical experts and governments from the region, reviewed the various global models of assessing the prevalence of gender-based violence (GBV)

and agreed with CARICOM to pilot and adopt a CARICOM Model on National Prevalence Surveys on GBV. The CARICOM Council for Human and Social Development (COHSOD) confirmed this in May 2014 and it was agreed that pilot studies would take place to provide an opportunity to adapt and develop a CARICOM-specific Model and approach for the region. The CARICOM Model being piloted is based on a long-tested global World Health Organization (WHO) model, considered internationally to be best practice for national, population-based, studies on GBV. CARICOM's methodology not only serves to obtain prevalence data on VAWG within GBV – as VAWG is the most prevalent form of GBV – but also highlights the consequences for women, their children and families; women's help-seeking behaviour; and risk and protective factors for violence.

This qualitative report illustrates the complexity of women's experiences in their own words, capturing factors that contribute to the impact of violence on women in various ways. In this study, survivor and community perspectives on VAWG are related to three major areas: human rights and citizen security, the social determinants of health and prevention and programme development.

Research objectives

The overall aim of this research was to contribute contextual information to the WHLES to explain the "why" and "how" of Guyanese women's experiences of violence in their relationships. This qualitative component captured the perspectives of survivors and community members on this issue.

The objectives of this study included (but were not limited to):

- Documenting women's experiences of violence in their relationships through an intersectional lens;

- Understanding community-level perspectives on VAWG that create protective or risk factors for women, including men's roles;

- Reviewing current structural responses to VAWG;

- Identifying opportunities for prevention;

- Outlining methodological successes, challenges and barriers to completing research on VAWG in Guyana.

Participant demographics

The sample is reflective of diverse populations in Guyana regarding age, educational levels, employment status, ethnicity and region of residence. In total, 178 people from 6 out of the 10 regions in Guyana participated in this study. Approximately 68% of participants identified as female and 29.8% as male. Participants' ages ranged from 18 to 65 years, with the majority (36%) in the 25–34-year age range. Participants identified as being from one of three main ethnic groups in Guyana: Afro-Guyanese or those of African descent (37.6%), Indo-Guyanese or those of Indian descent (31.5%) and indigenous populations of Guyana (5.1%). Many participants identified as "mixed" (23.6%), which is any combination of these primary ethnic groups or a combination of European descendants (Portuguese, British, French, Dutch, etc.) with Afro, Indo or indigenous populations. Most were either single (31.5%) or identified as being married or in a domestic partnership (29.8%). The majority had at least one child (72%). Most were high school graduates (29.8%), with fewer participants possessing some college credits (7.3%), trade/technical/vocational training (6.2%) or a university degree (14.6%) (college credits are considered to be tertiary education in Guyana, for example from Cyril Potter College of Education or Guyana School of Agriculture). More than

three-quarters of participants reported being employed (78.2%) at the time of the study.

Findings

Social determinants of violence against women: Common factors in Guyana

Chapter 4 discusses the determinants, or the social factors that may contribute to an increased risk of VAWG. Although Guyana has developed comprehensive legislation on domestic violence, participants identified beliefs and values about gender, as it intersects with ethnicity, income, employment and education, that contradict the progressive nature of legislation. Participants spoke about societal values and norms that uphold unequal gender roles, reinforce the sexual division of labour and lead to gendered poverty, placing women at risk of violence. Finally, participants viewed intermediary factors, or the social determinants of health, such as intergenerational violence and alcohol/drug consumption, as playing a major role in influencing health outcomes.

Community risk and protective factors for violence against women

Chapter 5 discusses risk and protective factors for violence at the community level. These factors are related to community beliefs, values and social norms. Participants identified that being exposed to multiple risk factors increased the likelihood of experiencing violence or perpetrating violence against women. On the other hand, participants considered exposure to protective factors safeguarded men and women from committing and experiencing violence, respectively. Gossiping about women's intimate relationships was regarded as a major risk factor, often instigating VAWG and discouraging survivors from disclosing experiences of violence in their relationships. Additionally,

maintaining "a perfect image" in Guyanese society was considered a main reason for women remaining silent.

Inescapable violence: Women's everyday experiences with violence in intimate relationships

Chapter 6 details the harrowing experiences of violence narrated by survivors and community members. While survivors' stories revealed immeasurable strength, agency and perseverance, violence was described as having long-term effects on the health and well-being of survivors and their families. Survivors did not experience different forms of violence in silos; rather, many women described experiencing multiple forms simultaneously. Sexual violence was identified as being highly stigmatized, which prevented women from disclosing experiences of violence unless trust was established with the person being confided in. Survivors described their decision to remain in or leave relationships in a complex manner, which often encompassed concerns about their children, financial stability and the possibility of increased violence.

Seeking help: Survivor and community perspectives on formal and informal support services

Chapter 7 describes survivors' and community perspectives of personal and systematic considerations that influence what support women access and the assistance they receive. Survivors identified using a combination of informal and formal support when experiencing violence in their relationships. Participants' decisions to seek help did not signify readiness to leave their relationship. As well, participating professionals highlighted the challenges associated with the lack of confidentiality of survivor stories among colleagues and with the overworked and under-supported nature of staff.

Preventing violence: Current efforts and ideas for the future

Chapter 8 outlines participants' knowledge of existing prevention efforts and their interaction with such programmes in Guyana. The majority of participants were unaware of VAWG prevention efforts in their communities. For those with knowledge of such initiatives, interaction with these programmes was limited. As a result, participants identified the need for prevention programmes that targeted social inequalities and determinants associated with violence. Finally, existing and future ideas for prevention were discussed based on entry points for action, focusing on reducing inequalities associated with stratification, exposure to health-damaging factors, vulnerabilities and unequal consequences.

Conclusion and recommendations

Addressing VAWG requires integrated short-term, interim and longstanding objectives and goals. This report provides 10 pragmatic recommendations to improve services provided to survivors and their families as policy-makers, social service workers and advocates continue to tackle deeply ingrained ideas of gender, race and class that shape how VAWG is understood, experienced and addressed.
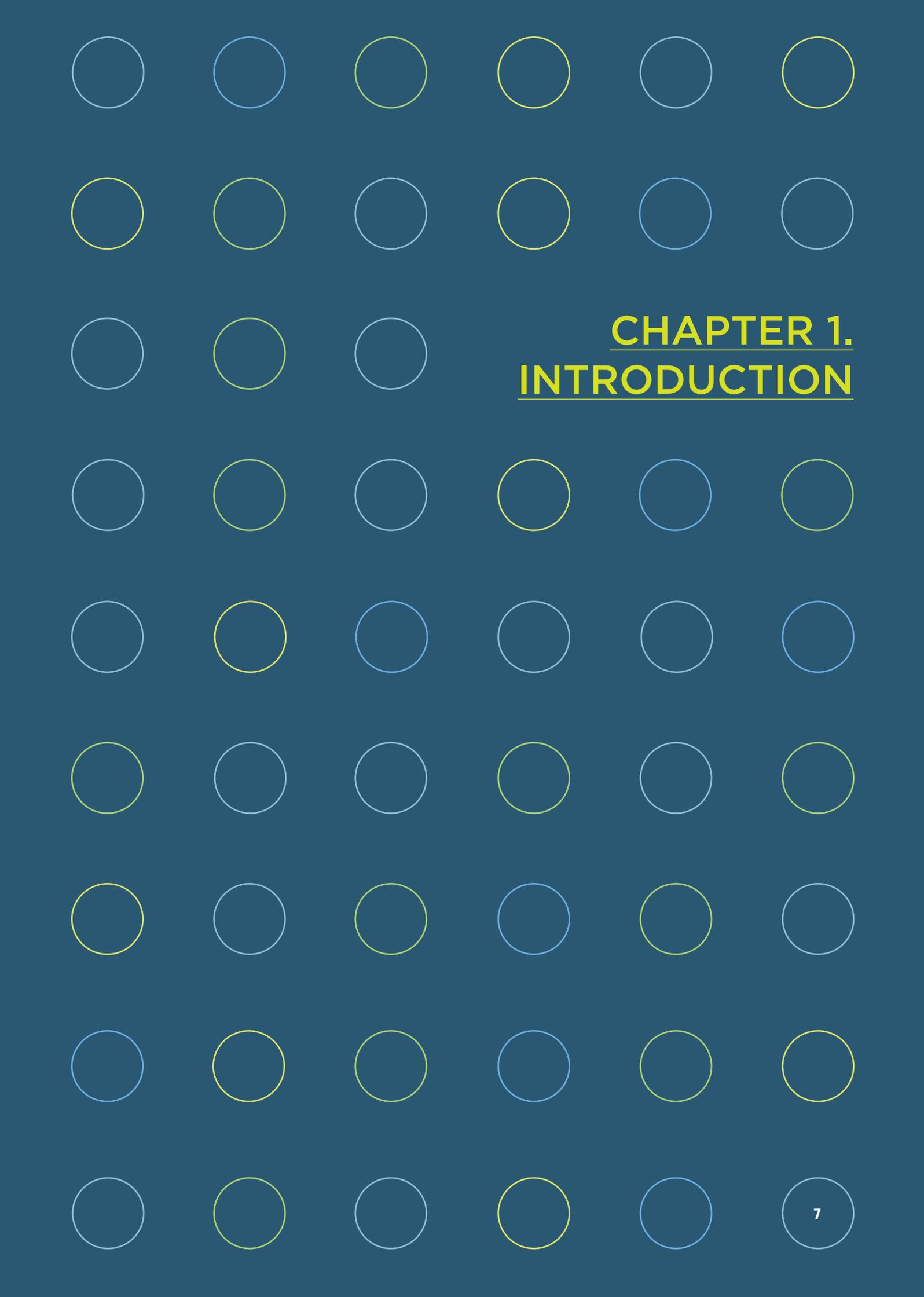
CHAPTER 1.
INTRODUCTION

Violence against women and girls (VAWG) is a profound violation of human rights and is also considered a citizen security and public health issue. The UN's Declaration on the Elimination of Violence Against Women defines VAWG as, "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (UNGA, 1993). Responding to exposure to violence in intimate relationships for women and their families requires a comprehensive approach that acknowledges state responsibility in enhancing public policies focused on the security of women and girls, and considers the social determinants of health.

The World Health Organization (WHO) states that one in three women will experience some form of violence by an intimate partner in their lifetime (WHO, 2013). This statistic continues to motivate researchers, policy-makers and frontline workers to evaluate current protocols and initiatives to improve the prevention, advocacy and response to women's experiences of violence.

In Guyana, VAWG is a reminder that efforts to promote and move towards equality between women and men are challenged by deeply ingrained ideas about gender, which are informed by discourses on race and class. The legacies of a colonial past steeped in exceptional violence remain present in the ways people understand and speak about violence. Unwavering resistance to VAWG in the Caribbean has been led and sustained by women's organizations and activists since the 1970s, reinforcing it as a political issue (Baksh-Soodeen, 1998; Barriteau, 2001; Trotz, 2007).

Moreover, Guyana's governing bodies have acknowledged and participated in global initiatives to end VAWG since 1975. Notably, Guyana developed legislation in 1996 with the enactment of the Domestic Violence Act, which afforded survivors increased protection under the law by acknowledging physical and sexual violence as criminal offences (UN Women, 2016). Recognizing that a multi-sectoral approach was required to adequately address survivors' needs, Guyana expanded the Domestic Violence Act in 2009 beyond the judicial sector to include the Ministries of Public Health, Education and Indigenous Peoples' Affairs as a commitment to ensuring implementation of the policy (ibid.). Additionally, governing bodies further expanded the Sexual Violence Act in 2010 to increase the breadth of the legislation. As a result of these Acts, Guyana has one of the most comprehensive sets of legislation within the Caribbean region in terms of addressing VAWG.

It should be noted that State responses to VAWG have not focused solely on legislation. Government ministries, interested stakeholders and NGOs have created a wide array of programming focused on the prevention and elimination of VAWG for women and men of all ages. This report should not be read as an exhaustive list of state and stakeholder responses, rather, the initiatives highlighted here are those discussed by participants. Therefore, the absence of current programmes in this report may point toward a need for increased visibility and awareness of the initiative and/or programme within the community.

Irrespective of these laws, state responses and advocacy campaigns, women continue to be disproportionately affected by violence in their intimate relationships. At the time this research was being conducted (between 31 January and 31 August 2018), 15 Guyanese women had lost their life as a result of violence in their relationship.[1]

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1 According to the 2012 Census, the population of women in Guyana was 375,150 (Bureau of Statistics, 2016).

The loss of life remains a sobering reminder of the extent to which women are victims of violence and reinforces the continued efforts to document their experiences with the goal of improving services and prevention initiatives.

This report aligns with the Women's Health and Life Experiences Survey (WHLES) by contributing contextual information on women's and community perspectives and experiences of VAWG. In the spring of 2014, with support from the Government of Canada, UN Women and the UN Development Programme (UNDP), in partnership with the Caribbean Community (CARICOM) Secretariat and statistical experts and governments from the region, reviewed the various global models of assessing the prevalence of gender-based violence (GBV) and agreed with CARICOM to pilot and adopt a CARICOM Model on National Prevalence Surveys on GBV. The CARICOM Council for Human and Social Development (COHSOD) confirmed this in May 2014 and it was agreed that pilot studies would take place to provide an opportunity to adapt and develop a

CARICOM-specific Model and approach for the region. The CARICOM Model being piloted is based on a long-tested global WHO model, considered internationally to be best practice for national, population-based, studies on GBV. CARICOM's methodology not only serves to obtain prevalence data on VAWG within GBV – as VAWG is the most prevalent form of GBV – but also highlights the consequences for women, their children and families; women's help-seeking behaviour; and risk and protective factors for violence.

This report illustrates the complexity of women's experiences with violence in their own words, capturing in various ways the contributing factors to such experiences. Survivor and community perspectives on VAWG are related to three major areas: human rights and citizen security; social determinants of health; and prevention and programme development. Several terms are used interchangeably for VAWG throughout this report, including domestic violence, abusive relationships and intimate partner violence. These terms do not differ from VAWG in terms of their meaning.
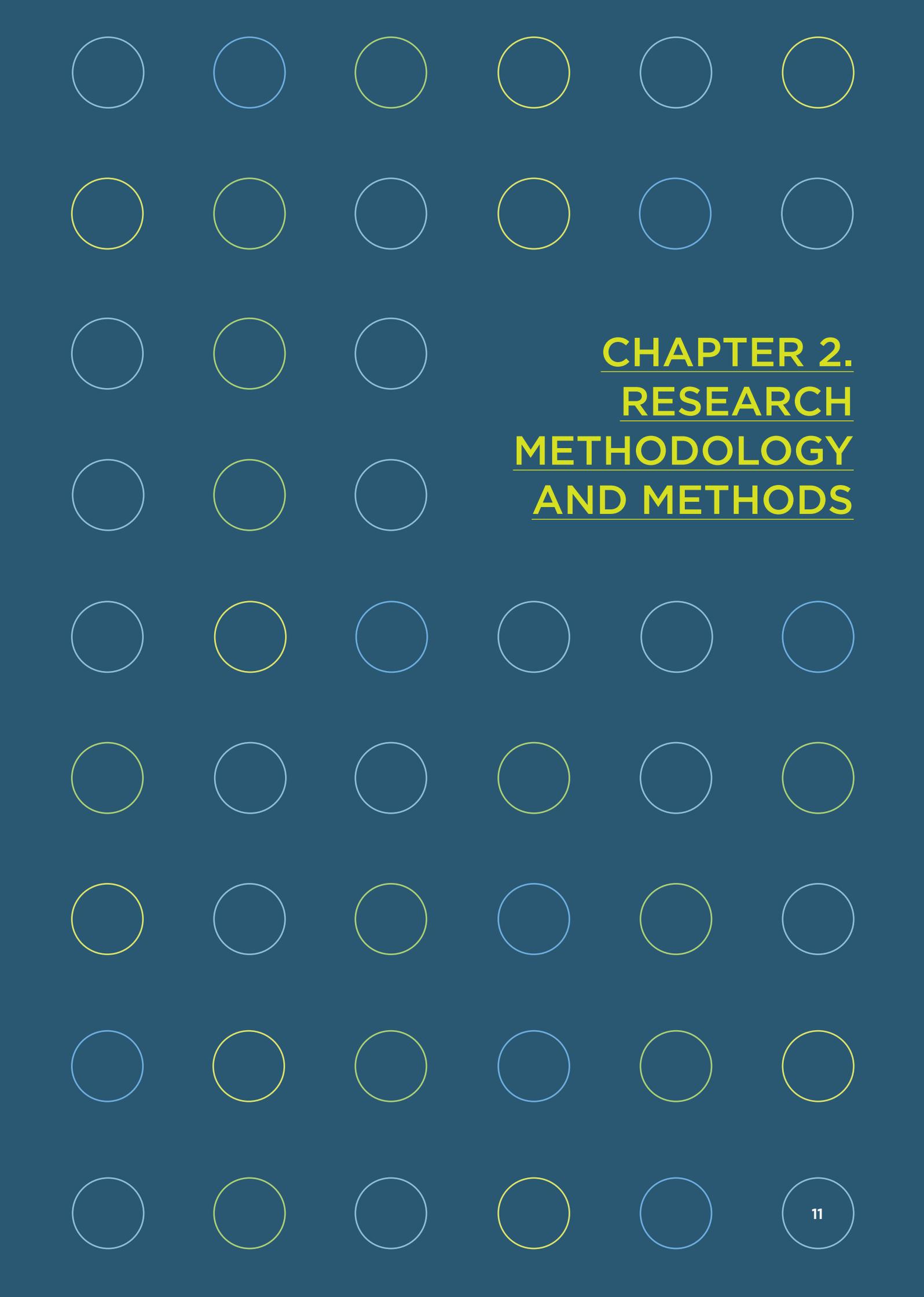
CHAPTER 2. RESEARCH METHODOLOGY AND METHODS

Introduction

The overall aim of this research was to contribute contextual information to the WHLES explaining the "why" and "how" of Guyanese women's experiences of violence in their relationships. This qualitative component captured the perspectives of survivors and community members on this issue.

2.1. Research objectives

The objectives of this study included (but were not limited to):

- Documenting women's experiences of violence in their relationships through an intersectional lens;

- Understanding community-level perspectives on VAWG that create protective or risk factors for women, including men's roles;

- Reviewing current national policies, initiatives and community programmes for VAWG;

- Identifying opportunities for prevention;

- Outlining methodological successes, challenges and barriers to completing research on VAWG in Guyana.

2.2. Developing the qualitative component: The Women's Health and Life Experiences Survey

To ensure the qualitative component aligned with the quantitative questionnaire, the interview and focus group discussion (FGD) guides were developed using the most recent version of the quantitative component of the WHLES. First, the research team reviewed the quantitative questionnaire and organized the quantitative questions into the five categories targeted under the qualitative research. These five categories explored:

1. Women's experiences of physical, sexual, psychological and economic forms of violence in their relationships;

2. Mental and physical health impacts of experiencing violence in relationships for women and girls;[2]

3. Community protective factors and risk factors for VAWG;

4. Understanding men's roles in perpetuating and eliminating VAWG;

5. Women's knowledge of, access to and experiences of community services that address VAWG and professionals' perspectives and experiences of providing VAWG-related services.

Second, the existing literature was reviewed to identify gaps in current evidence. Next, qualitative questions were brainstormed that (i) explored the five categories previously identified as the target for our qualitative research, (ii) expanded on existing quantitative questions as identified in the WHLES questionnaire and (iii) addressed gaps identified in the literature.

Finally, the five categories of questions were organized based on whether the questions would be better addressed by means of interviewing survivors or key informants, and semi-structured interview guides and FGD guides were created. The former contained questions from Category 1 (women's experiences of physical, sexual, psychological and economic forms of VAWG in their daily lives), Category 2 (impact of VAWG on women and girls' mental and physical health) and Category 5 (community services that address VAWG).

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2   While this study aligned with the quantitative survey methodology, the qualitative component focused on these forms of violence.

The semi-structured FGD guides contained questions from Category 1 (women's experiences of physical, sexual, psychological and economic forms of VAWG in their daily lives), Category 3 (community protective factors and risk factors for VAWG) and Category 4 (understandings of men's roles in perpetuating and eliminating VAWG) in the form of a story. Next, the drafted guides were sent to the Research Sub-Committee and UN Women for further input. Recommendations by these parties were then included into the final format.

2.3. Inclusion criteria

Professionals, community members, survivors and perpetrators of VAWG were the target populations for this study, and comprised individuals who were 18 years of age or older. The overall goal for recruitment was to engage a sample of participants from various socioeconomic, ethnic and religious backgrounds. Professionals included men and women who were employed as health care workers (e.g. physicians, nurses, social workers), legal service providers (e.g. police officers, magistrates, lawyers) and representatives of non-governmental organizations (NGOs). Community members included both men and women from a diversity of perspectives and backgrounds (e.g. business owners, home-makers, family members of survivors, taxi drivers, etc.) with a focus on community leaders (e.g. religious leaders, elders, etc.). Survivors were limited to women who had experienced violence in a heterosexual relationship. Perpetrators were limited to men participating in a court-mandated perpetrator programme. This programme focuses on assisting men to acknowledge and take responsibility for the perpetration of VAWG and work towards addressing the root causes of their behaviour. Participating perpetrators were recruited from this programme as it provided access to men who may have been more willing to engage in discussions on VAWG.

2.4. Recruitment

A total of 178 individuals were recruited to participate in the study through a purposive snowball sampling method, with 153 people participating in FGDs and 25 people participating in interviews. This method proved successful at engaging well-respected individuals, who were then able to recruit people who satisfied the inclusion criteria from specific regions to engage in discussions on VAWG. These well-respected individuals included domestic violence advocates, local service provider leaders in the health and police sectors, the WHLES National Steering Committee and community members, who connected the research team to key people who could provide permissions and contacts to harder-to-reach populations, such as middle-class and affluent survivors. Participants were contacted through research team members and team member contacts. Participants were recruited using private messages on Facebook, phone calls and emails, as well as a confidential Google-developed recruitment form.[3] Once individuals had agreed to participate in an FGD or interview, research team members reminded them about upcoming meetings through follow-up phone calls. Survivors who were interviewed received US$50 to cover their transportation costs.

As with the UN Women-supported qualitative research on VAWG in Jamaica and Trinidad & Tobago, engaging middle-class and affluent survivors proved challenging. Research team members consulted with the WHLES National Steering Committee in Guyana in early 2018. During that meeting, the National Steering Committee indicated that past in-country projects had been unsuccessful in obtaining the perspectives of affluent women. This issue was addressed in two ways. First, in attempting to

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3 See Appendix A for a template of one letter used to recruit participants for focus groups.

recruit survivors from higher socioeconomic statuses, the research team asked community organizations, social services (such as Help and Shelter), the police force and the court system for information regarding how they assisted these women. In the event that the research team was unsuccessful in speaking with this population, this data would have proven useful to understand experiences of affluent survivors.

Second, survivors were recruited through personal contacts as well as trusted individuals in the community who either knew about or were participating in the study. These individuals were able to communicate to potential subjects about the goals of the research and the primarily foreign-based research team. Given that the researchers were not immersed in the social fabric of Guyana, the possibility of encountering them in social circles was therefore minimal. This may have encouraged some survivors to participate. Therefore, this report includes data from middle-class and affluent survivors who felt compelled to share their stories to help other women. This is considered to be one of the study's methodological strengths, considering that middle-class and affluent survivor perspectives have been identified as a gap in other country reports. It may also be the first time that perspectives from middle-class

and affluent women have been documented in a report about VAWG in Guyana.

2.5. Methods

The qualitative principal investigator met regularly with the Research Sub-Committee and WHLES National Steering Committee throughout the duration of the study. These meetings discussed methodological decisions and progress in both the qualitative and the quantitative components. The quantitative and qualitative research teams received ethical approval simultaneously. The Research Sub-Committee, UN Women and research advisors from the Global Women's Institute of George Washington State University discussed the order in which the qualitative and quantitative components would collect data. Based on the experiences of previously led country surveys, advisors indicated that the qualitative data collection could occur before the quantitative. The qualitative team thus entered the field and completed data collection before the quantitative team. The qualitative team used a combination of semi-structured interviews and FGDs, observation and a demographic questionnaire for data collection. In total, 25 interviews and 13 FGDs were completed, representing 6 out of 10 geographical regions in Guyana over a 1-month period (see Tables 1 and Table 2).

TABLE 1
Interviews by region

Region	Number of interviews	Age range of participants	Sex of participants (F=Female/M=Male)
2	1	31	F
3	4	27–49	F/M
4	9	27–65	F
6	6	32–51	F/M
7	1	18	F
10	4	39–62	F
Total	**25**	**18–65**	**F=21; M=4**

TABLE 2
Focus group discussions

Group Letter	FGD type	Number of participants	Age range of participants	Sex of participants (F=Female/M=Male/ U=Unidentified)
A	Community members	13	25–57	F=11; M=2
A	Health professionals	11	25–44	F=8; M=3
A	Police officers	10	18–54	F=6; M=4
B	Community members	9	30–57	F=7; M=2
B	Health professionals	8	22–38	F=5; M=3
B	Police officers	7	28–53	F=3; M=3; U=1
A	Male perpetrator group	7	20–53	M=7
A	Religious leaders	9	18–49	M=9
C	Community members	21	27–62	F=20; M=1
C	Police officers	11	23–48	F=6; M=5
D	Community members	19	18–57	F=16; M=2; U=1
D	Health professionals	13	24–50	F=12; M=1
D	Police officers	15	23–47	F=7; M=8
Total		**153**	**18–62**	**F=101; M=50; U=2**

The research team's composition – of women from African/Guyanese and East Indian backgrounds – proved useful while conducting FGDs and interviews. Since the researchers reflected the major ethnic groups in Guyana, it was thought that most participants, particularly survivors, were comfortable sharing their experiences, owing to an assumed shared understanding of cultural values. The principal investigator and co-investigator had experience with qualitative research methods, specifically interviewing marginalized populations globally, and the principal investigator had knowledge and experience focusing on adolescent dating violence and domestic violence in the local context. The third data collector was a research assistant hired in Guyana who had previous experience completing social research projects and was skilled in interviewing individuals, both men and women, of different age groups and ethnicities throughout Guyana. Additionally, the research team benefited from the advice and mentorship of the WHLES National Steering Committee and the Research Sub-Committee, which are composed of experts in VAWG and gender. Lastly, the principal investigator participated in a regional workshop in February 2018, focused on the WHLES, with a group of Caribbean researchers, frontline workers, policy-makers and advocates. This provided an in-depth understanding of the CARICOM Model being piloted as well as the potential facilitators and barriers to conducting the qualitative research component of the WHLES in Guyana. The principal investigator also completed a training of trainers workshop organized by WHO in June 2018 for health professionals to strengthen the health care system response to VAWG. This was important to understand the resources currently available for health care systems to improve their response to VAWG.

2.6. Semi-structured interviews as a method

The majority of interviews engaged survivors. The research team obtained informed consent from participants by providing the consent form to individuals to read prior to the interview. For those who requested it, the consent form was read verbatim, and clarification was provided where needed. All interviews were audio-recorded; no participant refused recording. Interview guides were tailored for survivors, perpetrators, health care professionals and legal providers and were reviewed and approved by the Research Sub-Committee (see Appendices B, C, D, E and F).

To ensure survivors felt comfortable and safe while being interviewed, researchers were flexible with the location and timing of interviews. Interviews occurred in survivors' homes, private spaces in health centres and workplaces and even in the rental vehicle of the researchers. Many survivors required more time than the allocated hour to adequately share their stories and answer questions. As a result, most interviews with survivors lasted between 1.5 and 2 hours.

Interviews with some professionals were limited in terms of timing, as most agreed to be interviewed during their workday or lunch break. For these interviews, the interview guides for professionals (Appendices E and F) were shortened from 29 to 8 or 9 questions and this revised version was used when interviewing other professionals in similar circumstances. To ensure interviews were feasible for professionals during working hours, the research team reduced the intended duration from 60 to 30 minutes. However, in many cases, once interviews had begun, they lasted approximately one hour.

Prior to meeting with a group of male perpetrators (an established court-mandated group run by two male facilitators), the research team emailed the interview guide questions to the facilitators for their review and feedback. The facilitators provided no amendments to the guide questions. However, when the researchers entered the group setting, the guide was adapted based on the energy of the group and the responses to questions.

2.7. Semi-structured focus group discussions as a method

FGDs ranged from seven to twenty-one participants, with community focus groups the largest. Focus groups were organized into health professional groups, police officer groups, community member groups (community member participants were employed in a diversity of professions, including in informal work sectors, and also included those who were retired or did not work outside of the home), a perpetrator group (already established) and a religious leaders group. All focus groups included a combination of male and female participants except for the perpetrator group and the religious leaders group. The research team obtained informed consent from all participants by providing the consent form to individuals to read prior to the FGD. The consent forms were also read out loud to focus group participants and clarification was provided where needed. All FGDs were audio-recorded; no participant refused recording. FGD guides were tailored for community members and service providers and were reviewed and approved by the Research Sub-Committee (see Appendices G and H).

FGDs ranged from 1.5 to 2 hours. All FGDs included a moderator and an observer who took notes throughout. After each FGD, the research team debriefed to discuss what worked well and potential changes to improve the flow of the conversation. The principal investigator and co-investigator often chose to adapt the FGD guides by revising the order of questions as necessary during facilitation.

The FGD guides began with an ice-breaker, in which participants were asked to describe the main roles and responsibilities of the police, shelter workers, health care professionals and legal aid/lawyers with respect to addressing VAWG (see Appendix F). These four types of professionals were written on a flipchart, which was placed in front of the focus group. The moderator or observer then wrote answers that participants said out loud. FGDs then moved into a more focused discussion, using a story as a guide (see Appendices G and H). In the story, a couple meets as teenagers, develops a more serious relationship and has a child, and then violence starts and escalates against the woman by her male partner. The story moves through the woman experiencing violence and the partner's rationale for using it; disclosing her experience to her social network; and accessing resources. Participants were provided with portions of the story, each followed by questions. After participants answered questions, they were given another portion of the story with corresponding questions, until the scenario was completed. The questions covered the categories outlined in Section 2.2 of this chapter – that is, Category 1 (women's experiences of physical, sexual, psychological and economic forms of VAWG in their daily lives), Category 3 (community protective factors and risk factors for VAWG) and Category 4 (understandings of men's roles in perpetuating and eliminating VAWG). This format worked well to engage participants, as the majority were able to relate to the story in some way. A few individuals used the story as a starting point and noted that it differed from situations in their own communities. Where time was limited (as was the case for a group of health care workers), the scenario portion of the FGD was excluded and researchers focused solely on the interview guide questions for health care professionals. Regardless of time constraints, the team was able to adapt to various circumstances and facilitate rich discussions.

FGDs also acted as an unintended information session and/or support group. For example, elders in a community focus group used the FGD as an opportunity to speak about their own past experiences and what they had learned so others could learn from them. In a police FGD, a female officer asked the group for advice to help her deal with repeatedly witnessing a neighbour being abused by her partner. While wrapping up discussions, and after FGDs had concluded, some participants indicated that FGDs had had a therapeutic effect and had offered a forum for participants to speak about the profound, albeit indirect, effect violence had had on their lives. Many recounted experiences of a friend, neighbour or relative who had been affected by violence and spoke about cases in the media but felt they had never been given the opportunity or space to speak openly about these matters before participating in the study.

In a few groups, some participants wished to sit and listen without sharing. In these cases, the goals of the discussion were reiterated, and less talkative individuals were encouraged to participate by directly asking them for their thoughts or opinions about a particular question or response.

2.8. Analysis

Data analysis was an iterative process; it began simultaneously with data collection and became more intense once all data was collected and transcribed. During informed consent, participants were notified verbally and in written format that they could review their transcripts and clarify or omit any information prior to analysis. Only two participants asked to review their transcripts; neither made significant changes to their transcript prior to analysis. Dedoose software was utilized to organize and code the research data.

Three research team members initially coded two interview transcripts (one of a survivor and one of a community leader) and then compared and discussed codes. All three team members had extensive knowledge of the WHLES and the development of the interview and FGD questions and guides. Therefore, all coders were familiar with the content area and the goals of the analysis. The principal investigator advised team members to first read the transcript in its entirety and write notes on overarching themes and observations. Team members were then advised to read the transcript a second time and stay closer to the data, coding the document in smaller sections. During the first two meetings, team members discussed their overall themes and observations about the transcripts; then moved onto discussing each page of the two transcripts, reviewing codes and discussing where sections may have been coded differently. When differences arose, team members provided their rationale for their code, perspectives were discussed and the objectives of the research were used to provide guidance and come to a consensus. The same process was followed for two FGD transcripts (one police FGD and one community member FGD) with two research team members. These discussions led to the development of a coding classification system in Dedoose, initially using the five categories that guided the development of the research questions, which was expanded and refined as the team worked through the data.

The remaining transcripts were then divided among team members, and each coded transcripts into the Dedoose software, building excerpts under each code and creating memos with information and ideas that were seen across codes. When the initial coding system did not adequately capture data, new codes were added into Dedoose along with a definition for the code, the date and the name of the team member who had added the code. By doing so, other team members were able to track and use

new codes if applicable to the transcripts they were coding. For example, psychological violence as a sub-theme included codes titled "silence", "infidelity" and "verbal abuse" as these topics arose in the data.

During the coding process, two-hour meetings were scheduled on a regular basis for team members to confer about emerging themes and to address concerns and queries. These meetings were used to discuss the addition or collapsing of codes that researchers were carrying out in Dedoose while working independently to code the data. Meetings were also used to discuss sections of transcripts that were posing team members difficulty. Informal meetings of shorter duration also occurred between researchers throughout the coding process, at which time they could discuss transcripts if a concern or question arose before the scheduled meetings. Once the transcripts were coded, two research team members engaged in weekly meetings while writing the report as a process of checking and verifying that the emerging data was trustworthy. Since writing is also analysis, these meetings were used to discuss the findings and further analyse excerpts and the framing of the report.

2.9. Rigour in qualitative research

Credibility was ensured as the research team spoke with more than three different groups of people in a number of Guyanese communities and used interviews, FGDs and demographic questionnaires for data collection. The principal investigator engaged in meetings with the Research Sub-Committee and WHLES National Steering Committee to incorporate feedback into the study design. Reliability was accomplished through a comprehensive audit trail, achieved in the form of reports to UN Women throughout the study process that documented and explained key methodological decisions. Lastly, recognizing that qualitative researchers are central instruments in data generation and analysis, the

research team continuously engaged in a reflexive practice throughout the course of this study.

2.10. Ethical considerations

Ethics approval was obtained from the Ministry of Public Health Guyana Ethical Review Committee. Given the sensitive nature of the study, the research team did not present themselves to respondents as being affiliated with the WHLES. This decision was made in collaboration with the Research Sub-Committee and UN Women to protect enumerators who would be going to women's homes to administer the quantitative component of the WHLES; as well as to protect the survey respondents in these homes. Therefore, researchers presented themselves as independent researchers completing a study on VAWG for UN Women in Guyana. All personal identifiers were removed from the research data, informed consent was obtained from all participants and the limits to confidentiality were explained at the beginning of each FGD. For focus group participants specifically, limits to confidentiality arose from the dynamics of FGDs, in that researchers could not guarantee that participants would not speak about a topic or comment discussed in the group. For this reason, FGDs used a story to guide the discussion. Participants were asked to speak generally about VAWG in relation to the story and refrain from discussing personal experiences. Regardless, some participants still chose to divulge their personal information throughout the course of the discussion after this was explained.

Additionally, FGDs often occurred in workplaces or community gathering centres, therefore most of those participating in the professional FGDs knew each other to varying degrees. Some community members participating in FGDs had established relationships with other members, depending on the size of the community where the FGD occurred.

At other times, discussions were completed in spaces where some participants did not know each other but knew the recruiter, who had informed them of the study.

Some participants experienced emotional discomfort with the subject matter. When interviewing survivors, the research team employed strategies to provide immediate comfort to participants. Specifically, researchers first asked if the survivor wished to stop the interview and offered the opportunity to take a short break. All survivors who experienced emotional discomfort opted to continue with the interview as they felt it was important to tell their story. Once the interviews were completed, participants were provided with a business card for a local NGO to receive further counselling and support free of charge.

Some focus group participants disclosed that they were survivors during the group discussion. At other times, focus group participants disclosed to the research team that they were survivors after the FGD had ended. Researchers then spoke with these participants for as long as they needed and offered information on a local NGO where they could receive counselling. In one case, a social worker was on site for a community FGD and provided further information at the end of the meeting to those who required it.

