

GUYANA WOMEN'S HEALTH AND LIFE EXPERIENCES SURVEY REPORT



MANUEL CONTRERAS-URBINA, ANGELA BOURASSA, ROXANNE MYERS,
JUNIOR OVINCE, RUTH RODNEY AND SIREESHA BOBBILI



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DEFINITIONS OF DIFFERENT TYPES OF VIOLENCE¹

¹ These definitions were obtained from the United Nations *Declaration on the Elimination of Violence against Women* (see <https://www.ohchr.org/Documents/ProfessionalInterest/eliminationvaw.pdf>) and the World Health Organization (see <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>).

Violence:

The intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation. This study utilizes additional terms (e.g. aggression or abuse) to refer to such violence; these terms are used interchangeably.

Gender-Based Violence (GBV):

Violence that is directed at an individual based on her or his biological sex or gender identity. It includes physical, sexual, verbal, emotional, and psychological abuse, threats, coercion, and economic or educational deprivation, whether occurring in public or private life.

Violence Against Women and Girls (VAWG):

Any act of gender-based violence (including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life) that results in, or is likely to result in, physical, sexual or mental harm or suffering to women and girls.

Intimate Partner Violence (IPV):

Any behaviour (including physical aggression, sexual coercion, psychological abuse and controlling behaviours) by an intimate partner or ex-partner that causes physical, sexual or psychological harm.

Non-Partner Sexual Violence (NPSV):

Any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any non-partner regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object.

Femicide:

The intentional murder of a woman because they are female; broader definitions include any killings of women or girls.

Child Marriage:

The formal marriage (or informal union equivalent) that includes a person under the age of 18.²

² See <https://www.ohchr.org/EN/Issues/Women/WRGS/Pages/ChildMarriage.aspx>

ABBREVIATIONS AND ACRONYMS

CARICOM Caribbean Community

CEDAW Convention on the Elimination of All Forms of Discrimination against Women

GBV Gender-based Violence

IDB Inter-American Development Bank

IPV Intimate Partner Violence

FGD Focus Group Discussion

NGO Non-governmental organization

NPSV Non-Partner Sexual Violence

UNDP United Nations Development Programme

UN WOMEN United Nations Entity for Gender Equality and the Empowerment of Women

USAID United States Agency for International Development

VAWG Violence against Women and Girls

UN United Nations

WHO World Health Organization



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The Guyana Women's Health and Life Experiences Survey report could not have been produced without the courageous women who provided access to their homes and shared their deeply personal experiences for this survey. We wholeheartedly appreciate all contributions from every person who participated in this survey. It is our hope that the information obtained will be used to develop strategies, procedures and policies to end violence against women.

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- The Honourable Amna Ally, Minister of Social Protection
- The Honourable Volda Lawrence, Minister of Public Health
- The Honourable Khemraj Ramjattan, 3rd Vice President and Minister of Public Security

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Violence against women and girls is a grave violation of the most basic human rights. It destroys lives, splits families apart and negatively impacts entire communities. It does not only threaten the security and safety of its victims, but also impedes women and girls from being full and equal participants in society.

Women and girls have the right to live in dignity—free of fear, coercion, violence and discrimination. Every woman and girl has the right to quality education, health, and equal opportunity.

Government welcomes the study on “Guyana Women’s Health and Life Experiences Survey” and wishes to thank USAID, the Inter-American Development Bank, UNDP and UN Women for their support, and specifically, for facilitating this nation’s quest towards achieving the Sustainable Development Goals (SDGs). The promise of the Sustainable Development Goals—to leave no one behind—cannot be fulfilled without ending violence against our women and girls.

The results of this study will advance and inform our national strategies and policies on violence

prevention and support services for victims. It will further enable this Government to effectively utilize the findings to accelerate progress on ending gender-based violence, tackle existing patriarchal norms and cultural practices and initiate actions to address these issues in order to afford women and girls throughout Guyana, the opportunity to live a life free from violence and enable them to develop to their full potential.

The study marks an important milestone towards eliminating violence against women and girls in Guyana and has provided much needed evidence to inform decision-making and advocacy at various levels.

On behalf of the Government of Guyana, I wish to thank all the women who volunteered their time to participate and share their personal stories, so that the Guyana Women’s Health and Life Experiences Survey could come to fruition.

Hon. Amna Ally, MP

Minister of Social Protection, Cooperative Republic of Guyana.



EXECUTIVE SUMMARY

Background

Violence against women and girls (VAWG) in Guyana is widespread, driven by an intersection of cultural, economic, social and political factors that undermine women's position in society and reinforce notions of female subordination and male domination. Although Guyana's comprehensive legislative environment protects their rights, women and girls continue to suffer high rates of sexual and other forms of victimization. Entrenched notions of male and female roles and their unequal entitlements in society undergird this violence; efforts to eliminate it must therefore be multi-pronged, focusing on psychosocial interventions and legal and policy action.

Recognizing the extensive individual, cultural and economic harms associated with VAWG and the benefits that will accrue from eliminating it, the Cooperative Republic of Guyana has made addressing VAWG an ongoing priority issue. Actions to address VAWG are part of the Republic's commitments to the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and to achieving the Sustainable Development Goals (SDGs). As part of this effort, the Guyana Bureau of Statistics undertook a national mixed-methods study to better understand the magnitude of and women's experiences with gender-based violence (GBV) in all regions of Guyana. The study includes a comprehensive quantitative survey and an in-depth qualitative study comprised of focus group discussions and interviews with victims and key stakeholders. The study was conducted with support from UN Women, UNDP, USAID and the Inter-American Development Bank, in collaboration with the Global Women's Institute of George Washington University and the University of Guyana.

The quantitative survey adapted the World Health Organization's global model for assessing the

prevalence of intimate partner violence (with a specific focus on women as the most affected group) to the local context. The use of an established statistical model and a standardized questionnaire with globally accepted indicators allows cross-Caribbean comparisons and periodic repetition in order to monitor changes over time.

Survey design and sample selection adhered to a rigorous systematic approach, utilizing strict inclusion criteria and random selection methods. Data collection was conducted by female enumerators specifically trained in areas such as confidentiality, informed consent and the ethical and psychological ramifications of asking about such sensitive areas. Extensive steps were taken to ensure the privacy and safety of both the interviewer and the respondent and to ensure the integrity and robustness of the data collected.

This **Guyana Women's Health and Life Experiences Survey Report**, based on an analysis of the quantitative survey data and incorporating the qualitative study results, examines the nature and prevalence of violence against women and girls in Guyana (particularly intimate-partner violence). To explore VAWG, this survey report analyses multiple dimensions of violence, including women's lifetime and recent experiences, intimate partner and non-partner violence, sexual and non-sexual abuse and economic coercion. The report uses sociocultural factors (e.g. education, income, age of first union, alcohol and recreational drug use) to develop an understanding of the factors, impacts and coping strategies associated with VAWG.

Results

Patriarchal norms in which the social status of men and boys is higher than that of women and girls (who are seen as subservient to — and subject to the authority of — their male counterparts), are a primary driver of VAWG. Notwithstanding women's gains in public life and the promulgation

of feminist perspectives on women's autonomy, Guyana continues to harbour attitudes that perpetuate VAWG, such as that women's primary responsibilities are in the home and that men are the natural authority.

These persistent, endemic sociocultural norms and enduring inequalities have given rise to an aberrantly high prevalence of intimate partner violence (IPV) in Guyana. Guyanese women experience IPV at significantly higher rates than the global average of 1 in 3 women:³ 55 per cent of survey respondents who had ever had a male partner have experienced some form of IPV during their lifetime; 38 per cent of them have experienced physical and/or sexual violence. More than one in ten have experienced physical and/or sexual violence from a male partner in the past 12 months.