2.11. Limitations

While every effort was made to engage ethnically diverse communities, data collection efforts were focused primarily along the coastline. As a result, this report does not represent indigenous communities in hinterland regions. Additionally, the focus on survivors in heterosexual relationships meant that the perspectives of violence in LGBTQ2+ intimate relationships are not represented. Lastly, the perspectives of girls are

somewhat limited, as we did not include women
under the age of 18 years.
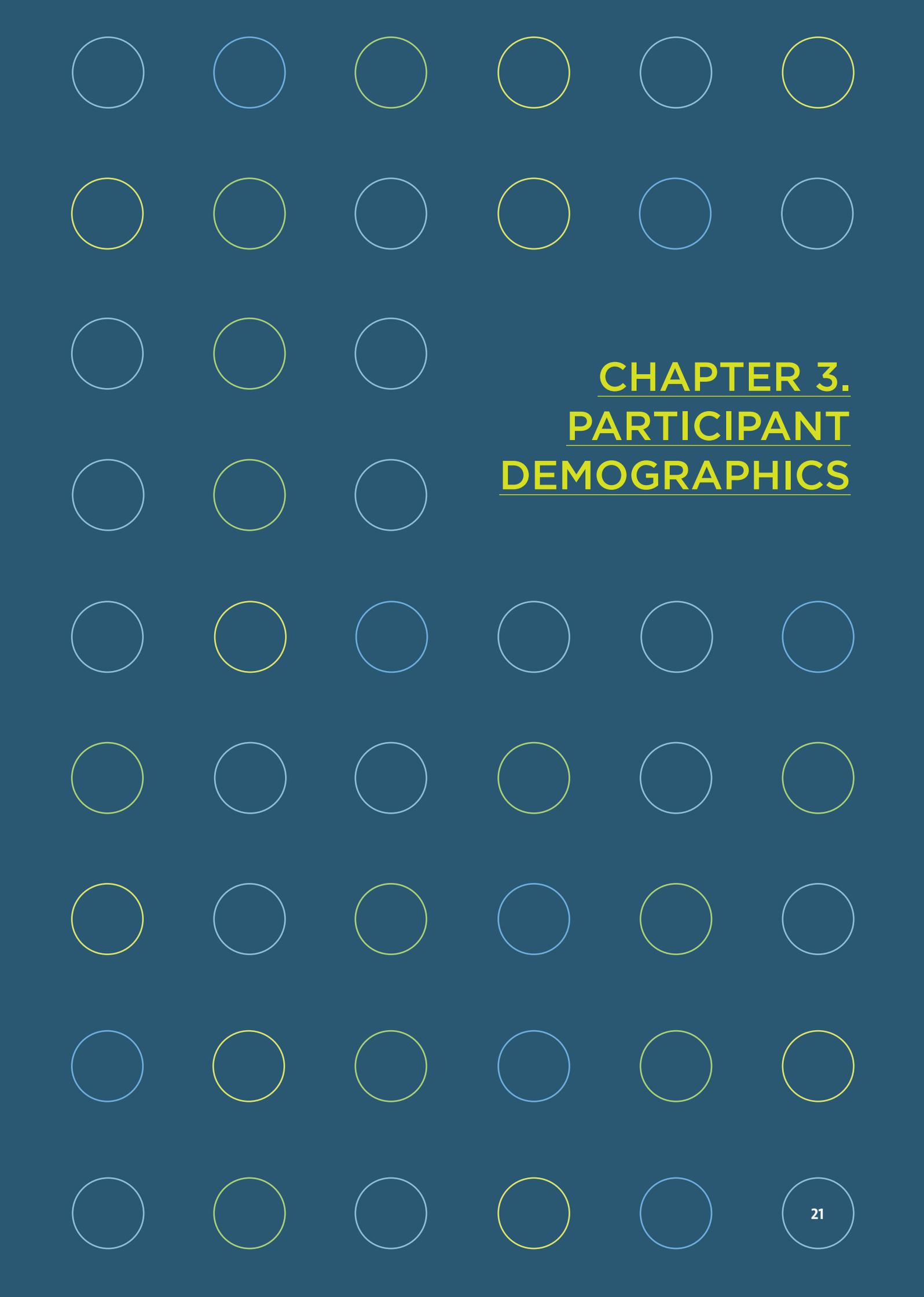
CHAPTER 3.
PARTICIPANT
DEMOGRAPHICS

Introduction

The population sample is reflective of diverse populations in Guyana regarding age, educational level, employment status, ethnicity and region of residence. In total, 178 people from 6 out of the 10 regions in Guyana participated in this study.

3.1. Sex

Approximately 68% (n=121) of participants identified as female and 29.8% (n=53) as male. A small number of participants (2.2%, n=4) chose not to answer this question and were recorded as "not reported". This may have been for various reasons; however, it should be noted that the demographic questionnaire provided the answer option "other" for those who did not identify as male or female.

FIGURE 1
Sex of participants (%)
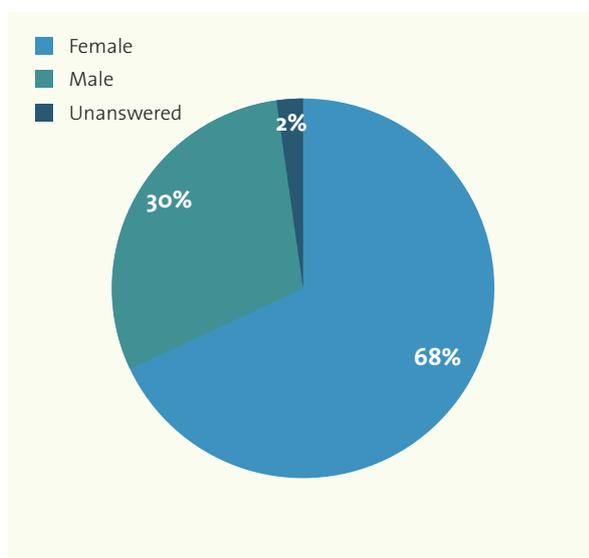
3.2. Age

Participants' ages ranged from 18 to 65 years old, with the majority (36%) in the 25–34-year age range. Since 70% of the Guyanese population is under the age of 40 (Bureau of Statistics, 2016), the ages

of participants included in this study reflects the distribution of ages in the country.

3.3. Education

There was a wide range of educational levels among participants. A few had no formal schooling (1.1%), some had an elementary school education (13.5%) and a larger proportion had completed some high school (18.5%). The majority were high school graduates (29.8%), with fewer participants possessing some college credits (7.3%), trade/technical/vocational training (6.2%) or a university degree (14.6%).[4] Interestingly, several participants left this question blank (3.4%) or wrote "not applicable" (4.5%) as the highest educational level achieved. It is not clear why "not applicable" was chosen, but it could indicate that they had no formal schooling or that they did not want to provide an answer but did not want to leave the question blank.

3.4. Employment

More than three-quarters of participants reported being employed (78.2%) at the time of the study, 18.5% were unemployed, 2.2% indicated that the question was "not applicable" and 1.1% left the question blank.

3.5. Ethnicity

Most participants identified as being from one of three main ethnic groups in Guyana: Afro-Guyanese or those of African descent (37.6%); Indo-Guyanese or those of Indian descent (31.5%); and indigenous populations of Guyana (5.1%). Many participants

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4   College credits are considered to be tertiary education in Guyana (e.g. from Cyril Potter College of Education or Guyana School of Agriculture or completing some university credits from the University of Guyana without obtaining a degree or diploma).

FIGURE 2
Age of participants (years)
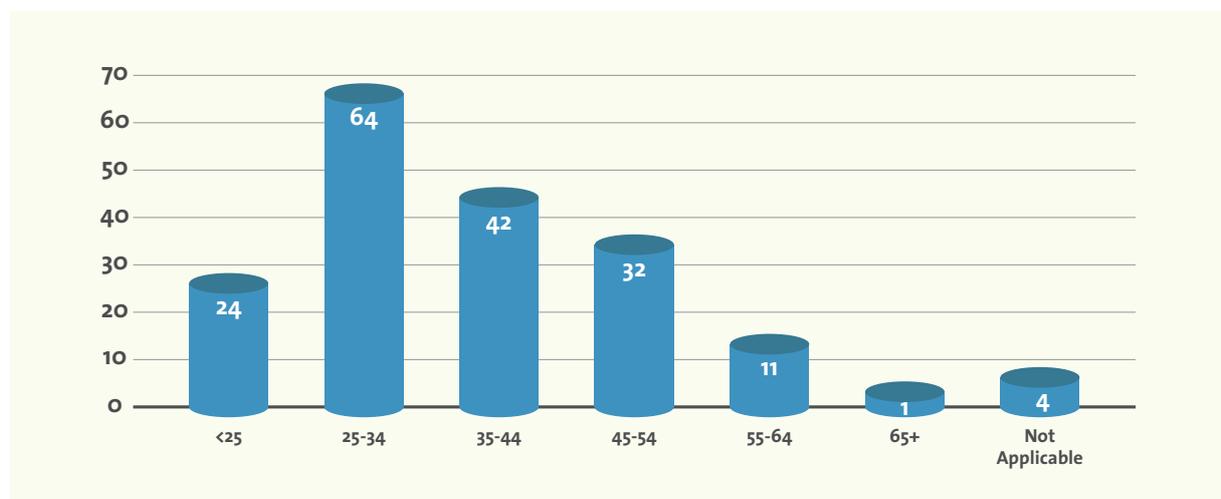
identified as "mixed" (23.6%), which is any combination of these primary ethnic groups or a combination of European descendants (Portuguese, British, French, Dutch, etc.) with Afro-Guyanese, Indo-Guyanese or indigenous populations. It should be noted that approximately 17% of the Guyanese population identifies as "mixed" (Bureau of Statistics, 2014); however, this proportion may actually be higher, since those with "mixed" ancestry may identify with one ethnic group over another and complete Census data accordingly. This may have also been the case with study participants.

FIGURE 3
Employment of participants (%)
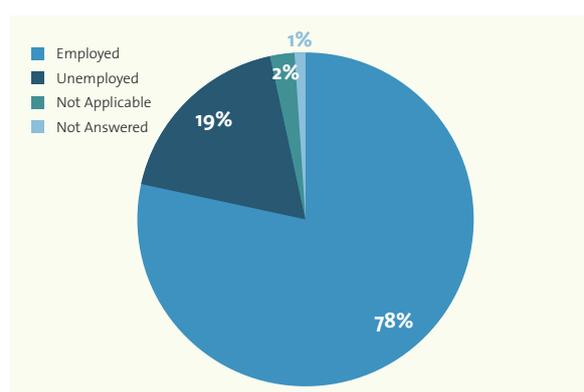
TABLE 3
Education level of participants

Educational level	(%)	(n)
No schooling	1.1%	2
Elementary	13.5%	24
Some high school	18.5%	33
High school graduate	29.8%	53
Some college credits	7.3%	13
Trade/technical/vocational training	7.3%	13
University degree	14.6%	26
Not reported	3.4%	6
Not applicable	4.5%	8

Ethnicity of participants
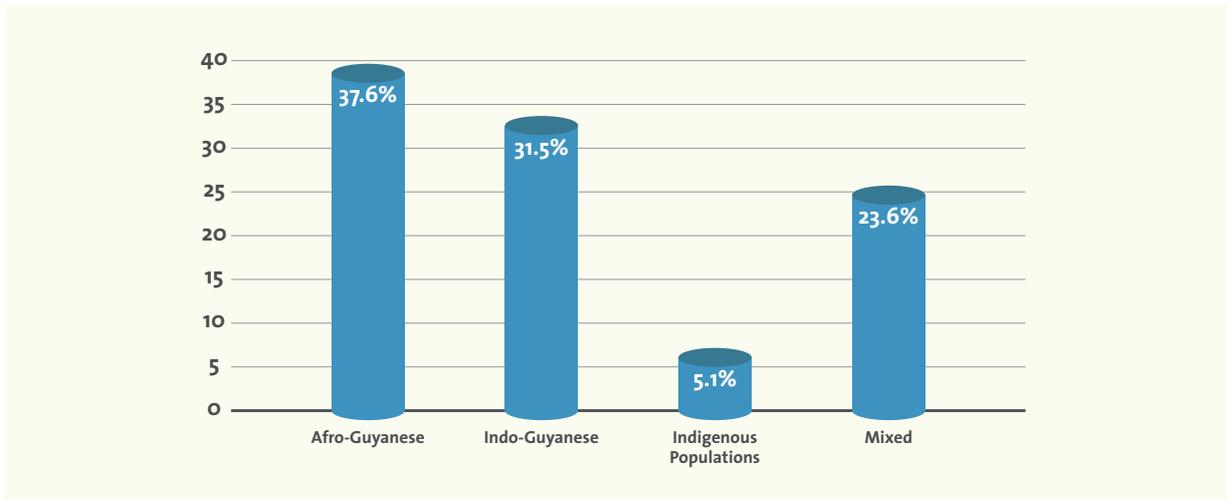
3.6. Religion

Religion of participants (%)
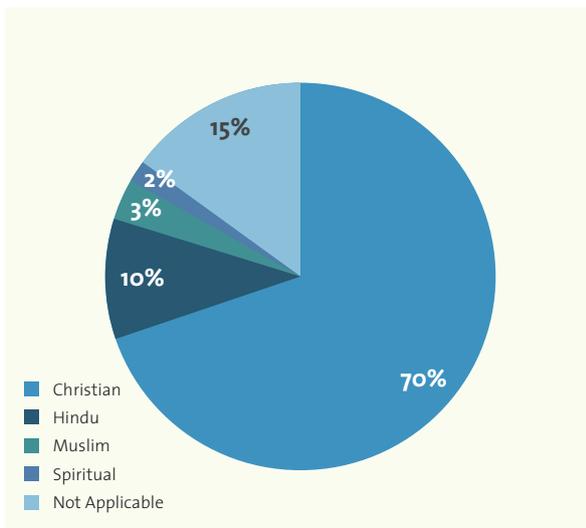
Most participants were Christian (68.5%) of various denominations; this was followed by Hindu (9.6%) and Muslim (3.4%). A small percentage identified as being spiritual (1.7%) versus being religious while a larger proportion wrote "not applicable" (14.6%), which may equate to being "non-religious".

3.7. Region of residence

Participants were engaged from six out of the ten regions in Guyana. The majority resided in the coastal areas of the country, including Region 2: Pomeroon-Supenaam (19.7%), Region 3:

Regions of residence

Region	(%)	(n)
Region 2: Pomeroon-Supenaam	19.7%	35
Region 3: Essequibo Islands-West Demerara	2.2%	4
Region 4: Demerara-Mahaica	27.5%	49
Region 6: East Berbice-Corentyne	21.3%	38
Region 7: Cuyuni-Mazaruni	0.6%	1
Region 10: Upper Demerara-Berbice	28.7%	51

FIGURE 6
Marital status of participants (%)
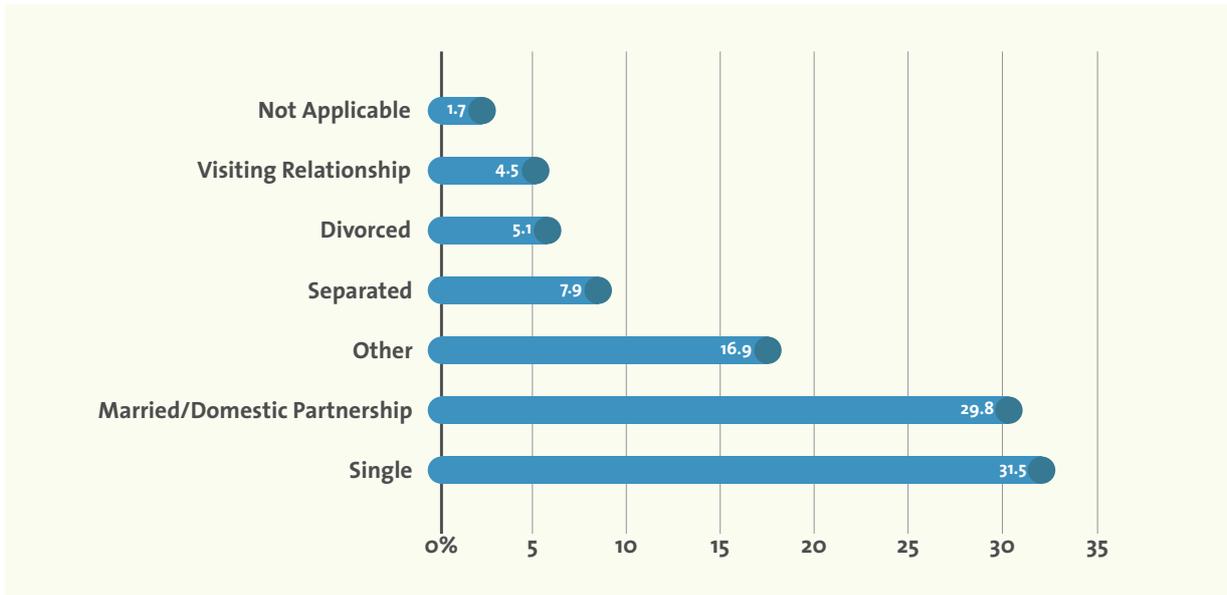
Essequibo Islands-West Demerara (2.2%), Region 4: Demerara-Mahaica (27.5%) and Region 6: East Berbice-Corentyne (21.3%). A smaller proportion of participants lived in the interior areas in Region 7: Cuyuni-Mazaruni (0.6%) and Region 10: Upper Demerara-Berbice (28.7%).

3.8. Marital status and children

Marital status varied. Most participants were either single (31.5%) or identified as being married or in a domestic partnership (29.8%). While few participants reported being in a visiting partnership (4.5%), 30 participants (16.9%) labelled their marital status as "other". Historical and contemporary studies of Caribbean families document the diversity of intimate relationship forms, where visiting relationships are a common occurrence (Innerarity, 2000). Even though a minimal number of participants indicated they were in a visiting relationship, the percentage of participants who identified their marital status as "other" reflects the trend of relationships that do not conform to traditional Eurocentric ideas of family.

Approximately 7.9% reported being separated and 5.1% were divorced. Finally, 1.7% of participants responded "not applicable" to this question.

In terms of children, the majority of participants had at least one child (72%), 24.1% had no children, 2.2% left the question blank and 1.7% answered the question with "not applicable".

TABLE 5
Parental status of participants

Children	72%
No children	24.1%
Unanswered	2.2%
Not applicable	1.7%
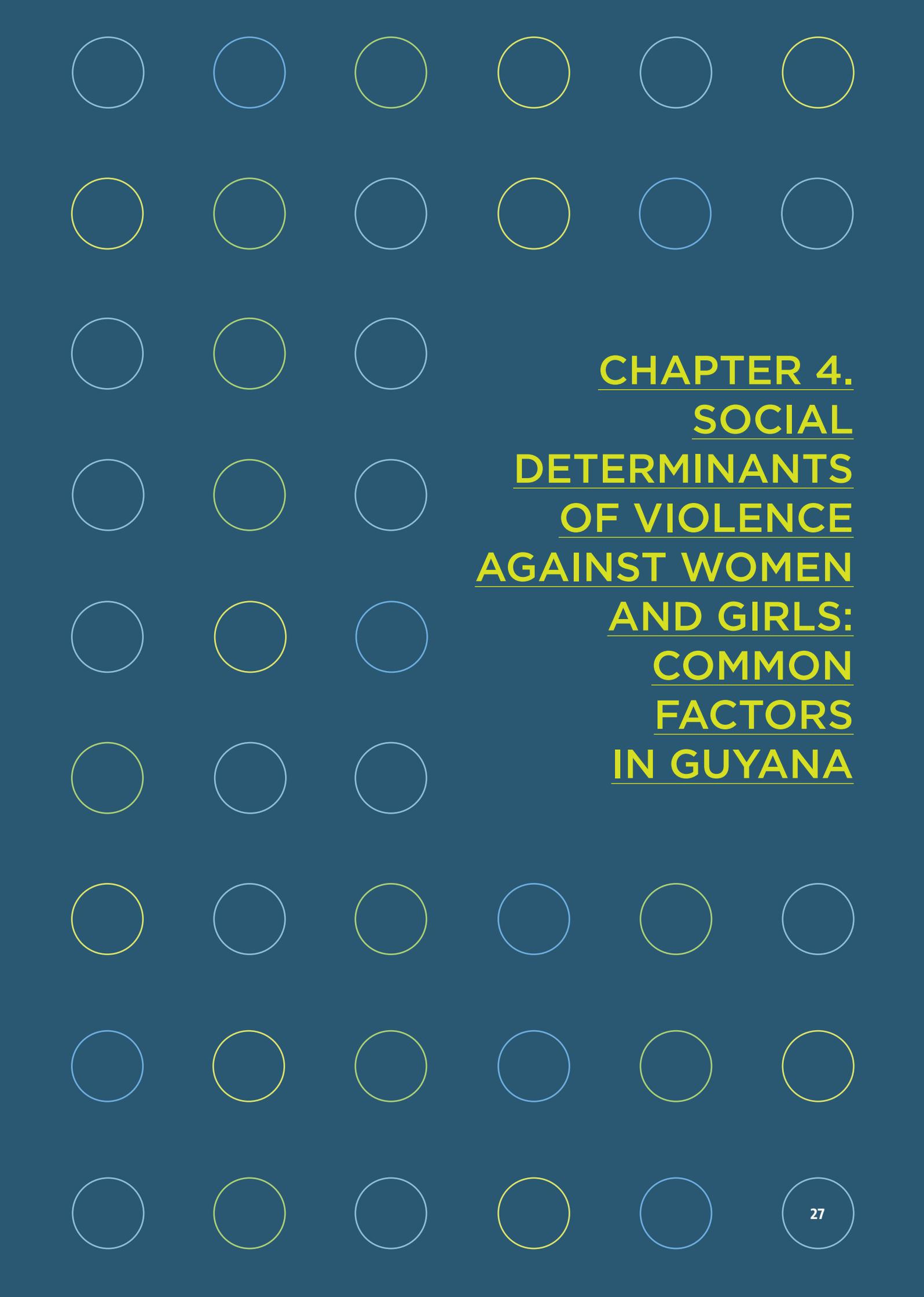
CHAPTER 4. SOCIAL DETERMINANTS OF VIOLENCE AGAINST WOMEN AND GIRLS: COMMON FACTORS IN GUYANA

"We have a situation in the country where at least 5,000 and more sugar workers lost their jobs...they have no form of income. What happens in a case like that? Employment is not there, training is not there, recreation is not there. Nine out of ten, they are the sole breadwinners in their home. We are just waiting to implode, because what used to be sporadic violence, perhaps in homes where people will drink and come home and beat up... now they're there and they're dealing with a lot of festering emotions, and then they will hit out at somebody, nobody is even looking at that, you know"
(Female, Health Professional Interview A).

In this chapter:

• Structural determinants of violence

• Public policies related to violence

• Social determinants that influence socioeconomic position

• Social determinants of health

Introduction

Using the Commission on Social Determinants of Health conceptual framework to guide this report.

Health is a complex phenomenon. It is not only influenced by genetic composition and biological factors but also affected by the structure of society, by social interactions, cultural norms, policies from various sectors and access to health care (Kelly et al., 2007). To better understand the complexity surrounding VAWG in Guyana, we required a framework to adequately address the aforementioned factors and their intersections with one another. In using this framework, we recognize that the understanding of violence and

its impacts on health is also linked to a broader discussion on human development in Guyana and the Caribbean, which has historically taken a people-centred approach. This means that human development, including economic growth, can be achieved by improving freedom of choice and the general welfare of citizens (UNDP, 2012). Therefore, while this report primarily uses the framework developed by the WHO Commission on Social Determinants of Health (CSDH), many of the factors addressed intersect citizen security concerns within the region (Solar and Irwin, 2010; UNDP, 2012).

The main purpose of the CSDH is to explore health as a social phenomenon, acknowledging social justice and health equity[5] as integral aspects of health. With this focus, human rights are in the foreground, thereby providing an individualistic, but also a collective, perspective, both of which are important to the VAWG work that has taken place in Guyana.

Many factors influence individual and population well-being, including social, economic, biological and environmental determinants. These factors interact to place individuals at risk of certain behaviours, consequences or conditions, such as mental health problems. Of importance are social determinants, which influence health outcomes and are responsible for disparities between individuals and populations within and between countries.

According to the literature, social determinants such as lower educational levels, lower income levels, history of witnessing parental violence, forced marriage and living in a single parent home, place women at higher risk of violence (Koenig et al., 2006; PAHO and CDC, 2012). Research further indicates that consumption of alcohol or drugs

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5   Health equity is defined as the "absence of unfair and avoidable or remediable differences in health among social groups" (Solar and Irwin, 2010). This concept is central to the CSDH conceptual framework. See Solar and Irwin (2010) for more information.

FIGURE 7
CSDH conceptual framework
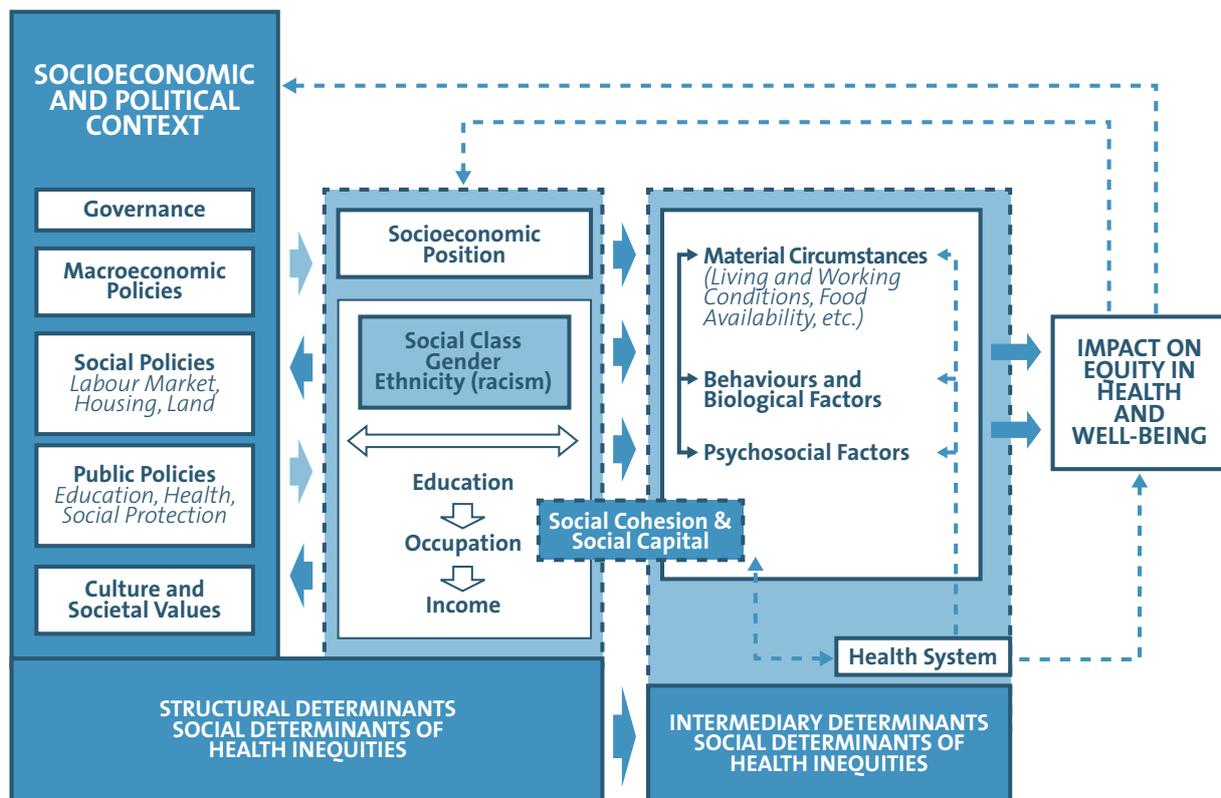
Source: Solar and Irwin (2010)

and witnessing family violence (intergenerational violence) are associated with an increased risk of perpetration of violence (ibid.).

This chapter outlines determinants or social factors that may contribute to an increased risk of VAWG from the perspectives of survivors, perpetrators, community members and professionals who work in the field. It also highlights mediating factors and/or socioeconomic consequences attributable to VAWG.

It should be noted that VAWG is a complex issue and the identified determinants are not presented as causal factors. Rather, the aim was to identify associated or contributing factors relevant to Guyanese populations for inclusion in future policies and programming prioritizing health and health equity (since these are both a function of the social determinants).

4.1. Structural determinants: Social determinants of health inequities

Definition: "Social determinants of health inequities" refers to social processes, such as context and structural mechanisms (e.g. welfare state, public health policies), that create stratification and result in socioeconomic positions of individuals in society.

4.1.1. "I can report it. I can take the perpetrator to court": Political context and public policies

According to the CSDH conceptual framework, context refers to "structural, cultural and functional aspects of a social system" that have an impact on the differential health outcomes for individuals and populations (Solar and Irwin,

2010). One influential aspect of social systems is the public policy decisions by which government "manages economic, political and social affairs through interactions within and among the state, civil society and private sector" (Solar and Irwin, 2010). These decisions are reflected in the types of policies implemented.

The VAWG-related policies, declarations and strategic frameworks that the government has enacted in the past decade have been shown to be progressive (Help and Shelter, n.d.). Guyana has made great strides in attempting to address VAWG by implementing legislation at the national level, such as the Domestic Violence Act of 1996 and the Sexual Offences Act of 2010. These policies criminalize various types of violence, including marital rape, identify the roles and responsibilities of professionals and highlight the severe penalties for the perpetration of various forms of violence. These policies have a direct impact on how health is distributed across population groups.

In Guyana, most professionals interviewed were knowledgeable about national policies relating to VAWG, although it was unclear whether they were fully aware of their roles and responsibilities according to the law. Many professionals indicated that the general population had some knowledge of social and public policies related to VAWG.

> *"Most of them know that they can file domestic violence applications for protection or restraining orders...they may not know exactly how, but they're aware that it can be done. They know that they can make police reports and they're aware of the fact that presumptions now lie heavily in favour of females"*
> (Male, Magistrate Interview C).

There was also the belief that, while some people were not initially aware of policies on VAWG, they

might have learned about them through various means such as community and social networks.

> *"Most women perhaps are not aware of it, but some women and men know about it and hopefully they are the ones who will eventually educate the ordinary person at home, the ordinary housewife who wouldn't have otherwise known about it"*
> (Female, Magistrate Interview B).

Moreover, being personally affected by violence had encouraged some survivors to become knowledgeable about their rights as Guyanese citizens.

> *"I being a neighbour and see [violence] I can report it. I can take the perpetrator to court. I can say what I'm experiencing and what I saw the person experiencing. The law give[s] us that privilege, compared to [before], we didn't had it...people now can stand up"*
> (Female, Survivor Interview D).

This information would be especially important for those who witness violence and wish to report it.

Interestingly, some police officers perceived that there had been an increase in reported violence after the national laws were passed. The enactment of laws and an increase in awareness of these laws can empower women to report abuse in their relationships with a greater understanding that VAWG is unacceptable. The increase in reporting can be perceived as an increase in violence as women are speaking out more about violence they experience in their relationships.

> *"And this one might sound a little ridiculous, but to me and when they pass the law, in relation to this domestic violence case where the husband can't rape his wife and so on, like the domestic violence get worse. Like you get an increase with domestic violence*

because like...the man ain't accustomed to that and he retaliates, you know"
(Male, Police Focus Group B, Participant 5).

Overall, most participants were aware of national legislation regarding VAWG but it was unclear to what extent their knowledge extended and whether they felt empowered to act according to their legal rights and professional roles to prevent or address violence in a formal or informal capacity.

4.1.2. Gender, social hierarchy and socioeconomic position

Social hierarchy is based on social class, which is defined as "the distribution of power, prestige and resources" in society (Solar and Irwin, 2010). Class is directly related to economics and the degree of control over resources, which can result in social stratification if resources are unevenly distributed (ibid.).

Some participants spoke about the cost of living as a structural mechanism that stratifies society and creates social class divisions. For instance, participants identified that the lack of financial means to buy necessities for themselves and their families had increased over the years, making it more difficult for some families to survive. One health professional spoke about the increase in food prices.

"Then, if you look at the food, food prices are not stable. One time, milk reached like $800 GYD per pound and I'm talking about loose milk, not tinned milk and a lot of families had to drink bush tea because they can't afford to buy the milk because of the salary"
(Female, Community Member Interview A).

This increased cost of living generates further stratification within Guyanese society, which influences the socioeconomic position of individuals and can result in differential exposure

and vulnerability for some women. One health professional described the link between poverty and the increased risk of VAWG.

"I think the socioeconomic situation in the country plays a large role in what happens. In a lot of cases, the perpetrators of violence are their significant others, whether husband, common law, partner or just significant other in terms of, maybe their boyfriend or whoever, it can be a lot of these. But sometimes because of the frustration of the economic poverty because of lack of recreational facilities or whatever, people tend to gravitate a lot in Guyana to alcohol, a lot. And sometimes I'm able to interface with women not only in a clinical setting but outside of it, and that is a problem. Husband comes home, beats up because he's drunk or he's high on drugs and everyone gets licks, from the woman to the kids"
(Female, Health Professional Interview A).

Socioeconomic position is based on a variety of indicators including social class, income, education, occupation, gender and race. Although gender is just one of many determinants, most participants used a gender lens to discuss other indicators, given their interconnectedness with gender. As a result, it was not possible to talk about economics or the division of labour, for instance, as discrete categories without intersections of occupation, education and employment with gender. These discussions provided a basis for understanding the importance of gender roles in Guyanese society.

4.1.2.1. "Trapped in this 'backward house life'": Gender roles, employment, education and income

Gender refers to the socially constructed norms, roles and behaviours that are ascribed to men and women in a specific culture or society (O'Toole and

Schiffman, 2007). These ideas shape interactions and relationships between individuals and can lead to unfair treatment and discrimination of one group over another, such as VAWG (ibid.). In Guyana, socially constructed ideas of masculinity and femininity influence expectations of men and women in community, family and relationship domains. These ideas and values affect understandings of VAWG.

Participants stated there were common gender roles in Guyana, with men typically working outside of the home earning an income whereas women worked inside the home, taking care of the household and raising children. Women's roles were at times considered to be a liability if they did not generate an income. Comments pointed to clear and defined roles in the division of labour, and also alluded to expected masculine and feminine characteristics, where men are expected to be leaders, in control and the breadwinners, whereas women should be subservient and follow direction. However, some comments also illustrated resistance and disagreement with this ideal, identifying women's roles as "backward house life".

> "And too many women [are] trapped in this backward house life. Man brings home the bacon. Woman stays home, maintain six paces behind. Takes orders. Takes care of the children and makes sure that 'dinner's on the table when I get home' and they get into that. They aspire to that. They look for a man to provide. And a lotta these men seek out such a woman"
> (Male, Magistrate Interview C).

Even though the participant above indicated that both men and women would seek out partners to fulfil these roles, the pressures of providing for a family contribute to the ways in which men view the women taking care of the home. Women can be caught in situations where there is no easy answer

to address inequality. By conforming to traditional notions of femininity, they may be considered a burden to their partners.

> "What I have observed is as long as you're not out there bringing in your money equally, you become a burden to the person who's bringing in the money, so every need that you have will become a burden to that person...I have to pay the bills, I have to pay the food and you still want the shoes and the dress and you still giving your mother rice and sugar from my pan"
> (Female, Health Professional Focus Group C, Participant 1).

However, if women seek employment outside the home, they threaten the masculinity of their partner. Regardless of whether women work inside or outside of the home, participants indicated that, when men were not earning enough for their children and wife's needs, violence sometimes arose out of stressful living conditions and frustration.

Women also feel societal pressures related to ideas of what is considered feminine. According to one community member:

> "They were forced to believe that they as a woman, they should always be serving their husband, and if they tend to deviate from that then it will be considered something vile, like they will be considered vile"
> (Male, Religious Leaders Focus Group A, Participant 1).

Thus, women are provided with limited guidelines on what is considered respectable, and are told that deviating from these ideas can result in being stigmatized. As one health professional stated,

> "I think it's just a thing that has been handed down from generation; it's taboo to say that anything is wrong with your marriage because you're less than perfect. I don't think

it's religious because no religion tells you to stay home and get beaten up – Islamic, Hinduism...I don't think it's any of that, but I think it has to do with how our women has been taught from their mothers onwards... you know, you have to do things a certain way, you have to conform. Well a lot of those lessons are good, be respectful and all of that, all of those things are good but you can't – when things are going wrong, you can't blame the woman alone and that tends to happen in Indian household – I think, a lot of blame is placed on the girl, it's got to be her fault somehow"
(Female, Health Professional Interview A)

This comment illustrates that participants view ethnicity as a contributor to ideas of femininity, and that being respectable means having a successful marriage. Moreover, responsibility for maintaining the relationship is considered to be linked to women's actions, which has created a basis for victim-blaming when violence is experienced. Community members also recognized that women experienced increased pressure to remain with one partner.

"I think all my group will agree with this. I think there is a history in Guyana that a woman [is] only entitled to one guy, ain't it? Guyana system somehow there is a mentality that she cannot move on in life"
(Male, Religious Leaders Focus Group A, Participant 3).

However, some participants did not believe traditional gender norms continued to be as widely accepted. A few participants spoke about changing perspectives on gender roles in Guyana, with both men and women striving for gender equality. A male religious leader stated, *"You would know that today there is a big cry for equality, there is a big cry, but maybe two decades ago, women*

were only seen in certain jobs and even in politics... but today we have seen women occupying some of the top jobs and congratulations...in politics and engineering and architecture." A male community member stated, *"I don't see a spouse as a modern-day slave...you marry a female and you say 'hey, you gotta cook, wash and clean for me.' I look at it as an equal partnership."* Therefore, while traditional ideas of gender roles remain, some men and women community members are challenging these. With a range of viewpoints on gender roles present, participants also questioned and discussed their ideas of gender equality.

Participants generally agreed that equality between men and women was the ideal; however, if one partner attempted to play a dominant role in the relationship, conflict might ensue. According to one police officer,

"You see when you empower women, some of them believe that they are too empowered and the term that we use, partner right, and equality, those words, those terms can play with some of them minds. Believe what I am saying, and that cause serious problems at home, yes I agree that you should be equal in terms of certain things but when a woman feel that in certain cases that look, we're equal and everything, but I never see, for example, one horse with two heads, somebody got to be in charge, somebody got to lead, and even though we're equal"
(Male, Police Focus Group B, Participant 5)

This participant's statement, that women can be "too empowered", illustrates some resistance and hesitancy regarding equality. In his opinion, women could be empowered but not to the degree that they considered themselves a leader in their intimate relationship. In essence, he believed there were spaces where equality could exist but this was not in an intimate relationship

between men and women. Another participant in the same focus group challenged this perspective and pointed out that men and women could not be equal in all respects but partners should have a better understanding of how to work and live together.

> "P5 is right to an extent, but the men in this country tend to have one set of rules to govern them and there is another set of rules to govern the females, yes. We're equal and what not, you're the head but then the woman become the neck and without the neck the head can't function. So you're not no prime minister and president, we're head and neck, but you have to co-exist, we got to work together or we can't move in any direction"
> (Female, Police Focus Group B, Participant 1).

With these comments, the participant was pointing out that both men and women were necessary for relationships to function. However, even though her comment was made to challenge her colleague's perspective and to shift the focus from seeing one person in charge to viewing the relationship as a partnership, the head and neck analogy continues to perpetuate a subordinate status for women, with men remaining as the ultimate authoritative figure.

Although it might be considered that progress on gender equality has been made (e.g., as the religious leader mentioned above, women are now seen more frequently in leadership positions), some participants believed that men still subscribed to traditional ideas of masculinity and continued to be socialized according to traditional norms, which directly conflict with ideas of gender equality. One magistrate stated,

> "An unenlightened and almost Neanderthal mind-set. Hierarchal as you said, giving power to men. It's ages old and men went to pains to cement this in religion, in culture and law

even. And now that they're losing their grip on this – often violence is an expression of their frustration and – how is it affecting women?"
> (Male, Magistrate Interview C).