The scourge of GBV extends beyond IPV. According to survey results, 20 per cent of women in Guyana have experienced non-partner sexual abuse in their lifetime; 13 per cent reported experiencing this abuse before the age of 18. The most significant risk factor for non-partner sexual violence (NPSV), including rape, attempted rape, unwanted sexual touching and sexual harassment, is being young: the 15–24 age group reported statistically higher rates of NPSV of every type (the 55–64 age group reported the least). This suggests an increasing entitlement of men to violate women's bodily autonomy.

Data analysis has revealed many factors associated with a higher likelihood that a woman will experience GBV. Women who began their first union⁴ at a young age, lack family support or have a controlling partner have an increased risk of experiencing physical and/or sexual IPV. Women who witnessed violence against their mothers in childhood or have a partner who witnessed

such violence are at significantly higher risk of experiencing IPV, continuing the cycle of exposure and IPV through their own children.

The harms associated with IPV can span generations and can result in indirect effects on a woman's family. As an early indicator of the trauma of intergenerational violence, twice as many mothers who had experienced IPV reported that their children had had or were having nightmares. Further, among mothers who had experienced IPV, 50 per cent more reported bedwetting among their children than those who did not.

IPV adversely affects all aspects of women's lives. Compared to women who did not experience physical and/or sexual IPV, twice as many women who did so reported trouble with walking, undertaking usual activities, memory and concentration. They also reported suicidal thoughts or attempts at three times the rate of women who have never experienced IPV. In semi-structured interviews, victims divulged contemplating or attempting suicide during pregnancy out of desperation to stop the violence against them.

Despite the clear toll IPV takes on women, help-seeking or constructive coping mechanisms are not universal reactions. This report analyses some of the factors underlying the fact that half of all women who experienced IPV in Guyana never sought help. Victims, community members and stakeholders attributed women's reluctance to seek help from institutional actors to issues such as a lack of knowledge of available help, perceptions of being blamed or stigmatized by their situation becoming known throughout the community and inadequate support structures to ensure victim safety after reporting violence to the police. Focus group participants identified other deterrents

3 See <https://www.who.int/reproductivehealth/publications/violence/9789241564625/en/>

4 Union in the Guyana context includes formal marriage, unmarried cohabitation (including common law unions) and visiting relationships.

to seeking help, such as inconsistent or harmful institutional responses and a lack of coordination between sectors.

As with IPV, few women reported NPSV to the police (12 per cent) or to a health care provider (9 per cent). Among those who did, their experiences were inconsistent. Less than half said that a case was opened in response to their police report; nearly one in five left without a report being taken. One third of women who sought help through a health care provider received HIV and pregnancy prevention information; fewer than one in ten received counselling.

Implications for Action

Recommendations

Study results demonstrate a need for programmes that focus on changing patriarchal cultural norms and gender attitudes in order to eliminate VAWG at all levels of the ecological framework. Programming should be multisectoral and multicultural in order to present a consistent and accessible model of change in all locations and within all groups.

Recommendations were developed from current best practices, qualitative focus groups, interview data and insights from the National Steering Committee. These recommendations fall broadly under the following categories:

1. Adapt evidence-based programmes that have been shown to be successful in other areas to the multicultural Guyanese context.
2. Require that at all levels, policies are developed with a gender perspective, particularly in the context of preventing GBV.
3. Strengthen and expand existing bodies, policies and protocols that address GBV through prevention and response.
4. Support the transformation of gender norms through educational initiatives in primary, secondary, technical, vocational education and training (TVET), and tertiary level educational institutions.
5. Continue to seek opportunities for further research into the experience of violence, its aftermath and its effects in different settings and cultural groups.

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CHAPTER 1. OVERVIEW OF GUYANA

Profile of Guyana

Guyana is on the northern Atlantic coast of South America, bordered by Venezuela to the west, Suriname to the east and Brazil to the south. Despite being located in Latin America, Guyana is considered a Caribbean nation culturally and politically. This background is due to its history as a British colony and its political ties to former British colonial islands in the Caribbean archipelago (Guyana is also the only English-speaking country on the continent).

Administratively, the country has ten regions, each with its own unique geographic, demographic and economic characteristics. The capital, Georgetown, is located in the

urban Region 4 (the Demerara-Mahaica region). Approximately 90 per cent of the population resides in the coastal region. Much of this area is the centre of economic trade and traditional agricultural livelihoods, a legacy of the colonial economic system. The remainder of the country is considered hinterland/interior, predominantly occupied by indigenous communities, where economic activities primarily relate to extractive industries such as mining and logging.

Demographically, 2012 census data indicates that the Guyanese population stands at 746,955 persons, split approximately as 50.2 per cent female to 49.7 per cent male. Guyana has a substantial youth population: 30 per cent of the



Source: masopensource.com

population is below 15 years of age. The 15 to 64 years old age cohort accounts for 65 per cent of the population, with approximately even proportions of men and women. Women also have a higher life expectancy than men; the life expectancy for the overall population is 66.2 years, with women expected to reach 69 years and men 64 years old (World Health Organization, 2019).

The rights of persons living in Guyana are enshrined in a written constitution.⁵ Article 149F of the Constitution guarantees gender equality, intending to ensure that Guyanese women and girls obtain a quality of life that is free from both structural and overt violence. The Constitution protects women's participation in civic, economic, social and political life and makes it illegal and unconstitutional to discriminate against women. Despite this, Guyana lags behind other Caribbean countries in specific indicators such as labour participation and income-earned metrics (World Economic Forum, 2015). In 2018, the age 15 years and older female labour force participation rate was 41 per cent, compared to the Caribbean small-state average of 55 per cent (International Labour Organization, 2018). In formal and informal sectors, women's work is mainly concentrated in low paying, non-unionized, unregulated and labour-intensive levels with poor occupational health, safety protections and limited maternal health support (International Labour Organization, 2018).

The Gender Inequality Index⁶ ranks Guyana at 122 out of 154 countries (UNDP, 2017). Monitoring mechanisms have been implemented to review the progress of gender equality frameworks and commitments made by successive governments.

5 The Constitution of the Co-operative Republic of Guyana. Available at: <http://parliament.gov.gy/constitution.pdf>

6 The Gender Inequality Index is a measurement of social equality in three dimensions: reproductive health, empowerment and economic status. Calculation methods can be viewed at http://hdr.undp.org/sites/default/files/hdr2018_technical_notes.pdf

For example, the Women and Gender Equality Commission, CSOs and women-led organizations report regularly on the government's global commitments to empower women and to promote gender equality. However, despite formal commitments and mechanisms, challenges persist. Gaps continue due to the lack of political will and resources, persistent harmful gender norms and practices and poor implementation strategies. 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.

Legislative Framework

The United Nations defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (United Nations General Assembly, 1993).

Violence against women and girls is rooted in unequal power structures based on gender. In most societies, men — by virtue of gender norms — are afforded more power in the public and private sectors. Women face violence when society constructs what it means to be a man or woman in rigid ways that are sometimes rooted in violence. Women also face violence when it is perceived that they have violated a gender norm in some form. Like elsewhere in the Caribbean, local activists have advocated for programmes and policies to dismantle existing gender structures and promote gender equality.

Guyana's constitutional framework is designed to recognize and encourage gender equality and female empowerment. The country has committed to gender equality in its constitutional law and in

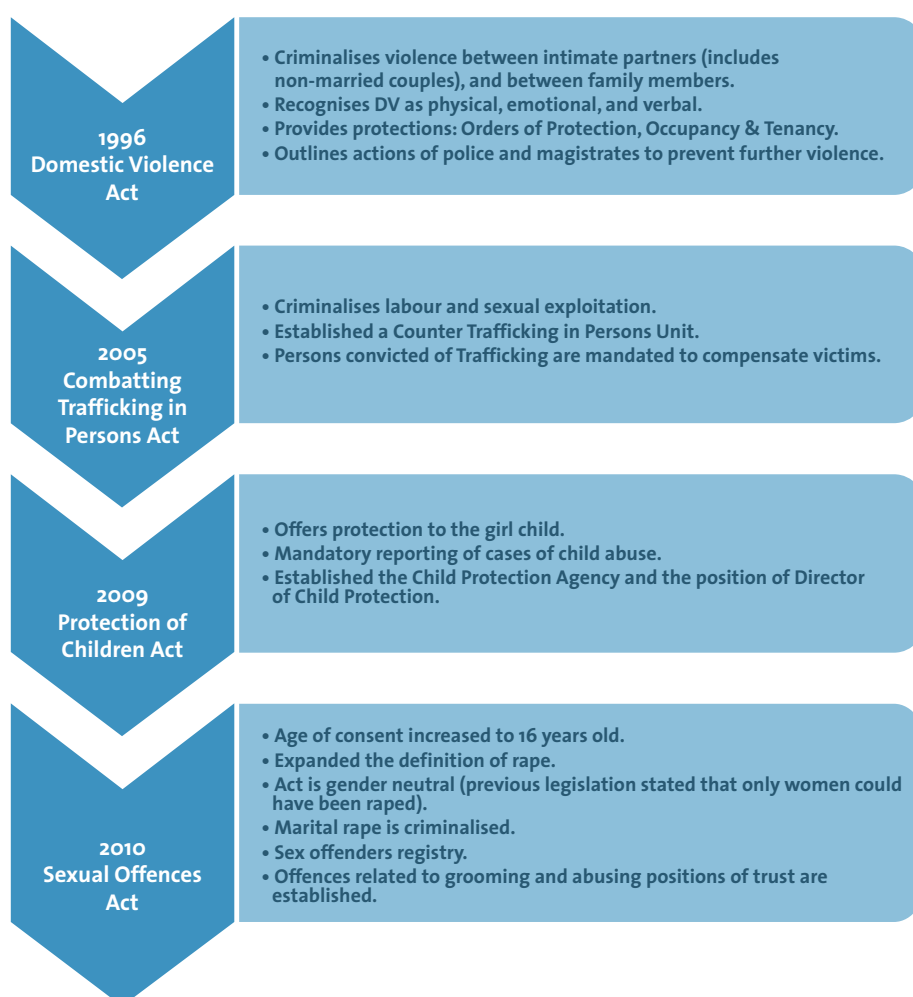
several Acts of Parliament by offering protections against violence and discrimination. The principles of equality and non-discrimination are enshrined in Article 149 of the Constitution. Specifically, Article 149F assures women's equal rights and status with men in political, economic, cultural and social life; their equal access with men to academic, vocational and professional training; and equal opportunities in employment, remuneration and promotion. The Article expressly states that "all forms of discrimination against women on the basis of gender and sex are illegal." VAWG threatens the realization of these commitments.

As a signatory to the six major international conventions that specifically address GBV, Guyana is required to report every five years

on its progress in meeting the terms of the conventions.⁷ The Government of Guyana has undertaken legal reforms in line with international recommendations; put in place mechanisms to provide support services to victims of violence; established a crisis centre and shelter; and has trained the police and raised awareness of the issue among ministers, the judiciary, the magistracy, parliamentarians and the general public.

⁷ This included the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); the Convention on the Rights of the Child; the International Covenant on Civil and Political Rights; International Covenant on Social, Economic and Cultural Rights; Convention Against Torture; and the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women (the Belém do Pará Convention).

FIGURE 1.0:
TIMELINE OF KEY LEGISLATION



Some pieces of legislation are held up as model legislation within the Caribbean and Latin America. The Domestic Violence Act (1996) offers broad, sweeping protections to persons who have been affected by domestic violence, such as protection orders and empowering magistrates to mandate counselling to offenders. The Sexual Offences Act (2010, 2013) for the first time expanded the definition of rape and sexual assault. Until 2010, rape was confined to vaginal penetration, and marital rape was not recognized as a crime. The new legislation also criminalized other acts, such as stalking, grooming and voyeurism. It also increased the age of sexual consent from 13 to 16 years old for both boys and girls. Notably, the legislation has a “Romeo clause,” which seeks not to criminalize sexual behaviours between mutually consenting youth. The Termination of Pregnancy Act (1995) fully recognizes a women’s right to bodily autonomy.

Several other national laws are consistent with Guyana’s commitment to reducing VAWG. The Protection of Children Act (2009) offers protection to the girl child and requires mandatory reporting of child abuse cases; the Evidence (Amendment) Act (2008) makes provisions for victims of violent crimes such as GBV to present evidence through video instead of having to face the perpetrators; the Prevention of Discrimination Act prohibits sexual harassment in the work environment; and the Prevention of Crimes (Amendment) Act 2008 provides for mandatory supervision after release from prison for several offences, including domestic violence and sexual offences against children.

These laws provide legal protections that empower women and children. The existing legislative framework, implemented adequately and justly, and periodically revised to align with evolving international human rights frameworks and recommendations, can help to break the cycle of violence that many women face.

Violence against Women and Girls in Guyana (Statistics)

The established global figure is that **one in three women** will face IPV at least once in their lifetime; country-level data for Guyana indicate higher rates (WHO, 2013). VAWG is commonly perpetrated by persons known to the victims, particularly by current or previous intimate partners. Women and girls experience violence not only in public spaces, but at home — a location that is usually thought to be the safest place for women.

Until this study, Guyana had never collected national-level prevalence data on VAWG. Some previous data suggests that VAWG is pervasive and that levels are high. For example, the civil society organization Help and Shelter (a domestic violence crisis centre and shelter) reported that between 1995 and 2018, 9,966 women and girls and 1,879 men and boys sought and received face-to-face GBV counselling (Help and Shelter, 2019).

Addressing VAWG, especially IPV and sexual violence, is challenging in Guyana. Findings from this study suggest that these issues are often perceived as private, personal “family matters;” victims are blamed for the abuse; or the violence is normalized as part of the Guyanese culture and relationships. In addition to this, structural factors have hindered the full implementation of policies and laws that address VAW. Oftentimes, VAW is viewed as an isolated problem rather than a national problem that requires a re-examination of gender inequality in Guyana.

General Policies, Programmes and Initiatives that Address VAWG

The government, the private sector and multi-sector partners are making ongoing efforts to address and eliminate VAWG. For example, the Guyana Police

Service, in collaboration with Help and Shelter, developed a protocol for supporting victims of sexual and domestic violence and adopted a zero-tolerance policy related to domestic violence. In practice, this means that all matters pertaining to domestic violence must be investigated swiftly, with zero prejudice, and in ways that do not demean the victim. This policy has been added to the police academy curriculum.

Across Guyana, there are legal aid clinics that provide legal assistance at affordable rates (and when needed, for free). The introduction of the Sexual Offences Court in 2016 was aimed at reducing the length of time to conclude sexual violence cases and at ensuring that victims are not further harmed by judicial processes. The Sexual Offences Court received much support from the JURIST Project, the Canada-funded Judicial Reform and Institutional Strengthening Project. In new efforts to reduce trauma, the Childcare and Protection Agency, in collaboration with NGOs and the police force, established Child Advocacy Centres to conduct forensic interviews of child victims of sexual violence. Through these Centres, children are not forced to constantly retell their stories.