A health professional described the control men tend to exercise to deal with losing their status:

> "He's like controlling finance, the time, the socialization cut and you find that the whole power struggle –the whole power struggle with their husband, he's the boss"
> (Female, Health Professional Focus Group C, Participant 3).

Some participants believed women contributed to men's frustration with loss of control and dominance in a relationship. For instance, a religious leader suggested that women could exacerbate an already tense situation with negative comments:

> "Because silently men were grown up to feel, look I am superior – though it was never said in a vocal way and never taught in a school but he was brought up knowing that, you know, you should always be the head of the home, managing things. Now, these days, statistics have shown, more girls complete school and universities than boys, and more girls are highly qualified than boys, so what that indicates is that is they earn more money, they would have better jobs, they would have better positions, they would enjoy, you know, a good status in society. I don't know, I can only speculate [chuckle] that sometimes in a home – but they have been [in] relationships in homes and in workplaces, that people have allowed little things to go to their head so much so that they've lost their sense of direction. You might have a better job than me, you might have...might earn a more decent salary than I do but that doesn't suggest

that you may make snippy and cutting statements and antagonize a situation. So these are all contributing factors" (Male, Religious Leader Interview A).

Gender norms are important factors in communities and often guide how men and women are expected to interact. Participants believed that violence often resulted when these norms were breached, especially in traditional relationships. However, it was not clear how participants rationalized relationships that did not conform to gender norms (e.g. where both partners are professionals) and yet were not violent.

Many participants identified educational attainment as contributing to violence. As a result, violence was regarded as a problem typically affecting women with lower educational levels, primarily because they were thought to be unaware of how to address the problem. A health professional stated,

> *"I think it has to do with your – to some extent, with your educational level because people in different classes accept different situations or different behaviours. Now you may have a family at the lower level of the social class where the husband is an alcoholic so he may go out and drink and come in and every time he comes in he expects to have this pound of flesh, now having a wife in the same class or level with him, she would think that there is no other alternative but to submit to his behaviour"*
> (Female, Health Professional Focus Group C, Participant 1).

This comment provides some insight into some community members' understanding of class and its relation to violence. This participant assumed that only a specific class of people experienced alcoholism and traditional gender

roles. These perspectives stereotype lower socioeconomic households and potentially create greater stigma for women in middle to higher socioeconomic positions who experience the effects of traditional gendered roles and alcoholism.

Some participants who acknowledged that violence could occur among individuals from any educational background supported this point. A female health professional stated, *"I think it goes across the board, it's just perhaps the lower economic status instances perhaps get media coverage or you perhaps see them because they come to you or they may go to court, but there are a lot of people who are in the upper bracket that have [or] will not."* The belief that violence tends to occur among less educated populations is prevalent and diverts attention away from the ubiquity of violence across socioeconomic statuses.

Income was also often described in relation to gender roles, with many women depending financially on their partners for household costs, children's needs and personal expenses. In many cases, participants described single income households as no longer being able to meet the needs of the family, leading to a situation of gendered poverty among women.

> *"I think sometime we get problem at work and sometime the finance you know, is not like before so, he don't know how to tell her to cut down on certain things like, you know, 'I don't have so much of money now to give you to buy Pampers, so much Pampers. How much for it?' so he think his responsibility is to give her enough money even when he is in a trouble, he don't know how to tell her because he doesn't want her to be sad so before he tell she in a nice way that this is what happening, he decide to yell*

at her she is spending too much of money and you can't buy so much of Pampers and whatever"
(Female, Community Member Focus Group C, Participant 15).

A few participants described the lack of financial stability caused by men withholding money or spending wages on alcohol or drugs. A male religious leader described a typical situation: *"They get home, some of them don't even take back when they draw their salary, they going to the shop and drink and merry, having friends and whatever remnant, the wife has to be satisfied with that, to take the home through the month or the week with that."* These circumstances place women in precarious situations, leading to hardship and impoverishment. This association between gender and poverty is exemplified in the following quote:

"I think people say that they want to stop domestic violence, they want to stop HIV, they want to stop a whole host of things but we can't stop that unless we tackle poverty. You have to find a way to make people's lives more liveable in a way that you don't have to scrimp and scrape and [inaudible]. It's like living in a pressure cooker, the pressures of day-to-day life, it's really hard and it's even harder and people that have children, four children. One is hard enough, two is hard enough, but three and four are rough"
(Female, Community Member Interview A).

Many women recognized the wide-reaching impact of poverty and unliveable situations, forcing them to seek out financial opportunities, such as domestic work, running errands, selling clothes and shoes and making and selling food, even though this contradicts traditional gender norms.

In addition, several participants spoke about women resorting to sex work or having an affair with a "sweet boy" – a man who can provide financial support for her and her children.

"The wife, somehow sometimes, she got an opportunity to bring in some money, but not from good sources, you know what I mean? Maybe she got a sweet boy for something you know"
(Male, Religious Leader Interview A).

In these examples, women generated an income through whatever means necessary in order to survive, regardless of whether it aligned with gender norms or traditional notions of femininity. It is unclear how women rationalized work outside the home, or sex work or extramarital affairs, as a source of income, even though these jeopardized their respectable image and the appearance of a perfect marriage.

4.1.2.2. *"Is only Indian man does drink and beat they wife": Gender and ethnicity*

Belonging to an ethnic group that has historically been and/or is presently marginalized can affect "every aspect of their status, opportunities and trajectory throughout the life-course", with an impact on risk of various conditions (Solar and Irwin, 2010). Along with gender, ethnicity is one of many factors that influence the risk of violence, especially in societies where racism, exclusion and discrimination exist. Owing to the intersectionality described previously, some participants defined gender through ideas about ethnicity and class, exemplifying remnants of colonial values that continue to permeate present-day society.

Several participants, including community members and professionals, believed that VAWG tended to occur primarily among Indo-Guyanese populations.

"You find that it's more visible within the Indo-Guyanese population, you could see it, it's there...it's a norm, that okay, he can beat me and I run out and I hide at a neighbour, I hide at a friend and then I go back three days after, two days after, he would come, he stop drink rum for good, he na goh drink back, he na goh smoke back, he guh wear he shirt button till here, he guh go Masjid or Church or Temple, wherever he go, he turn good and 14 days after, licks again, but it's a norm"
(Female, Community Member Focus Group C, Participant 20).

A reason for the increased violence among Indo-Guyanese populations relates to gender stereotypes about ethnic communities. Indo-Guyanese men are thought to be more controlling of their partners than Afro-Guyanese and indigenous men. In addition, Indo-Guyanese women are thought to be subservient, and Afro-Guyanese women to be more outspoken.

Conversely, many professionals shared their experiences of addressing violence across all ethnicities. One health professional relayed an incident regarding incorrect assumptions:

"An Indian woman said, 'Is only Indian man does drink and beat they wife' and I dropped dead. So I realized then where her head was, so I said no, all men beat. Once you're an abuser you will always beat, once you are an abusive man and she said, 'Yeah? yeah? I thought is only...' and I said no. So, in some people's head it's only one ethnic group, no all men beat. Once you're an abuser you're an abuser"
(Female, Health Professional Interview A).

Similarly, a police officer commented,

"At first, this type of violence used to take place a lot in East Indian communities, but now not anymore. It has spread across"
(Male, Police Focus Group D, Participant 15).

These comments show that perceptions are changing but that many people continue to uphold inaccurate perspectives on ethnicity.

4.2. Intermediary factors: Social determinants of health

According to the CSDH conceptual framework, the structural determinants mentioned in the last two sections (e.g. policies, income, employment, education) act through intermediary social factors, such as psychosocial factors and behavioural factors, to have an impact on health.

4.2.1. Psychosocial factors: Intergenerational violence

While intergenerational violence is organized under psychosocial factors in this report, it should be noted that it also represents a learning about inequality and the use of violence to keep control. The majority of participants defined intergenerational violence as family violence between parents, grandparents or other relatives in an intimate relationship. However, several participants expanded the definition to include corporal punishment, which was perceived to be child abuse. Childhood exposure to violence increases the likelihood of abuse as an adult and/or the likelihood of perpetuating violence as an adult (Roberts et al., 2010). Participants also believed that exposure to intergenerational violence led to the perceived normalcy and acceptability of violence as part of a relationship.

"What you find is that some believe that, 'Oh this is how my father was beating my mother' so that's a norm and that's how the society becomes corrupt...People see it as a norm, 'I can beat my wife, or I can beat my husband'" (Female, Health Professional Focus Group B, Participant 7).

One health professional pointed out that education and income did not necessarily protect against the transmission of intergenerational violence, acknowledging that social class was not a protective factor for violence. When his children entered into a romantic relationship with a new partner, he encouraged them to learn about the person's background and upbringing.

"And that's where the child now says, 'Well my father provided for me, he sent me to a good school, he did a lot of things, but then he was violent to my mother, he never spoke good of women, he did a lot of things,' but then the child growing up wouldn't see that as a major factor, they would see that financially he was there. And some children now grow up into a society that says once they have a good job...if I meet somebody...it doesn't matter, because you can give a little money somewhere and that's it" (Male, Health Professional Focus Group B, Participant 4).

4.2.2. Behavioural factors: Alcohol/drug consumption

Some communities were identified as having specific risk factors based on local occupations that were viewed as creating unhealthy examples for children who may imitate and adapt particular behaviours. For instance, difficult working conditions were associated with using alcohol as a coping mechanism for some

people. A female health professional said, *"Why I'm saying, 'Study the culture' you find in fishing communities, cane-cutting communities, a lot of alcohol is being used. In mining communities, a lot of alcohol and promiscuous lifestyles."*

A female survivor also referred to alcohol misuse among cane cutters: *"The sugar workers. I think there's a lot of physical violence because in the mornings when they finish cutting cane – this is what I know about – when they're finished cutting cane they have nothing else to do, they gonna drink rum so when you get home is to be violent to their wives...most of them."*

These quotes point to a belief that alcohol use is associated with laborious occupations and harsh working conditions, which result in violence. This is misleading. Participants' comments about alcohol use are actually a reflection of perceptions about social class. The economic factors associated with lower-paying jobs place individuals in frustrating financial situations, leading some to use alcohol as a coping mechanism. Another participant described the complexity of violence, linking poverty and the lack of resources with alcohol misuse and violence:

"We find a lot of delinquent fathers and when wives kick up against that, that is causing a lot of uneasiness. And then, what is even worse, is that sometimes the picture is being thwarted or the situation is being painted in such a way that the wife is becoming annoying or she quarrels for everything. But then the basic necessities are not met and then the husband lives in the one rum shop and why shouldn't she speak out? And then you know so you have in-laws now adding pressure, in a situation. So where these things are concerned and this is generally, it's right across the board, it's not only from an Indian perspective but generally, we find those are

some of the things that has really punched on relationships and creating this uneasiness leading to abuse in every way"
(Male, Religious Leader Interview A).

Although some participants suggested that alcohol misuse occurred mainly among people in lower socioeconomic positions, this is not the case. Alcohol misuse also occurs among those with a higher socioeconomic position, but these sectors of society rarely disclose their experiences.

Additionally, a 2017 UN Children's Fund (UNICEF) study of the lives of indigenous women and children in 12 hinterland villages revealed a similar understanding of alcohol being directly related to increased violence between couples. Among reasons provided, indigenous participants indicated that a lack of employment options close to their homes resulted in the separation of couples for periods when men went looking for work. The time away from home caused insecurities in relationships between men and women that were often acted out in violence when alcohol was involved.

4.3. Summary

VAWG is a complex issue influenced by multiple factors at various levels of society. Structural determinants that have an impact on violence in Guyana include national public policies, which are robust and progressive for addressing VAWG. However, these comprehensive polices are rivalled by ingrained beliefs and values about gender as it intersects with ethnicity, income, employment and education. Societal values and norms contradict the progressive nature of legislation by upholding unequal gender roles, which reinforce the sexual division of labour and gendered poverty as well as placing women at risk of violence. Finally, participants viewed

intermediary factors, or the social determinants of health, such as intergenerational violence and alcohol/drug consumption, as playing a major role in influencing health outcomes.

4.4. Key points of this chapter

- Guyanese public policies related to violence are robust but professionals may not be fully aware of their legal responsibilities.

- VAWG in Guyana is rooted in gender inequality.

- Traditional gender norms continue to define the discourse on masculine and feminine roles in society, and therefore heavily contradict progressive violence-related policies.

- In this study, education does not necessarily protect against violence.

- Violence occurs across ethnic lines but may manifest itself in different ways.

- Intermediary factors, including intergenerational violence and alcohol/drug misuse, are perceived to increase the level of risk of experiencing or perpetuating violence.
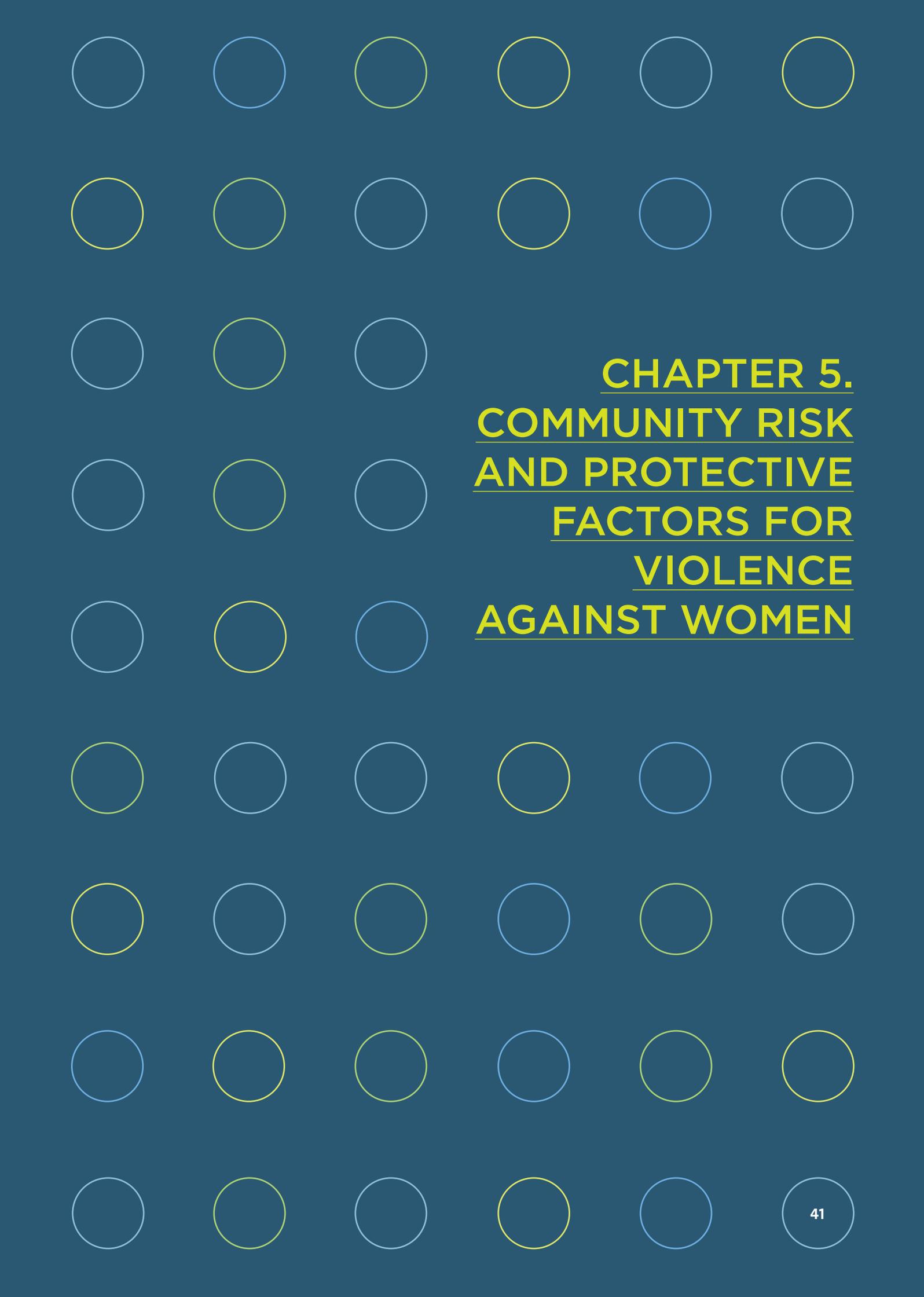
CHAPTER 5. COMMUNITY RISK AND PROTECTIVE FACTORS FOR VIOLENCE AGAINST WOMEN

"I don't think they see domestic violence as a major issue. Or an issue. They just see [it] like an everyday something, I guess. So, it just happens. Frequently"
(Female, Survivor Interview A).

In this chapter:

- Community norms and values
- Community acceptance of violence
- Community responses to violence

Introduction

Risk and protective factors for violence can be found at all levels of the CSDH framework, including upstream as part of the socioeconomic and political context and structural determinants as well as downstream as intermediary determinants. Such factors are also found at the community level and are related to community beliefs, values and social norms. Being exposed to multiple risk factors increases the likelihood of experiencing violence or perpetrating VAWG. Exposure to protective factors, on the other hand, safeguards men and women from committing and experiencing violence, respectively. Interestingly, participants identified community-level protective factors but not to the extent that they did risk factors. A few participants were unable to identify any protective factors that prevented men from perpetrating violence or women from experiencing violence.

5.1. "They look at what the community says": Community norms

As Chapter 4 outlined, adhering to social norms and, to a certain extent, gender norms, is important in Guyanese society. For women, maintaining a respectable image is critical and

can be achieved through social institutions such as the family, education or church (Besson, 1993). The idea of respectability is well documented in studies on gender and relationships in the Caribbean and is therefore relevant to the discussion on VAWG (Wilson, 1973; Besson, 1993; Green, 2006). Maintaining a good social standing can be secured by upholding community-created beliefs, even if at times this means women risk their own lives.

"Some people don't even talk, some people live a lie. They come out with a big smile on their face and when they get back in there it's not good...and then they come out with a smile. Sometimes you see they come out with bruises. But then you ask them, 'Oh I hit ma face' and some kind of nonsense and they're being abused and they don't want anybody to know"
(Female, Survivor Interview D).

"When you marry and you go with your husband and face difficult times and stuff, they say, 'Oh yuh lef he wa people gon seh?' and you go back right there and you end up murdered or something. They look at what the community says"
(Female, Police Focus Group A, Participant 2).

"She goes to her parents and she complains they say...they're religious people and they say 'Who God join together let no man put asunder' and 'How would you leave your husband, what will society say about you? The embarrassment'"
(Female, Police Focus Group A, Participant 5).

These perspectives reveal the intense pressure women face to uphold community values and illustrate how social pressures contribute to VAWG remaining a private issue. The fear of stigma within communities contributes to women's insecurity and can also influence

the assistance they receive, as seen in the last comment by a police officer.

5.1.1. "It's not shocking anymore": Community acceptance of violence

Participants described violence as being present in many aspects of community and family life. As a result, it was unsurprising to community members when violence occurred:

> "It's not shocking anymore because it is so common"
> (Female, Community Member Focus Group C, Participant 3).

Sentiments, such as those expressed by the community member above, illustrate the awareness in Guyanese society of the extensive nature of VAWG and the seeming desensitization among community members with regard to its frequent occurrence. This acceptance of violence by community members informs actions and reactions to violence, and was highlighted primarily in terms of survivors accepting violence because of a lack of awareness that VAWG is inherently wrong. One health professional commented on the normalcy of VAWG:

> "Well most of them think it's right to be abused. It's unfortunate how they view this whole scenario...so, most of them tend to take it as a normal thing and just go on in their daily routine...because their neighbour or family member or somebody accept that domestic violence is just an issue, it isn't to be taken seriously"
> (Male, Health Professional Focus Group B, Participant 5).

This comment suggests that, even though Guyana focuses on VAWG through a number of national, regional and community initiatives, some women

and communities are not receiving the intended messaging that VAWG is unacceptable. As a result, some women may accept their circumstances and refrain from addressing it. While this study did not speak to indigenous communities living in hinterland regions in Guyana, a 2017 report by the Ministry of Indigenous Peoples' Affairs released by UNICEF supports these findings. In this report, almost 27% of indigenous women in Guyana believed that VAWG was acceptable as a form of punishment if women did not complete specific tasks. Namely, violence was tolerated if women went out without their partner's permission, did not take care of the children, burned the food or argued with their partner. These results are 2.5% higher than the national average on similar topics. Moreover, one in four indigenous men believed that violence was acceptable for any of the aforementioned reasons (UNICEF, 2017).

Blaming survivors for violence committed against them also exemplifies community acceptance. Underlying gender stereotypes and negative assumptions about women are the basis for these claims. However, most participants recognized the harmful impact of blame.

> "I think, one of the way that the community can sometimes make bad for the victims is that they blame the victim, right, that maybe you're the cause of it, the man is a good man, the man does work hard, it got to be when that man working, you got other men, right, and make her feel less of a person and even she herself will start to blame herself and say, 'You know I am the cause, I am the fault, why he hitting' right?"
> (Male, Health Professional Focus Group C, Participant 11).

Other common unsubstantiated justifications for violence include "She's done something wrong" or "She's done something bad" and participants

recognized the role that men played in perpetuating violence.

> "There's no cause, she can't cause the man to do anything, the man has a mind of his own" (Female, Police Focus Group A, Participant 5).

As described in Chapter 4, participants spoke of intermediary determinants, such as intergenerational violence, which was also described as a high-risk contributing factor. Witnessing violence between parents, grandparents or other relatives was believed to lead to the acceptance of violence. This tolerance also lends to the protection of men who perpetrate violence. A police officer described a typical situation:

> "80% of these homes where violence has been committed is women living [with] mother-in-law and father-in-law...some neighbour calls the station, they can't come to see the police, mother-in-law or father-in-law come downstairs, 'Duh bai gone ah back dam' or 'He jus gone.' You already get the abuse, you can't come to the window to see the police so these things happen. The in-laws hide it. Come down with their bare face and watch you and tell you lies, and the woman [is] upstairs" (Male, Police Focus Group A, Participant 10).

This blatant dishonesty and lack of respect for the law exemplify the deep integration of violence in family life. Regardless of policies that criminalize violence and the threat of charges or even jail time, violence is committed with a sense that it is "their right" to act in this manner. This finding is supported by previous Caribbean studies on violence in relationships and provides further credence to a discourse where husbands have the right to "discipline" their wives and families (Barrow, 1996; Chevannes, 2001; Lazarus-Black, 2008).

The acceptability of VAWG in some situations as a form of "discipline" is at times fuelled and encouraged by gossip in the community. Community members were aware that gossiping among men could lead to violence, as they provided examples where idle gossip had resulted in incorrect information being conveyed about women. Men's reactions to gossip with violence were described as relating to feeling pressured by surrounding community members to protect their masculinity. Participants indicated that the legitimacy of the information was unimportant to those who chose to engage in spreading falsehoods. Gossiping was a recurrent issue for many participants which reveals a paradox; violence is considered a private issue, yet relationship characteristics are a topic of discussion for community members.

> "A man's wife might be at work, she's innocent, but then he listens to people so if somebody now says something to him he might be annoyed and just go home and he beats her" (Female, Police Focus Group A, Participant 2).

Moreover, when the masculinity of men is threatened, it is acceptable for other men to incite violence to ensure men maintain their authoritative position. Participants described situations where violence ensued after men were encouraged to preserve control in a relationship.

> "'You taking dah from that woman? Don't take that disrespect you have to stop that.' So, when he goes back... next thing you know, you read the papers the next morning if somebody, isn't dead, somebody is hurt" (Male, Police Focus Group D, Participant 15).

> "What they described as gossip it's a way of life, something to tantalize. Then and when they tantalize now some of them don't have the stamina...It happened a few years back when it was around Christmas time where they have these masquerade bands and when they finished dancing masquerade, they were at the drinking spots and some of

the men there saw one of the guys that were there [inaudible] his wife with another man and they tantalize him and he go home and kill her. On New Year's morning he killed her and then committed suicide, so it could go a long way"
(Female, Police Focus Group A, Participant 5).

These comments indicate that men interact with communities in different ways. In these cases, community perspectives had greatly influenced relationships and outcomes; other men may not take community perceptions into account when dealing with relationships.

For those who are influenced by community perceptions of their partner, some participants recognized that a different initial reaction was required, focusing on gathering more information instead of acting on the information that was conveyed. A police officer who deals with violence on a daily basis said,

> *"I think the male should stop listening to whatever is speaking out there and just go in and find out and just make sure"*
> (Female, Police Focus Group C, Participant 3).

Conversely, a few participants spoke of growing up in communities where women were well respected. Parents and community member were regarded as role models for younger generations so young boys were expected to treat girls with kindness. Being raised in these circumstances prevented boys from being exposed to violence at a young age, thereby reducing the risk of perpetrating violence as an adult. This situation also indirectly protects women from experiencing violence by limiting its acceptability in family and community situations. One health professional stated,

> *"We never saw our parents going at it, we never saw the neighbours going at it, never saw a boy...back then you knew that boys [were] not supposed to knock girls at all, if*

you knock a girl you're a coward and nobody wanted to be called a coward. So we never encouraged these kinda things. We were also kind...like pulling chairs for my sisters for them to sit down and so on"
(Female, Health Professional Focus Group B, Participant 2).

5.1.2. "People does tell me it's not my business": Community responses to violence

Community member participants indicated a desire to assist women who were experiencing violence but were worried about the response from both the survivor and community members, given that violence is perceived to be a private issue. Involvement may be perceived as meddling in private affairs. Those participants who had tried to intervene had been confronted with a range of responses from survivors.

For instance, some women may refuse help for undisclosed reasons. Participants reported that elders attempting to intervene in one community were cursed at and told to mind their own business. A female health professional recalled a situation where a survivor refused help and became angry: *"Why people don't want to get involved? Those same victims turn back and seh, 'Who call you? Anybody ask you?' 'Me look like me husband ah beat me?' 'Me tell you me husband ah beat me?"*

In another situation, a survivor stated that her friend had stopped offering help to others because of a negative experience.

> *"Once she went in to talk, the woman told her it was not her business and then [my friend] decided that she's not going to get involved anymore"*
> (Female, Survivor Interview D).

Some survivors may be concerned about retaliation from the perpetrator for accepting assistance if help is offered in a public manner. Approaching situations of violence without considering the context in which the assistance is offered poses an increased risk of retaliatory violence to survivors. As one community member described it,

> "Once I was working in a community, I saw a guy slapped a girl, that I presumed it was his wife, and I shouted from my van and I say 'Yo! Wha yuh doing there?' and his words to me were 'You come' so I get up and went. I come out de van and went and she told me 'Oh don't come, uncle' that 'It's alright, everything [is] alright' I don't think she doesn't want my help but she...she's worried about the repercussions of me helping today and five, ten days down the line. What she has to deal with"
> (Male, Community Member Interview B).

Other participants expressed reluctance to help, believing their efforts would be wasted, given the frequency of violence and subsequent reconciliation between couples, irrespective of whether complaints go before the court. Participants expressed concern that, once couples had reconciled, they would be viewed negatively or treated differently by the couple for "meddling", even if they had been trying to assist or mediate the situation. Community perceptions are important to social positioning, thus protecting personal and family reputation and well-being is a priority for most and may override any desire to intervene in VAWG situations.

> "Mostly husband and wife, business people don't want to get involved, them say 'Them two gon kiss and mek up, left them pon deh iights [The couple will kiss and make up so leave them to do what they want]'"
> (Female, Survivor Interview D).

> "Nine out of ten times, if the matter goes to court, the spouse would go and say 'Hey I don't want this guy to be charged because we're mending stuff up' so with that process, nobody wants to get involved in a spousal tit for tat"
> (Male, Community Member Interview B).

> "Maybe community won't want to intervene neither because they know that the person might get back with their spouse and then that might cause a problem for them so they prefer to stay out of the matter – problem"
> (Female, Health Professional Focus Group A, Participant 2).

Willingness to intervene is also related to the identity of the perpetrator. If perpetrators are reckless and have a bad reputation in the community, people are hesitant to help because it is unlikely to have an impact. Intervening may also create problems with family members of the perpetrator.

> "And we've seen it, you go and complain on someone who's violent then they or their family can get violent on you and people are afraid of that and because we live in such a small society, it's hard to report because of fear and if you report, not much comes out of it, that's reality"
> (Female, Health Professional Interview A).

While most community members are reluctant to intervene in "private" matters, fewer are willing to assist neighbours involved in violence. Some participants said they would intervene if the violence was thought to be for matters perceived to be trivial.

> "Now if he [is] abusing her, he's saying, 'You got a next man. You got a next man.' But you know, that's a next man problem. That's trust issues. Nobody won't go there. But if

they would hear him saying something like, 'The child ain't bathe,' or something, petty things people does be abused for. So I would say based upon the reason why the person is being abused, that's how the community would intervene with it"

(Male, Health Professional Focus Group A, Participant 1).

As mentioned in Chapter 4, the government affords certain rights and privileges in the Domestic Violence Act to witnesses willing to report violence. This is a positive step towards curtailing VAWG, however community members must be educated about their rights under the Act.

5.2. Summary

Multiple protective and risk factors exist at the community level and interact in complex ways. Unequal gender norms are at the root of VAWG and influence the acceptability and normalcy of violence in society. Community members exacerbate violence by accepting it, covering up or protecting the perpetrator and victim-blaming. Gossiping among men has a profound impact in terms of instigating violence. On the other hand, protective factors involve community members or neighbours providing support, advice, counsel and assistance to address violence in the community.

5.3. Key messages of this chapter

- In this study, unequal gender norms underpin VAWG.

- Community members could be perceived as condoning violence by their reluctance to provide support and assistance.

- Societal values are thought to place pressure on women and men to conform to unequal gender norms.

- Disclosing violence was viewed as potentially harmful, placing women at risk of more violence.

- Gossiping about the behaviour of female partners (e.g. flirting or being unfaithful) among men is perceived as a serious risk factor for instigating violence in Guyanese communities.

- Protective factors involve community members and neighbours providing support, advice, counsel and assistance to address VAWG.
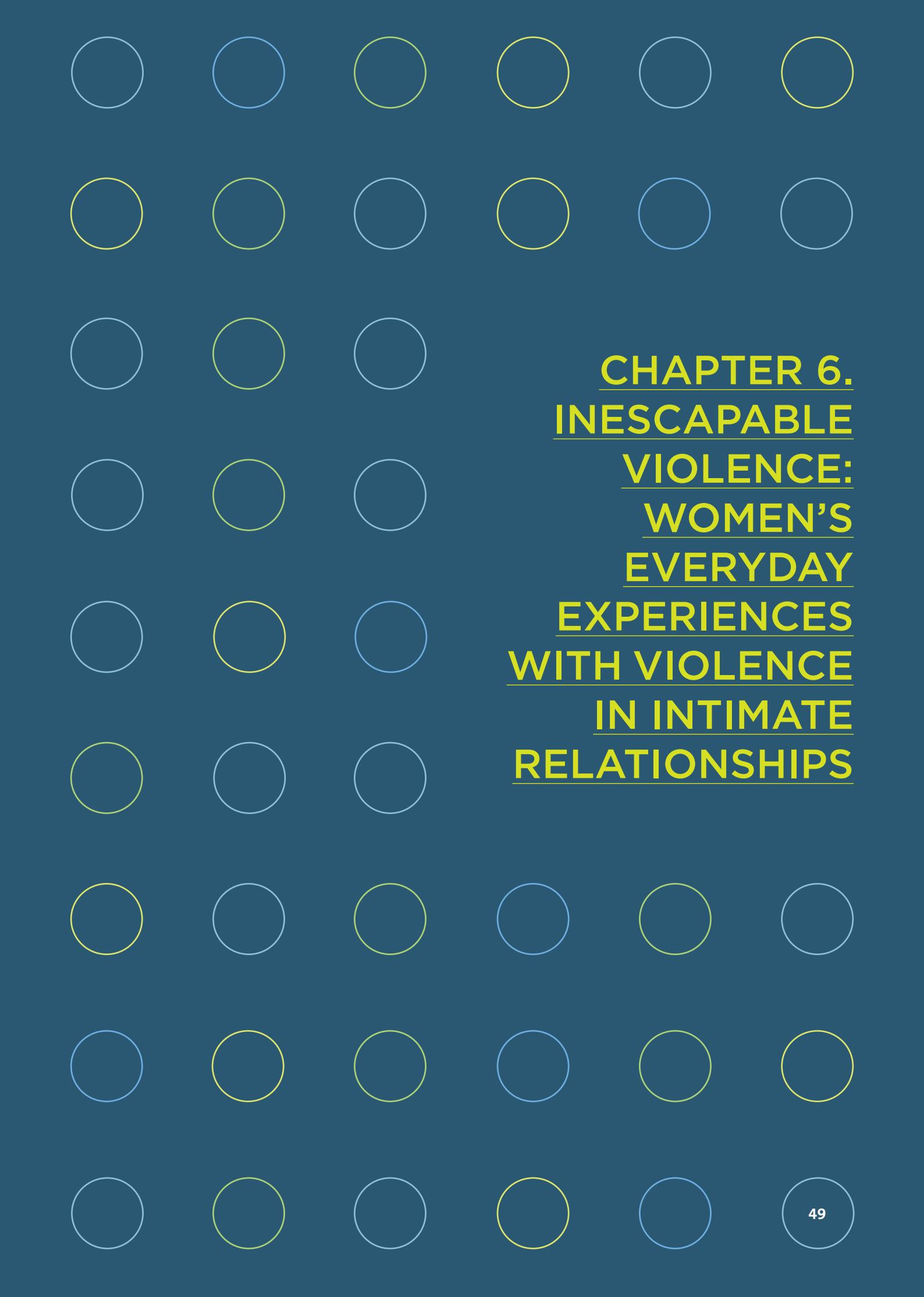
CHAPTER 6. INESCAPABLE VIOLENCE: WOMEN'S EVERYDAY EXPERIENCES WITH VIOLENCE IN INTIMATE RELATIONSHIPS

"I used to gah run many days for my life. Take my kids them and run"
(Female, Survivor Interview J).

In this chapter:

- Definitions of VAWG

- Socioeconomic considerations and prosecution

- Impact of violence on children

- Girls' experiences of violence

- Motivations for remaining in or leaving an abusive relationship

- Coping strategies for survivors

- Physical and mental health impacts of violence

Introduction

The WHO CSDH framework indicates that inequity in health and well-being are the end result of structural and intermediary determinants (Solar and Irwin, 2010). To centre women's experiences of violence in a larger context, Chapter 4 discussed structural and intermediary determinants of VAWG in a Guyanese context. Chapter 5 provided an overview of community norms that can contribute to women's increased exposure to violence in their relationships. This chapter details the experiences of violence narrated by survivors and community members. Women's experiences depict an inescapable violence that has affected every aspect of their lives. While survivors' stories reveal immeasurable strength, agency and perseverance, participants highlighted the indelible impact of violence on the health and well-being of survivors and their families.

Survivors and community members defined and identified VAWG in four ways: physical,

psychological, economic and sexual. Participants often used the term "domestic violence" and considered this to include violence from parents to children in the forms of neglect, verbal and physical abuse. Interestingly, in every interview (other than those with survivors) and FGD, participants perceived that the sole focus on women as victims of violence was an inaccurate portrayal of the current state of intimate partner violence occurring in Guyana. Every discussion resulted in questions about the apparent omission of men's experiences as victims of violence due to the focus on women as survivors and men as perpetrators. These questions were raised by both men and women and were addressed by the research team reiterating the focus and goals of this study.

This illustrates a need for further consideration as to why discussions of victimization, which in Guyana mainly affects women,[6] are countered with stories of men as victims. It is unclear whether shifting the focus to men as victims is a way to delegitimize the stories of women or to simply state that men also experience violence in relationships. Regardless, the literature on reactionary violence by women illustrates that women often respond to violence with violence, and this had also been the case for many survivors in this study (West, 2007; St Vil et al., 2017).

6.1. Eliminating silos: The interconnectivity of forms of violence

Experiences of VAWG may be a combination of physical, economic, sexual and psychological forms. Rarely did women say they experienced

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6   According to media reports, at the time of this report, 31 October 2018, 15 women and 1 child had been murdered by their partner/carer, as compared to 1 male fatality as a result of intimate partner violence.

FIGURE 8
Interconnectivity of forms of violence
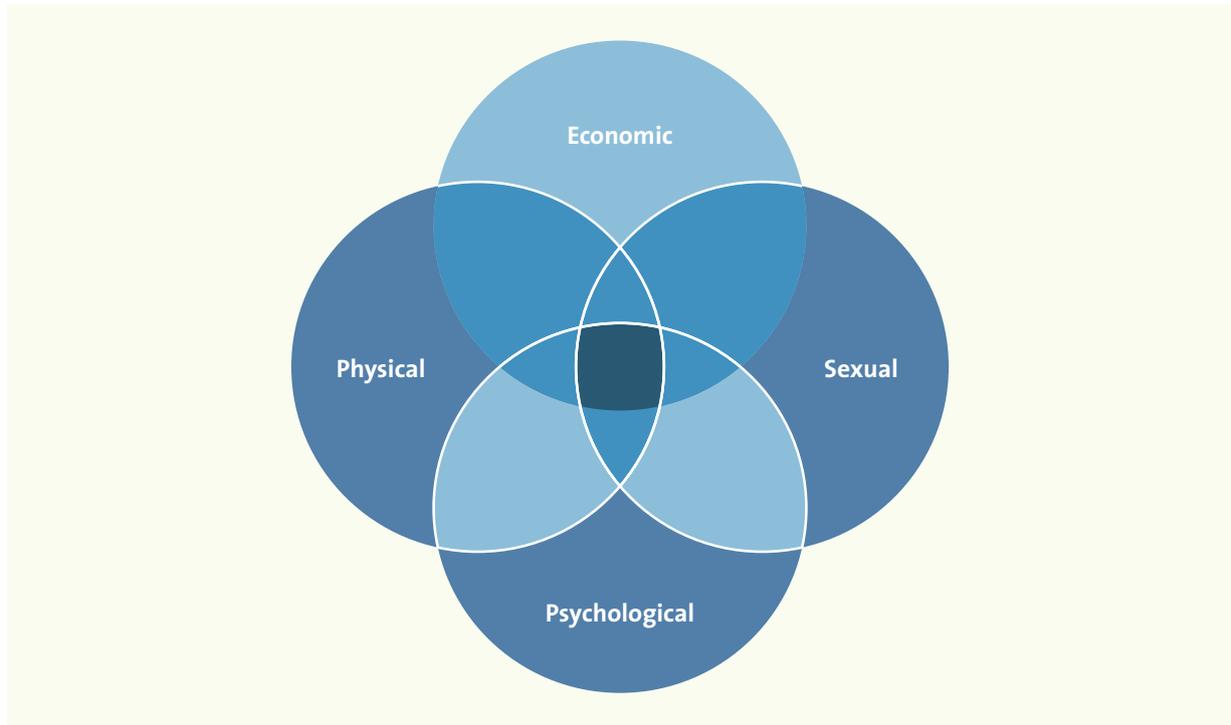
only one form of violence. Survivors' stories indicated that, if not occurring simultaneously, different forms of violence occurred in succession. For example, some survivors said that when partners chose to stop being physically abusive, they were still psychologically abusive. As such, considering the various forms of violence in silos does not accurately represent the experiences of survivors and oversimplifies the abuse. It may thus be advantageous to consider the various forms of violence in relation to one another when illustrating VAWG and the extent of abuse that women experience (see Figure 8).