The government also recently instituted a Sexual and Domestic Violence Unit under the Ministry of Social Protection, aimed at coordinating events and activities to address VAWG. The Ministry has recently developed relevant policies (including a Gender Equality and Social Inclusion Policy), corresponding implementation plans and a costed Strategic Plan for the Empowerment of Women and Addressing the Underachievement of Boys. The Gender Affairs Bureau also plays a role in working with communities to address gender inequality, harmful masculinities and VAWG.

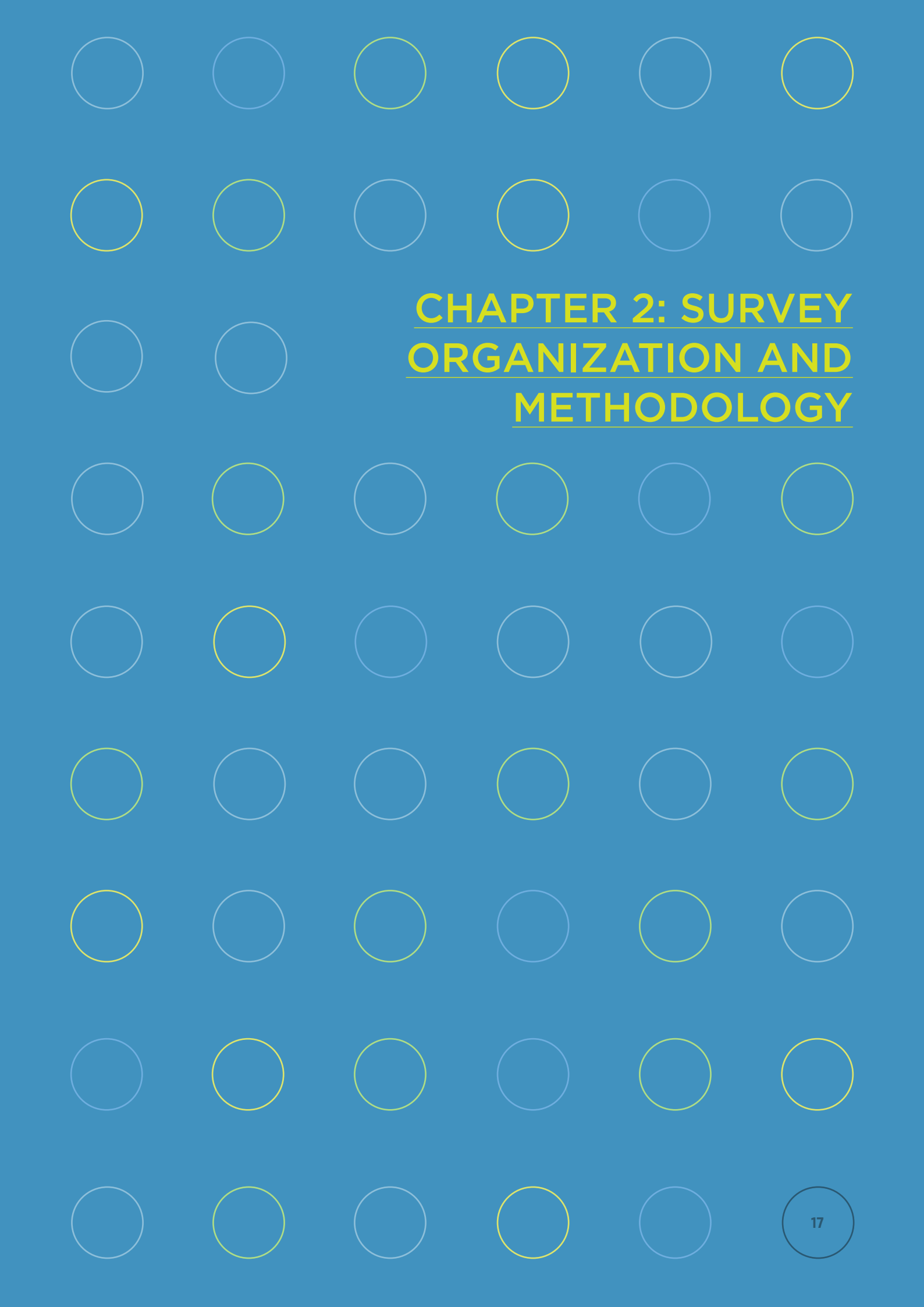
The Ministry of Public Security supported the development of an Integrated Crime and

Violence Information System, which enabled the establishment of data centres at the Guyana Police Force Headquarters. The data centres aim to integrate all police stations through a wide area network to access information on domestic violence and other crimes.

Guyana has also established a constitutional body to champion the rights of women and to encourage a gender-equitable society. In 2010, the Women and Gender Equality Commission was established as the constitutional rights commission mandated to address gender issues, promote the advancement of women in society, investigate the status of women and to make recommendations to the Parliament. The Commission is also tasked with reviewing policies and programmes on the elimination of all forms of discrimination and violence against women.

The Ministry of Social Protection has been engaged in developing sensitization, public education and awareness programmes specifically tailored for the school-aged population and other special and vulnerable populations; developing parenting skills education; promoting responsible journalism among the media; developing user-friendly information, education and communication materials for dissemination to the populace; and engaging the public through various forms of media (e.g. radio, television, social media).

The work remains ongoing; many actors recognize the limitations of the policies and programmes to systemically address VAWG. Across the 10 Regions, access to services remains unmet, especially in areas outside of the capital. Other barriers include a distrust of authorities and service providers and the persistent view that VAWG is a matter to be dealt with by family members. These barriers are elaborated in Chapter 8, which discusses victim responses and coping strategies.



CHAPTER 2: SURVEY ORGANIZATION AND METHODOLOGY

The Guyana Women's Health and Life Experiences survey is a collaborative project between the Government of Guyana, the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the United Nations Development Programme (UNDP), the United States Agency for International Development (USAID), and the Inter-American Development Bank (IDB). The impetus for this collaboration came from a decision of the CARICOM Council for Human and Social Development in 2014 to pilot a CARICOM model of national prevalence surveys on VAWG. The Council further advised that the long-tested global model for population-based studies (pioneered by WHO) should be adapted for the Caribbean context. Hence, this survey forms part of the composite pilot for the national prevalence study on VAWG in the Caribbean. The survey was conducted by the Bureau of Statistics, the University of Guyana and the Global Women's Institute of the George Washington University with direct technical support from the UN Women Multi-Country Office – Caribbean.

Study Aims

The overall purpose of this study is to provide an in-depth analysis of the present state of VAWG in Guyana as well as the societal structures that contribute to this problem. A population-based randomized household survey is the main methodology for this study. Qualitative data (in-depth interviews with key stakeholders and victims and focus group discussions with community members) complement the study.

Objectives

- To calculate the prevalence of the major forms of IPV — emotional, economic, physical and sexual — experienced by women and girls over their lifetime and in the 12 months preceding the survey.
- To calculate the prevalence of NPSV — rape, attempted rape, unwanted sexual touching and sexual harassment — experienced by women and girls over their lifetime and in the 12 months preceding the survey.
- To identify important factors associated with IPV.
- To identify important health and well-being consequences associated with the experience of violence by women and girls.
- To document how women cope with the experiences of violence (including strategies and services used).
- To understand how sociocultural environments and norms contribute to IPV and other forms of violence against women.
- To understand community perspectives that influence VAWG, including protective and risk factors, barriers and supports for service access and opportunities for prevention programming.
- To make the findings available for formulating policies and programmes to prevent and address IPV and other forms of VAWG.
- To develop and document a deeper understanding of supports and challenges to conducting VAWG research in Guyana.