6.1.1. Physical violence

As survivors told their stories, they relived the traumatic experiences of the extreme physical violence they had endured. Women stated that some of these episodes of violence had resulted in near-death experiences; others described repeated

attacks based on frivolous accusations and unprovoked responses. For example, survivors were often accused of infidelity when they completed daily tasks outside of the home, such as shopping or work. Participants indicated that there was a belief that women were looking for men who could provide more tangible resources than their current partner. This was a recurring theme that survivors and community members provided to explain male partners inflicting physical violence. The perceived threat of another man taking a woman out of a relationship illustrates the belief that an emotional connection is irrelevant compared with economic security. This also supports the perception that women are passive agents in their own lives, and can be easily persuaded to leave a relationship for financial gain.

These behaviours indicate the ways men attempt to control women and the traditional role that they attempt to fill as the financial provider. Inevitably, with a major focus on finances, other

relationship skills may be limited among men. One community leader believed that many men lacked conflict resolution skills. He noted that, when men work, provide financially for the home by giving their wages to their partner, and later discover their wife is being unfaithful, they lack the skills to deal with the situation without violence. A health professional expressed similar sentiments. She indicated that men should be socialized from a young age to understand how to respond when women do not match their perceived notion of womanhood. The disconnect between men's perceptions and the reality of their lives has resulted in women sustaining physical attacks with fists, irons, wood, hammers, cutlasses, guns, shovels and fire. Men who had resorted to violence at some point in their relationships confirmed this perspective. One male described his frustration because of difficulties in communication.

> "Sometimes you think that what is being communicated is not being understood correctly and sometimes there's a difficulty in expressing what you really want to say, that's, I guess from a male perspective and sometimes it's difficult understanding what is being communicated to you. And I think because of the differences between male and female and the education level for John Public outside sometimes the regular guy, the everyday guy on the street and even the influential guy up in the office they don't really understand what is being communicated to us. And depending on the time because we have invested – what is in our hand that speaks of our relationship and the better we know about relationship, it depends on all that, that we need to be able to communicate better and understand what we need to do'
> (Male, Perpetrator Focus Group A, Participant 1).

This comment reflects perspectives similar to those of other men who had resorted to violence.

A sense of entitlement underscores men's views regarding their investment in a relationship as being of greater importance than their partner's contribution. This opinion guides their responses. Men's frustration arises from a combination of socioeconomic factors and the lack of communication skills necessary to express their emotions and to understand what is being asked of them. Comments by some men who had resorted to violence revealed definitive ideas about what women "must do when they get into a relationship", and these beliefs continue to reflect traditional gender roles. In this sense, some men who resort to violence perceive the cause of their actions to be the faulty upbringing of women, rather than their inability to address differences in their expectations. One male participant described this perspective:

> "I'm listening, but what I have to say, what brought me here is [pause]...What I find with – I've been in like more than one relationship – what I find is that families or women they have their father at home but he don't teach them that principle or educational wise what they must do when they get into a relationship and so forth. And when they meet with some men, when you try to tell them the right things or teach them the right things, sometimes they get offended and it drain you. And what it did to me, drain me and I'm losing my motivation, so that is what brought me here, so I need some guidance to get myself back up on my feet" do'
> (Male, Perpetrator Focus Group A, Participant 6).

6.1.2. Economic violence

Survivors and community members spoke extensively about the economic forms of violence that lower and middle-class women experience.

Women in affluent communities may also experience economic violence in different forms, but survivors in this study did not discuss this. To participants, economic violence was represented by instances of money being withheld, over-managed or considered more valuable than household work typically managed by women. Control over finances was not specific to one region: survivors in Regions 2, 4, 6 and 10 shared similar experiences of economic restrictions maintained by a partner. Women experienced economic violence irrespective of whether they lived in an urban or a rural setting, were the primary caretaker of the home, were in a dual income relationship or were the sole income-earner.

As Chapter 4 indicated, experiences of economic violence relate to traditional ideas of masculinity, where men are considered the head of the household and the financial provider for the family. Women's experiences revealed that some men used economic violence to assert their dominance in the household by denying or limiting basic necessities, such as food and hygiene products. The depth of control exhibited in these situations reveals the psychological abuse that survivors face as women, where feminine hygiene products are viewed as an option instead of a necessity. One participant stated,

> *"In some areas of the Essequibo coast, I know of men – they always go to the market and buy every single thing and bring it to the home so the wife has no money of her own to get anything"*
> (Female, Police Focus Group A, Participant 5).

When women contribute financially to the home through their own work, perceptions of traditional gender roles continue to guide how men and women act in relationships. Men who subscribe

to notions of patriarchy find it difficult to accept the challenging nature of socioeconomic factors that require two incomes in a household, as this threatens their control and value in a relationship. Additionally, men may not be aware of the benefits afforded to families where women are in the workforce. Thus, an opportunity exists to shift financial and relationship discourses towards the idea of a dual income being advantageous, rather than threatening to men's masculinity and positioning within relationships. One police professional described the threat that some men associated with women working outside of the home:

> *"The woman is working, the man is working also. The woman's income is less than the man but the man feel some sort of threaten for the fact that she's actually independent and don't have to rely on him to bring in his income. Now for the fact that he have to abide with the fact that she's working and she like actually asking fo' [for] certain times, he feel kinda belittle. So it tends to trigger him a lot in certain ways where by certain little thing in the home would cause a problem. And um...getting down to the man point of view, he would have been brought up in a home, whereby his mother wasn't working and his father was working so he intends that he supposed to be the breadwinner of the home and um...he's feeling a little bit threatened"*
> (Female, Police Focus Group D, Participant 9).

Participants also identified cases of women being the sole income-earners and experiencing physical violence if their income was not sufficient to satisfy their partner's needs. In these situations, women chose to find solutions to prevent the abuse, which often meant providing the partner with more money. Such solutions illustrate women's agency even at

times of extreme fear for their lives and when they are unsure they will receive assistance from formal services.

> "I think she was afraid, she was scared because she actually told me she was scared of him. She said, 'Officer he gon find me,' because she said he would be charged with assault, which would not be years' sentence, he would eventually come out. She said, 'What I got to do is when I work,' 'cause he never used to work. She said, 'When I work, I gon got to give him some more extra money...' Because it's money he used to be fighting her for, assaulting her to get money to go and buy rum. So, she now said okay what she is gonna do, instead of giving him x amount you would give him a little extra – I think that was the last thing she told me"
> (Female, Police Interview A)

6.1.3. Psychological violence

Survivors and community members spoke about psychological abuse, emotional abuse and verbal abuse interchangeably when referring to similar experiences. Survivors indicated that they considered psychological abuse to include instances when they were spoken to in language that was considered patronizing and/or disrespectful. Additionally, perpetrators used silence as a form of dismissing survivors' claims, and in other instances survivors were accused of being "crazy" or "mad" because they had reacted to the violence they experienced instead of accepting the abuse. One health professional relayed typical conversations with survivors seeking help:

> "Mostly you would hear about psychological and emotional abuse. They would come and they would say, 'He's be telling me Ize [I am] a good for nothing and you stupid,' and all

these degrading words and as I said before, it would make them develop this low self-esteem or they would think of themselves as nothing; so that's on my half"
> (Female, Health Professional Focus Group B, Participant 8).

Participants described a wide range of behaviours they considered to be psychological abuse and had acted on these by obtaining help from various community members, as shown in the above comment. Survivors and community members' acknowledgement of psychological violence reveals that community members are becoming more sensitized to behaviours reflective of different forms of violence other than physical violence. This may point towards an opportunity for earlier intervention in relationships before violence escalates to more severe forms.

There was also a view that verbal violence was increasing as a result of changes to legislation that had decreased physical violence. One religious leader stated,

> "I'll support P1 and P4 because um...what happen because the law implement in such a way, right the man is hesitant...or the perpetrator...or the person who inflict this abuse...he stop it a little bit, 'cause he scared, that he will go by the law. So he is not...rarely you'll find he'll pick up a cutlass or try to chop, rarely. Now he would use words, through jealousy, he try to use words in such a way to bring her down"
> (Male, Religious Leaders Focus Group A, Participant 3).

According to accounts by survivors and other women, this does not seem to be the case. However, the belief that verbal violence is increasing may be the result of a changing threshold of what is considered to be abusive behaviour and therefore an increase in reporting abusive language.

Unlike in the most recent Jamaican report on women's experiences of violence, which found that women sought help from police for extreme forms of violence (Watson Williams, 2016), some police officers in this study indicated that women went to police stations frequently to report psychological violence, such as threatening language and/or verbal abuse.

Interviewer: "So then when women come to police, what are the most common or violent thing you've heard? When they come, what's the most common type of violence you've often heard about?"

Participant: "The most common are assaults, verbal abuse, threatening languages" (Male, Police Focus Group B, Participant 3).

Infidelity was a recurring topic for survivors. Survivors considered infidelity as a form of domestic violence because the idea of their partner being intimate with another person was a betrayal to the trust and commitment placed in their relationship. Participants indicated that infidelity created similar feelings as those arising when experiencing other forms of violence and often occurred with, or instead of, another form of violence. Domestic violence organizations and support groups in North America consider infidelity a form of emotional abuse.[7] Inherent in the act of infidelity are repeated lying, manipulation and a sense of entitlement that shows disregard for the partner's emotional and physical well-being. In this sense, infidelity is abusive, which reflects the experiences and perspectives of some survivors in this study.

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7   The National Domestic Violence Hotline in the United States defines emotional abuse as the exertion of control through particular behaviours. Serial infidelity with blame placed on the faithful partner and using infidelity to purposely hurt a partner and infidelity to prove more desirability and worthiness than the faithful partner are listed as ways power is exerted in emotionally abusive relationships. See https://www.thehotline.org/is-this-abuse/abuse-defined/

In some instances, affairs provided survivors with a sense of freedom, as their partner's attention was elsewhere. On further reflection on the extramarital affair, survivors also felt a sense of loneliness at times in their new freedom, which then created conflicting and confusing emotions. Conversely, and more commonly, women considered this betrayal of trust a major factor in their unhappiness and lowered self-esteem. At times, some women wanted to alter their looks to resemble the woman who had their partner's attention; other times they had contentious encounters with the other woman.

> *"I think the most common type of violence in my community is belittlement and when a woman has to fight for a spot in her spouse's life – this whole infidelity and cheating...for a woman to have to deal with that is abuse in itself. I think that is more common"* (Female, Survivor Interview F).

The reasons provided for infidelity by men reflect limited understanding of women's roles. One survivor stated that she had constantly endured threats of cheating because she was unable to conceive a child. Her partner assumed she was the cause of them not having a child, revealing his belief that her value as a woman was dependent on whether she could reproduce. Eventually, the woman did conceive; she did not reveal whether the threat of infidelity ceased. Another survivor described her partner's response to infidelity, which shows his ideas of power and control as related to his essence as a man. He told her, *"You want control me life, I is me own big man,"* and *"You got to understand that's my friend and me and she does talk anything"* (Female, Survivor Interview N).

Research has shown that infidelity can be used in multiple ways in abusive relationships. As seen in this study, the threat of infidelity is used as a justification to scare and blame women for not

meeting their partner's expectations. Other, global, studies have found that abusive partners use accusations of infidelity to justify various forms of abuse (Vandello and Cohen, 2003; Garcia-Moreno et al., 2006; Conway, 2014). Vandello and Cohen (2003) suggest that, within particular communities, women's potential infidelity results in dishonour to men, and responding to accusations of infidelity with violence reaffirms masculinity. Given that social positioning and community perspectives are important, as seen in Chapter 5, it is possible that, by threatening infidelity for issues such as failing to conceive a child, a man can assert his masculinity to remove himself as the person who may be unable to reproduce. All of this contributes to our understanding of infidelity in abusive relationships and supports the notion that women can consider infidelity a form of psychological abuse.

6.1.4. Sexual violence

Participants spoke about sexual violence occurring within marriage. Sexual violence experienced in established relationships points towards deeply ingrained ideas of traditional gendered roles where women are considered the property of men and therefore consent is not deemed a requirement for sexual encounters. Community members indicated that sexual violence was more covert than other forms of violence and was most likely the least reported type of violence, even though there is comprehensive legislation in the form of the Sexual Offences Act 2010.[8] Notably, this Act recognizes that husbands cannot claim immunity for rape within marriage.

Interviewer: "What are the typical types of violence that people talk about versus types of violence that they don't talk about?"

Participant: "Sexual violence, they never talk about. Rape in marriage, sexual violence whether in marriage or prior to marriage or – nobody talks about it. It's just not there on the map yet. You know, you'll have to find... somebody has to find that person who they're probably being counselled by or really, really supportive to tell them something like that" (Female, Health Professional Interview A).

This comment highlights the shame and stigma associated with sexual violence, which influences women's choice to remain silent". It also conforms to the consistently and significantly lower estimates of sexual violence when compared with physical and other forms of violence. For example, UNICEF's (2017) study on the lives of indigenous women and children in Guyana indicates that many cases of sexual violence against women go unreported and at times are settled between the woman's family and her abuser. National Women's Health Survey results from Jamaica in 2016 and Trinidad & Tobago in 2018 support this finding (Watson Williams, 2016; Pemberton and Joseph, 2018). In Jamaica, one in four women (25.2%) reported experiencing physical violence by their male partner, compared with 7.7% reporting sexual violence (Watson Williams, 2016). In Trinidad & Tobago, one in three women (28%) reported experiencing physical violence by their male partner, compared with 11% reporting sexual violence (Pemberton and Joseph, 2018). It should be noted that none of our interviews with survivors led to disclosures of sexual violence. The above comment also illustrates the importance of trusted and supportive care providers, who may be the only option for a confidential disclosure.

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8   The Sexual Offences Act 2010 provides direction to deal with sexual offences, including the response and investigation of offences, procedures at court, bail, sentencing and better data collection. For the full document, last amended on 1 March 2013, see http://dpp.gy/sites/default/files/Sexual%20Offences%20Act.pdf.pdf

In Regions 4 and 10, health professionals stated they had treated women who did not recognize sex without consent in their marriages as rape.

> *"What is mostly common is physical abuse, it's pretty much common...And the thing is because of what is happening some women do try to hide it and try to cover their spouse or say for instance they don't want the public to know it happened. So I've experienced that a lot but that's the most common one, and it comes in different forms, not just beating sometimes burning, sexual...but that's the other thing, not all women would reveal to you that they were being raped by their spouse, they might even think that's a common thing"*
> (Female, Health Professional Focus Group B, Participant 6).

This statement, along with others made by community members, reveals that, when women speak about physical abuse, it may not be the only form of violence survivors have experienced. At times, physical violence is the form survivors feel most comfortable disclosing. Comments by health professionals and community leaders indicated that women were strategic when disclosing experiences of violence to avoid increased stigma associated with sexual violence.

> *"A girl might come and say, 'Hey I am – I've been hit numerous time to my face,' and that may be the tip of the iceberg, when she sits with the social worker and explains how she's been raped numerous time by her husband and this and that. Now all people see is she being hit on her face but the social worker document her whole story, being raped being sodomized"*
> (Male, Community Member Interview B).

Participants also suggested sexual violence was quite common in the workplace, but just as hidden as marital rape. Community members believed power dynamics and threats to financial security (which often translated into a possibility of independence and autonomy for women) had greatly influenced women to remain silent about sexual harassment in the workplace.

6.1.5. An emerging form of re-victimization: Social media

Participants revealed conflicting perspectives on the use of social media in domestic violence cases. Some participants felt it would be useful to expose abuse and bring awareness to the issue by profiling cases of abuse online. VAWG campaigns have supported the use of social media to profile cases in order to raise awareness. However, others felt that it would cause shame and embarrassment to the survivor if community members saw details of the abuse online. Notably, participants felt that this might lead a survivor to commit suicide.

> *"It exposes the situation because when you put it on the social media, everyone would see then someone would query about it so... it would cause embarrassment, sometimes, the woman might feel embarrassed to know that her husband beat her then videos or photos with her black and blue skin or whatever is on the social media, because everybody seeing. And that can cause her to lead to suicide because she might be ashamed or she might be embarrassed"*
> (Female, Police Focus Group A, Participant 2).

As this study was being conducted, a case arose of a video being circulated online of a young woman being sexually assaulted by an older man. There were multiple requests on Facebook and other

media sites for the video to be shared so people could view the assault and chastise the man. Evidently, those asking to watch the video failed to consider the impact on the young woman, as strangers could view her sexual assault. When women and girls' exploitation is repeatedly placed on display in this way, they are re-victimized. Communities require sensitization on the sharing of videos where survivors are being exploited or assaulted. Additionally, reviewing and updating the law to include the potential re-victimization of women through information and communication technologies would enhance current legislation and provide more robust protections for survivors.

6.2. Protecting the perpetrator: The complexity of socioeconomic factors in relationships

In this study, protecting the perpetrator was a central part of women's experiences of violence across regions. Women's decision to follow through with holding perpetrators accountable is complicated by their dependence on men for financial security. This finding supports UNICEF (2017)'s report on indigenous communities in Guyana of women protecting their perpetrator to ensure financial security. Many survivors felt they had to choose between fighting back against the abuse and securing a home and food for themselves and their family. Service providers and community leaders also stated they were aware of the difficulty women faced in having to protect the person who was causing them harm. Survivors go to great lengths to prevent their abusers from being prosecuted.

> *"I've had a matter where she hired a senior counsel, and you know they are not cheap, to represent him in the matter where she is the victim. I've had women cry on the stand and fight, you know, not physically,*

but fight me not to proceed. I've had one woman tell me, you can imprison me how much you want, because you can do that. You can imprison them [women] for not... ahhh...it's technically a way in which that can be applied. You can do that...she said, 'Well...you have to do that because I have no money to pay this rent and I'm not going to give evidence against him'"
(Female, Magistrate Interview A).

"And the women would say...'I like him...he's the source of income. If he go in the lock-up...I ain't gon' get money. The children got to go to school.' So she want the matter to drop, so that cause the police sometimes... not want to get involved"
(Male, Community Member Interview C).

Survivors' perspectives indicate that, for many women and their families, perpetrator protection is grounded in the awareness that immediate survival is dependent on the abuser. This perception is the result of a combination of ingrained beliefs on traditional gender roles; the current socioeconomic landscape of an informal work sector; inconsistent and at times unreliable informal and formal support networks (discussed in more depth in Chapter 7); and psychological abuse of women, who are convinced they are not capable of supporting themselves and their family without assistance from men.

6.3. Impact of domestic violence on children

Children of survivors had been impacted in multiple ways as their mothers experienced domestic violence. Notably, children witnessed abuse, were separated from their mothers at times when their mothers chose to leave abusive relationships and were socialized to see violence as normal.

Survivors spoke about children who had witnessed their abuse. In some instances, when children were of an age to intervene, they had attempted to stop their father or mother's partner from inflicting physical abuse. In one case, a son was charged with assault for beating his mother's perpetrator, although she continued to communicate with her abuser. In other cases, children had told their mother to leave their father to end the abuse. However, none of these situations had resulted in women heeding their child's advice and leaving the relationship.

> "Till one day he slapped me in front of my daughter and she run and hold on to his foot and say, 'Uncle, Uncle, don't slap Mommy, don't slap Mommy, we love we mommy, don't slap we Mommy,' and all three of us went in the room and lock the door and we start crying"
> (Female, Survivor Interview C).

In the Guyanese context, it is a form of respect to address an adult as either "aunty" or "uncle"; it is not necessarily reflective of a familial connection. In the case of the survivor above, the abuser was her intimate partner but not the father of her children.

Survivors also indicated that perpetrators used economic forms of violence that affected children.

> "I decided that I'm going to work to provide for my children because the father isn't giving them any money, giving me any money for them...he had a very good job. He just wanted to spite me because he thought even though we are not together that I should still have a relationship with him. So, in spiting me...that's how he did it. But, I worked and took care of my kids"
> (Female, Survivor Interview H).

As Chapter 4 discussed, research shows there is an increased risk of children perpetrating or being a victim of violence if they are exposed to violence within a familial home (PAHO and CDC, 2012). Participants' discussions on the impact of children witnessing violence between their parents support other research studies (ibid.). Community members also spoke of children being told to keep abuse they had witnessed a secret. In this regard, children were provided with conflicting messages about violence.

> "And you just hiding it from the public. You n'even [don't even] want yo' [your] children go out and talk. 'You don't go out and seh [say] you see daddy knock [hit] me, you ain't see nothing.' [Kisses teeth] 'Man, is play, me and daddy wen' [were] playing. Is so we mekkin' joke.' You know? 'Daddy and me does play real rough.' You confuse the children"
> (Female, Health Professional Interview C).

Encouraging children to keep secrets of abuse and explaining abuse as "playing rough" or "mekkin' joke" creates an unhealthy framework for relationships and normalizes abuse. Children acting out what they have seen in their parental home in their future relationships may continue a cycle of acceptance or perpetration of abuse.

Research also indicates that there are negative effects on children's future educational endeavours when they witness domestic violence (Byrne and Taylor, 2007; Sherr et al., 2016). While few participants mentioned this perspective, it demonstrates that some community members are recognizing the connections between violence and other socioeconomic factors, such as education.

> "You affecting the children – you destroying the children. You never allowing the children them to focus in school. So whilst you is the victim and you going through, we also make our children victims of abuse"
> (Female, Health Professional Interview C).

Violent relationships had also led to children being separated from their mother. At times, women had left their children with their abuser to escape violence and would return to see their children when they knew the perpetrator was not around. Additionally, mothers and children had been separated when women chose to access help for violence and were advised to leave their children in a children's home while they worked to rebuild their lives. In one case, a survivor reported that welfare officers had returned her child to her abuser when she was removed from the home.

Lastly, some participants spoke of children being seriously injured, disfigured or even killed by perpetrators. In other cases, children were abused by their mother who had experienced domestic violence in her own relationship.

> *"I have a neighbour right next to me, I think she's abusive to her children. She abuses her children in the form of cursing them out, calling them all sort of names. She has a 14-year-old daughter and she would tell her, 'Oh you'ze [you are] a whore…' 'A lil piece of [inaudible] young lady.' And she would tell her all sort of things. But, right now her two sons they're so disrespectful to her. The other morning they were like, 'Oh you're a cross…' I told them, 'That not nice what you're telling your mother,' that's a curse because that's cursing you mother. Your mother could put a curse on you and that would be it. But she is mentally abused before so it leave in her mind that this is the way she speaks to her children. Because, her husband leave her, and he used to abuse her so like it leave in her. That's the way she has to talk to her children and it does be really hard. I mean we tried to talk to her but she doesn't take advice'*
> (Female, Community Member Focus Group B, Participant 6).

'A cross' is considered an insult in a Guyanese context, meaning the person is wicked, negative or cursed. The person is being compared to the cross that Jesus was crucified on, the rationale being that, if Jesus was nailed to this cross, then the cross itself is an awful object. In the above quote, the mother's past traumatic experiences had shaped the way she communicated with her children and in return her children had become verbally abusive towards her.

Children's lives are affected negatively by exposure to and experiences with violence in their familial home. The results show that children are aware of violence within their familial home and often are averse to it, even though parents may try to show it as a form of joke or play. Moreover, this provides further evidence of the need to continuously and consistently engage communities on domestic violence awareness to counter potentially inaccurate information within the home.

6.4. Girls' experiences of violence

As Chapter 4 indicated, women's experiences of poverty differ markedly according to their gendered roles and their status within society. For example, the conditions of gendered poverty are more evident for female-headed households tasked with caring for multiple children. In this study, lower socioeconomic status had affected the violence survivors experienced as young women, as well as the violence community members believed girls experienced. This result is similar to those found in previous national studies in the region. For example, in Jamaica's Women's Health Survey, women under 30 had a higher risk of physical and sexual violence (Watson Williams, 2016). Similarly, in Trinidad & Tobago, women aged 20–34 years had the highest rates of physical violence (Pemberton and Joseph, 2018). One survivor detailed the exploitation she had experienced as a school-age girl.

"I had to go to a big man [Adult or older man]...I see he get jail for a young girl, couple years after. I go to ask him for $20.00 to go home, and [he] said to me, 'I will give you the $20.00 if you sex with me for it.' Right. 'I have my eyes on you for a long time, and if you sex with me for this $20.00...I'm going to give you – I can give you this $20.00.' This is a man who lives in my neighbourhood. Know me as a little girl growing...he drove away and leave me right there" (Female, Survivor Interview D).

This survivor did not accept this man's request, but for others transactional relationships with older men were necessary to ensure basic necessities were taken care of. In some instances, survivors remembered times when their parents had encouraged them and/or supported them in relationships with older men who could provide money to support themselves, and, at times, their family. Similar results are documented for indigenous populations in UNICEF's 2017 report, in which a participant said her mother agreed to her marrying a man when she was 15 years old to ensure she was financially cared for. The report also relates anecdotal evidence of communities being aware of and accepting 14-year-old girls living with older men.

Intergenerational sex and transactional relationships are defined as relationships where there is a 10-year or more age difference between non-married couples (Drakes et al., 2013). Research has shown that these relationships are common in the Caribbean region (Wood et al., 2011; Drakes et al., 2013). One study found that 13.2% of young women aged 15–19 years were in an intergenerational relationship at the time of first having sex, rising to 29% within the 12 months preceding this and 34.8% in a lifetime (Drakes et al., 2013). The focus of these studies is on the increased risk of sexually transmitted infections, specifically HIV, highlighting the health risks younger women face when power differentials limit the ability to negotiate sexual practices within relationships. In Guyana, indigenous women represent double the national average of marriages before the age of 15 (UNICEF, 2017). Of indigenous girls who are married and between the ages of 15 and 19, 18% are married to men 10 years or older than they are, 26% to men are 5–9 years older and 45% to men 0–4 years older (ibid.).

Other community members mentioned that vulnerabilities were created when women tried to work to support their family and teens were left unattended. A domestic violence advocate was asked why she believed the teen pregnancy rate had increased over the past years.

"I'll say it comes back to the job, some mothers do security guard work and they leave their children unattended. Sometimes, even hungry and you know when children are hungry they will beg, and when you beg man he will beg you right back, so that's one of the reasons. The second reason is I think rape...The third reason is that because some of these girls grow up in single-parented home, without the father, go for old men looking for a father figure and these older men instead of wanting women who are the age of 16, some don't. Instead of using condom, they go unprotected and bam the girl gets pregnant...and maybe he's already attached to somebody; he has wife and children at home. So you're left here alone pregnant at 13, 14, 15 and 16 although the law says a girl under 16 cannot give consent to sex, we're seeing a lot of girls under 16 pregnant" (Female, Health Professional Interview B).

The statement above indicates that some adult men use their power and status to take advantage of young girls and exploit their vulnerabilities for their own gain. An opportunity remains to continuously unmask and identify

these behaviours to hold adult men accountable and decrease the stigma associated with teen pregnancy, which may be a result of abusive relationships.

An inter-agency report launched in 2017 (PAHO et al., 2017) supports the above comments. The report indicates that teen pregnancies are on the rise for the Latin American and Caribbean region. In the Caribbean, Guyana has the second highest teen pregnancy rate, of 90.1 births per 1,000 girls, second only to the Dominican Republic at 100.6 births per 1,000 girls, for the period 2010–2015. Notably, Guyana's teen pregnancies rates have fluctuated since 1980 and have been on a steady decline since 2000–2005, when they were 100.2 births per 1,000 girls. However, even with this decline, the rate remains significantly higher than in most CARICOM countries (ibid.). Moreover, teen pregnancy rates in Indigenous communities in Guyana are almost double the country average, at 148 births per 1,000 girls (UNICEF, 2017).

Both reports (PAHO et al., 2017; UNICEF, 2017) support the perspective of a health professional's comment in pointing to a combination of abusive relationships and restricted access to sex education and adequate health services as reasons for the high teen pregnancy rate. Additionally, differences exist between lower and higher socioeconomic brackets. Girls in the lowest socioeconomic quintile are three to four times more likely to begin childbearing, with Guyana having the highest percentage (over 35%) of girls childbearing in the lowest socioeconomic quintile among Latin American and Caribbean countries for 2008–2015 (PAHO et al., 2017).

Moreover, survivors also highlighted the need for community members, specifically health care providers, to be keenly aware when young girls present to health care facilities with older men – especially when health care visits are related to reproductive health. One survivor said that her abuser told her to lie to health professionals and identify him as her brother when asked, as the appointment was to check her virginity. Health care providers also indicated that younger girls could be experiencing abuse that manifests in ways that are more reflective of their age:

> *"To me, in my mind as a teenager right, when you have a boyfriend and a girlfriend they would kinda do the same thing except they won't have responsibilities. But seh fo' example you have a cell phone. Both of them have cell phones, so he would be expecting her, 'Oh you have to read every text.' And the other person have to call me this time you know, being in the abusive way. And she might, the girl turns up she may not want to tell her parents and maybe when she goes out with her friends, he can be like going after her. She would be secretive about it. I don't think she would wanna tell anybody. That's very dangerous to me you know, cause you need to get teenagers to be exposed to these things and um...I think most times, like having um...what should I say? Conversations with teenagers, right. They would tell the nurse than rather tell deh parents"*

(Female, Health Professional Focus Group A, Participant 6).

A focus on raising awareness with regard to the element of secrecy in relationships may assist girls in identifying abusive behaviours, such as when they are told the general public cannot know the nature of their relationship or when they believe controlling behaviours should be kept hidden.

Conversely, another participant believed that most young women no longer accepted violence in their relationships because they had been born in an era where VAWG is denounced, unlike previous generations, for which it was more acceptable.

6.5. Coping strategies for survivors

Women spoke about a number of coping strategies they used to deal with the violence they experienced in their lives. Many survivors tried to deal with the violence on their own, which supports other country reports that indicate that women prefer to address violence through social networks or on their own as opposed to through formal services (Pemberton and Joseph, 2018; Watson Williams, 2016).

Survivors believed the one fool-proof approach to violence within their relationship was prayer. They considered this a powerful tool, and one they relied on, especially when their situation was worsening or the way forward seemed bleak. Praying to God and the belief that God was in their life allowed survivors to believe they could overcome anything. Survivors made it clear that there was a distinction between religion/going to a religious organization for help, which could result in disappointment, and their personal relationships with God through prayer.

> *"But fo' me, as long as you have God, you could battle it"*
> (Female, Survivor Interview I).

Previous research on the relationship between prayer and VAWG has found prayer to be a justification used to encourage women to remain in abusive situations (i.e. pray and stay) (Jackson and Kissoon, 2010). However, this may not always be the case. Some research supports the usefulness of spirituality and prayer in traumatic situations (Hassouneh-Phillips, 2003). A study on the use of prayer by survivors of intimate partner violence revealed that prayer provided women a space to vent anger and frustration without risking retaliation (Sharp, 2010). It also provided a reprieve from violence and helped improve self-esteem, as women could think of themselves the way they believed God saw them (ibid.). For

women in this study – some of whom had left an abusive relationship but were reflecting on past experiences – prayer was and continued to be a way of helping navigate their life.

Additionally, there remains a common belief that ethnicity affects how women respond to violence. Some participants indicated that Indo-Guyanese women were more likely to stay in relationships and accept abuse. However, prayer was used as a coping strategy across survivors, indicating that Indo-Guyanese women, similar to other ethnic groups, use coping strategies that work for their situation and may not be as passive as they are perceived to be.

In some instances, survivors attempted to speak to their partner, which worked for limited amounts of time. In other cases, women remained silent. Participants in all regions were aware of this and saw it as a major problem.

> *"Something has to be done. Something different or new has to be done and has to be done quickly because we are still seeing the headlines where women are killed, and I think if you were to really do a check, those women never even engaged the court. So the reality is you have violence happening at a large level and the women have never made an application for a restraining – sometimes they do but I think you find just as many matters where there was never a complaint, a report or a charge"*
> (Female, Magistrate Interview A).

This supports survivors' experiences, as many women had at some point in time not disclosed their abuse to anyone. Moreover, most survivors said they knew other women who had experienced violence and had not disclosed this to anyone. It is understandable that some women may be hesitant to disclose experiences of violence, considering the discussion in Chapter

5 on community gossip and societal pressures of maintaining "perfect" relationships, which stigmatizes VAWG.

Additionally, larger societal constructs of race complicate the decision to remain silent. A woman explained the difficulties of experiencing violence in an interracial relationship when discussing a hypothetical story.

> "With mix now, you will find it different, because for me, I am an Indian and I get away [get away means dating in this context] with a black boy, I will hide the violence, right. I wouldn't want my family to know that they de [did] tell me 'bout 'the black man gon kill me' or 'you gon hungry' or something, you know? If them ain't agree, if them agree, as long as you get away…You know what gon happen, you gon hide it until you can't tek [take] it. (Female, Community Member Focus Group C, Participant 9).

Guyana's colonial history can be considered a puppet master, informing the ways in which Guyanese of various ethnicities view and relate to each other. Even though some participants believed perspectives were changing, deeply rooted ideas about race are especially evident in intimate relationships, where cultures, values and family may interact. Thus, prejudices based on ethnicity can contribute to a woman's silence when her partner is from a different background. However, ethnicity is not the only contributor to silencing women. Higher socioeconomic status also contributes to women remaining silent about violence in their relationship.

Prior to this study, women from affluent communities did not feel comfortable participating in research studies, as there was too high a risk that their confidentiality would be broken and their stories would be heard. Survivors indicated that, to maintain their societal status and privacy, many women in higher socioeconomic communities, including professional women, remained silent out of shame and embarrassment. Participants indicated that some women, with access to more financial resources, were thought to have coped through extravagant spending, but this practice was not consistent across all women.

Some women chose to handle violence by fighting back. Several survivors had physically fought or threatened their partner. Women had actively resisted the violence they experienced; for some women the physical violence then stopped; others said that they (the women) were then charged but often reports were made and not followed up on.

One woman spoke about an earlier period in her marriage:

> "I can remember in my situation, I was just married – must be about three or four years into my marriage and my husband give me one slap in my ears. And I say, 'Like I going back to daddy days,' ya know? So, I tell ya know in the heat of the thing I didn't say anything. I wait till the next day when all two of us was calm and I said, 'Hi…the next time you decide to lift ya hand…it gon left ya body, and you will lose a wife, and your children, because I gone.' I didn't come into this relationship to be your punching bag. I come into this relationship to be your wife, your children mother, to be a helpmate to you and to let us build life, and if you need a punching bag, go in a gym. Right – we sit but he didn't know I had a chopper. You know them chopper what you does chop up meat with? I was sitting right there and I had a chopper I said, 'You see this chopper…let it register today"
> (Female, Community Member Focus Group D, Participant 6).

Community perspectives revealed a belief that Afro-Guyanese women were more likely to retaliate to violence with violence or infidelity, at times resulting in "murderation" (Female, Health Professional Interview A) – which is slang for a heated argument that usually ends with some form of violence. However, survivors who said they fought back against their perpetrators were from diverse ethnicities.

Lastly, some women said that, after repeated attacks, they had ceased to be affected by the abuse, which is comparable with findings from Jamaica that women became somewhat immune to the violence in their relationship (Watson Williams, 2016). One survivor said,

> "I actually took that responsibility from him and I'm doing that. But I would take whatever he says and I would just fling it through the window. I don't care what he says anymore about me. It doesn't matter"
> (Female, Survivor Interview F).

Others also became somewhat numb to verbal abuse.

Some women had become self-reliant in addressing the violence experienced in their relationship. Most of their strategies had not ended the violence but had helped them find strength and maintain hope that the violence would eventually stop and their relationship would improve.

6.6. Remaining or leaving: Motivations for decision-making

One dilemma faced by many women in a violent relationship is whether they will leave or stay with their partner. This dilemma is often considered in a state of fear. Participants said fear was a daily and debilitating force for many women. Community members believed that many survivors' lives were constantly overrun with the fear of increased violence, of being killed, of financial struggles, of

FIGURE 9
Motivations for decision-making
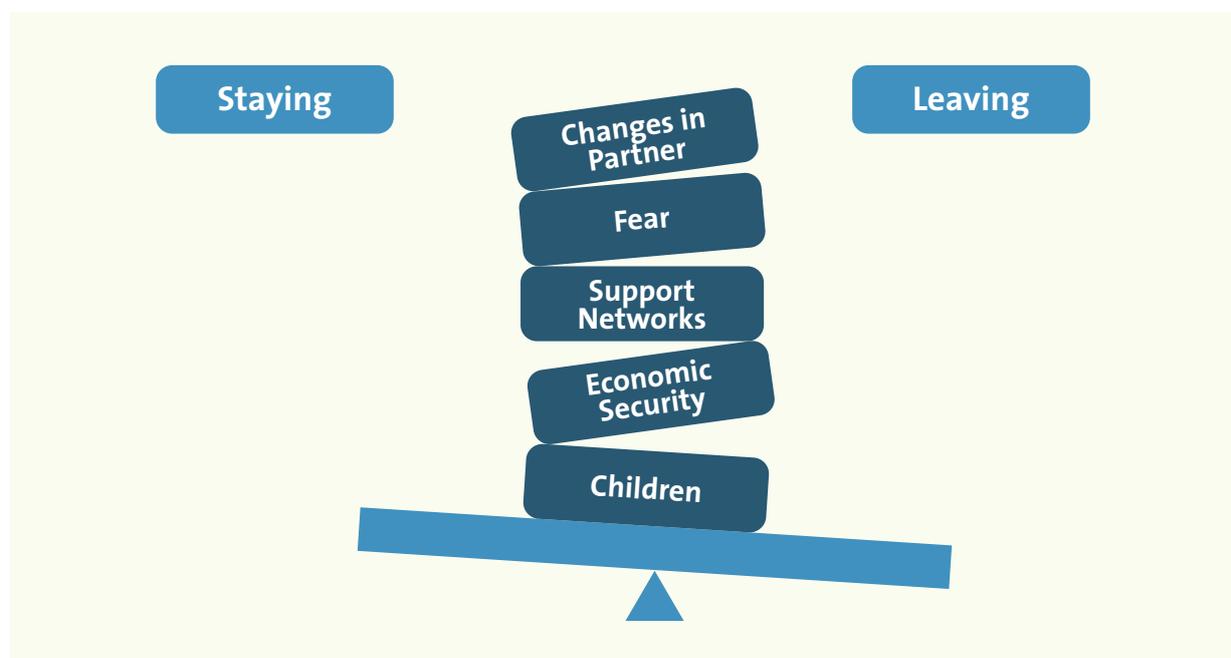
what people would say and of the unknown. Participants believed that many women remained in violent relationships because the threat of being killed by their partner if they left the relationship was perceived to be higher than if they stayed with their abuser. However, it should be noted that several women who eventually left successfully endured murder attempts by their partners, and these episodes were not related to them attempting to leave the relationship. Therefore, the decision-making of women as outlined in this section should be considered as occurring within a state of fear.

> *"So the people don't feel safe leaving and they probably...well I have heard this, I don't know how true this is, but people have said, 'Well you know what? [We know] how much the violence would be or how far violence would go, but if we leave? We'll probably be killed...' because a lot of threats are about killing, if you leave...and no one wants to test that, because if you look at the newspapers and the media, generally, people are killed for leaving'*
> (Female, Health Professional Interview A).

Survivors and community members outlined reasons women chose to remain in a relationship or leave. Notably, the reasons to stay were somewhat similar to those provided for leaving. In this sense, the decision-making of survivors could be thought of as a balancing act, whereby the combination of motivations tips the scale either one way or the other (see Figure 9). The topics most discussed were the care of children and women's economic situation.

6.6.1. "Because of the children"

Participants indicated that one of the main concerns for most women was their children's futures

and the impact staying or leaving an abusive relationship would have on their children's lives. For most survivors, the only form of income came from their abuser and therefore financial security was a major concern. One survivor stated,

> *"Yes, women do because, um, it's like they tell themselves that there is not a way out. Because um especially if they have kids, if you have children you tell yourself that alright, I don' have a job or I may not have a proper job I ain't got a room. I ain't able go back by mommy cause she gon' tell me yes ya did hard ears [didn't listen] you come here with all your children and want mine y'all [mine means to take care of in this context] now so they prefer to just bear ya know"*
> (Female, Survivor Interview N).

The need for financial security at times outweighed the exposure to violence children witnessed in the home. For many women, they felt staying in the relationship was better than contending with the uncertainty they would meet by living without any consistent form of income. However, the economic violence some women faced when they stayed in abusive relationships was at times inhumane. In one community FGD, a woman stated,

> *Participant 2: "My marriage was like good for the first four years and after that my husband became an alcoholic, many nights I slept outside. I had one kid, and many nights we slept outside on the veranda or in the cow pen or in the hammock sleeping, many days and many nights no food to eat, abused by him beating me. I started working and he said I finding men for me, ill-treat me and my daughter, and then he died."*
> *Interviewer: "So thank you P2 for sharing that as well. So it seems like that was your life*

until...so how long were you together with him?"

Participant 2: "30 years because of my daughter"
(Female, Community Member Focus Group B, Participant 2).

In this situation, this woman dealt with extreme forms of psychological, economic and physical violence with her daughter. Even though she had a job and her husband was not providing adequate food or shelter, her reason for staying for 30 years was *"because of my daughter".* This points towards larger societal ideas of family and marriage that heavily influence women's decisions to remain in relationships even though their experiences do not reflect a secure economic position. When asked if the situation described above was typical, another participant responded as follows:

"Somewhat, especially in some families, yes, and women take it because of their children. What I would like to say is that sometimes what happens in a marriage you have three or four children and then it starts. I always say the children are the sufferers because women will go their way, men will go their way and the children are left to dangle on their own... and then they end up, if a good orphanage take them it's a plus, if not they're out on the street...the children are the sufferers"
(Female, Community Member Focus Group B, Participant 7).

Therefore, participants believe survivors' vulnerability increases with more children.

However, not all survivors were deterred by the uncertainty of leaving a relationship. While it was not a common perspective, some women felt they needed to leave their relationship *"because of the children".* A few women chose to leave recognizing that, if they stayed, the environment would create

an unhealthy example of intimate relationships. For one survivor, the relationship example was more important than financial security.

"When I found out my ex was cheating it came as a big shock to me because my whole life was built around him. But I felt that my daughter would have a better life if we were apart, because staying with him was making me – I was becoming a different person and I couldn't function as a mother. I had to heal and I had to get away, so I left. I felt like I could have given her a better life because there was too much fighting, bickering, hitting all kinds of stuff and I didn't want her to grow up to see that. And I knew one day I would get over the cheating so I left and I left him with who he wanted to be with and I started over"
(Female, Survivor Interview G).

Children were thus a motivator both to remain and to leave for survivors. Even though most women with children cited financial insecurity as the main reason for remaining with their abuser, survivor stories indicate that women may also be influenced by societal ideas of family and marriage.

6.6.2. Economic security

As indicated in the above section, financial security is a major concern for many survivors. Community members also felt that finances affected women's decisions to remain in relationships. Several survivors depended on their partner and, therefore, when they thought about leaving, there were several considerations to take into account. Some women felt incapacitated by their limited employability owing to their low education level; this then affected their self-esteem and confidence in relation to living

independently. Even when women attempt to obtain education or training, they meet structural barriers, such as increased cost of transportation later in the evenings coupled with threats to safety when travelling home at late hours.

> Participant: "And we would go out there after certain time in the night we don't have transportation and in order to get a car to come home is like three thousand dollars sometime three-five. And them girls said them not able with it no more. It's too challenging and they drop out. I remember nights and classes finish nine there was a boy, you never been Ituni?"
>
> Interviewer: "I have."
>
> Participant: "You know Ituni distance. His wife was in the class. So when he taking her home you know I'm at the junction there, I would jump out there and walk. Me alone to walk home."
>
> Interviewer: "Wow!"
>
> Participant: It was a sacrifice, and after I succeeded my classes a few other girls tell me, 'If you could do it we can do it,' and I can tell you those nurses from looking at me, there are two girls they are nurses right now. And they were younger. You know and I mean I don't care what persons say they don't know the satisfaction I get. Because, if I motivate two of them, I make a difference in two of them lives and they can make a difference in their children's lives. So this is the satisfaction I get. I don't care how people see me that I have a broken marriage. Those things are not important. What is important is the positive impact" (Female, Survivor Interview N).

This survivor's statement is important in a number of ways. First, she speaks about the high cost of transportation, which increases during the night as other modes of more cost-effective transportation become limited. Without affordable transportation that provides access to training and education, women often are deterred and drop out of classes. Second, most courses and classes are centralized in one geographic area, which contributes to the unaffordable cost of transportation that inevitably increases with farther distances. In essence, problems of access to education and training represent a structural barrier for women who have experienced intimate partner violence, and these barriers affect some women's motivation to complete their studies. However, the perseverance of some women in completing their education, despite the barriers they faced, had encouraged other women to continue despite the challenges. This underscores the importance of relatable examples that women can see in their own communities and supports the need for further community discussions on survivors' successes in the face of setbacks.

6.6.3. Support networks

Support networks play a major role in either supporting or deterring women from leaving their relationships. Participants indicated that some women were told by family members to return to their partner even though they had experienced extreme forms of violence. For example, a survivor stated that, in some instances, a sibling had told the survivor to leave while the mother encouraged her to stay. In other cases, a survivor's partner's family members would intervene until the man argued or yelled at his own family for getting involved, which resulted in the partner's family members remaining silent. Support networks are not only to be found in family members. One survivor reminisced about a woman who had provided refuge when she

was younger to protect her from being exploited by her parents. However, the support faltered when her mother accosted the person and threatened to cause a scene. Without adequate support networks, many women felt alone and chose to remain in their relationship. See Chapter 7 for further information on support networks and their impact on women's experiences with violence in their relationships.

6.6.4. Changes in partners

The behaviour of intimate partners is a catalyst, encouraging women to remain or leave their relationships. Survivors attempted to use the resources available to them to get their partners to change their behaviour. Women tried to help their partners change by encouraging counselling, turning to churches and speaking to family members. Some men who agreed to attend counselling did not finish all the sessions and others did not believe they had a problem and therefore refused.

> *"You see the thing is like – with my ex for example. He needs counselling. He needs counselling and he is saying that – well for me – he is a doctor he thinks that he can do certain things and he does – he thinks that he knows it all, sort of. I told him several times that he needs counselling. He has anger...And he thinks that he does not have a problem...'cause of his ego, he would never go to counselling either"*
> (Female, Survivor Interview A).

This survivor's comment is reflective of other women interviewed during this study. Survivors indicated that they often were blamed for their own abuse and their partners did not take accountability for their actions because they thought the problem was a result of the survivor's

actions. As is typical of the cycle of abuse,[9] survivors also witnessed temporary changes in their partner's behaviour but often men resorted to violence again to address their frustrations.

There were also cases where survivors believed their partner was ready to make a more permanent change. One survivor said that pressure from their daughter had an impact on her abuser. She stated,

> *"He says, 'I know, I know I can't knock [hit] ayo [your] mother no more. I wouldn't knock ayo [hit your] mother only if she get me vex' and she'd say, 'Daddy you does talk to people and you know Mommy don't. You, you must don't knock [hit] she.' Or, 'I gon go way with Mommy and don't come back and don't see you no mo [more].' You know he realized they're girls and they're getting big and he pulled himself up but it's just that you don't know when he gets money, you don't know"*
> (Female, Survivor Interview B).

In this comment, the partner still believed violence was acceptable as a response to being angry. In this situation, his daughter challenged his behaviour and this resulted in a change in his behaviour. This survivor found the change in his behaviour somewhat encouraging and chose to stay.

Other survivors stated that, when men saw women taking action in their relationship that was not reflective of their normal reaction, it made them realize survivors were serious about

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9 The cycle of abuse theory developed by Lenore Walker in 1979 has three common phases. The tension-building phase takes place during typical daily tasks, with survivors experiencing verbal violence. This reaches breaking point and physical violence begins in an acute battering episode. Once the episode is over, partners enter a honeymoon phase where they show remorse; they may change their behaviour briefly so survivors will remain in the relationship. The cycle then begins again.

leaving and this resulted in some behaviour changes.

> *"But he never believe I would have, and I went. Went to the station and make a report. Deh [They] call fo' he, he go. They hold he the night, he slept there the night. Deh [They] had a decision to make, 'cause a' d' [I was] kinda pretty pretty far 'cause he get to knew that I'm get – I'm big now. And I'm getting there and it's time for him to change. And I guess that's the part that really makes him want to change now. 'Cause he realize that I'm that serious. But like he ask them [the court] to beg me"*
> (Female, Survivor Interview I).

In this situation, the partner was affected by the woman's follow-through, which resulted in him going to police lock up. The survivor also suggested that age had played a factor in her decision-making. By saying, *"I'm big now,"* she meant that, at a more mature age, she did not feel it was appropriate to experience violence. This finding is supported by recent studies in Jamaica and Trinidad & Tobago, where prevalence of violence was less among older women (Watson Williams, 2016; Pemberton and Joseph, 2018). She further stated,

> *"Yes. He's not doing at the moment also 'cause now he's big. And he realize nobody is by him – by his side more than me"*
> (Female, Survivor Interview I).

The age of her abuser thus also factored into his behaviour change. However, as seen in an earlier case where a woman was continuously abused for 30 years, ageing is not always a definitive factor that will result in an elimination of abuse.

Changes in the behaviour of survivors and the surrounding community in their response to violence affect perpetrators' behaviours in inconsistent ways. Some men choose to stop abusing their partner and the survivor stays. In other cases, continuous abuse and lack of change encourage women to seek help and leave their relationships.

Choosing whether to remain in a relationship or leave is a complex decision that is often considered in a state of fear, and it is not a linear process. The factors above are some of the decisions women are faced with when considering the future of an intimate relationship where violence is experienced.

6.7. Physical and mental effects of violence

The physical and mental health effects of being in a violent relationship are well documented, and findings in this study are similar. Violent relationships affect women's daily lives and shape their future decision-making regarding intimate relationships. Participants described a combination of life-altering mental and physical conditions as a result of violence. What is most compelling is that, even when survivors have left violent relationships, some for more than two decades, the effects of these relationships are still palpable in their voices and stories.

6.7.1. Mental health impacts

Suicidal ideation and suicide attempts were a recurring theme that many participants in most regions spoke about as a realistic and common result of enduring violence.

> *"Yes, you have a lot of other choices but as I would have put it, culture, and it's a norm for our society here, especially the Indo-Guyanese, it's the easy way out. Suicide is the easy way out and it is followed very closely now by the Afro-Guyanese, you know, it is the easy way*

out. Right, so whether it is the drug abuse, is a domestic abuse, is a gender-based abuse, whatever, the easy way out, now for people is committing suicide and we know also that suicide is a part of getting attention but then not all of us survive to get the attention and get counselling, some are then fortunate and they gone down and they don't – 99% gone down, you know, but when you do counselling with the family, bereavement counselling then you realize that it's a lot of contributing factors that would lead up for the individual to do what he or she would have done"
(Female, Community Member Focus Group C, Participant 20).

This participant's comment is important for several reasons. First, many of our discussions about suicide were explained through the lens of ethnicity. Participants believed that suicide, while endemic to Guyana, was more common in Indo-Guyanese communities. The statement above is rare in its recognition that suicide occurs in Afro-Guyanese communities as well, and that it is not a drastically different issue from in Indo-Guyanese communities. Additionally, stating that suicide is "the easy way out" and "part of getting attention" reveals the stigma and lack of understanding associated with suicide. Moreover, the statistic of 99%, while anecdotal, illustrates the belief that the rate of suicides is high and attempts are often successful.[10]

In other cases, survivors had contemplated murder suicide because of the extreme nature of the abuse they faced. The desperation of women's situations had resulted at times in them momentarily contemplating taking their and their children's lives. Perspectives revealed that children not only often witness the abuse of their

mother and try to intervene but also attempt to provide comfort and hope that the abuse will end. Participants in one region also noted that there were other cases of a mother and daughter or father and son committing suicide by drinking poison[11] if the parent and child were both involved in an intimate relationship with the same person.

"And I siddung [sat down] home crying. My eldest son come and he put he hand 'round meh shoulder and he seh [say], 'Mommy don't cry.' Seh, 'It gon' done. Don't cry.' So a' seh, 'Baby how it gon' done? You father ain't changing. How it gon' done?' And a' was crying and meh kids them started to cry and a' siddung [sat down] and a seh, 'God a' ain't able no more. What fo' [should I] do.' It ah best a' kill these children and meself. Because leaving them they would suffer because deh doesn't have anyone to care. And then another mind seh, "Go away."
(Female, Survivor Interview J).

6.7.2. Violence against women and girls and pregnancy

Women also spoke of violence that continued while they were pregnant, which is similar to findings in other regional studies (Watson Williams, 2016; Pemberton and Joseph, 2018). Some women in desperation attempted suicide during their pregnancy; others suffered miscarriages owing to physical violence. Even though regional reports indicate that women who experience violence in relationships are at higher risk of suicide attempts, and women experience physical violence while pregnant, it is significant that survivors in this study pointed to contemplation of suicide during pregnancy.

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10 Guyana has one of the highest suicide rates in the world. WHO indicates that in 2016 Guyana was above the global average (10.5 per 100,000) of crude suicide rates of men and women, at 46.6 per 100,000: http://www.who.int/gho/mental_health/suicide_rates/en/

11 This often means drinking pesticides. The accessibility of these in farming communities has increased the number of suicides in these areas compared with in more urban settings.

Research on perinatal mental health disorders focuses on post-traumatic stress disorder, depression and anxiety disorders caused by domestic violence while pregnant (Howard et al., 2013). However, there is limited knowledge on suicide attempts among pregnant women who experience intimate partner violence. Further research on women's experiences would inform enhanced screening and health services to address VAWG in pregnancy.

> Participant: "So when I end up losing the baby. The baby um, well one time like he lashed me and shove me down and I fall on me belly."
> Interviewer: "Uh this is while you were pregnant?"
>
> Participant: "Yeah, I was like seven months pregnant and, um, three days after my water bag burst and I end up at the hospital and the baby died"
> (Female, Survivor Interview M).

6.7.3. Relationships after violence

At times, violence in relationships left women unable to complete the activities involved in daily living. Some women found that their current partner (who was not abusive) did not understand that the fatigue they experienced was mental and not physical. These comments provide some insight into the continued effects of violence on their mental health: even though women have left the relationship that was violent, inevitably the effects are still palpable in their current relationship. This was a recurring theme for survivors.

One survivor who was now in a healthier relationship stated,

> "There are many days like she said she doesn't have the energy to do work. Up to this morning I woke up and I told my husband

emotionally I'm drained. Some days my entire body pains, I can't come out of bed – you can't do – it's not that you're lazy but you don't know where to find the strength from to do it. I would literally crawl and do things, I'm not fasting and like I don't have the energy. I don't know where to find this energy from"
> (Female, Survivor Interview G).

Other survivors also spoke of how they related to men since experiencing violence in a past relationship. Their interactions with new partners revealed how traumatized they were psychologically even though they were no longer being physically abused. Some survivors described experiences that reflected symptoms of post-traumatic stress disorder.

> "Due to situation I went to put myself with [date] somebody living right around here and sometimes with the amount of things I went through with him [abusive ex-partner], flashes would be coming on and sometimes I wouldn't feel...like he would hug me and I would be getting a flash at the same time with the things he used to do to me and these things would cause problems. And the first thing he would say is, 'You still deh wid duh man' [you are still with that man]"
> (Female, Survivor Interview O).

Other survivors realized during interviews that they had never dealt with past abusive relationships. Rather, they had suppressed their emotions and focused their energy elsewhere, such as work.

> "There's no advice. So I used to just sit down and keep everything suppressed in there and I have been suppressing my problems for years because there's nobody I can talk to, there's nobody I can speak to. I go to work, throw myself into my job; I was always the best employee because I used to focus like

all my problems I used to just put it aside and focus on my job to kill whatever, to suppress whatever. So then when I finished working then I start to walk on the road and everything comes back up and then I tried to push it back down...so I was all messed up" (Female, Survivor Interview H).

In this sense, women found strategies to divert their attention away and gave themselves a temporary escape, which may have created a protective factor for their mental health to contend with the abuse they endured.

While it was not a common perspective, one survivor reported her mental health to be in a more positive space. She stated,

"I feel strong. Ya know why? Because I was able to come out. I feel that inner strength and even though I may cry I can tell my story. I am not embarrassed to tell my story... you could start from helping yourself" (Female, Survivor Interview N).

This comment reveals a sense of pride and dispels the notion that women always suffer from low self-esteem in relationships where they experience violence. It may be true for some women, but others rely on an inner strength, which illustrates an understanding of their value and worth.

6.7.4. Physical health effects

Women had disfiguring injuries and scars across their bodies. While survivors and participants did not explicitly speak of malnutrition, many women talked about experiencing violence where they had little to no food for themselves and their children. Regionally, there are few studies focusing on malnutrition, food security and domestic violence. However, some studies have found a correlation between major crimes and increased malnutrition among infants and their mothers

(Thompson et al., 2017). Therefore, a gap remains in our knowledge regionally on the nutritional health of survivors and their children when food is withheld as a form of violence. However, global research indicates that, when food is used as an abusive tool, women and children suffer from anaemia and being underweight (Ackerson and Subramanian, 2008).

6.7.5. Violence against women and girls and HIV

Various studies document the relationship between HIV and VAWG (Jewkes et al., 2003; Kishor, 2012; Patrikar et al., 2017). We did not ask about sexually transmitted infections, but participants discussed HIV as a result of infidelity in relationships that at times were extremely violent. This discussion revealed a lack of understanding regarding post-exposure prophylaxis. Aside from this, participants' comments indicated that stigma associated with an HIV diagnosis prevented people from getting tested. Instead, people continue to have unprotected sex in relationships with an unknown status. A positive test result for HIV is still considered a death sentence by some, which suggests increased work is required to educate community members on prevention, testing and treatment.

6.8. Summary

Women experience multiple forms of violence during the course of abusive relationships. To adequately address their experiences, psychological, economic, physical and sexual forms of violence should be considered in relation to each other instead of being addressed in silos. Women consider their children, economic security and safety when coping with their situation and choosing whether to remain in a relationship

or leave. They often find individual strategies to contend with the abuse on a daily basis and adjust their approach based on their partner's behaviour. In terms of mental health, survivors often consider suicide as the only solution to the abuse. Most importantly, women often navigate violent relationships through a constant and inescapable fear that complicates, and at times paralyzes, their decision-making processes.

6.9. Key messages of this chapter

- Physical, psychological, economic and sexual forms of violence do not occur in siloes for women in this study. Women experience multiple forms of violence simultaneously.

- Sexual violence remains a less disclosed form of violence compared with other forms.

- Women continue to experience marital rape and may not understand it as rape, given expectations of women in relationships and of the role of men as the head of the household.

- Participants perceived sexual violence against women in the workplace as common but underreported.

- Sharing videos where women and girls are sexually or physically abused re-victimizes women and girls.

- Women protect their perpetrators in many cases because perpetrators are the main or only source of income to support their family.

- Women often seek internal coping strategies to deal with abuse. Prayer is considered the most helpful and reliable resource for women.

- Women reported lasting mental health implications after experiencing violence in their relationships.

- HIV testing and diagnosis are still heavily stigmatized in some communities and there is limited understanding of post-exposure prophylaxis.

- Possible malnutrition of survivors and their families is an area that requires further exploration.

- Women are primarily concerned with the well-being of their children, which can drive them either to remain in relationships that are violent or to leave.
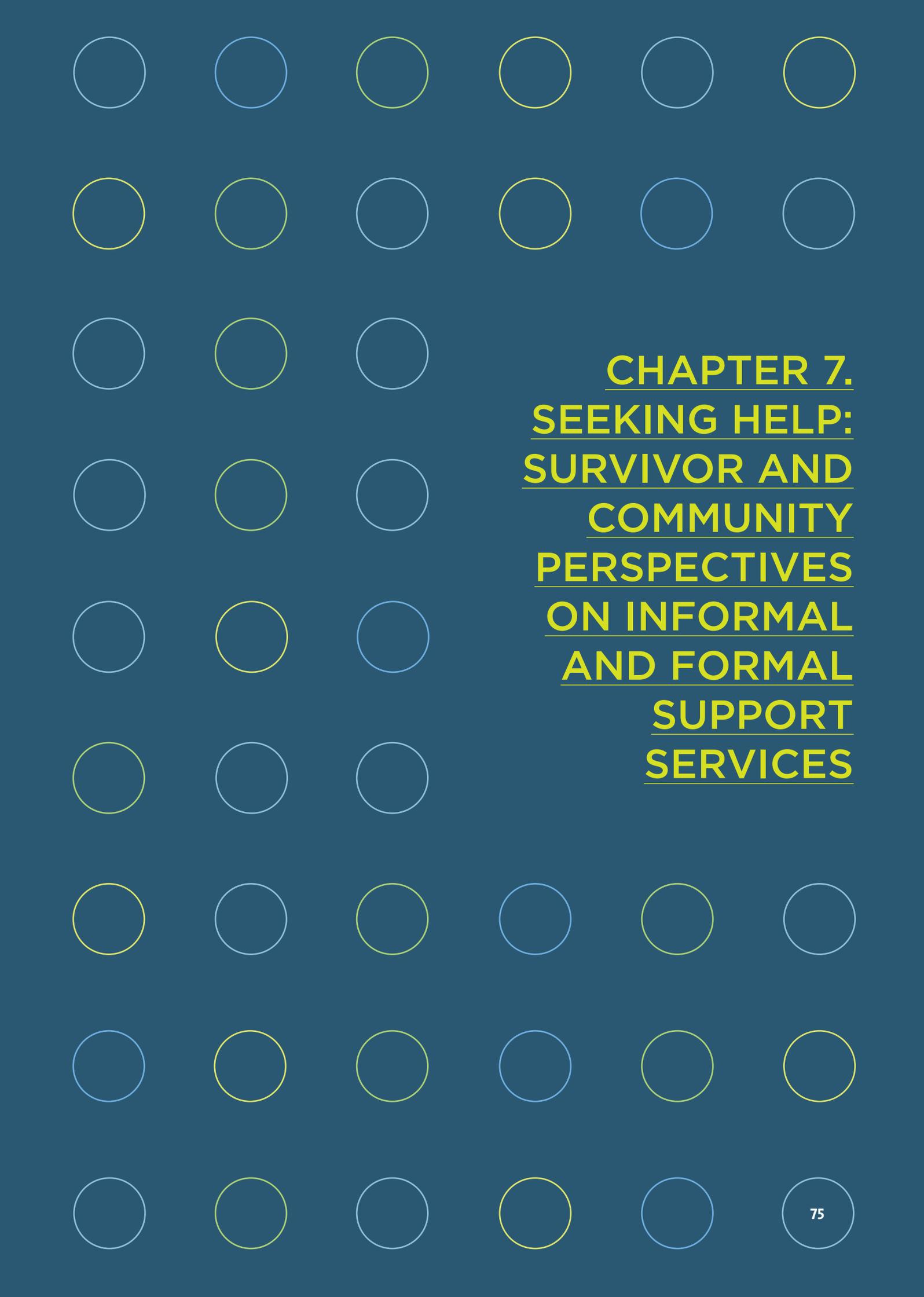
CHAPTER 7. SEEKING HELP: SURVIVOR AND COMMUNITY PERSPECTIVES ON INFORMAL AND FORMAL SUPPORT SERVICES

"I don't think she doesn't want my help but she...[pause] she's worried about the repercussions of me helping today and five–ten days down the line...what she has to deal with"

(Male, Community Member Interview B).

Introduction

The WHO CSDH framework considers the health care system an intermediary determinant of health (Solar and Irwin, 2010). It is viewed as having an impact on the exposure and vulnerability of communities, by decreasing inequitable access to care, improving collaborative action to improve health and ensuring health problems are limited in terms of the impact on people's future ability to reintegrate into society after an illness. This chapter expands the concept of a health care system to cover a larger combined system of informal and formal VAWG support that could be thought about as an intermediary social determinant of health. This system of support also considers citizen security, as it addresses the range of human choices women have, and access to and availability of services.

The system of informal and formal support includes the community of friends, family and religious bodies that support women as well as formal support that survivors and community members identified. Survivors and community members detailed the complexity of personal and systematic considerations that influence the support accessed and the assistance received. Understanding why women choose to access resources can provide greater insight into how services can be tailored to meet their needs. Additionally, documenting the perspectives of various service sectors is a necessary step to improving a multidisciplinary response that better supports survivors and creates a more supportive environment for service workers as an intermediary determinant of health.

In this chapter:

- Common considerations that influence survivors accessing support

- Positive and negative aspects of informal and formal support

- Counselling survivors and their partners across sectors

7.1. "It's either you stay and 'bun' [burn] or cut and run": Common considerations that influence survivors accessing support

Participants stated that some women who had accessed services were ready to leave their relationships. However, many women in this study had sought informal and formal services as a way of obtaining advice and support to end the abuse with the hope of improving and/or maintaining their relationships. In deciding whether or not to obtain help, women in this study had considered a number of factors.

Decisions to access help are often framed within an increased risk of danger that may paralyze women during their help-seeking behaviours. Framing women's access to care within this lived experience can help inform the provision of reliable and consistent services that acknowledge the state of fear many women live with on a daily basis.

"Unless you travel and go till to Georgetown... when I look at these woman sometime they are scared. Because one of the woman...She was scared if she go [to Georgetown] and then she have to come home back there. He would kill her"

(Female, Survivor Interview J).

"You can't just run out the house and say you going to the police, he might kill you. So

she gahfo' [has to] like time him, I believe in hours or what so. I think the police [should be who she goes to] – 'cause if you try maybe the neighbours or so, you never know – because of he restrict her from the people around. Who would she go to? So I think the police" (Female, Health Professional Focus Group A, Participant 6).

Participants also spoke extensively about choosing to access support knowing that their report might not be taken seriously and they might be blamed for the violence they had experienced or even mocked and laughed at. In this regard, survivors and some service providers were suggesting that services were not always approachable and often depended on the individual who was working at that time. Moreover, many service providers believed that women's lack of knowledge about resources available to them created a major barrier for survivors.

"I have encountered women who live in violent situations and can't get out of it because literally there's no one to talk to. There's no one to see it from their side and they don't understand that there are avenues open to them and even though there are laws, they're good laws, there are policies in many institutions – people are met with a brick wall" (Female, Health Professional Interview A).

When participants were asked how knowledgeable women were about their legal rights and social services options, there was no consensus. Police officers, magistrates and health care workers in various regions believed knowledge levels varied, with one magistrate describing the level as *"low to medium"* (Male, Magistrate C). As Chapter 4 noted, participants believed most women were unaware of the extent of their legal rights or the scope of

services, even though they had a general idea they could receive help from police officers or the court system. As one health professional stated,

"Well, there are a few services but I think, by and large, people feel when they call, if they do called they don't get the response they need and they don't get it immediately, then there is access to all of these things whether or not people have phones or, they have access if they're in an abusive home or they can even make a call. But I think too, aside from all of that, a lot of them don't even know that these services exist or know the numbers to call or know they can go here, there or anywhere else to access them so there is that limitation" (Female, Health Professional Interview A).

Social service workers believed this knowledge was lowest where women worked inside the home and opportunities to interact with others were limited.

Women's knowledge of their rights and options affects their ability to access help. Improving how community members are informed about their rights and access to services could assist women in their decision-making process. Additionally, a concerted effort is required for those women who have additional barriers to social support. More information is necessary to enable an understanding of how women communicate in socially isolating environments and how best to engage them.

7.2. Informal support networks accessed by survivors

Sylaska and Edwards (2014) define informal support as immediate family members, relatives, close friends, casual acquaintances, neighbours, co-workers and/or members of a faith community. Informal support is important to survivors

in a number of ways. Survivors stated that at times family members had denounced abuse and encouraged women to hold their partner accountable by accessing formal support, and provided women with financial assistance and childcare, as well as basic necessities such as housing and food for short timeframes. Survivors indicated that informal support came not only from family members but also from friends, neighbours, the partner's family, religious leaders and at times even strangers. In this regard, informal support is essential to survivors as it may be the safest option for those women who are uncomfortable accessing formal support. This is similar to findings from Jamaica and Trinidad & Tobago, where some survivors were most comfortable accessing informal support for help (Pemberton and Joseph, 2018; Watson Williams, 2016). Moreover, support from family, friends and neighbours provides some insight into how the community views VAWG.

> *"Maybe I was in love too much to go, I don't know but I never went. I just used to take it and mostly I used to come to my mother and she would say, 'Go to the police and lock he ass up because he deserve locking up,' you know? But, I used to think about doing it but like I never really, I never really liked police either, I don't like going to the police station, I does get cold feet"*
> (Female, Survivor Interview B).

> **Support from informal networks does not mean women will leave abusive relationships.**

However, social networks are not always supportive. In a few community member focus group discussions, participants spoke extensively about informal support being unhelpful, with women ending up internalizing their experiences

of abuse when those they turned to violated their trust.

> *"We find when you tell persons your problem you become a mocking stock ya know... they would talk ya know, 'She husband bax she up [hit her] and ya know. I give she a pint of rice.' So now some people prefer sit down and punish, they not getting out. You have your children, you have your family, people don't always want to keep you. You have no alternative you have to go back to that same abusive home"*
> (Female, Community Member Focus Group B, Participant 1).

Participants often spoke about prayer and a higher religious or spiritual belief being necessary to cope with the situation faced. Religion intersects many sectors, with people's personal religious beliefs at times guiding their professional conduct. In some instances, organizations such as the police had combined religion with their services. The Cops and Faith Community Network (CFCN) is an initiative launched in September 2013 by the police force and religious leaders as a crime prevention unit for first-time offenders, with a focus on youth, to provide alternative solutions for community members committing minor offences. The programme is grounded in an acknowledgement of the importance of spiritual healing. One of its objectives is to create a mechanism for community problem-solving as a way of improving community–police relations. Over the years, the programme has expanded from focusing on youth and crime prevention to the general population. For particular cases of VAWG, religious leaders in the CFCN are focused on assisting couples to reconcile through counselling, providing home visits if necessary, and preventing situations from escalating to require court proceedings. However, if the situation is not reconcilable, then the case is

turned back over to the police and sent to court. For serious crimes, when complainants may not be fully committed in terms of providing statements and attending court, the CFCN is considered a resource to provide psychological support and encourage women to cooperate with police investigations.

Participants believed religious leaders played an integral role in providing counselling and advice to couples. Overall, religious leaders were viewed as trusted and respected individuals who provided a moral authority that couples would listen to. As one health professional stated,

> "But when you talk about a pastor, an Imam, or a Pandit, people may go to these people because these are people that go to their homes or they go to Church, Mandir, Masjid whatever...so there is a level of confidence and trust in these people, so they may go to them with their problems and whether or not they get help depends on who you're going to"
> (Female, Health Professional Interview A).

Religious organizations recognize their influence and have sought out training for their leaders.

> "Here is where people like myself, priests, Hindu pandits, Hindu priests, Christian priests and community leaders has now shouldered the responsibility that the education trickles down – because with education we can reduce the numbers and here is where as Hindu leaders...is not simply [about] going around and doing Pujas [religious ceremony performed for various occasions] and solicit dakshana [offering or gift to the priest]. It is much more than that, they educate, and they ought to see themselves as a counsellor, as a mitigator. So, the roles become very pivotal"
> (Male, Religious Leader Interview A).

Conversely, as with other formal services, survivors indicated that the assistance received from religious leaders was inconsistent. Religious bodies are also struggling with difficulties similar to those facing other organizations, even though they are considered to be of higher moral aptitude. Moreover, some participants believed that violence was accepted in some religious groups because women were encouraged to remain in marriages even when the religious leader knew of the violence. Others felt this standpoint was changing.

> "I tried Imam as well...I went to meet an Imam one time. I have tried, I tried to get help – I went to meet the Imam and before I walked in the girl told me – I was not dressed appropriately to go and talk to him. [She asked] if I could please remove my lipstick. People need to – and some Imam or some pastors or some Pandits – no offense – they do the same things [abusive] to their wives [laughter] and we don't know about it – and you find out. Time and truth always meets... sometimes you find out and you would be shocked – people we look up to"
> (Female, Survivor Interview G).

Religious leaders recognized that partners were seeking out their help before calling the police and have now started to encourage members of their religious bodies to contact them. Survivors believed that religious leaders offered them another authority figure they believed their partners might listen to in working on eliminating violence. The advocacy of religious leaders and the focus on women and their partners may ensure men are held accountable for their behaviour and addresses survivors' need for help. Continued training and teaching of religious leaders is a vital step in improving the gaps in their services.

Informal networks can provide a safe haven for women and their families who experience

violence but may not result in women leaving their relationships. Rather, they may provide refuge for women as they contemplate their future options. Assisting community members to identify whether they may be a support system for women in abusive relationships may increase their understanding of the importance of their role.

> When it comes to informal support, it may be helpful for a survivor to hear that her case is not the first one the support source has heard of or helped through providing information on services, food, childcare, money and/or a place to stay.
>
> Support sources, along with other care providers, can offer first-line support through listening, inquiring about needs and concerns, validating experiences, enhancing safety and providing support as indicated above (WHO, 2017).

A coastal indigenous community

One indigenous survivor who lives within a coastal indigenous community indicated that some women would contact the Toshao other than family as a first call before accessing other resources. The Toshao is a community leader appointed by the community in indigenous villages. This survivor said speaking with the Toshao was not helpful as he advised her to contact the police. It is unclear whether the survivor expected the Toshao to invest more time personally in addressing the violence or whether she believed notifying the Toshao was useless because of perceptions related to the police in domestic violence cases.

Note: This vignette is reflective of only one woman's experience and her perception of other indigenous women living in her community and may not be reflective of other indigenous communities in the coastal or hinterland regions of Guyana. However, a previous report focusing on 12 hinterland villages (UNICEF, 2017) indicated that some participants did not believe police provided assistance in cases of VAWG. Instead, participants indicated the Toshao, the Village Council and other village elders would be more helpful in assisting community members to address problems they faced. Only four of the villages had police presence, while two villages had community policing groups (an informal group that lacked adequate training and had access to limited resources). The remaining five villages had no police presence. The 2017 report also indicated that Toshaos and Village Councils were not formally trained to handle domestic violence cases, or dispute resolution, and did not have adequate knowledge of the laws of Guyana. This may provide some explanation as to why residents such as the survivor above felt they received little help from the Toshao.

7.3. Formal support systems: Current landscape of domestic violence services

Participants revealed that there was no definitive pathway that women chose when accessing help. The first service accessed is dependent on several factors, including the perceived severity of the abuse, the socioeconomic networks available to the survivor, the potential for increased harm and the accessibility of services. These factors highlight the importance of strengthening each formal support service and ensuring a communication network exists between services, outlining each one's roles and responsibilities. It should be noted

that the original Domestic Violence Act 1996 details the roles and responsibilities of the police force, court system and human services in the Ministry of Labour, Human Services and Social Security. In recognition that survivors of violence required a more comprehensive approach that included community-based interventions, the Domestic Violence Act was amended in 2009 to include further direction for government actions, and to incorporate the Ministries of Health, Education and Indigenous Peoples' Affairs. An oversight committee is also written into the Act to review, monitor and evaluate implementation annually. Such provisions should have an impact on service delivery.