Conceptual Framework

The analysis of VAWG in the current study utilizes an ecological conceptual framework, a multidimensional approach that supports the investigation of phenomena through multiple interacting social levels, from individual factors to institutional policy. The use of an adapted ecological model in the study of violence, particularly men's violence against their partners, was first introduced by Heise (Violence against Women: an Integrated,

Ecological Framework, 1998) and is the standard model for researching IPV.

The four levels of the social environment represented in this model are:

1. **Macrosystem:** the structural and societal level, primarily concerned with policy and law regarding women's rights and protections;
2. **Mesosystem:** the community level, which is the point of access for support resources and where cultural beliefs and attitudes about gender roles and normalization and justification of violence are reinforced;
3. **Microsystem:** the household or family (couple) sphere, in which the couple communicates, forms attachments and defines household norms; and
4. **Individual:** the combined lifetime experience and enculturation of the woman.

Study Design

The Guyana Women's Health and Life Experiences Survey is a mixed-methods design, comprised of a household survey and a qualitative component. The household survey was administered among 1,498 women aged 15 to 64 in all 10 administrative regions. The concurrent but separately administered qualitative component utilized 24 key stakeholder interviews and 13 focus group discussions comprised of male and female adult participants.

The survey sample was identified from study sites/ enumeration districts that were stratified into four domains (rural, urban, suburban and hinterland). The sampling units were drawn from the listing of households from a previous survey conducted in 2016 by the Bureau of Statistics. The selection of 2,100 households was done following a random start: 175 enumeration districts were systematically

selected with probability proportionate to size (where size refers to the population), then listings of all households in the selected enumeration districts were used to randomly select 12 households for contact by enumerators in each district.

Households were selected for the study if at least one person met the following criteria for determining the participating woman:

- Female between 15 and 64 years of age;
- Residence at the study site; and
- Either lives primarily in the selected home, has been visiting and staying at the home for at least four weeks or works as a domestic worker in the home and usually sleeps there at least five nights a week.

In households where there were multiple women who met the criteria for inclusion, one qualified woman was randomly selected.

The qualitative component employed purposive snowball sampling to create recruitment pools of violence victims and perpetrators, community members and institutional actors (e.g. law enforcement, health care, advocacy). Participants were personally contacted to request their participation. Ultimately, 153 people were recruited to participate in 13 semi-structured focus group discussions; 25 people were recruited to participate in semi-structured individual interviews. The qualitative sample was diverse and represented a range of age, ethnic, educational and partnership experiences. However, there were limitations to the representation of indigenous people due to limited locations of the qualitative work.⁸ While the voices of middle- and upper-class women are included, it was difficult to access middle- and upper-class women in this type of study as victims.

⁸ Limitations of geographic range of the qualitative inquiry were logistical and not due to the selection and recruitment method or process.

Study Organization

Ethical Considerations

All team participants were tasked with attention to ethical considerations in their research roles, following the WHO recommendations for conducting safe and ethical research into GBV. In this study, these considerations include:

- All study decisions are informed by the need to protect the safety of the participants and the research team.
- Use of validated instruments and methods in the field of VAWG research and in the region to minimize potential under-reporting of women's experiences of violence and its consequences in their lives.
- Protection of women's privacy and confidentiality to ensure the safety of respondents and the quality of the data collected.
- Careful selection and specific training of all members of the research team, with ongoing support of fieldworkers.
- Enumerator use of interview techniques to minimize possible anguish in women recalling incidents of violence against them.
- Commitment of researchers to ensure that the interpretation of the data collected is appropriate for future actions in programming and policy development.

Field Worker Training

Forty-nine enumerators and six supervisors were trained in a workshop that took place from 14 May to 1 June 2018. The training was facilitated by the Global Women's Institute of George Washington University. The goals of the workshop included:

- Increasing participants' sensitivity to gender issues at the personal and community levels;

- Developing a basic understanding of gender-based violence, its characteristics, causes and its impacts on the health of women and children;
- Understanding the goals of the Women's Health and Life Experiences Survey in Guyana;
- Learning skills for interviewing, taking into account safety and ethical guidelines; and
- Becoming familiar with the questionnaire and protocols of the Women's Health and Life Experiences Survey.

The study was approved by the Guyana Ministry of Public Health Institutional Review Board in accordance with the national policy on human subject research.

Interviews were conducted under circumstances of privacy and confidentiality in order to ensure a safe space for respondents to discuss their life experiences, including their experiences of violence. Enumerators obtained informed consent from each participant before beginning data collection by reading the statement of assurances and potential harms to the participant, asking for any questions that might have arisen during the description and asking the woman whether she consented to continuing the interview.

The survey instrument was designed to collect demographic information about the woman before asking about situations of violence that she may have experienced. The enumerators verbally introduced each section so that participants would not be surprised by potentially emotionally difficult lines of inquiry. Enumerators were specifically trained to present and record the answers to all questions without judgement and to observe participants for signs of distress while asking questions about violence and its effects on their life experiences. If women become distressed while recalling the experience of acts of violence, enumerators were trained to offer support and