7.3.1. Confidentiality in services

A major issue identified by all participants across sectors was the potential for breaches of confidentiality. The possibility of personal information and details of abusive situations being discussed without the permission of the survivor creates a key barrier to accessing services. In this study, participants described confidentiality breaches in formal support services in four specific ways:

1. Numerous participants stated that their situations had been discussed in a manner where their privacy was not protected. Specifically, service providers were known to speak about patient or client situations in casual conversations as a common practice, without realizing they had breached patient/client confidentiality. Reviewing professional policies on privacy and confidentiality and reinforcing standards of practice may contribute to decreasing the frequency of such disclosure. It should be noted that participants believed confidentiality was afforded to affluent members of society to prevent the risk of public scandals. The power dynamics in

situations involving affluent community members may contribute to compliance with confidentiality, as service providers fear for their job security.

2. Participants indicated that, on numerous occasions, service providers had asked patients/clients to speak loudly in a public space such as at the main desk of an office or public setting or in a waiting area, or had spoken loudly themselves where others could hear.

3. There is a lack of confidentiality between colleagues. Participants believed that staff discussed cases with their own families and friends, as well as with other colleagues.

4. Small communities have a higher likelihood of personal connections between service providers and perpetrators, which affects criminal follow-up. Determining how to address personal connections between community members within a professional capacity requires careful consideration, especially in cases where abusive men are assisted in evading the law.

"But then as you asked where do we feel most comfortable going to…this is Guyana and this is on behalf of myself and every other woman. You don't go to a place in Guyana and tell them what's going on without other people hearing; they're so unprofessional. [Agreement] And you have to be afraid that you might run into this person three years from now and ten other people know your business"
(Female, Survivor Interview G).

When asked how the lack of confidentiality could be addressed among service providers, one survivor was not optimistic.

"Change what? I told you, we dealing with mankind...there is no change. And these social workers that come out are young people...do you think they would keep the stories to themself? No. No"
(Female, Survivor Interview H).

It is unclear if people would feel betrayed by service workers in situations where maintaining privacy could cause greater harm to them. If this is the case, reinforcing the limits to confidentiality before providing care to women allows them to make informed decisions regarding the information they disclose and the care they receive from service providers. In this study, limits to confidentiality was not a widely discussed topic among care providers.

Lack of confidentiality is a fundamental issue that impedes trust in social services. Addressing the four areas indicated above may begin to create a key shift in community confidence in resources and decrease some of the negative perspectives of services.

7.3.2. Improving community confidence in the police force: Addressing the gaps

As other studies and reports have indicated, the relationship between police and communities is somewhat strained (Sutton and Baxter, 2017). The police force was seen to be the least trusted service in Guyana in 2014, but this had improved in 2016 (ibid.). Police–community relations in indigenous communities are also reportedly strained as a result of misunderstanding and a lack of respect between police officers, the Toshaos and the Village Councils (UNICEF, 2017).

"A separate issue discussed in many villages is that some villagers do not trust the police. There were stories of police officers taking bribes and not respecting the traditions and authority of the Indigenous people in

the villages. As a matter of fact, for some Toshaos and Councillors, these are the main reasons why they do not ask police officers to settle disputes. In one of the villages, the disagreement between the Toshao and the police started when the law enforcements came to the village and did not pay their respects to the Toshao"
(UNICEF, 2017).

In this study, when participants were asked about the roles and responsibilities of the police force, police officers and community members provided similar answers, indicating common expectations. However, a persistent perspective in this study was that there was inconsistency in responses to survivors based on the personal beliefs of individual officers. While there were instances of survivors and community members commending police officers for their professionalism in dealing with their cases, other participants, across regions, discussed at length some of the negative experiences women had had when speaking with police. In this sense, despite the zero tolerance policy on domestic violence that should guide the approach to handling cases, there had been a wide range of experiences in terms of police officers' management of domestic violence cases.

7.3.2.1. Zero tolerance policy on domestic violence

The zero-tolerance policy on domestic violence aligns with guidelines for essential justice and policing services as an essential component of an adequate response to VAWG (UN Women, 2015). Its implementation is considered a core element in promoting and supporting initiatives that are focused on increasing gender equality and ending VAWG (ibid.). Police officers in various regions frequently referred to the zero-tolerance policy during FGDs, indicating a good working knowledge of their responsibilities. They

highlighted that, under this policy, perpetrators must be charged if an accusation is made, and a private and confidential space must be designated to interview victims. At the time of this study, several new police stations were being built with spaces available to accommodate this policy. In current stations and outposts, some police officers indicated that, when a private space was requested, higher-ranking officers would provide directives on what was available for use. Based on some of the experiences described by survivors, usage of private interview spaces may not be a consistent practice. There also remains a gap between the zero-tolerance policy and adherence to it by some officers. An area for improvement thus entails enhancing training and revisiting processes to ensure implementation of the policy is consistent (ibid.).

For example, several participants in different regions commented on male police officers viewing domestic violence cases as an opportunity to begin intimate relationships with survivors. A community member stated,

> "Yeah, but this is 95% the cases that I saw… they think the female is vulnerable and they tend to – nine out of ten time, tend to make a pass at the female. Pass meaning, try courtship or try to influence a relationship… the cops…I don't know if you know the streets out here, but that is how quite a lot of females, like, have extramarital affairs with cops because when they go to report an instance of abuse these cops take advantage of them. I've seen it. They act aggressively towards the spouse to show the authority and whilst she is vulnerable they make themselves the comfort or whatever they wanna make them…They end up facilitating themselves in to that person psyche"
> (Male, Community Member Interview B).

Taking advantage of survivors while they are receiving assistance does not align with a zero-tolerance policy on domestic violence as it further victimizes survivors and trivializes the seriousness of the violence they have faced.

There were other examples of police officers not following policies and procedures, by either dissuading survivors from following through with reports, especially if the survivor had made multiple visits to the police station, by sending survivors with their abusers to obtain medical reports from the hospital if both people were charged, by not coming to the scene when called and by not following through with charging men if survivors asked for "just a warning".

> "I have witnessed many a times on occasion whereby, because of experience, these police officers know that when these people come in and they try to make up the report and so on, couple of mornings after, the husband and wife together again and it feel like you make me waste my time. And I have heard police – a women from the highway, a man take a hammer and hit her in the head and then this officer was trying to say, 'Is what you do that man? It got to be something, make that man lash you in your head' and I was like what! Seriously? And then she [police officer] tried to make an excuse so she [police officer] said, I want to know if you gon further this case, tell me one time, and the way she [police officers] was talking was like telling this woman, don't feel like you gon waste my time and the issue was time wasting and this woman said, right there and then, 'Just leff it alone.' Yeah, he went drinking… and she started to patch up things, right,

patch up things, and other person try to vent, the officers get in the vehicle to go and the person said, man, let's just hold it down and see what is gonna happen and I think like two weeks after that woman was a dead woman, right, and I'm telling you real life story, it's not no make-believe nothing"
(Female, Health Professional Focus Group A, Participant 2).

Continued work is required to ensure the zero-tolerance policy for domestic violence is practised daily in police stations. This may not be an easy task as it means shifting deeply rooted perspectives on gender roles and violence that do not disappear once a uniform is put on.

7.3.2.2. Successful initiatives

Despite the challenges the police force faces, there have been efforts to build community confidence through a number of programmes, such as community policing units and Cops and Faith, which police officers and community members widely affirmed as successful and useful. Cops and Faith began in 2013 as a six-month pilot project in ten communities in Region 4. Religious leaders were focused specifically on youth who were first-time offenders. The success of the pilot led to the programme's permanent adoption and its expansion to all regions. A male health professional stated, *"And a few pastors from Cops and Faith sometimes sit down and they do a very good job; and not even for the one day, you have appointments and you return and they try."*

Overall, though, lack of consistency of initiatives by the police force (and other social services) was a pointed critique by community members and poses a barrier to sustained confidence in services.

7.3.2.3. Police officer as a profession for survivors

Participants said that female police officers were also often survivors of violence. Working as a police officer offers survivors an income and can provide them with an opportunity to relocate to other communities if necessary, to escape their abuser. The police force was also seen as attainable for women without a high level of education, as the basic entry requirement is primary school education. While this entry level is not representative of all recruits, for people who have been stigmatized in society because of their education level, the police force may represent a space for inclusivity that affords them an opportunity to advance themselves with education and training while earning a living. For some women in this study, it was an important catalyst to becoming financially independent to leave a relationship. The recognition that there are survivors within the police force emphasizes the need to strengthen organizational conduct and support to ensure attitudes and behaviours reflect zero tolerance. This means holding accountable those officers within the organization who are known to be abusive themselves.

Inconsistencies in service provision by the police force continue to be a security issue for women and their families when they experience violence. The Domestic Violence Act provides clear guidelines for the management of cases. However, while the Act is clear in its description of police officers' responsibilities, challenges remain in terms of consistent implementation.

7.3.3. Court services

In Guyana, the majority of domestic violence cases are heard in the magistrate's courts. The court system is inundated with cases, as there is a relatively small judiciary, at a ratio of 3.5 judges and magistrates to 100,000 people. This

poses significant challenges to the expeditious adjudication of cases (Sutton and Baxter, 2017). The 2015 Guyana Police Force Annual Report supports these findings: 984 cases out of 1,983 were still pending in the court system at the end of the year (Commissioner of Police, 2015). Participants in this study alluded to key issues that could explain the lengthiness of cases.

First, domestic violence cases are complex: time is needed to deal with the dynamics of women and families whose cases encompass a number of intersecting factors where litigation alone is not always useful. Many survivors viewed the court system as an authoritative power, which they used as an advocacy tool their abuser could not ignore, but also did not want their abuser incarcerated.

> *"There are a lot of persons, especially victims, who come and they don't necessarily want the traditional conclusion, a punishment or a penalty. They want, umm, somebody to hear them. They want the man to know well hey if you step out of line there is authority and there is someone who can do something to you, you know? So there is that dynamic and I think because you're dealing with so many matters you don't have the time to go as deep as you may need to go in the matters"* (Female, Magistrate Interview A).

Community members supported this view:

> *"No, what I'm saying is that okay, let we say, the woman is abused by she husband and she carry it to the court, now she carry him there for him to learn a lesson as we would say, but then she didn't really want him to go to court because she study he gonna get jail, what will happen to she and the children, now she – the magistrate will sometime say okay, refer them to go to get counselling or so"* (Female, Community Member Focus Group C, Participant 6).

> *"And if he's guilty they'll sentence him and if he's not – but have you fixed the problem?"* (Female, Magistrate Interview A).

Several magistrates felt that upholding the law and helping survivors at times required creative solutions that needed more time and follow-up. However, this was not true across the sector. Several participants said that magistrates had imposed fines on complainants who came to court repeatedly but did not want to follow through, seeing this as a waste of court time. The practice of imposing fines further victimizes women by penalizing them for using the court system in the manner they feel most supports their situation. It is important to improve the efficiency of court proceedings, but, if this is done without an understanding of the vulnerabilities of survivors, it may not have the intended effect and may deter women from accessing help. For some women, attending court is the first time they have been empowered to speak with support from a person in a position of power.

> *"You're always wondering, 'Am I doing the right thing?' 'Am I acting in accordance with the law?' I am a creature of statute so I have to act in accordance with the law and sometimes you're concerned that you might be overstepping a bit, you might be engaging in too much discussion. I have to guard my objectivity – am I risking my objectivity by doing certain things? There is a line between protecting victims and giving them the support they need in court and balancing an accused or defendant's right to appear at trial and at the same time trying to help the party so that there is a solution for their life and not just what I perceive to be what is right. One of the*

things I often ask victims is, 'What do you want?', 'You came here for a reason so what is it?' Because I can talk from now till next year, I've not listened to her in terms of what she wants and majority of the time she wants him to be lectured to or to be told that you're wrong and you can't do this and she wants them to go forward. Rarely do you find – in my experience – do you find them willing to leave the relationship or they have left at the time the matter is in court...they're separated but sometimes they do reconcile and something happens again and they come back to court"
(Female, Magistrate Interview A).

The 2015 Annual Police Report indicates that, among the 1,983 reports of domestic violence in that year, 1,319 saw charges brought, with 26 perpetrators imprisoned, 27 placed on a bond to keep the peace, 29 fined and 158 referred to probation services; 95 cases were dismissed and 984 were still pending in the court system. Although these statistics indicate that individuals were being prosecuted within the court system, it may be perceived that people are walking free when in fact they are carrying out court-mandated services such as probation, bonds or counselling; perceptions may also be skewed because some women are using the court system for other reasons than to have their partner imprisoned, and because of the backlog of cases.

This backlog of cases requires a focused approach. One suggestion is the creation of a specific family court system focused on domestic violence cases. This would provide better support for magistrates to deal with the complexity of VAWG cases. Under the 2008 Belém do Pará Convention, the Government of Guyana is obligated to expedite the creation of special family courts for domestic violence cases, which could greatly improve the experiences of women and families when accessing the court system and strengthen the judicial sector in response to VAWG cases.

Many community members see the court system and magistrates' role first as mediator in domestic violence cases. The limited and inundated nature of referral services (i.e. probation, welfare, etc.) affects the speed at which cases can be closed. There is an opportunity here to promote activities and support services in specific communities to ease overburdened government services and assist magistrates in expediting their cases. In this sense, magistrates are useful but underutilized resources in the promotion of services.

"But I never really had anybody come to me and say, 'we're offering this programme...we have this programme in your community...we would like to offer it to the court.' I would like that, I would welcome that and I hope that my approach is welcoming of that but it doesn't happen"
(Female, Magistrate Interview A).

7.3.4. Legal aid/lawyers

Participants did not discuss legal aid and lawyers in detail. People equated this service with requiring money, which many of them did not have access to. Those who had used this service had received help with obtaining child support and were satisfied with the outcome. Survivors spoke about legal aid/lawyers informing them of their rights and encouraging them to follow through with the process.

"She said, 'You get your documents and come tomorrow and you take out your summons for him. He has to move out' – and I did that. [Sniffs.] He started mining [taking care of financially] the children by court, by the law I never asked him to mine [financially support]

me because I tell myself that he cannot have this bondage on me anymore" (Female, Survivor Interview M).

Others were discouraged by the length of time needed to go through the legal system.

"And then – fo' me, daz why I didn't go through all those long legal process. Because I know it takes time and then you just be back and forth, back and forth and...You mean sometimes you don't have time for all those things. You just needed to get done within a month or two, not years and those kinda things" (Female, Survivor Interview I).

There were other, less commonly stated, perspectives from survivors that men should not need the legal system to make them take care of their children. These perceptions may also influence women's use of this service. Legal aid can provide assistance with obtaining financial aid for families – even if the process is lengthy. The concern of being unable to care for children financially was a recurring theme throughout this study, deterring some women from leaving abusive relationships. Increasing women's knowledge of and access to legal aid services may provide them with an option to assist them in supporting their children.

7.3.5. Government agencies (welfare)

Welfare officers are integral to the social services accessed by survivors, as they are tasked with managing cases over a period of time to ensure women are receiving the help they require. Survivors indicated that some welfare officers educated and advocated for them but overall felt welfare officers were not consistent with follow-up. Survivors spoke about long periods with no communication, increasing the lack of confidence

in the system, and creating further risk for survivors and children in abusive situations. Additionally, survivors were often deterred from accessing this service as they found some workers' demeanour unapproachable and felt they had to prove their abuse before getting help. Survivors believed cases were compared with others and that they were judged if they kept returning to the office. One survivor stated,

"If they don't follow up the first nor second time and you go to them two other times they say, 'She always coming with she problem, I don't know why...' All these things you would hear back, 'Why she don't... she don't know fa control she man' and these things...So they just criticize and they don't give you any help if you keep on going back" (Female, Survivor Interview O).

Further information is required on why there is inconsistency in the follow-up of cases and what initiatives have been taken to sensitize staff on women's experiences with violence in intimate relationships. Overall, participant experiences illustrate that women see this resource as useful and are seeking help but that there are areas for improvement in how welfare officers support survivors.

7.3.6. Shelters

In the 2009 version of the Domestic Violence Act, the Government of Guyana recognized that ensuring access to temporary housing was important for the safety of survivors. However, additional shelters were one of the most requested services across all regions (except for Region 4). Participants identified the lack of shelters as a major barrier contributing to the strain on other social services. For example, several police officers stated that a shelter would be useful, as women

currently had to spend excessive time with police, because there was nowhere safe to take them (except in Region 4, where the capital city, Georgetown, is located along with many resources). Two participants spoke about two shelters in Region 5 and Region 6, but most participants, including police officers, were unaware of these shelters. One participant who described a shelter in these regions said that women could stay for up to 14 days but, because of confidentiality concerns, it was not widely advertised. The need for discretion is clearly necessary, but if service providers and survivors are unaware the shelter exists, it cannot be utilized. Participants in all regions said that Help and Shelter was the only known shelter available to women. Examining how Help and Shelter operates can assist to provide a model for the creation of needed shelter services in other regions.

Important features discussed by participants and observed by researchers during this study can be considered in creating further shelter services in other regions. These components include, but are not limited to, the following:

- **Main office and shelter:** Help and Shelter has a main office where staff members assist survivors and perpetrators with a number of concerns, including counselling. This building is accessible and has signage that community members can find. The shelter itself is in another, undisclosed and secure, location. Using two locations is ideal to address confidentiality concerns while also remaining locatable.

- **Working relationship with social services:** Help and Shelter is well respected and recognized as a credible resource for women. Staff members write support letters for survivors for court or other services to verify their experiences. They also act as advocates and can attend court

proceedings and hospital visits if requested by survivors. A shelter should be considered more than just housing, as survivors require assistance to transition back into the community. A study completed in the United States looking at the experiences of survivors in shelters nationally indicated that, when shelters offered a combination of services (such as those currently offered at Help and Shelter), survivors were satisfied with the care (Lyon et al., 2008).

- **Staffing:** Currently, there is one main female staff member who lives at the shelter throughout the week, with relief staff coming in only on weekends. Staffing is a fundamental consideration, as there is a need for a high level of commitment, with significant amounts of time spent away from family and friends. If additional shelters are opened, staff members will require intense training and sensitization to understand the risk to survivors if confidentiality is breached. Moreover, shelter services would also have to consider the psychological impact of workers and provide a network of support to ensure the mental health of service workers is protected.

- **Survivors with children:** Many survivors leave relationships with children, and the future care of children is a fundamental concern, as discussed in Chapter 6. The current shelter service cannot accommodate boy children over a particular age, as the shelter services women. This has resulted in some survivors being separated from their children. A concerted effort is required to keep mothers with their children. This is one of the most significant issues for survivors whose families are already experiencing intense trauma: women described experiences of

being separated from their children as re-traumatizing. Separating mothers from their children is a practice that requires careful consideration and re-evaluation.

> *"The home don't keep parents, adults. Is for only kids. So from the time I start hear dah a' start to cry. Because I was never away from them since a' give birth to them. Even though they drink sugar water or waeva a' still keep them. So I started to cry and she seh she know it gonna be tough. That 'Don't cry.' That 'Dah is how life go sometimes.'"* (Female, Survivor Interview J).

Shelters are a basic need for women who want to leave abusive relationships (Kesler, 2012). A focus on increasing the number of shelters throughout the country would improve accessibility for survivors and support other services whose scope cannot accommodate safe housing.

7.3.7. Non-governmental organizations

NGOs are viewed as supporting the system of most accessed services (i.e. police, courts, hospitals) in a number of ways that improve survivors' experiences and hold social services accountable. Help and Shelter, Red Thread and Food for the Poor were spoken about repeatedly by survivors and service workers as being reliable resources women could access to receive counselling, advocacy support, food, clothing and household items. Moreover, when community groups were asked about potential awareness initiatives or known services where they could receive help, Help and Shelter and Red Thread were the most often mentioned. These services are well respected by the larger organizations and, when they are involved in cases, women feel a heightened sense of confidence that

their complaints will be taken seriously. In this regard, learning from these organizations on how they build and maintain community confidence can assist other social services to improve their standing within communities and enhance their services for the betterment of women and their families.

7.3.8. Health care workers

In this study, participants identified as health care workers included physicians, nurses, social workers and others within a hospital setting that could have interactions with patients. Nurses and physicians overwhelmingly agreed that their responsibilities to survivors of violence in relationships were to assess and treat their injuries, provide emotional support and liaise with police and social workers to ensure counselling and other possible support was offered. Social workers agreed with these responsibilities and saw their main role as ensuring women received community support to follow through with their future plans – whether that meant remaining in the relationship or leaving.

There were two reoccurring themes in discussions with health care workers. First, some health care workers said they were unaware of any clear policy on how to assess and care for domestic violence patients, even if one existed. They believed a policy would provide clear standards on how to appropriately care for women. The Domestic Violence Act 2009 stipulates that the Ministry of Health is responsible for ensuring that all health care services, including clinics and hospitals, are appropriately resourced to provide care for survivors. This is to be achieved by creating a curriculum for all health care workers as part of basic training for public and private sectors and targeting nursing schools. Without acknowledgement of this policy, several health care workers identified their common practices in caring for patients.

Health care workers recognized assessing patients' injuries or reasons for accessing care as being an important tool in determining whether women were in abusive relationships. They acknowledged that women did not always divulge their situation immediately but needed time to build a rapport and feel safe before speaking about the abuse. Health care providers engaged in these practices even before national legislation was enacted to address domestic violence in the country. One survivor reminisced about her experience over two decades previously. She said nurses had provided her with documentation about her injuries in case she wanted to seek further legal action, even though she did not disclose the abuse.[12] This survivor stated that she felt supported and safe with these nurses even though there was no discussion about the incidents that resulted in her injuries. There are two essential points here. First, the health care providers recognized the importance of their documentation even though the survivor was unable to tell her story. Second, the health care workers were able to provide emotional support without knowing the full details of the abuse.

Conversely, there were other reports of women being questioned and their stories not being believed. A WHO clinical handbook advises practitioners not to force survivors to disclose details of the abuse if it is uncomfortable for them (WHO, 2014). Research has shown that universal screening does not improve health outcomes for women who experience violence (UN Women et al., 2015). Additionally, in communities where prevalence is high and resources are limited, this type of screening

would be challenging to implement (ibid.). Thus, the practice of questioning and not believing patients is unhelpful in planning their care and further re-victimizes survivors.

Health care workers were also aware that women could come to health care facilities with their abuser. Participants referred to incidents where this had happened and their response. One nurse said that he noticed a woman's partner was not allowing her to answer questions and kept interrupting his assessment. Sensing the partner was intimidating the patient, he asked the man to complete a task that required him to leave her alone. He used the time alone to address the abuse he suspected with her partner and provided information about potential resources. According to the WHO clinical handbook, practitioners should never ask about abuse with any person present, including women, as they could be related to the abuser (WHO, 2014). In this situation, the nurse assessed the situation appropriately and created a safe and secure space to inquire about the abuse; however, this is not a consistent practice, as survivors and community members' experiences demonstrate.

The second issue discussed was the safety of their patients and notifying the police.

> *"I think in that procedure or policy we should enforce safety for that individual because most times working at emergency you have women who present with violence...they're scared even tell you at triage because there's no form of security for them and they tend to go back. I have had one patient within one week come three times, that was physically abused and when I interviewed her, like one on one, it's like she was so scared of her life because she comes – the police would give her a report to present back to them and there was nothing done and she*

12 Prior to the Domestic Violence Act, women did not require a medical form for documentation. Providing a survivor with documentation of her injuries could be considered an advocacy tool, acknowledging her situation but giving her the power to choose how she would move forward in her relationship.

just keeps getting abused and abused. So I think security for that individual"
(Male, Health Professional Focus Group B, Participant 4).

The concern of this health care provider was to ensure women were safe after leaving a facility.

Health professionals believed it was their responsibility to notify the police if women presented with domestic violence-related injuries. Only one person said they would ask for the victim's permission first before contacting the police. It is unclear if those who believed it was their responsibility to notify the police asked survivors for their permission, as only one person explicitly stated that this was their practice. One social worker stated they would always notify the police, as the risk of fatalities was too high. A report by the NGO Caribbean Development Foundation (NCDF) recommended that reporting of domestic violence cases by health care providers be mandatory; this is currently required only in cases where children are involved (NCDF, 2015). However, global recommendations indicate that mandatory reporting not be implemented for survivors (UN Women, 2015).

> *"If I had spend a little time to sit someone with him, and investigate, sometime I could've stopped that, and you know, some people don't know their role, but as long as you know your role, you could stop a lot of things and the police got right to take every report and the outpatient got right to call the police, don't care how little it is, let they say that to the police, because you know why, you conscience clear. Because is not easy when you go home and next day you come, or one week after you hear somebody dead, is only if you ain't got conscience, leh they say that to the police"*
> (Female, Health Professional Focus Group C, Participant 5).

The relationship between the police force and health professionals is an important one, as survivors often require medical certificates for legal proceedings. Nevertheless, further clarification is required for frontline workers to recognize that contacting police officers for women should occur only if survivors are aware of their rights and request that police be notified.

Elements of the current practice of health care practitioners align with WHO's design for a women-centred approach to care that is grounded in a respect for women's human rights and a support for gender equality (WHO, 2017). A women-centred approach means health care services "should be organized around women's health needs and perspectives" (ibid.). The current system attempts to enhance women's safety, take into account their perspectives and minimize harm. Nonetheless, the most significant complaint, as indicated earlier in this chapter, relates to inconsistent privacy and confidentiality of care, which poses significant barriers for women in optimizing use of this system, impedes their human rights and hampers a women-centred approach to violence.

7.4. "We're expected to be superhuman": Systematic challenges impacting care providers

7.4.1. Supporting the supporters

Several social service workers expressed Secondary Trauma Stress (STS) with the experience of caring for survivors in a professional capacity. Figley (1995) defines STS as "the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other –the stress resulting from helping or wanting to help a traumatized or suffering person". STS is

seen as a normal response to hearing and seeing repeated stories of violence (ibid.).

> "These things really get to you and at the end of the day – we're expected to be superhuman we don't have anybody, there's no support system available for us, there's no counselling available for us"
> (Female, Health Professional Focus Group B, Participant 2).

Care providers spoke about individual and workplace contributors to STS. Two survivors and other participants in FGDs from among care providers disclosed that they knew of others within their work environment who had experienced domestic violence in their personal relationships. As one officer stated,

> "There are many police women that are victims of domestic violence and have to come to work and shut off your personal life to deal with other people's stuff, the same thing that you're going through. And it's embarrassing as a police officer, you're dealing with people stuff but you can't deal with your own"
> (Female, Police Focus Group B, Participant 1).

Many care providers are unable to escape experiences of violence, which may affect the care they provide to survivors in either constructive or unconstructive ways (Slatterly and Goodman, 2016). This highlights the importance of improving workplace support with the recognition that care providers themselves are not immune to violence in their own relationships and wider communities. Slatterly and Goodman (2016) state that workplaces can offer psychological support to staff by providing social assistance and clinical supervision. At present, health care providers did not feel this support was offered in their workplace. Police officers identified that there

was a welfare service within the police force they could access for help but stated that it was not always utilized. Likewise, magistrates identified leaders within their profession they felt were approachable if they had a personal issue.

Some participants who were providers stated that, when they did not feel a support network existed within their profession, they chose to cope with their stress in a number of ways. Participants stated that at times they remained silent about their feelings even though some cases bothered them, they drank alcohol after a stressful day, chose to sleep after a tough case to quiet their mind or found their own ways of "turning off" their minds from cases when their work day was finished.

Psychological support for health care providers is a fundamental factor in strengthening a system that can more effectively assist women. Service providers are finding ways to cope with the stressors of working in emotionally charged areas when dealing with survivors of violence but these strategies are individually driven and may not adequately provide the necessary support.

7.4.2. Integration of services

Police officers, magistrates and health care workers all believed that their sector was at times misrepresented by other services and felt the community saw their respective profession as the most responsible for survivors of VAWG. Each profession felt overwhelmed by the number of cases they saw and did not feel there was adequate support for their respective sector. All sectors also had critiques of other sectors, which they said affected their ability to follow through with their work. For example, police officers spoke about the difficulties of not having 24-hour 7-days-a-week social workers to refer survivors to.

Police officers in several regions believed that it was unfair and inappropriate to keep survivors in police stations overnight when their complaints came after business hours because there were no case workers and no safe spaces for them. Health care providers believed police officers did not follow up appropriately on cases, and welfare services were often criticized for not following through with cases they were notified about.

The location of most services and resources in Region 4 also contributes to the inadequacy of services, which strains certain sectors. One magistrate spoke about the difficulties that many people face when accessing services situated in Georgetown, which is located in Region 4, and is a very far distance from other regions in the country, especially the interior regions. The lack of services for residents who live in regions with limited resources also increases the likelihood of inconsistent follow-up.

The integration of services requires further discussion among all social services, to develop pragmatic short- and long-term solutions to improve the efficacy of services for survivors of violence. The *Essential Services Package for Women and Girls Subject to Violence* highlights the importance of a coordinated response as a fundamental component of a women-centred approach to experiences of violence (UN Women, 2015). Not only does it improve the experience of services for women and girls who experience violence by enhancing safety and holding perpetrators accountable, but also it can directly address many of the common concerns indicated by service providers in this study. A coordinated response covers both national and local levels (ibid.). The foundation for a coordinated response is written into the Domestic Violence Act and the Sexual Violence Act. However, there is a lack of follow-through on these policies on a day-to-day basis at local levels.

7.5. "People just need a little counselling": First step in dealing with violence against women and girls across all services

Counselling was an overwhelming theme that participants identified as being an important first response in addressing VAWG. Police officers, health care providers, religious leaders and community leaders believed it was part of their professional responsibility to counsel people. Community members and survivors also spoke about accessing counselling as a necessary step in addressing the violence in their relationships. They expanded available counsellors to include social workers, social protection agency workers and NGOs such as Help and Shelter and Red Thread.

A number of perspectives on counselling emerged frequently, as summarized here:

> *"Anger management, conflict resolution, understanding your rights...but really I hope persons are given an opportunity to speak. Let them just vent"*
> (Female, Magistrate Interview A).

Many participants indicated that they saw counselling as an opportunity to speak with both partners to understand why violence was occurring and, more importantly, for people to be able to speak and feel heard. Several people were specific in affirming that counselling was to help survivors and perpetrators understand their options rather than provide advice.

Even though counselling was widely viewed as a necessary step in addressing domestic violence, participants identified problematic areas with current practice. Participants stated that experiences with counsellors varied and at times were not helpful, as professional counselling was considered rigid and impersonal. Counselling without empathy is an ineffective service that further isolates survivors.

"But what I think we need more here is places where abused women and children can go to get real counselling and I'm not talking about mechanical counselling, not professional counselling. Professional counselling in my head is clinical; you know when you walk into a hospital you're smelling antiseptic and so on that's how I think about professional counselling. I think it is a bundle of crap"

(Female, Health Professional Interview B).

"You see if counsellors do not pass for a moment and see themselves in a situation like that, they will not have one iota what it is to go through those kind of mental tortures and to constantly live in fear. So for them it's just a normal – but then you know no one can be rational and objective on a deserted mind"

(Male, Religious Leader Interview A).

Survivors also felt that counselling was necessary for their partners to correct their behaviour, as seen in Chapter 4, and also saw this as an alternative to sending their partners to prison. However, as one police officer indicated, men are not always cooperative in seeking help, as survivors' experiences in Chapter 4 revealed. Even if court services mandate men to attend counselling to resolve domestic violence cases, this does not guarantee a genuine commitment to the process. Understanding how best to engage men continues to be a topic that participants questioned, finding no simple answer.

"I thinking that...counselling is a very important thing to males to change the way they think about handling relationships. But that is gonna be like walking across water, because the hardest thing to drag to a...person to drag to a counselling...is a male"

(Male, Police Focus Group C, Participant 3).

Furthermore, the timeframe for counselling was considered ineffective for the trauma women endure. Participants recognized that, for more difficult cases, counsellors might not be equipped with the necessary skills. There are even fewer appropriate psychologists and psychiatrists in the country.

"I think there should be some form of continuous counselling...because what I found is there is still this anger against men. By time you say something, they're ready to jump at you, so it's like I think they should have this continuous counselling because they're still – that hurt is still there, that anger is still there"

(Female, Health Professional Focus Group B, Participant 6).

Participants considered couples counselling an important and useful service for men and women. The most important aspect of counselling to participants was the space it provided to speak about relationship issues and domestic violence with a third party. In a culture where speaking about your life to a "stranger" is not common practice, the openness with which counselling was suggested across all professions and community groups may indicate a changing perspective on speaking about problems, and decreasing stigma in relation to accessing mental health services. This may signify an important shift in the way communities approach relationships and solving problems. However, it should be noted that international standards do not recommend mediation for cases of intimate partner violence.

7.6. Summary

Looking at the informal and formal domestic violence support systems points to vulnerabilities

created through a lack of confidentiality in social services, the centralized location of most services and a lack of psychological support for professionals who assist survivors. These overarching issues contribute to maintaining the inequality of support services. Challenges remain in ensuring survivors receive an adequate and coordinated inter-sectoral response.

7.7. Key messages of this chapter

- Survivors use a combination of informal and formal services when addressing violence in their relationships.

- Accessing help does not mean women are ready to leave their relationship.

- Women are deterred from accessing services by the lack of confidentiality and judgement experienced in all services.

- The majority of services are located in Region 4, which is a great distance from other regions. This is a major barrier for survivors from other regions who are seeking services.

- Shelters are required in all regions of the country to assist with a more complete approach to VAWG.

- A lack of psychological support for service providers contributes to staff burnout and inadequate services for survivors.

- Counselling is seen as important, but greater evaluation is required of the quality of currently provided services.
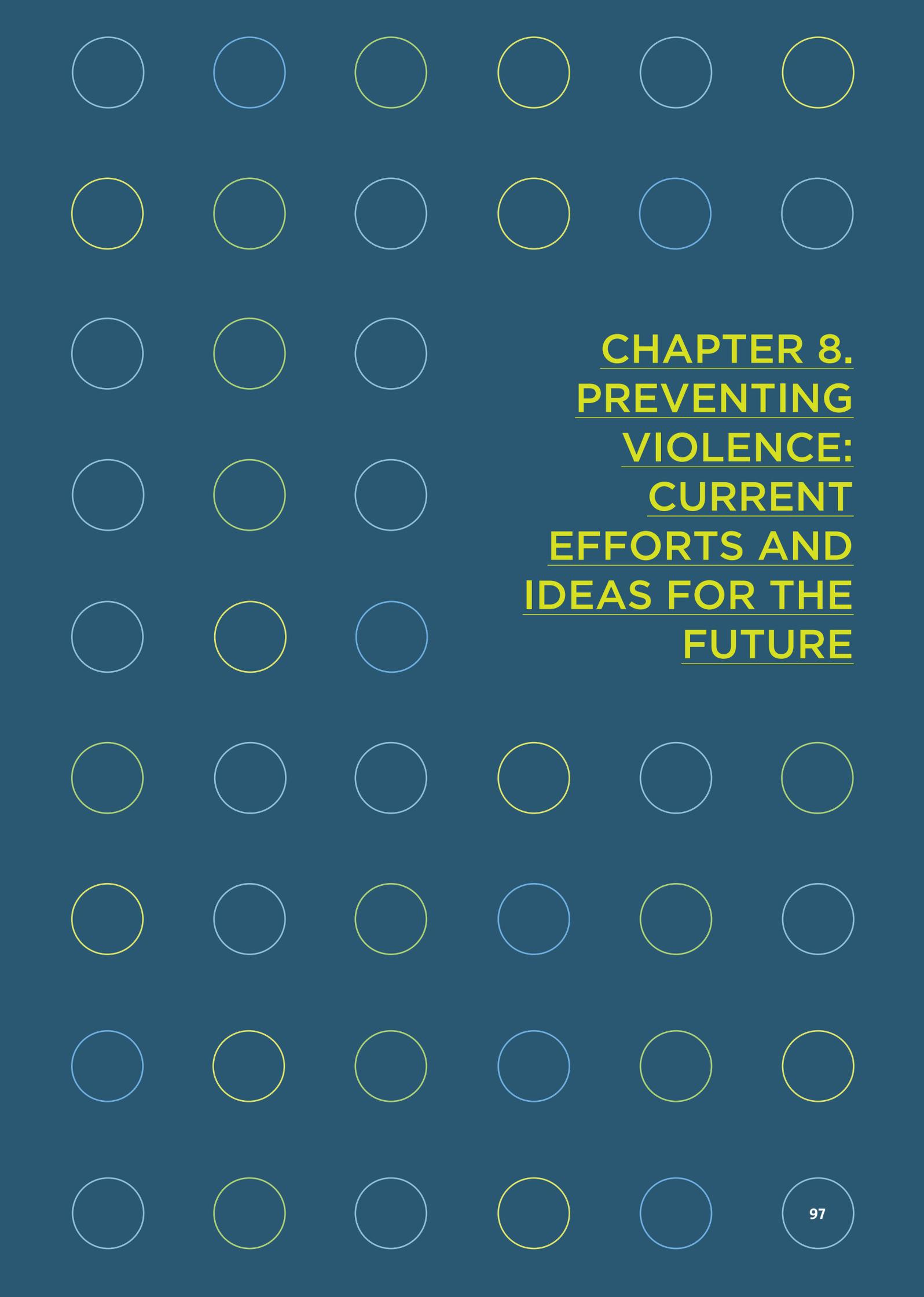
CHAPTER 8. PREVENTING VIOLENCE: CURRENT EFFORTS AND IDEAS FOR THE FUTURE

"Domestic violence cannot be looked at in isolation. It has to be looked at in the same way that we look at poverty or socioeconomic issues, employment, suicide, they're all linked...alcohol and drug abuse... these things are all linked and one leads to the other and unless these things occupy our nation's attention, not only as a reading material but really, we get down there, we're going to lose generations, we already are" (Female, Health Professional Interview A).

Introduction

Throughout this report, women's experiences illustrate that eliminating violence requires an approach in which women's rights, wants and needs are centred within a multi-sectoral approach. UN Women, together with other UN agencies, has developed the Framework to Underpin Action to Prevent Violence Against Women (UN Women, 2015). Alongside the CSDH framework (Solar and Irwin, 2010), this framework provides direction to identify gaps in VAWG responses and address inequities in health and violence prevention initiatives through various means. This chapter outlines participants' knowledge of existing prevention efforts and their interaction with such programmes in Guyana. Results indicate the need for more prevention programmes that target social inequalities and determinants associated with violence. Existing and future ideas for prevention are discussed based on "entry points" for action, focusing on reducing inequalities associated with stratification, exposure to health-damaging factors, vulnerabilities and unequal consequences (Solar and Irwin, 2010; UN Women, 2015).