FIGURE 2.1:
OVERVIEW OF QUESTIONNAIRE SECTIONS

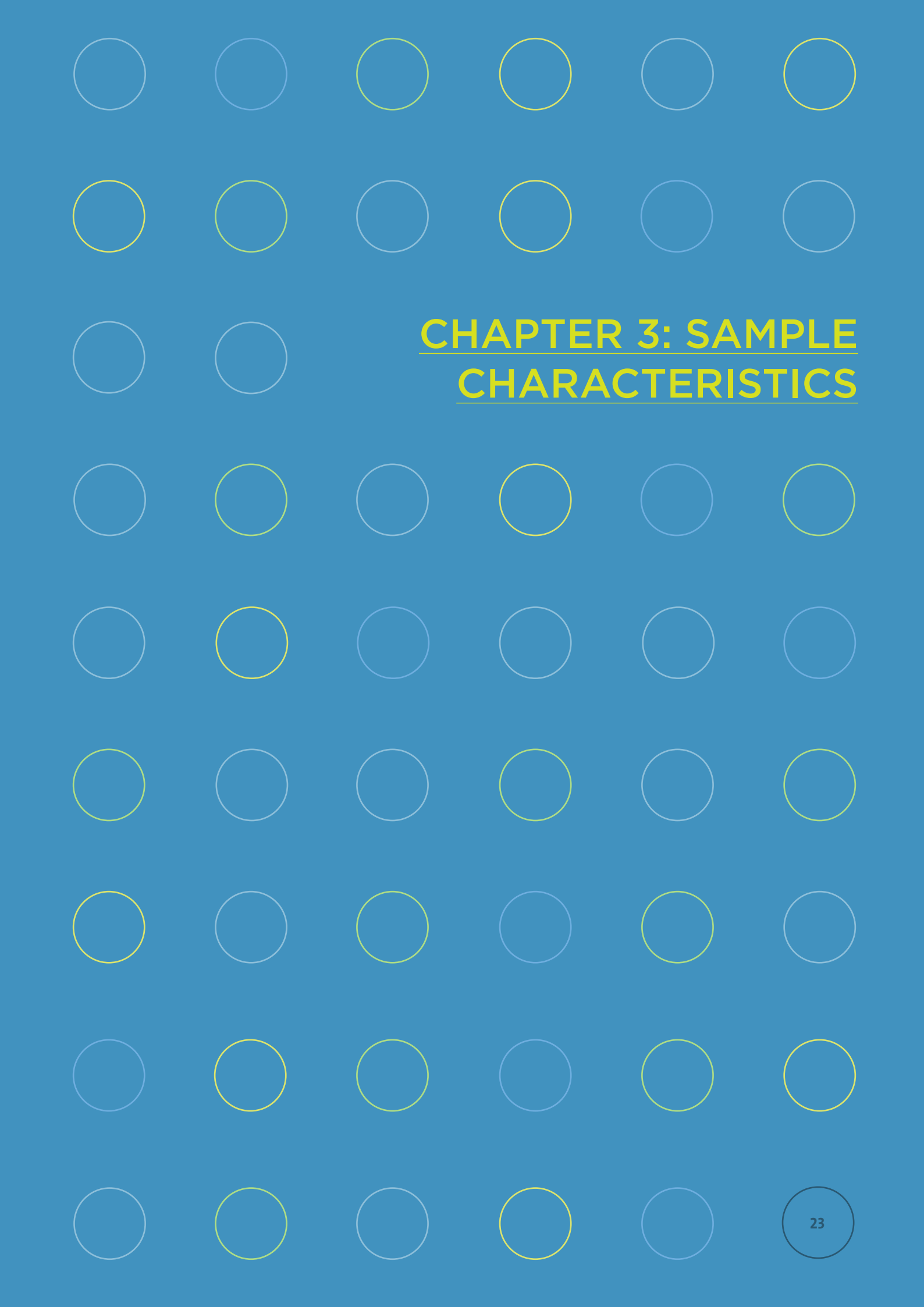
Respondent and Her Community	<ul style="list-style-type: none"> • Level of safety in home and community • Neighbourliness, solidarity, social engagement, closeness to family • Demographics, finances
Respondent's General Health	<ul style="list-style-type: none"> • Self-opinion about health and diagnosed health condition • Alcohol and drug consumption • Reproductive health • Violence against self
Respondent's Reproductive Health	<ul style="list-style-type: none"> • Pregnancy, miscarriages • Number of children birthed • Support from father
Respondent's Children	<ul style="list-style-type: none"> • Number of children in household respondent was caring for • Antenatal and prenatal care • School attendance and performance • Behaviour of young children
Current or Most Recent Husband/Partner	<ul style="list-style-type: none"> • Basic facts including sex, ethnicity, age, marital status, schooling, occupation, income • Alcohol and drug consumption
Attitudes	<ul style="list-style-type: none"> • Ideas about acceptable behaviours between a man and woman
Respondent and Her Husband/Partner	<ul style="list-style-type: none"> • Incidences of controlling behaviours, emotional abuse • Prevalence and severity of physical and sexual violence • Types of injuries and hospitalisation • Child support payments
Injuries	<ul style="list-style-type: none"> • Types of injuries from violence • Health care for injuries
Impact and Coping	<ul style="list-style-type: none"> • Who victims told about violence in their relationships? • Who helped? • What services did they use? • Why the respondent did not go for help? • When did respondents leave and what made them stay? • Understanding the respondent's resilience
Respondent's Childhood Experience	<ul style="list-style-type: none"> • Respondent's personal experience of non-partner physical and sexual violence • Explores the frequency and severity if the respondent was a witness to violence in the home

time for the participant to attend to her emotions before proceeding.

Survey interviews were anticipated to take approximately one hour to complete. In the field, however, enumerators found that interviews often took 90 to 120 minutes because women spontaneously shared more details about their experiences than the survey was designed to capture.

Questionnaire Design

The questionnaire used for the quantitative arm of the Guyana Women's Health and Life Experiences Survey is the WHO standard VAWG prevalence survey, contextualized for the Guyana setting. The questionnaire captures data about women's sociodemographic characteristics and those of their male partners; attitudes towards gender roles; normalization and justification of violence; experience of intimate partner and non-partner violence; health characteristics; and responses to violence.



CHAPTER 3: SAMPLE CHARACTERISTICS

Response Rates

Household Survey

Household Response Rate	
Number of households visited	2054
Number of households with eligible woman	1991
Number of households without eligible woman	63
Individual Response Rate	
Number of selected women who completed the interview	1551
Number of selected women who completed household section only	275
Number of selected women who declined participation	152
Individual response rate:	78%

Satisfaction with Survey Participation

At the Conclusion of each Interview, participants were asked about how they felt after answering sensitive questions about their experiences. The overwhelming majority reported feeling good (78 per cent) or neutral (19 per cent) about the experience. While most women (>75 per cent) did not offer additional comments, those who commented on the experience were positive about it and pleased that VAWG is being investigated. One survey respondent represented many of the comments when she said:

"No comments but I am glad that I had someone to talk to. This is the first time I have shared some of my experiences. Nobody has ever asked me these things and it was good to talk. I am glad to be helping women in whatever way I can."

Sample Characteristics

The median age of survey respondents is 37, with nearly half younger than 35; three-quarters live in rural or hinterland areas (64 per cent and 10 per cent respectively). The majority self-identify

as Indian (36 per cent) or African (27 per cent) ethnicity, and the majority (70 per cent) identify as Christian. The majority (61 per cent) of the sample group attained a secondary education, with a larger portion of the group (24 per cent) having less than a secondary education than those whose education continued beyond the secondary (16 per cent).

The vast majority of respondents (93 per cent) reported having a regular male partner at least once in their lives and the primary type of current partnership is cohabited, either married (41 per cent) or unmarried (24 per cent). Though only one-third of women reported their first partnership as happening before age 18, women in Guyana marry (or form a less formal analogous relationship) at a young age, around age 21 on average.

Only 40 per cent of women reported working outside the home, while nearly as many (37 per cent) identified household labour as their main occupation. Most respondents reported contributing to the household finances either in equal share with their partner (38 per cent) or primarily from their own income (20 per cent).

Qualitative Component

Interviews			
Region	#Interviews	Age Range	Gender
2	1	31	female
3	4	27-49	female/male
4	9	27-65	female
6	6	32-51	female/male
7	1	18	female
10	4	39-62	female
Interview Total:	25	18-65	21 female, 4 male
Focus Group Discussions			
Group/type	#Participants	Age Range	Gender ⁹
A – Community Members	13	25-57	11 female; 2 male
A – Health Professionals	11	25-44	8 female; 3 male
A – Police Officers	10	18-54	6 female; 4 male
A – Male Perpetrators	7	20-53	7 male
A – Religious leaders	9	18-49	9 male
B – Community Members	9	30-57	7 female; 2 male
B – Health Professionals	8	22-38	5 female; 3 male
B – Police Officers	7	28-53	3 female; 3 male; 1 unknown
C – Community Members	21	27-62	20 female; 1 male
C – Police Officers	11	23-48	6 female; 5 male
D – Community Members	19	18-57	16 female; 2 male; 1 unknown
D – Health Professionals	13	24-50	12 female; 1 male
D – Police Officers	15	23-47	7 female; 8 male
Focus Group Discussion Total:	153	18-62	101 female; 50 male; U=2
Qualitative Total	178	18-65	122 female; 54 male; 2 unknown

Partnerships reported by participants were diverse: the majority indicated some form of partnership, including cohabitated (married or domestic

partnership, 30 per cent), visiting (5 per cent), or “other” (17 per cent). A large minority (32 per cent) reported being single and a small number (13 per cent) identified being separated or divorced. Nearly three-quarters (72 per cent) reported having children.

⁹ Participants who did not provide an answer to the gender question on the demographic questionnaire were recorded as not answered and reported in this table as unknown.

Fifty-nine per cent reported completion of secondary education or higher and the majority (78 per cent) reported being employed.

In the qualitative component, participants ranged in age from 18 to 65. About 68 per cent identified as female and 30 per cent as male (2 per cent did not provide an answer to the gender question).