The Framework to Underpin Action to Prevent Violence Against Women has eight segments that can be used to guide "policy development and programme and project planning in organizations, communities, and governments" (UN Women, 2015). The segments are as follows (UN Women, 2015):[13]

1. **The problem:** Summarize the nature of the problem to be addressed.

2. **Conditions that need to be addressed to eliminate the problem:** Summarize the factors contributing to VAWG.

3. **Foundations for prevention:** Outline the key resources and arrangements, or the infrastructure needed to establish and subsequently to sustain the prevention of VAWG.

4. **Actions to be implemented to prevent VAWG:** Identify 11 broad approaches that are effective or promising in preventing VAWG.

5. **Optimizing prevention through timely, targeted and tailored efforts:** Identifies the groups to which prevention needs to be targeted, as well as the structures, cultures and practices that influence them.

6. **Maximizing impact by working through multiple entry points:** Discuss the key entry points through which action to prevent VAWG can be delivered.

7. **Anticipated short-term outcomes:** Specific outcomes sought through action to prevent VAWG and address the question "What would success look like in the short term?"

8. **Anticipated longer-term outcomes:** Focus on the intended impacts of action to prevent VAWG, and address the question "What would success look like in the long term?"

In this report, Chapters 1 through 7 have focused primarily on the first two segments of this framework – to understand VAWG and detail the

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13 For more in-depth information on each segment, refer to pp. 30–31 of the Framework.

factors that contribute to it. This chapter provides information to answer Segments 3 through to 7.

In this chapter:

- Existing prevention efforts
- Prevention ideas for the future
- Women-centred prevention ideas
- Innovative prevention ideas for men
- Selective prevention ideas for children

8.1. Existing prevention efforts: Limited and fragmented

According to participants, violence prevention programmes are few and far between in Guyana. Those who recalled prevention interventions identified diverse strategies, ranging from macro-level policies and programmes to micro-level interventions. However, most participants were unable to identify any prevention initiatives (i.e. preventing violence before it has started). When asked to identify prevention efforts, several participants shared strategies for addressing violence after it had occurred,

FIGURE 10

Framework for tackling social determinants of health inequities
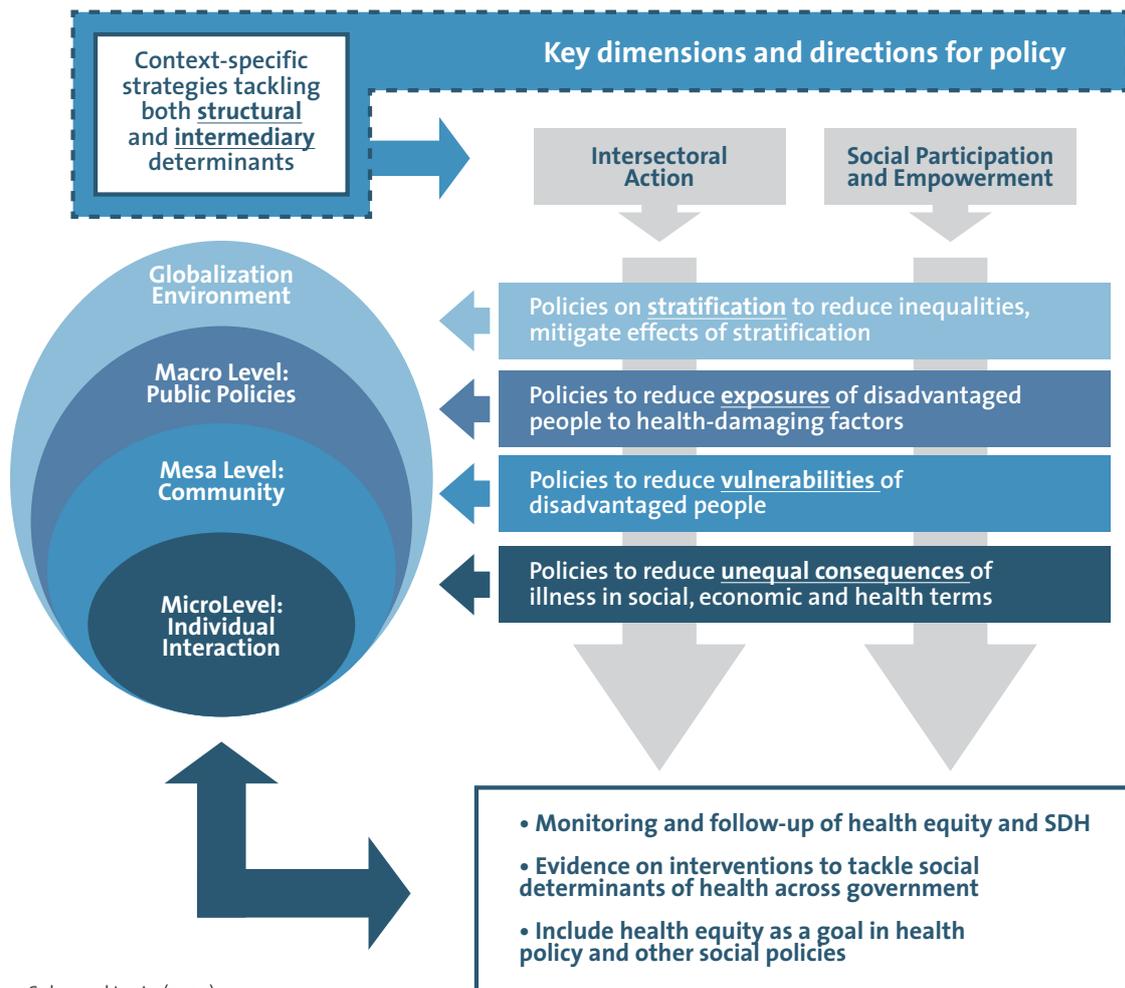
Source: Solar and Irwin (2010)

indicating that they did not distinguish between prevention and addressing violence. This may owe to the widespread nature of violence and its permeation into every facet of daily life. One health professional stated, *"It's too entrenched, it's too endemic, it's too much in our culture and if you start hitting on them then you will be insensitive you will be talking about things people don't want to talk about."* As a result of the pervasiveness of violence in Guyana, individuals may regard prevention as both stopping violence before it begins and preventing violence from reoccurring.

8.1.1. Reducing inequalities and mitigating the effects of stratification

8.1.1.1. Existing policies and programmes

Some professionals felt that policies and penalties related to VAWG acted as preventative measures. Participants believed that the repercussions outlined in national policies discouraged men from committing violence in the first place. The media was also considered to have an important role in prevention, by accurately reporting court cases involving violence and the resulting sentences, thereby discouraging men from committing violent acts.

> *"As a magistrate, by listening to these cases and actually imposing a justifiable penalty, in some small way, I prevent other abusers from committing similar acts. For example, if a man beats or slashes a woman repeatedly I will, based on my assessment of the case, sentence him to 18 months in prison and hope others out there will think twice before doing the same to their partners"*
> (Female, Magistrate Interview B).

Poverty reduction programmes for women were also regarded as violence prevention strategies. This is unsurprising, given that most participants

focused on the association between low income levels and VAWG. One community member recalled a vocational training programme that his mother had attended over a decade ago. He recognized the importance of training opportunities for women with little to no education as a strategy for generating income. He believed that learning a trade, such as sewing, tailoring and cooking, promoted financial independence and self-sufficiency among women, leading to a decreased risk of violence. However, as stated in Chapter 6, women's entry into the workforce is often challenged by inequities in compensation and limited occupational choices that reflect a gendered division of labour. Therefore, while earning an income is important, the jobs that women have often been encouraged to obtain can perpetuate gendered poverty and maintain traditional gender roles.

8.1.2. Reducing exposure to health-damaging factors

8.1.2.1. Health promotion strategies: Outreach and community forums

Workshops and seminars relevant to issues facing women, including violence, abuse and empowerment, are periodically held in Georgetown. Although much of the country's population resides in the capital city, rural populations desperately required these strategies as well. A few individuals from Region 10 spoke about outreach initiatives in their communities and felt that learning about the realities outside of their immediate neighbourhoods or areas would provide young people with an opportunity to understand various lifestyles and become exposed to healthy interactions between men and women. This was suggested for rural communities but could be considered an important feature

for promoting healthier relationships in other communities where immediate examples of intimate relationships are unhealthy.

> *"They need to interact more, with people... most of the young here they only know what they see here, they accept; but if they interact if they go and meet different people and hear and see different things they will realize...I'm not accepting that anymore. Ya see, so they grew up in it. It look like it and they go with it. Well I thank God...persons coming in the area regularly and does a thing that does invite them out. The other day I think a group went on the highway, persons talk to them and so on, 'cause they reach with other... young people"*
> (Male, Community Member Interview C).

Community forums, organized by religious bodies, are also used to raise awareness and encourage discussion among the general population about social issues, such as conflict in relationships. One religious leader used religious texts during forums as teaching tools to educate the community about violence and abuse:

> *Participant: "We invite the general public to come in and sit and so I use that as an opportunity to address some of these burning issues."*
>
> *Interviewer: Okay, so you use that as an opportunity to prevent violence?"*
>
> *Participant: "Exactly, before it gets there. And even those attending like teenagers, they will get into married life, so you start from now, helping them understand how they should build their relationship and we also look at compatibility and when conflicts arise, which they cannot escape*

> *because it is inevitable – how they deal with it – so you use these books and the stories and the lessons to address these issues"*
> (Male, Religious Leader Interview A).

Some religious organizations hold community forums specifically targeting women. Various professionals are invited as speakers (e.g. doctors, lawyers, social workers, etc.) who provide information and advice for issues confronting women. In some cases, survivors with lived experience of violence are asked to speak, delivering powerful messages of perseverance. This contact-based education model may not only prevent violence but also reduce stigma, and may encourage women to seek help (Heijnders and van der Meij, 2006). Religious organizations also hold forums for youth, where professionals speak about youth-related issues. According to WHO, communication that incorporates opportunities for discussion and debate results in increased knowledge, awareness and critical thinking skills, all of which lead to community empowerment (WHO, n.d.).

> *"We've literally picked women from various professions who were actually able to come out of a violent relationship and we let them, you know, say in details, how they were able to get out of it, how they managed to be successful. So we thought that would impact, on a lot of younger people in the audience who probably never experienced [it]"*
> (Female, Health Professional Interview A).

Although positive impacts are associated with community forums, a few participants highlighted inconsistency in their timing and scheduling throughout the year. This may limit their impact in terms of influencing behaviours and changing

attitudes. A health professional involved in community work highlighted the difficulty in engaging vulnerable sectors in community education forums:

> "You see a lot of times when you hold seminars, workshops, all of these things, it's one set of women go and the women who really needs to hear this, they don't" (Female, Health Professional Interview A).

Some survivors stated they were unable to leave the house or had their movements tracked closely, which indicates that some women will have difficulty attending public forums. If public education programmes are not engaging the most marginalized populations, selective programmes should be designed for specific target groups.

8.1.2.2. Public education

Marches and candlelight vigils related to VAWG have taken place in various regions across Guyana. Government agencies, such as the Ministry of Social Protection, have also aired advertisements and programmes to "stop domestic violence" and convey stories about women's experiences of violence. Currently, a weekly gender-based violence programme airs on national radio. Billboards are displayed along roadways with signs such as "You can make a difference. End violence against women." In addition, innovative health promotion strategies are used to engage community members. For instance, street theatre is used to tell stories of VAWG to sensitize communities to the issue and reduce gossip. Another strategy showed movie clips about abuse using a film projector, which initiated a discussion about violence among community members.

Regardless of these strategies, participants indicated they had not witnessed any tangible differences in the occurrence of violence over the years. However, changing social norms is an arduous process that takes time. Expectations of public education programmes should align with the understanding that change is a gradual and slow process. According to one health professional, vulnerable populations may not be engaging in these initiatives because they have competing priorities.

> "Some people are interested, but most aren't because they're worried about their own survival. 'Is that is a time-taking thing?' and if you ain't got a passion for it. You ain't get time on – with this daily living. People just focus on how [they're] eating tomorrow" (Female, Health Professional Interview C).

This dire situation is the reality for many. If basic needs are not being met, then it is extremely difficult to encourage populations to take action on issues they do not perceive as causing immediate harm.

8.1.2.3. Preventing alcohol misuse

Since many participants attributed VAWG to alcohol misuse, efforts to prohibit its sale in certain religious settings have been imposed. One religious leader stated,

> "You look at a lot of murders happening on the Saturday night at Indian wedding house and that is one of the things, the community 'buse us for that as an organization...priests need training by the organization, we tell them if there is a bar or the sale of alcohol at a wedding, they have to refuse to perform the ceremony, we impose that" (Male, Religious Leader Interview A).

The development and strict enforcement of a no alcohol policy at religious gatherings is innovative as a violence prevention strategy and has been adopted by some organizations across the country.

8.1.3. Reducing vulnerability

8.1.3.1. Community empowerment

In Chapter 7, community members and professionals identified counselling as a preventative measure for VAWG. One religious organization has taken the initiative, with international support, to train religious leaders and young people from various regions to act as counsellors in their communities. One religious leader described the initiative as follows:

> "We've done several training programmes, so apart from priests, we have trained a number of young people as counsellors and then we were graced with the help of the embassy too to help in training programs whereby, they were taught when people start showing these kind of indifferent behaviour to nip it in its bud so it doesn't get there and if help is needed, if they cannot handle it then they forward it to us and we go ourselves, whichever part of the country...and in several areas we've managed to reduce the numbers" "
> (Male, Religious Leader Interview A).

This training builds the capacity of religious leaders and youth across the country, allowing communities to increase control over their lives. It also allows community members to act to address social determinants related to violence rather than avoiding the situation, as many people do in Guyana and globally.

8.1.3.2. Educating students

Some elementary schools include information about VAWG in their curriculum. Specifically, the Health and Family Life Education curriculum discusses violence in relationships broadly.[14] One community member related conversations she had had with her young daughter:

> "She said 'Oh mommy, when I get big no man ain't supposed to hit me' and you know...she come home and say different things, 'Mommy, when I turn young lady and when any boy force me, I'm supposed to let you know and I'm not supposed to go to afraid to come and tell mommy or daddy or I can tell my teacher.'"
> (Female, Community Member Focus Group C, Participant 18).

Beginning prevention strategies at a young age will stimulate perspectives that counter gender roles and norms typically structuring Guyanese society.

8.2. Violence prevention ideas for the future: Universal programmes

While some participants acknowledged the prevention efforts taking place across Guyana, many discussed ideas to strengthen universal programmes targeting the general population. In addition, participants generated ideas for new initiatives designed to fill gaps in services and better help those who are most vulnerable and at risk. Both universal and selective programmes were recommended, targeting the entire population as well as specific groups, respectively.

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14 The Health and Family Life Education curriculum runs from Grade 1 to Grade 9. Grades 1 through 7 build understanding of healthy relationship characteristics. Grade 8 specifically addresses violence in relationships in Lesson 3, on "The Challenges of Family Life". See https://education.gov.gy/web/index.php/downloads/cat_view/8-downloads/88-health-and-family-life-education-hfle?start=5

8.2.1. Reducing inequalities: Increasing awareness of violence-related policies

National policies relating to VAWG afford professionals certain rights, including lawyers, health care personnel and police officers. Police officers stressed the importance of increasing awareness of an officer's role and responsibilities when it comes to violence:

> *"The general public needs to be sensitized about what the police can do. Because there is a lot of violence going on out there and persons don't know that they can come to the station or they feel that the police probably wouldn't listen to them so they need more sensitization programmes in that respect"*
> (Female, Police Focus Group A, Participant 5).

As mentioned in Chapter 7, participants mistrust the police force as a result of experiences and reports of maltreatment, abuse of power and lack of confidentiality. Raising awareness about the police and their legal obligation to protect survivors may empower community members to seek help and report abuses of power when they are encountered.

8.2.2. Reducing exposure: Focus on family

Given that gender roles and social norms are learned in home, community and school setting, it is important to involve family units in prevention activities. As Chapter 4 indicated, childhood exposure to violence increases the likelihood of abuse and/or of perpetuating violence as an adult (PAHO and CDC, 2012). With children as the focus, participants suggested interventions should encourage families, however defined, to discuss VAWG and teach children that it is unacceptable. One survivor believed that reaching out to families at their residence would be impactful. For instance, professionals could travel from home to home to begin a dialogue where *"parents, families, husbands and wives [could] talk about the things that would cause them to be violent with each other. How they could control it, how they could not tolerate it in the family."* Bringing initiatives to places where people live, work and play increases access and allows people to discuss daily issues in a supportive environment. It should be noted that these initiatives may already be taking place in some communities; however, consistency is lacking: some communities have resources whereas others have none. Educating families helps all members learn that family life does not have to involve violence. These positive messages can then be shared.

> *"I talk and people will share with me that this is your right, no man is supposed to hit you, you're supposed to be happy with your husband and your children"*
> (Female, Community Member Focus Group C, Participant 15).

8.2.3. Reducing unequal consequences: Using the media

A few participants indicated that the media and social media were untapped resources with the potential to raise awareness about violence and direct people to much-needed services. However, it is essential to ensure information is accurate.

> *"Don't be afraid to use social media and also media like television. But it should be targeted in such a way that it is relatable...people need to have this information readily available whether on the radio they listen to, the television...whether they can pick it up at their supermarket...these things need to be available [pretty] much all over the place so that people can get them easily and can use them"*
> (Female, Health Professional Interview A).

It is also critical to ensure that the programmes and services profiled are functioning and accessible, because, once someone has had a negative experience, they are less likely to access the service again. This is especially true for those with limited resources and time constraints.

> "If they go one time and that is the only time they have to go and it's not working, that's it, you've lost"
> (Female, Health Professional Interview A).

One participant in Region 10 indicated that radio programmes were sometimes used to engage in discussions about violence in relationships. However, he indicated that the cost associated with obtaining radio or television time might deter engaged citizens or smaller organizations that do not have the financial capacity for regular scheduled programming.

8.3. Women-centred ideas for prevention

Selective or targeted prevention programmes were spoken about at length for women, men and children. Participants typically focused on women rather than men as the main beneficiaries of violence prevention activities. This may be because some participants perceive women to somehow cause or be at fault in the violence inflicted upon them. Alternatively, men may be regarded as "unchangeable" or "unreachable" via health promotion or violence prevention initiatives.

8.3.1. Reducing inequalities: Rights according to existing policies

Some women are unaware of their entitlements according to the Sexual Offences Act and the Domestic Violence Act. This knowledge gap prevents women from taking action against abuse. For instance, once a woman decides to leave an abusive relationship, there are certain rights she can exercise for herself and her family. One health professional stated,

> "So a lot of women don't know their rights so that's another area where I think women need to be educated, that he could leave you, you don't have to leave your home...they need education on what is available to them if there is a problem. Women need to know that when they leave the home there is also an avenue for them...yes, court, counselling, all the things we talked about"
> (Female, Health Professional Interview A).

As mentioned in the above quote, women can be granted a court order to remain in a joint residence for the safety of the children, while an abusive partner can be ordered to leave.

Some women are also unaware of the legal system, court proceedings and their entitlements in this respect, as discussed in Chapters 6 and 7. Since many women who are experiencing abuse are financially dependent on their partner, they incorrectly assume they do not have the resources to obtain a protection or restraining order. A magistrate expressed,

> "They thought they had to get a lawyer to come to court to prepare an affidavit for them before they can come and ask for a protection order. Now there is a new system in place where they just come to the court without a lawyer without even bringing an affidavit they go to the clerk and they say 'Um he is hitting me. He is verbally abusing me. He is threatening me. I want him to stay 500 yards away from me and I want back some of my house hold appliance' and the clerk would actually write that down on a form and they just come up with the matter like that"
> (Female, Magistrate Interview B).

The step-by-step process for obtaining a protection order, for instance, is not common knowledge. Additionally, survivors indicated that the implementation of protection orders did not always guarantee safety for themselves and their family. Some women felt that protection orders aggravated an already tense and violent situation and therefore chose not to follow through with them. Ensuring women understand the process of obtaining a protection order has to be combined with improving efficiency in ensuring perpetrators comply with orders.

8.3.2. Reducing unequal consequences: Empowerment

As seen in Chapter 6, VAWG results in a multitude of mental health consequences, including reduced self-esteem, confidence and self-worth. Several participants suggested holding workshops or trainings that focus on empowering women, to counteract these impacts and/or prevent violence altogether. However, "empowerment" meant different things to different participants. Each of the definitions was visible in the ways that survivors addressed the violence they faced. To some, empowerment meant improving self-confidence for women, so they could stand up for themselves by expressing their wants and needs to their partner. However, this perspective does not consider the power dynamics in abusive relationships and the complexity of women's lives as described in this study. Another participant described empowerment as the ability to encourage "open communication", to discuss acceptable and unacceptable behaviours. Several women indicated that they had tried this approach and were still met with violence at times. Others thought of empowerment as acquiring skills to address conflict in a relationship.

Thus, understandings are multidimensional and complex. Since oversimplified definitions can contribute to victim-blaming, further discussions on women's empowerment and how it is supported and acted out on a daily basis may improve community support for women.

> "Empower[ment] is the big thing… attending all those sessions and so you got knowledge, so you know how to deal with the situation, but there are people out there who do not have the knowledge, who do not have the willpower to speak up for themselves, so if you don't have knowledge, you don't have information, you don't know where to turn to, you're powerless, then you – automatically you are a victim"
> (Female, Community Member Focus Group C, Participant 20).

> "If you value yourself they are going to value you also. So I think it should start somewhere, even in the school, teachers should start encouraging the students and motivate them to be better and how to carry themselves with self-respect"
> (Female, Health Professional Focus Group B, Participant 6).

Selective initiatives targeting children are discussed in Section 8.5.

8.4. Meeting men where they're at: Innovative prevention ideas

Participants recognized the difficulty in engaging men in prevention activities. As a result, both men and women suggested interesting and innovative prevention initiatives, focused on places where men go or activities that men regularly engage in – in essence, "meeting men where they're at".

8.4.1. Reducing inequalities: Promoting gender equality

Given that antiquated gender norms permeate all facets of society, it is necessary that men become aware of their ingrained notions about gender. Participants regarded education as a first step in recognizing personal biases towards women. One police officer discussed commonly held patriarchal values:

> *"Right I think we have to change the way a man thinks and perceives himself. Let a man know that a woman is also an individual. She has her own values, her way her thinking and she's not something that should be controlled. It's not a property owned that you should control and do as you please"*
> (Female, Police Focus Group C, Participant 3).

Participants suggested an educational strategy to promote gender equality through community outreach, specifically door-to-door programming, which could target men. One male community member perceived in-person education to work much better than public education campaigns on the television or radio, especially for men from lower educational backgrounds. Timing was also a factor: participants believed engaging with men in their homes in the evening was ideal because they were less likely to be distracted while relaxing after work. It was also thought that men could help disseminate information via "street-level education", where a few men in a neighbourhood learn about equality and commit to passing on their learning to neighbours and friends. As stated previously, initiatives such as these are likely occurring in some neighbourhoods while other communities have few such initiatives.

8.4.2. Reducing exposure

8.4.2.1. Music as the medium

Given the strong role of music in Guyanese culture and across the Caribbean, one participant spoke about accessing young men when they are out socializing at parties or concerts via song lyrics. Many Caribbean songs glamourize different types of violence towards various people:

> *"They're singing about violence and if a man do this, it's a gun shot in he head and so on"*
> (Male, Police Focus Group B, Participant 5).

One police officer suggested developing songs that promote men treating others with respect:

> *"Why don't we sing about better things that can encourage men, right? And these DJ at these functions that a whole lot of young men like to go to, right, you can advertise it right there...they can start telling them about that, say hey, big up the men that don't beat the woman, do you understand? Things like that, simple things like that, right? And show me the real men that don't beat up their women, things like that and when you say that and start preaching it, positive change, it gets home to men"*
> (Male, Police Focus Group B, Participant 5).

The same police officer went further by encouraging celebrities to promote positive messages to men about VAWG. For instance,

> *"When these international artists come to Guyana, they must say these things and if you could say that, Bunji said so, or Alkaline say 'Don't beat yuh woman' and this person say that, you know what I mean, having that person says that, means a lot"*
> (Male, Police Focus Group B, Participant 5).

Caribbean artists have shown alignment with these perspectives. In 2017, Bunji Garlin,

a Trinidadian Soca Artist, posted a video on Instagram and Facebook calling all of the "real men" in Trinidad & Tobago to stop abusing women during a time of increased VAWG in the country. Therefore, some artists have recognized the influence of their voice and have used it to support VAWG prevention efforts.

8.4.2.2. Sport and competitive events

Most men are unlikely to attend forums that focus on a topic where they are perceived to be a part of the problem. Therefore, to ensure violence prevention activities for men are well attended, they should not be standalone events. One health professional stated,

> "Men are not going to come to anything that says women's anything, they don't want to be there, they don't even want to be seen there, that's one. If you're gonna talk about violence, alcohol, anything that they're perceived as people who are part of the problem, they're never going to come" (Female, Health Professional Interview A).

Men are more likely to attend programmes that are specifically designed for them. Several men discussed events that involve sports or a competition as the primary focus with violence prevention as the secondary focus. For instance,

> "You have different ways in doing things and promoting, so you can set an activity, oh let me do a domino competition, you know, so the females versus the males, they gon come because they want to show you that they're powerful, you know, but then in the intervals, you know you can do a session...they could still be entertained and you speak the message...you make it such fun because I believe learning is fun and

once you find fun while learning, you will make a difference"
(Female, Community Member Focus Group C, Participant 20).

Lastly, scheduling planned activities must be carefully considered to ensure dates and times do not overlap with high-profile cricket matches or other sporting events, otherwise turnout will be low.

8.5. Starting young: Prevention efforts targeting children

Gender stereotypes are communicated through the media, on television and by family and friends on a daily basis. Participants recognized that children observe and emulate what is around them, and that it was important to promote positive images and messages about men, women and relationships. As a result, many participants expressed the need for violence prevention efforts to begin at a young age, since messages about women and men are internalized by children as early as two years of age (Weinraub et al., 1984).

8.5.1. Education starts at home

Messages about gender norms and relationships are communicated to children in various ways. Most significant are the interactions that children observe between mothers and fathers, aunts and uncles and other adults in the home where children spend most of their time. One police officer expressed the importance of positive family interactions:

> "It's starting in the home, because as parents we are responsible to mould and shape our children, and I think that if a child comes from a home setting whereby they see how mommy and daddy love each other and they

see that daddy doesn't abuse mommy, it can shape his thoughts also the kind of man he is to be in the future"
(Female, Police Focus Group C, Participant 3).

Male role models who exemplify positive qualities that are not necessarily associated with masculinity (i.e. sensitivity, communicative, respectful of women) are particularly important for boys to develop equitable gender attitudes and beliefs.

Gender stereotypes, in terms of roles in the home, should be discussed and addressed with children. Several participants remarked that some parents refrained from teaching boys to do the laundry or cook and clean because this was typically a girl's' chore. A community member commented on the harmful impact of this practice in the long term:

> *"And so when they grow up and they get a wife, they expect that the wife – even the mother would do everything fo' the child. And when they get they [child] now, they expect the wife supposed to do everything fo' them, not only – and even the boy mother might expect the wife to do all the things. And so now we think that okay we less than. So if somebody choose to marry us then they doing us a favour"*
> (Female, Community Member Focus Group A, Participant 4).

If boys and their parents adhere to hegemonic gender norms, these ideas of power and control are translated into practice, leading to the perpetuation of inequitable status for women.

8.5.2. Prevention efforts in schools

Children spend most of their day at school with their teachers or home with their parents or guardians. Communication between teachers and parents is necessary to ensure messages about gender norms and violence align and reinforce one another. To support efforts at home, teachers should play a lead role in talking about gender stereotypes in the classroom. Topics related to relationships and violence should be included in the school curriculum. Currently, information on gender roles is integrated into the Health and Family Life Education curriculum; however, the challenge is to ensure lessons are taught in their entirety. Further evaluation of this curriculum would provide information on how to improve on existing information for school aged youth. Nevertheless, these types of curricula will help boys as they grow to understand how to control their emotions and how to express themselves using words. Although a few participants spoke about prevention efforts in schools, most were unaware of these initiatives. Prevention programming must be well integrated into school curriculum across the country in order to have widespread effects.

8.6. Summary

Existing violence prevention initiatives are limited in Guyana. Religious organizations and NGOs play a major role in prevention activities across the country, such as through leading community forums and building capacity among community volunteers to address emerging issues. An increased focus on prevention programming is imperative to stop VAWG. Education on the rights afforded by national policies and strategies that focus on the family, raising awareness via the media, promoting empowerment and gender equity and developing selective programming for women, men and children are possible strategies. A coordinated prevention approach, involving multiple sectors and organizations, may lead to a sustainable impact in terms of curtailing VAWG in Guyana.

8.7. Key messages of this chapter

- Violence prevention is defined as stopping violence before it starts as well as preventing its recurrence.

- Existing violence prevention strategies are limited and fragmented, with various organizations working separately.

- Religious organizations play a lead role in prevention initiatives.

- Women-centred interventions should focus on raising awareness of legal rights and trainings focusing on empowerment.

- Targeted interventions for men should build on existing events or take place in locations that men frequent.

- Prevention programmes should start at a young age, targeting elementary school children as a starting point.
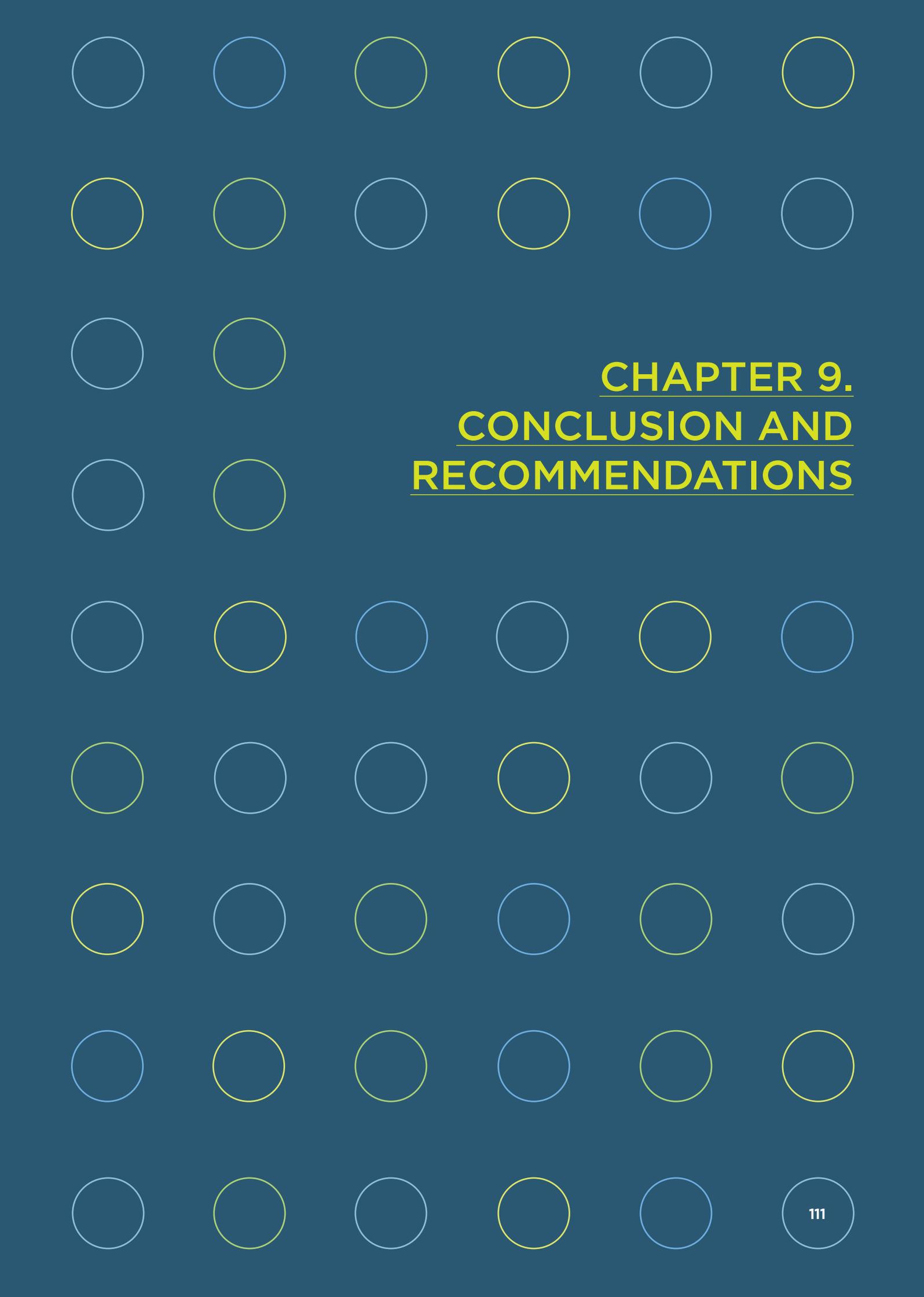
CHAPTER 9.
CONCLUSION AND
RECOMMENDATIONS

Arguably, there may not be a single individual in Guyana who has not been affected by VAWG. This report illustrates the immeasurable difficulty many survivors face as they contend with psychological, physical, sexual and economic forms of abuse in their relationships. The experiences of VAWG depict a highly complex intersection of systemic and community factors that create barriers and facilitators to women in their decision-making when determining the future for their family and their intimate relationships.

Economic forms of violence and the threat of financial insecurity are forefront for many survivors. Survivors, irrespective of class, live in a constant state of fear, often choosing to remain in violent relationships to ensure their economic security – even when this security is sub-par. The strong focus on economic security in the face of horrific psychological, sexual and physical violence suggests that current legislation, while comprehensive, should be further expanded to consider policies and social sectors that can support women to safely and effectively care for themselves and their family. This step forward is not simply about amending legislation and policies, but also about continuously challenging the deeply ingrained ideas of gender in spaces that may not have been considered before. Women need viable and tangible options for financial sustainability that account for diverse education levels, skill sets and social networks that extend beyond the current practice.

However, addressing financial sustainability without considering community social norms would be limited. Upholding a particular image of a respectable woman or "perfect" family within Guyanese society was a key priority for many women and their families, with a major impact on their disclosure of violence – even though participants spoke about how common VAWG was. The threat of destroying their social position and exposing themselves to community judgement and shame deters women from speaking out about the abuse they have experienced. Therefore, lack of confidentiality in communities and social services is a significant barrier, and could lead to greater health and security inequities for women who experience violence in their relationships in Guyana.

Notably, while gaps in services exist, there are individuals and organizations that are considered to be strong community champions in assisting women to address violence in their relationships. This is an important point, as it means that solutions to various issues can be modelled after successfully locally-based and managed organizations that many community members respect, trust and consider reliable for help. Additionally, this study has also shown that, in some organizations, where gaps have previously been identified, there has been an effort to address particular issues, even though approaches have not always been consistent.

Eliminating VAWG means setting short-term and interim goals as communities continue with the arduous and long-standing process of shifting and continuously challenging perspectives on gender, race and class.

The recommendations provided in this report are focused on strengthening the system to better address survivors' needs, by focusing on practical issues that could be considered short-term and interim goals.

1. **Improved confidentiality across services.**
   Review confidentiality policies for organizations, ensuring staff are knowledgeable and aware of policy. Review consequences for confidentiality breaches and enforce disciplinary measures. If confidentiality policies do not exist, consult organizations where they exist to create the organization's own policy.

2. **Psychological support for all professionals.** Psychological support for professionals would improve quality of interactions with survivors, as staff would be supported to create healthy ways of coping with life and work stressors.

3. **A comprehensive (inter-sectoral) strategy with implementation guidelines.**

   A comprehensive strategy includes focal people and specialized professionals in each sector, including schools.

4. **Women-centred services: childcare, financial support, keeping mothers and children together.** A coordinated national and community effort that considers national policies, regional levels of social services and community-level response is necessary to implement a women-centred approach to VAWG, paying particular attention to greater initiatives and policies that support financial independence for women that facilitate and promote mothers being able to care for their children.

5. **Health care: create care pathway for survivors.** WHO has guidelines in place that can be adapted or used as is to strengthen health care systems and guide clinicians in their care of survivors as patients.

6. **Police.** Improve and evaluate accountability for legal roles and responsibilities with a specific focus on the zero tolerance policy. This latter should be reviewed and expanded to address police officers dating and/or exploiting their clients.

7. **Courts.** Focus on enhancing procedural efficiencies in the court proceeding process to lessen the lengthiness of cases. For example, transcription services would decrease the amount of time required to generate written notes for the court proceedings of

each case. Constant pauses in proceedings to accommodate writing and clarify speech contribute to slowing down the process. Additionally, review existing procedures that can further victimize survivors, such as imposing fines on survivors for coming to court repeatedly for cases that are viewed as a waste of court time.

8. **Halfway homes/shelters/safe homes.** Increase the number of emergency shelters in each region. A mix of housing models that considers short- to longer-term stays in secret locations would align with the Domestic Violence Act and improve this necessary service for survivors and their families.

9. **Expand health promotion and prevention initiatives.**

   a. Continue to target men beyond public education campaigns in established community settings (i.e. barber shops, rum shops, sporting events, musical entertainment events).

   b. Accelerate prevention initiatives that promote gender equality in homes, schools, workplaces and communities.

   c. Accelerate prevention efforts focused on the detrimental impact of gossiping within communities.

   d. Enhance community protective factors (i.e. recognize and raise awareness about the importance of informal support).

   e. Enhance community awareness and knowledge of VAWG-related laws and rights of individuals.

10. **Ensure policies and services are coordinated, with evaluation built into design and implementation to certify survivors needs are being met.** The Domestic Violence

Act states explicitly that monitoring and evaluation of the coordination of services is to be completed annually. Ensure frontline workers are included in these monitoring and evaluation activities to confirm feedback is timely and reflective of current practice.

This report has addressed survivor and community perspectives on violence, including health outcomes; identified societal and community factors that contribute to women's experiences with violence; and also focused particular attention on services women access and prevention efforts.
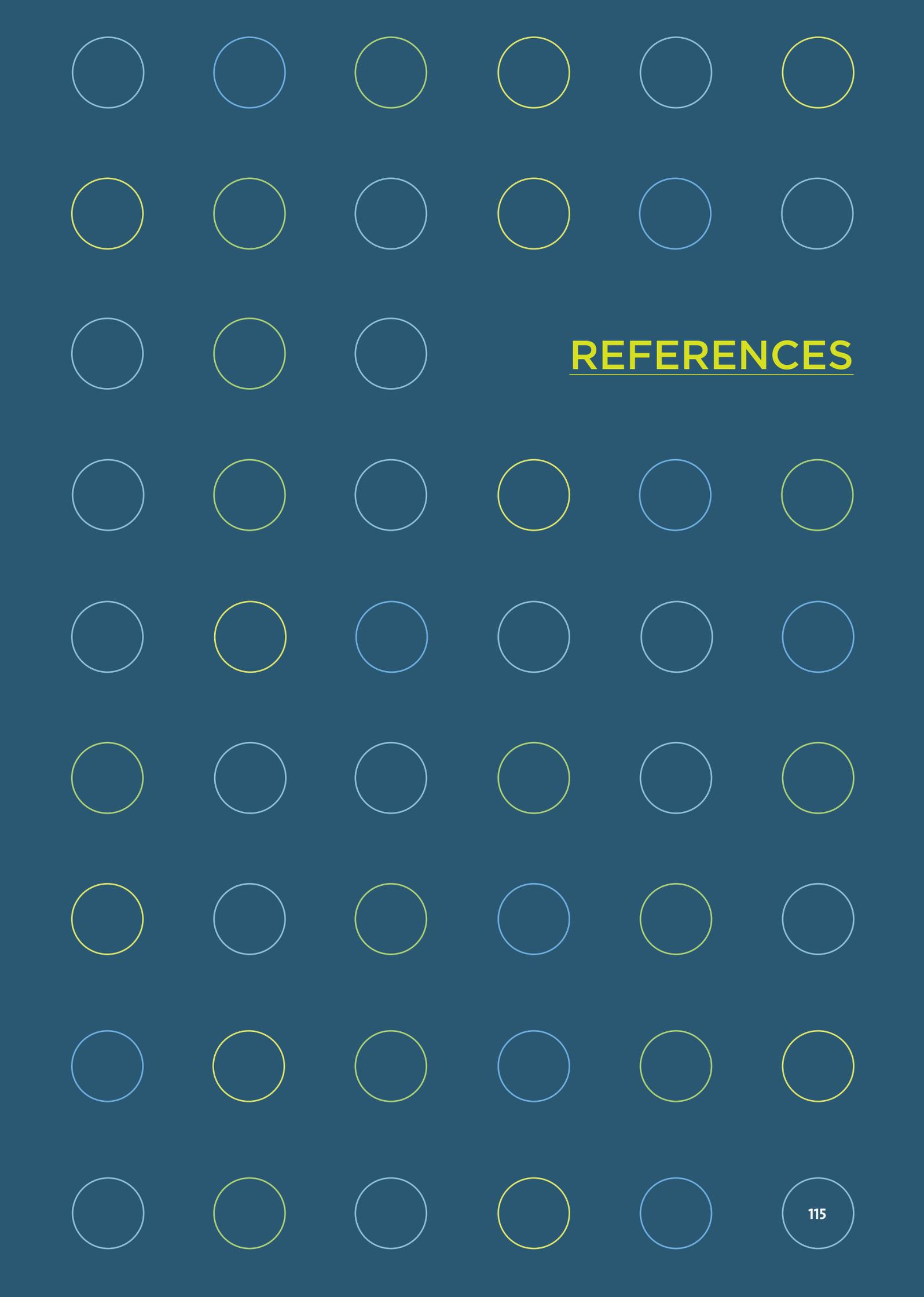
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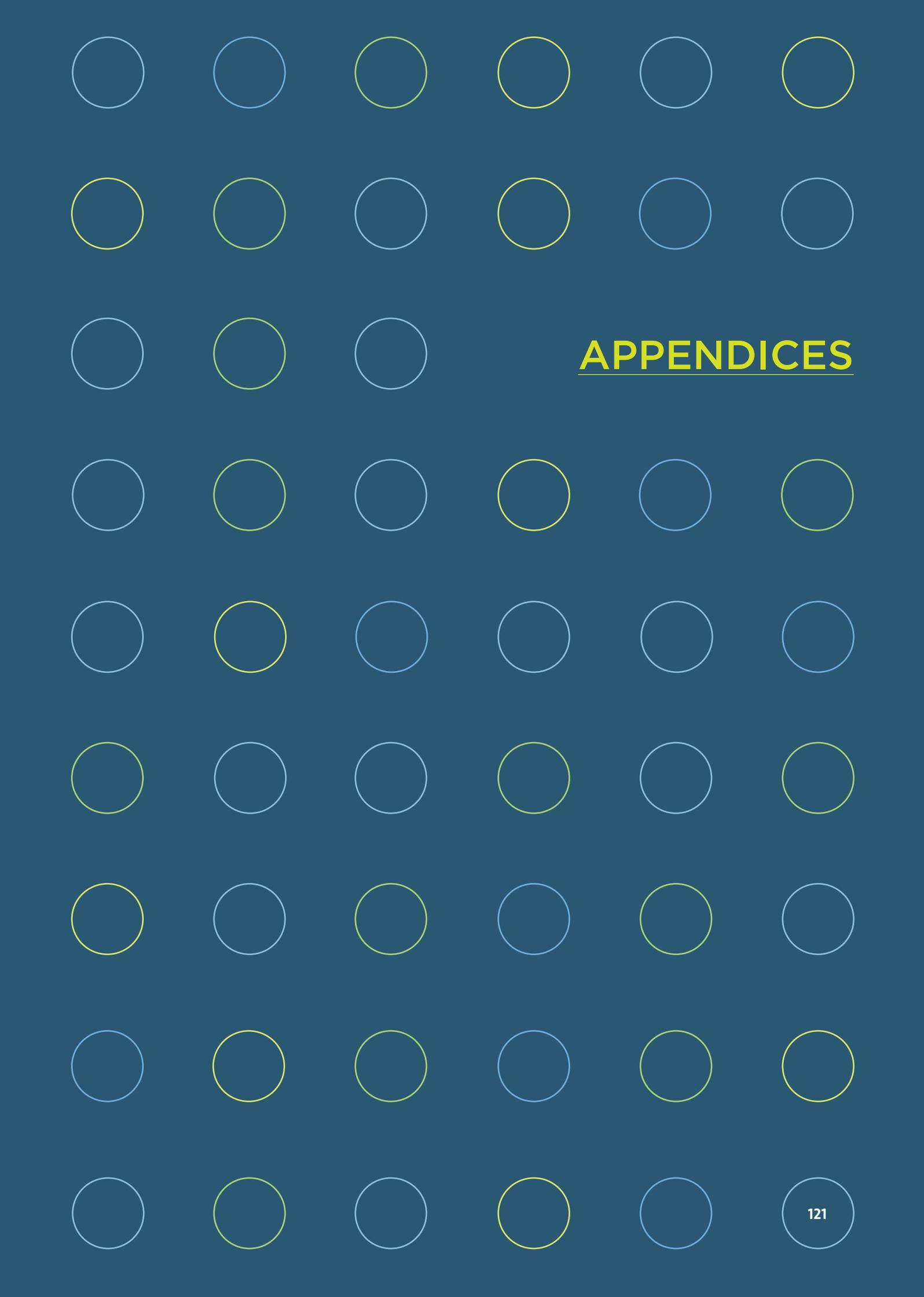
APPENDICES

Appendix A. Template letter for recruitment of focus groups

Dear _____,

This letter is to inform you that a team of women researchers will be conducting research on violence against women and girls in Guyana between the dates of 2 and 31 May 2018. The research team consists of Dr Ruth Rodney, Ms Sireesha Bobbili and Ms Anika Lambert. The purpose of the research is to obtain current community perspectives on domestic violence for UN Women and the Government of Guyana.

The objectives are:

1. To inform future policy-makers on domestic violence legislation.

2. To inform the creation of targeted violence prevention initiatives.

3. To improve current social services with the view of bettering the lives of women in Guyana.

Recognizing the integral role of _____, I am respectfully requesting your cooperation in assisting the research team to speak with:

_____

We would ideally like to recruit six to twelve men and women of diverse ethnicities.

Our focus areas are:

We will be in your region on _____ and can return _____. The duration of the focus group will be no longer than two hours. I wish to assure you _____ that the focus groups will be treated confidentially (no personal identifiers will be used) and participation is free and voluntary.

Please advise which day and time would be most suitable for participants on _____ or _____. Lastly, we request a quiet space for recording.

Should you have any questions or concerns, please contact me at (email). My phone number is _____. Alternatively, you may also contact Ms _____ at (email) or (phone number) and Ms. _____ at (email) or (phone number).

Thanking you in anticipation.

Yours Respectfully,

Ruth Rodney, RN, PhD

Sireesha Bobbili, PhD Student, MPH, BHSc (Hon.)

Anika Lambert, BSc

Appendix B. Survivor interview guide

Preamble

Good Morning/Afternoon/Evening. Thanks for taking the time to speak with me today. We are going to talk about women's and girl's health in Guyana, specifically about violence against women and girls. I want to tap into your personal experience on this issue if you're comfortable sharing. There are no right or wrong answers. If you are not comfortable answering a question, you do not have to. I am tape recording this session because I don't want to miss any of your comments. Your name will not be included in any reports. Your comments are confidential.

Keep in mind that if you disclose any information that indicates harm to yourself or anyone else I will have to notify the appropriate authorities. If at any time during this interview you would like to discontinue your participation there is no penalty. You can withdraw from this study at any time.

Contextual information

1. Can you tell me a little bit about yourself?

2. Describe a typical day in your life?

OVERALL THEME 1: Women's experiences of physical, sexual, psychological and economic forms of gender-based violence in their daily lives

3. As you know, this interview is to better understand how women experience violence. Can you tell me a bit about what you consider to be violence against women and girls?

4. Can you give me an example of other ways women/girls experience violence in your neighbourhood?

5. How are the experiences of violence by Afro-Guyanese, Indo-Guyanese or indigenous women/girls the same or different?

OVERALL THEME 2: Impact of gender-based violence on women's/girl's mental and physical health

Individual awareness and recognition of VAWG

6. If you don't mind, can you tell me a bit about the relationship where you experienced violence?

7. Can you describe how this/these experience(s) affect you daily?

> Probe: Has anything changed with how you interact with men?

> Probe: Has anything changed with how you interact with women?

8. How do you feel emotionally?

9. How do you feel physically?

Help-seeking behaviours

10. How have you dealt with experiencing violence?

11. When did you decide to get help? (If you did)

      Probe: What was the breaking point for you to decide to get help?

12. Where have you found support in dealing with this? Who has supported you?

      Probe: What advice have you received?

      Probe: What sorts of help have you received?

      Probe: Where have you received this help?

OVERALL THEME 5: Community services that address gender-based violence

Prevention services

13. In your community, are there services that try to prevent or stop violence against women?

      Probe: Can you tell me about these services? Who do they focus on?

      Probe: There always seems to be a lot of focus on women, what role do you think men should take? Would it have helped your situation?

Accessing services

14. In your community, what kinds of help do women typically access when they have experienced violence?

      Probe: Why do women choose these services over others?

      Probe: What challenges do women typically face when accessing these services?

15. How does the media play a role in how services are accessed?

16. What kinds of differences, if any, exist when women receive help from men versus women?

      Probe: Are there other ways your community provides services to women or families experiencing violence that we may not know about?

17. Why do you think there is such variation in people's experiences when they attempt to seek help?

Improving services

18. There have been efforts to train service workers but there still seems to be a strong distrust of services. How do you think we can change this?

19. What services do you feel would be most helpful for women/girls experiencing violence as well as their families?

Closing

20. Why was it important for you to speak with me today?

21. Is there anything we haven't talked about that you would like to tell me?

Appendix C. Perpetrator interview guide

Preamble

Good Morning/Afternoon/Evening. Thanks for taking the time to speak with me today. We are going to talk about women's and girl's health in Guyana, specifically about violence against women and girls. I want to tap into your personal experience on this issue if you're comfortable sharing. There are no right or wrong answers. If you are not comfortable answering a question, you do not have to. I am tape recording this session because I don't want to miss any of your comments. Your name will not be included in any reports. Your comments are confidential.

Keep in mind that if you disclose any information that indicates harm to yourself or anyone else I will have to notify the appropriate authorities. If at any time during this interview you would like to discontinue your participation there is no penalty. You can withdraw from this study at any time.

Contextual information

1. Can you tell me a little bit about yourself?

2. Describe a typical day in your life

OVERALL THEME 1: Women's experiences of physical, sexual, psychological and economic forms of gender-based violence in their daily lives

3. As you know, this interview is to better understand how women experience violence; can you tell me a bit about what you consider to be violence against women and girls?

4. Is it common for women/girls in your neighbourhood to experience the violence you have described?

5. Can you give me an example of other ways women/girls experience violence in your neighbourhood?

6. What would you say if I told you that belittling a woman (using belittling language towards a woman) is considered abuse? Why do you think it is not?

7. Is it common for men/boys to have a similar view on violence that you have described in your neighbourhood?

8. How do you think women define violence?

9. Can you tell me if the experiences of Afro-Guyanese, Indo-Guyanese and indigenous women are the same or different based on their ethnicity? Why do you think so?

OVERALL THEME 2: Impact of gender-based violence on women's/girl's mental and physical health

Individual awareness and recognition of VAWG

10. If you don't mind, can you tell me a bit about the situation(s) that you felt needed to result in violence?

11. Can you describe how this/these experience(s) affect(s) you daily?

      Probe: Has anything changed with how you interact with men?

      Probe: Has anything changed with how you interact with women?

12. How do you think your violence affected those on the receiving end?

      Probe: How does that make you feel?

13. What sorts of things do you think about since these incidents of violence?

14. How do you feel physically?

Help-seeking behaviours

15. How have you dealt with your violent behaviours?

16. If you've received help, how did this come about?

17. Where have you found support in dealing with this? Who has supported you?

      Probe: What advice have you received?

      Probe: What have you found to be the least helpful when trying to seek help?

18. How do you feel your experience compares to other men/boys who have had similar experiences?

OVERALL THEME 5: Community services that address gender-based violence

Prevention services

19. In your community, are there services that try to prevent or stop violence against women/girls?

      Probe: Can you tell me about these services? Who do they focus on?

      Probe: There always seems to be a lot of focus on women, what role do you think men should take? Would it have helped your situation?

Accessing help

20. In your community, what kinds of services do men typically access when they have been violent towards a woman or girl?

Probe: Why do men choose these services over others?

Probe: What challenges do men typically face when accessing these services?

21. How does the media play a role in how services are accessed?

22. What kinds of differences, if any, exist when men receive help from men versus women?

23. Are there other ways your community provides services to men or families experiencing violence that we may not know about?

24. Why do you think there is such variation in people's experiences when they attempt to seek help?

Improving services

25. There have been efforts to train service workers but there still seems to be a strong distrust of services. How do you think we can change this?

26. What services do you feel would be most helpful for men/boys who have been violent towards women/girls?

Probe: What services would be helpful for the men or boy's family members?

Closing

27. Why was it important for you to speak with me today?

28. Is there anything we haven't talked about that you would like to tell me?

Appendix D. Community member interview guide

Preamble

Good Morning/Afternoon/Evening. Thanks for taking the time to speak with me today. We are going to talk about women's and girl's health in Guyana, specifically about violence against women and girls. I want to tap into your experience of this issue, not just personal experience (if you're comfortable sharing) but also experiences among your family, friends and community. There are no right or wrong answers. If you are not comfortable answering a question, you do not have to. I am tape recording this session because I don't want to miss any of your comments. Your name will not be included in any reports. Your comments are confidential.

Keep in mind that if you disclose any information that indicates harm to yourself or anyone else I will have to notify the appropriate authorities. If at any time during this interview you would like to discontinue your participation there is no penalty. You can withdraw from this study at any time.

Contextual information

1. Can you tell me a little bit about yourself?

2. What role do you play in your family? In your community?

OVERALL THEME 1: Women's experiences of physical, sexual, psychological and economic forms of gender-based violence in their daily lives

3. As you know, this interview is to better understand how women experience violence; can you tell me a bit about what you consider to be violence against women and girls?

4. How do women in your community typically define violence?

    Probe: How do women in your community talk about violence?

5. How do women in your community experience violence?

    Probe: Can you give me an example?

    Probe: What about violence in the workplace? Is that common?

6. How do girls (versus women) in your community experience violence?

    Probe: Can you give me an example?

    Probe: What about violence in schools? Is that common?

7. How are the experiences of violence by Afro-Guyanese, Indo-Guyanese or indigenous women/girls the same or different?

8. How do women/girls in your community speak about sex?

Probe: How do women/girls in your community speak about the choices they have with regard to sex?

Probe: How might this differ between Afro-Guyanese, Indo-Guyanese and indigenous populations if at all?

9. How do women/girls in your community speak about pregnancy?

10. How do women/girls in your community speak about marriage?

OVERALL THEME 2: Impact of gender-based violence on women's/girl's mental and physical health

Community awareness and recognition of VAWG

11. How can you tell if someone is suffering because of violence?

Probe: How can you tell if someone is suffering mentally because of violence?

Help-seeking behaviours

12. What reasons do you think typically lead women to try and get help in your community?

13. Where do women/girls seek help for injuries or other problems caused by violence?

14. I've heard that some women/girls try to hide the abuse, why do you think that is?

Probe: Who do they hide it from?

15. What other services or advice is offered to women/girls by health professionals when they get medical treatment because of violence?

OVERALL THEME 5: Community services that address gender-based violence

Prevention services

16. In your community, are there services that try to prevent or stop violence against women?

Probe: Can you tell me about these services?

Probe: Who do they focus on?

Probe: What role do men play in preventing violence?

Accessing help

17. In your community, what kinds of help do women typically access when they have experienced violence?

Probe: Why do women choose these services over others?

Probe: What challenges do women typically face when accessing these services?

18. Why do you think there is such variation in people's experiences when they attempt to seek help?

19. How does the media play a role in how services are accessed?

20. What kinds of differences, if any, exist when women receive help from men versus women?

Probe: Are there other ways your community provides services to women or families experiencing violence that we may not know about?

Improving services

21. There have been efforts to train service workers but there still seems to be a strong distrust of services. How do you think we can change this?

22. What services do you feel would be most helpful for women/girls experiencing violence as well as their families?

23. What services do you feel would be most helpful for men who have been violent towards women/girls?

Closing

24. Why was it important for you to speak with me today?

25. Is there anything we haven't talked about that you would like to tell me?

Appendix E. Health professionals interview guide

Preamble

Good Evening. Thanks for taking the time to speak with me today. We are going to talk about women's and girl's health in Guyana, specifically about violence against women and girls. I want to tap into your experience of this issue, not just personal experience (if you're comfortable sharing) but also experiences among your family, friends and community. There are no right or wrong answers. If you are not comfortable answering a question, you do not have to. I am tape recording this session because I don't want to miss any of your comments. Your name will not be included in any reports. Your comments are confidential.

Keep in mind that if you disclose any information that indicates harm to yourself or anyone else I will have to notify the appropriate authorities. If at any time during this interview you would like to discontinue your participation there is no penalty. You can withdraw from this study at any time.

Contextual information

1. What is your profession? Can you tell me a bit about your profession?

2. How long have you been a_____?

3. How do you define violence against women?

4. How does your profession define violence against women?

5. What is your workplace mandate on violence against women?

OVERALL THEME 1: Women's experiences of physical, sexual, psychological and economic forms of violence in their daily lives

6. How do women and girls in your community experience violence?

    Probe: Can you give me an example?

    Probe: Are there types of violence that women experience but are not spoken about?

    Probe: Are there types of violence that girls experience but are not spoken about?

7. How are the experiences of violence by Afro-Guyanese, Indo-Guyanese and indigenous women/girls the same or different?

8. When women access your services, what are the most common complaints of violence heard by you and your colleagues?

    Probe: Are there forms of violence that women speak about without recognizing that they are violence?

Self-determination

9. How do women/girls in your community speak about sex when accessing care? How do they speak about pregnancy?

> Probe: How do women/girls in your community speak about the choices they have with regard to sex? With regard to pregnancy?

> Probe: How might this differ between Afro-Guyanese, Indo-Guyanese and indigenous populations if at all?

OVERALL THEME 2: Impact of gender-based violence on women's/girl's mental and physical health

Community awareness and recognition of VAWG

10. In your professional opinion, can you describe how experiencing violence affects women's daily lives?

> Probe: If you provide follow-up or after care, do you notice differences in how women navigate their lives after receiving care owing to violence?

> Probe: How can you tell if someone is suffering because of violence?

> Probe: How can you tell if someone is suffering mentally because of violence?

11. When women/girls come to hospital/clinic, can you tell me who they most often come with? How are they referred?

12. What other services or advice do you offer as a health care professional to women/girls?

13. How do health professionals react when they notice a bruise on a woman?

14. What kinds of differences, if any, exist when women receive care from male health professionals versus female health professionals?

> Probe: Are there other ways your community provides services to women or families experiencing violence that we may not know about?

15. Are there differences in the type of care that you provide to Indo-Guyanese versus Afro- Guyanese versus indigenous?

Help-seeking behaviours

16. In your experience, do women/girls affected by violence try to hide the abuse when they seek health-related care?

> Probe: If so, why?

> Probe: Who else do they hide it from? Family, friends, colleagues?

17. What reasons typically lead women to try to get health-related help in your community after experiencing violence?

18. Where do women/girls seek help for injuries or other problems caused by violence?

OVERALL THEME 5: Community services that address gender-based violence

Prevention services

19. How does your profession promote the prevention of domestic violence?

20. In your community, are there other services (besides your own) that try to prevent or stop violence against women?

   Probe: Can you tell me about these services? Who do they focus on?

   Probe: What is men's role in prevention?

Accessing help

21. In your community, what kinds of help do women typically access when they have experienced violence?

   Probe: Why do women choose these services over others?

   Probe: What challenges do women typically face when accessing these services?

   Probe: When do women access your services?

   Probe: What challenges do women typically face when accessing your services?

22. How does the media play a role in how services are accessed?

Improving services

23. There have been efforts to train professionals in your industry but there still seems to be a strong distrust of services within the community. How do you think we can change this?

24. I've heard some women say that girls are judged when they access care when experiencing dating violence. Why do you think that is?

25. Several people we have spoken to say when they go to the hospital/clinic they rarely get the help they need. Why do you think that is?

26. There have been several initiatives to promote greater sensitivity about violence against women but when people describe their experiences this doesn't seem to be the case. What do you think is causing this?

27. What services do you feel would be most helpful for women/girls experiencing violence as well as their families?

Closing

28. Why was it important for you to speak with us today?

29. Is there anything we haven't talked about that you would like to tell me?

Appendix F. Police officers and law professionals interview guide

Preamble

Good Evening. Thanks for taking the time to speak with me today. We are going to talk about women's and girl's health in Guyana, specifically about violence against women and girls. I want to tap into your experience of this issue, not just personal experience (if you're comfortable sharing) but also experiences among your family, friends and community. There are no right or wrong answers. If you are not comfortable answering a question, you do not have to. I am tape recording this session because I don't want to miss any of your comments. Your name will not be included in any reports. Your comments are confidential.

Keep in mind that if you disclose any information that indicates harm to yourself or anyone else I will have to notify the appropriate authorities. If at any time during this interview you would like to discontinue your participation there is no penalty. You can withdraw from this study at any time.

Contextual information

1. What is your profession? Can you tell me a bit about your profession?

2. How long have you been a_____?

3. How do you define violence against women?

4. How does your profession define violence against women?

5. What is your workplace mandate on violence against women?

OVERALL THEME 1: Women's experiences of physical, sexual, psychological and economic forms of violence in their daily lives

6. How do women in your community experience violence?

   Probe: Can you give me an example?

   Probe: Are there types of violence that women experience but are not spoken about?

7. How do girls in your community experience violence?

   Probe: Can you give me an example?

   Probe: What about violence in schools? Is that common?

8. How are the experiences of violence by Afro-Guyanese, Indo-Guyanese and indigenous women/girls the same or different?

Community awareness and recognition of VAWG

9. In your professional opinion, how do you see violence affecting women's daily lives?

>   Probe: Do you do any follow-up to see if there are differences in how they navigate their lives after they receive your help?

10. How does the law help someone who is suffering mentally because of violence?

11. How do police officers/law professionals react when they notice a bruise on a woman?

>   Probe: Does this differ between male and female professionals?

Self-determination

12. What are some of the legal rights women/girls have with regard to sex, pregnancy, and marriage?

13. Are women and girls typically aware of their legal rights when it comes to their bodies?

14. When you encounter women who have experienced violence, what do you think about their knowledge of their rights?

>   Probe: What stands in their way of executing their rights?

OVERALL THEME 2: Impact of gender-based violence on women's/girl's mental and physical health

Help-seeking behaviours

15. When women access your services, what are the most common complaints of violence heard by you and your colleagues?

>   Probe: Are there forms of violence that women speak about without recognizing that they are violence?

16. What reasons do you think typically lead women to try and get help in your community?

17. When women/girls come to your police station/legal aid clinic/lawyer's office, who do they usually come with? How are they referred?

18. What other services or advice do you offer as a police officer/lawyer/legal counsel to women/girls?

OVERALL THEME 5: Community services that address gender-based violence

Prevention services

19. How does your profession promote the prevention of violence against women and girls?

20. In your community, are there other services (besides your own) that try to prevent or stop violence against women?

Probe: Can you tell me about these services? Who do they focus on?

Probe: What is men's role in prevention?

Accessing services

21. How does the media play a role in how your services are accessed?

22. What kinds of differences, if any, exist when women receive help from men versus women?

Probe: Are there other ways your community provides services to women or families experiencing violence that we may not know about?

23. Why do you think there is such variation in people's experiences when they attempt to seek help?

Improving services

24. There have been efforts to train professionals in your industry but there still seems to be a strong distrust of services within the community. How do you think we can change this?

25. Several people we have spoken to say when they go to the police station they rarely get help. Why do you think that is?

26. There have been several initiatives to promote greater sensitivity about violence against women but when people describe their experiences this doesn't seem to be the case. What do you think is causing this?

27. What services do you feel would be most helpful for women/girls experiencing violence as well as their families?

Closing

28. Why was it important for you to speak with us today?

29. Is there anything we haven't talked about that you would like to tell me?

Appendix G. Community members focus group discussion guide

Preamble

Good Morning/Afternoon/Evening and Welcome. Thanks for taking the time to join our discussion about violence against women and girls in Guyana. Our names are Ruth Rodney, Sireesha Bobbili and Anika Lambert. We will be taking notes about our discussion today so don't be concerned if you see us writing.

You were invited because you all have important information that can help us to better understand violence against women and girls in Guyana. There are no right or wrong answers. We expect that you will have differing points of views. Please feel free to share your point of view even if it differs from what others have said.

We're tape recording the session because we don't want to miss any of your comments. No names will be included in any reports. We have chosen to give you each a nametag with an alias. "P" stands for participant and each of you get a number based on the order you showed up today. These aliases will help us later to know who is speaking when listening to the tape recordings. If you want to follow up on something that someone has said, you want to disagree, agree or give an example, feel free to do that but try to use the alias listed on the nametag when you go to respond. I would also ask that only one person speak at a time, as it will be difficult to hear multiple voices clearly later on the tape recording.

Feel free to have a conversation with one another about these questions. We are here to ask questions, listen and make sure everyone has a chance to share. We're interested in hearing from each of you. So if you're talking a lot, I may ask you to give others a chance. And if you aren't saying much, I may call on you. I just want to make sure I hear from all of you. I am assuming that when we learn about one another's views, they remain confidential. In a small group like this, people are identifiable to some degree by their views and opinions. Having said this, and having made these requests, you know that I cannot guarantee that the request to remain confidential will be honoured by everyone in the room. So I am asking you to make only those comments that you would be comfortable making in a public setting and to hold back making comments **about personal experiences as well as comments that you would not say publicly.** However, if you disclose any information that puts yourself or someone else at risk I will have to report it.

Lastly, if you change your mind and no longer want to participate you can excuse yourself from the focus group at any time. There is no penalty for withdrawing from this study. Once the focus group has ended your information will not be destroyed as it will impact the analysis of the study.

Icebreaker (max. 10 minutes)

On this board we have four professions listed. We would like you to tell us what you think are the main roles/responsibilities of these professionals when addressing domestic violence. Please yell out your answers and I will write them down.

1. Police

2. Health care professionals

3. Shelter workers

4. Legal aid/lawyers

Do they achieve these responsibilities?

Scenario: Exploring typically used support in communities

Rose and Shawn met in high school and have been together ever since. When they first started dating, Rose and Shawn would argue on occasion about little things but would always figure things out. After they got married and had a child, Shawn had to work long hours to provide for their newborn and household needs. When their son was two years old, Shawn started becoming more restrictive with Rose's spending. He would barely give her enough money to buy diapers, milk and groceries and, when Rose would ask for more money, he would get angry and yell. Shawn also started being more restrictive with Rose's time and tried to limit when and how long she spent with her friends and family. When Rose would question him, Shawn would say "Me don believe yuh," "Yuh place is home" and "Yuh spend money like a princess!" He would become angry, by yelling and throwing things.

Contextual information and self-determination

1. How does this story compare to women in your community?

2. How do women in your community typically speak about the choices they have when it comes to sex, what about marriage? What about pregnancy?

> Probe: Do you think Rose had a choice when it came to sex, marriage and pregnancy? Why or why not?

3. How would you describe Shawn's behaviour?

> Probe: What stands out to you as potentially problematic?

4. If you were Rose, what would you do?

5. We didn't indicate what ethnicity Rose and Shawn are, does it make a difference?

Rose talked to her sister about it who said, "Don mek trouble, do wah he tell yuh." Rose heeded her sister's advice but it didn't help. Shawn still got angry for the smallest thing, like the baby crying. Over the past year, the abuse has turned physical, leading to a black eye and bruises all over Rose's body. Last month, Rose became scared Shawn would harm her and their son when he picked up a cutlass and threatened to cut her. She went to the local police station for help.

Assistance for survivors and changes in VAWG over time

6. If you were Rose, would you go to the police for help? Why or why not?

7. Where else could Rose get help from in your community?

8. In this scenario, Rose talked to her sister, but I've noticed that when incidents occur in communities, whether it be quarrels or physical fights, people post these videos on Facebook, Instagram, Snapchat or other social media sites. How does this impact the situation?

9. How have the experiences of violence against women/girls changed over the past five years in your community?

The police issued a restraining order but Rose felt it didn't provide her much protection because Shawn didn't comply with it. He began living in the flat on the floor above Rose's flat and would watch Rose's every move, like when she'd leave, who she was meeting with and when she'd come home. He'd also make regular threats on her life whenever they crossed paths.

Protective and risk factors for VAWG

10. What does your community do to prevent women like Rose from experiencing violence? Does this help? Why or why not?

11. What are some of the ways your community makes it easier for women/girls during or after they have experienced violence?

12. What are some of the ways your community makes it harder for women like Rose when they experience violence?

13. How is your community different or similar to other Guyanese communities when it comes to preventing or responding to violence?

Shawn's mom heard about what was going on between Shawn and Rose from the neighbours. She was really embarrassed when she overheard people at the grocery store talking about Shawn. When she asked Shawn about his situation at home, he complained that Rose wasn't listening to him and she didn't respect him anymore.

Community attitudes towards VAWG

14. When you hear people talking about violence against women/girls in your community, what do they typically say?

> Probe: What are some of the typical conversations or comments you hear men make when they hear a woman in the community is being physically or mentally abused?

15. What do community leaders, for example religious leaders, say about these kinds of situations?

Male perspectives on VAWG

16. What would men typically do if they see or know a woman is being abused?

17. People like to say that violence is a "women's issue", but how do men in your community contribute to the problem?

18. What are some of the responsibilities men hold in eliminating violence against women?

19. How can we get men more involved in ending violence against women?

      Probe: Can you tell me what ideas you have in mind to see this happen?

Closing

20. Is there anything we haven't talked about that you would like to tell me?

21. Why did you decide to participate in the focus group today?

Appendix H. Health professionals, police officers and law professionals focus group discussion guide

Preamble

Good Morning/Afternoon/Evening and Welcome. Thanks for taking the time to join our discussion on violence against women and girls in Guyana. Our names are Ruth Rodney, Sireesha Bobbili and Anika Lambert. We will be taking notes about our discussion today so don't be concerned if you see us writing.

You were invited because you all have important information that can help us to answer questions associated with violence against women and girls. There are no right or wrong answers. We expect that you will have differing points of views. Please feel free to share your point of view even if it differs from what others have said.

We're tape recording the session because we don't want to miss any of your comments. No names will be included in any reports. We have chosen to give you each a nametag with an alias. "P" stands for participant and each of you get a number based on the order you showed up today. These aliases will help us later to know who is speaking when listening to the tape recordings. If you want to follow up on something that someone has said, you want to disagree, agree or give an example, feel free to do that but try to use the alias listed on the nametag when you go to respond. I would also ask that only one person speak at a time, as it will be difficult to hear multiple voices clearly later on the tape recording.

Feel free to have a conversation with one another about these questions. We are here to ask questions, listen and make sure everyone has a chance to share. We're interested in hearing from each of you. So if you're talking a lot, I may ask you to give others a chance. And if you aren't saying much, I may call on you. I just want to make sure I hear from all of you. I am assuming that when we learn about one another's views, they remain confidential. In a small group like this, people are identifiable to some degree by their views and opinions. Having said this, and having made these requests, you know that I cannot guarantee that the request to remain confidential will be honoured by everyone in the room. So I am asking you to make only those comments that you would be comfortable making in a public setting; and to hold back making comments **about personal experiences as well as comments that you would not say publicly.** However, if you disclose any information that puts yourself or someone else at risk I will have to report it.

Lastly, if you change your mind and no longer want to participate you can excuse yourself from the focus group at any time. There is no penalty for withdrawing from this study. Once the focus group has ended your information will not be destroyed, as it will impact the analysis of the study.

Icebreaker (max. 10 minutes)

On this board we have four professions listed. We would like you to tell us what you think the main roles/responsibilities of these professionals are when addressing domestic violence. Please yell out your answers and I will write them down.

1. Police

2. Health care professionals

3. Shelter workers

4. Legal aid/lawyers

As professionals, are you able to achieve these responsibilities in your community? Why or why not?

Scenario: Exploring typically used support in communities

Rose and Shawn met in high school and have been together ever since. When they first started dating, Rose and Shawn would argue on occasion about little things, but would always figure things out. After they got married and had a child, Shawn had to work long hours to provide for their newborn and household needs. When their son was two years old, Shawn started becoming more restrictive with Rose's spending. He would barely give her enough money to buy diapers, milk and groceries and when Rose would ask for more money, he would get angry and yell. Shawn also started being more restrictive with Rose's time and tried to limit when and how long she spent with her friends and family. When Rose would question him, Shawn would say "Me don believe yuh," "Yuh place is home" and "Yuh spend money like a princess!" He would become angry, by yelling and throwing things.

Contextual information and self-determination

1. How does this story compare to women in your community?

2. How do women in your community typically speak about the choices they have when it comes to sex, what about marriage? What about pregnancy?

> Probe: Do you think Rose had a choice when it came to sex, marriage and pregnancy? Why or why not?

3. How would you describe Shawn's behaviour? Why or why not?

4. If you were Rose, what would you do?

5. How would you think about this situation if Rose and Shawn were still teenagers?

6. We didn't indicate what ethnicity Rose and Shawn are, does it make a difference?

Rose talked to her sister about it, who said, "Don mek trouble, do wah he tell yuh." Rose heeded her sister's advice but it didn't help. Shawn still got angry for the smallest thing, like the baby crying. Over the past year, the abuse has turned physical, leading to a black eye and bruises all over Rose's body. Last month, Rose became scared Shawn would harm her and their son when he picked up a cutlass and threatened to cut her.

Assistance for survivors and changes in VAWG over time

7. Where could Rose get help from in your community?

8. In this scenario, Rose talked to her sister, but I've noticed that when incidents occur in communities whether it be quarrels or physical fights, people post these videos on Facebook, Instagram, Snapchat or other social media sites. How does this impact the situation?

9. In your professional opinion, how have the experiences of violence against women/girls changed over the past five years in your community?

Rose went to the local police station for help. The police issued a restraining order but Rose felt it didn't provide her much protection because Shawn didn't comply with it. He began living in the flat on the floor above Rose's flat and would watch Rose's every move, like when she'd leave, who she was meeting with and when she'd come home. He'd also make regular threats on her life whenever they crossed paths.

Protective and risk factors for VAWG

10. What does your community and profession do to prevent women like Rose from experiencing violence? Does this help? Why or why not?

11. What are some of the ways your community and your profession make it easier for women/girls during or after they have experienced violence?

12. What are some of the ways your community and your profession make it harder for women like Rose when they experience violence?

13. How is your community and profession different or similar to other Guyanese communities and professions when it comes to preventing or responding to violence?

Shawn's mom heard about what was going on between Shawn and Rose from the neighbours. She was really embarrassed when she overheard people at the grocery store talking about Shawn. When she asked Shawn about his situation at home, he complained that Rose wasn't listening to him and she didn't respect him anymore.

Community attitudes towards VAWG

14. When you hear your colleagues talking about violence against women/girls in your community, what do they typically say?

Probe: What are some of the typical conversations or comments you hear men make when they hear a woman in the community is being physically or mentally abused?

15. What do community leaders, for example religious leaders, say about these kinds of situations?

Male perspectives on VAWG

16. What do male professionals do if they see or know a woman is being abused?

Probe: Are female professionals more or less likely than male professionals to intervene? Why or why not?

17. People like to say that violence is a "women's issue" but how do male professionals contribute to the problem?

18. What are some of the responsibilities men hold in eliminating violence against women?

19. How can we get men more involved in ending violence against women?

Probe: Can you tell me what ideas you have in mind to see this happen?

Closing

20. Is there anything we haven't talked about that you would like to tell me?

21. Why did you decide to participate in the focus group today?