Most identified as being Afro- (38 per cent) or Indo-Guyanese (32 per cent), while a substantial minority (24 per cent) identified as “mixed.” Only 5 per cent identified as indigenous. Seventy per cent of participants resided in the coastal regions, while the remaining participants were from the interior regions (7 & 10), accessible for the qualitative data collection.

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CHAPTER 4: RESULTS

This chapter presents the results of an analysis of survey responses regarding participants' experience of VAWG. VAWG includes IPV experienced by ever-partnered women from their male partners, including physical, sexual, emotional and economic acts, as well as sexual violence experienced by all women from non-partners.

Societal norms, attitudes and beliefs that inequitably benefit men and boys with higher general status than women and girls are associated with increased VAWG. To understand the social mechanisms underpinning this violence in Guyana, this section first examines the attitudes, beliefs and social norms surrounding men's and women's roles in society as reflected in the survey results.

Gender Norms, Attitudes and Beliefs

Gender roles refer to cultural and societal expectations and responsibilities placed upon men and women. Though generally similar throughout Guyana, these roles vary slightly across different races, socioeconomic brackets and geographic areas. Responses to questions about gender roles among survey respondents suggest that women in Guyana support traditional gender roles in

the household with a nuanced approach that concurrently expects autonomy and agency within their relationships.

Respondents overwhelmingly agreed with inequitable traditional gender roles having to do with family hierarchy. For example, 83 per cent agreed that it is natural that men should be the head of the home and 78 per cent agreed that a woman's most important role is to take care of her home. However, respondents concurrently embraced some feminist perspectives in their responses to other questions on gender roles; 88 per cent agreed that men and women should share authority in the household and 83 per cent agreed that women should have economic autonomy, spending her own money according to her wishes. Fewer than half (44 per cent) agreed that women should always obey their husbands, and only about one in four (28 per cent) believed that women had a sexual obligation to their husbands (see Figure 4.1). Continuing in the feminist perspective, few women in Guyana agreed with statements normalizing or justifying IPV against women. Fewer than one in four (23 per cent) believe that violence against women by their male partners is ever justified. Among those who do allow for specific scenarios, most agree that neglect of the children (17 per cent) and infidelity (11 per cent) may justify violence (see Figure 4.2).

FIGURE 4.1:
PROPORTION OF WOMEN WHO AGREE WITH STATEMENTS REGARDING GENDER ROLES.

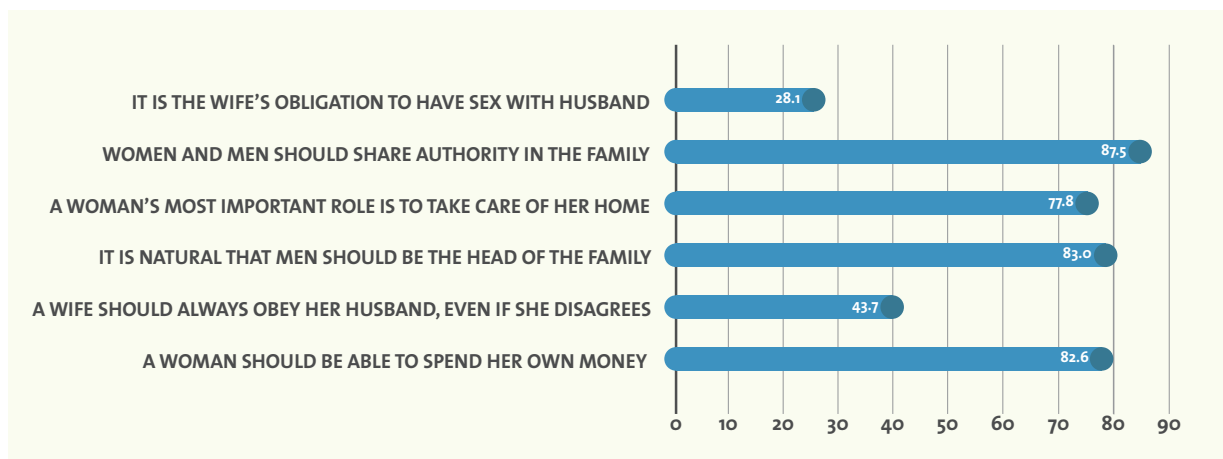
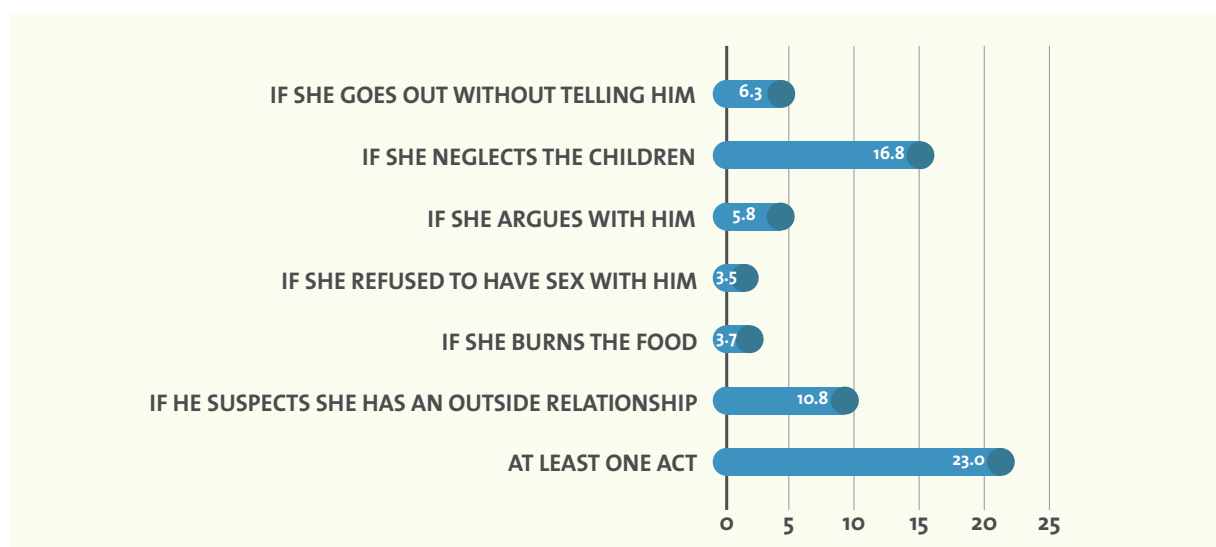


FIGURE 4.2:

PROPORTION OF WOMEN WHO AGREE THAT VIOLENCE IS JUSTIFIED IN SPECIFIC CIRCUMSTANCES

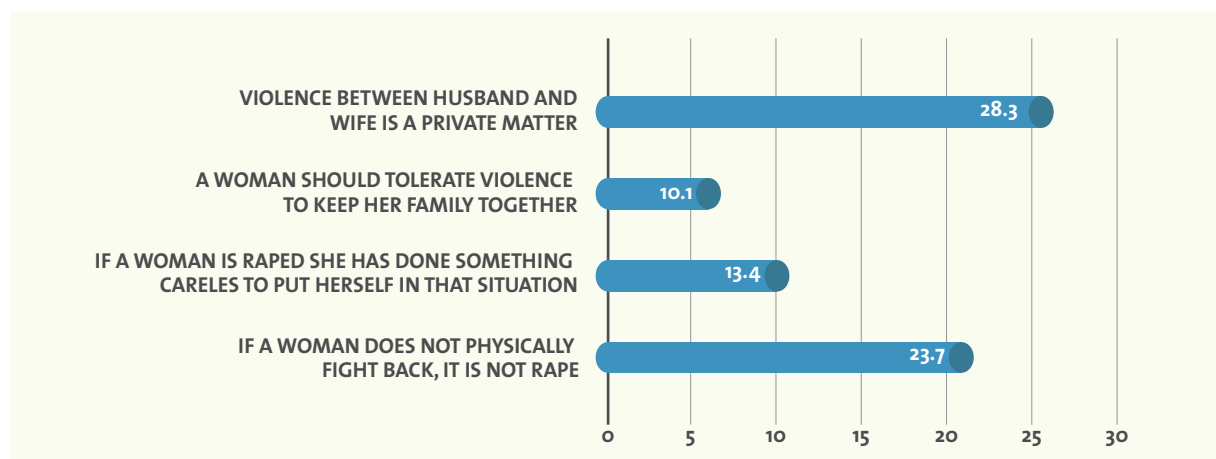


Women responded similarly to questions probing the normalization and acceptance of VAWG. Although only 10 per cent of women agreed with the statement that a woman should tolerate violence to keep her family together, about 25 per cent supported violence between partners being a private matter. Regarding violence from non-partners, less than one-quarter (24 per cent) of women agreed with the statement that “it’s not rape if a woman does not fight back” and fewer (13 per cent) agreed that a woman’s carelessness contributes to her being raped (see Figure 4.3).

Attitudes promoting acceptance and privacy surrounding IPV support perceptions of men’s “right” to physical chastisement and shields them from consequences of enshrined laws and policies. They also reinforce stigma and acceptance of violence as a private matter for women when police officers or other actors are thwarted in their attempts to intervene, demonstrating that there is no recourse for them and that they should remain hidden. However, the proportions that hold views justifying VAWG are in the minority; these opinions are not popular among women surveyed.

FIGURE 4.3:

PERCENTAGE OF WOMEN WHO AGREE WITH STATEMENTS NORMALIZING VIOLENCE



Intimate Partner Violence against Women and Girls

IPV is defined as any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours (World Health Organization, 2012).

This section presents the overall prevalence of different types of violence and individual, couple and social factors influencing VAWG in Guyana by their intimate male partners. Results are presented as lifetime (one or more occurrences from the age of 15 to present) and current (in the past 12 months preceding the survey). Lifetime IPV is the proportion of ever-partnered women aged 15 to 64 who reported experiencing specific acts of physical, sexual, emotional or economic violence at any point in their lifetime, even once. Current IPV is the proportion of ever-partnered women who reported experiencing any of these acts in the 12 months preceding the survey. Ever-partnered women are

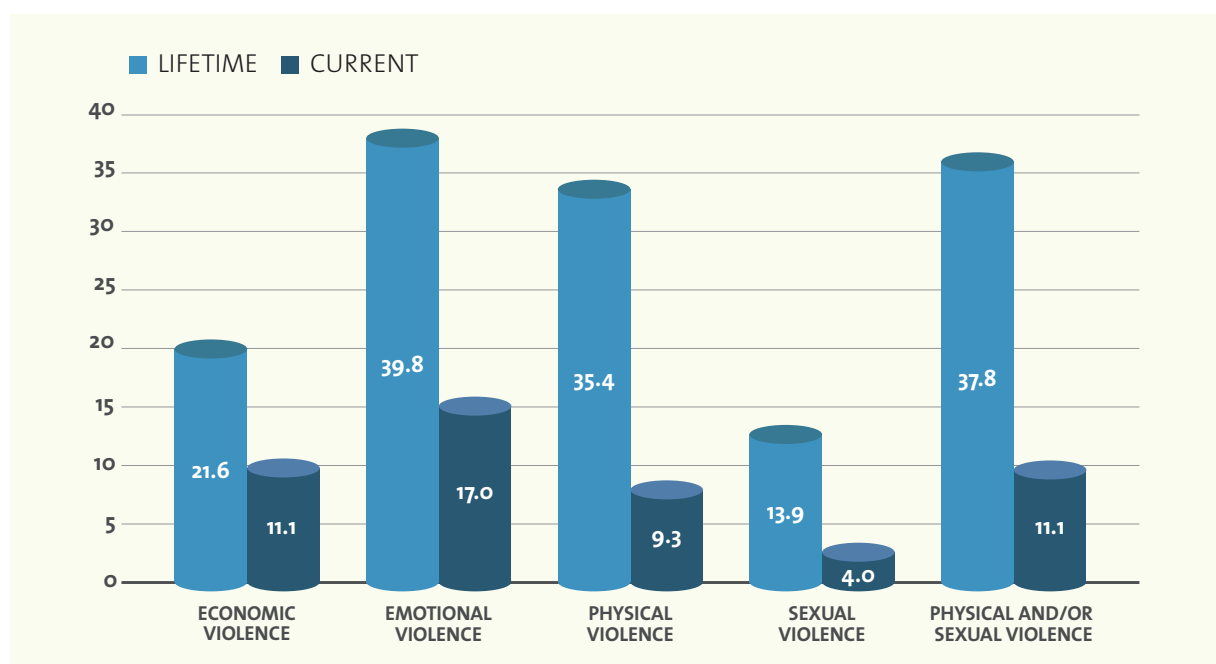
those who have ever had a male partner, regardless of the type of union.

IPV prevalence

More than half (55 per cent) of ever-partnered women in Guyana have experienced at least one form of IPV in their lifetime. Thirty-eight per cent reported experiencing at least one act of physical and/or sexual violence in their lifetime and more than one in ten reported experiencing these acts in the last 12 months preceding the survey (see Figure 4.4).

Physical violence was reported more commonly than sexual violence (35 per cent vs 9 per cent lifetime; 14 per cent vs 4 per cent current), which may be in part due to a reluctance to disclose sexual violence outside of a trusting relationship. Emotional violence, typically the most common dimension of IPV, was reported by 40 per cent of respondents over their lifetimes and 17 per cent over the past 12 months.

FIGURE 4.4:
LIFETIME AND 12-MONTH PREVALENCE OF ALL FORMS OF INTIMATE PARTNER VIOLENCE



Specific Acts of Physical and Sexual Violence, Severity and Frequency

Being slapped or having an object thrown at them was the most common act of physical violence reported by ever-partnered women (23 per cent lifetime, 6 per cent current), with choking and burning being the least reported acts (6 per cent lifetime, 1 per cent current). Most women reporting sexual IPV reported being forced to have sexual intercourse when they did not want to (8 per cent) and nearly as many women reported having sexual intercourse with their partner because they were afraid to refuse (7 per cent). Three per cent of women reported engaging in sexual intercourse with their partners through force or fear in the past 12 months. Acts within each dimension of IPV are included in Figure 4.5.

The severity of violence is categorized by its propensity to cause substantial physical harm. Ever-partnered women were asked about their experience of a range of specific acts of violence considered to be moderate (slapping, pushing) to severe (punching, kicking, choking, burning or

using or threatening to use a weapon). Among the women reporting at least one act of physical violence in Guyana, more than two-thirds reported experiencing severe violence over the course of their lives. Among those who experienced violence in the past 12 months, about one in ten experienced at least one act of severe violence during that time.

For women who experienced physical and/or sexual violence, nearly two-thirds reported that the violence occurred more than once. For those who experienced the violence in the past year, 83 per cent reported more than one occurrence, with 80 per cent reporting that it occurred with the same or more frequency than prior to the past 12 months. Figure 4.6 shows the percentage of women who experienced each type of violence once, a few times or many times grouped by the time period of the violence. These results indicate that most women who suffer IPV have this experience multiple times, and in some cases with major consequences to their physical health and mental health, discussed further in this chapter.

FIGURE 4.5:
SPECIFIC ACTS OF PHYSICAL VIOLENCE EXPERIENCED DURING THE LIFETIME AND IN THE PAST 12 MONTHS

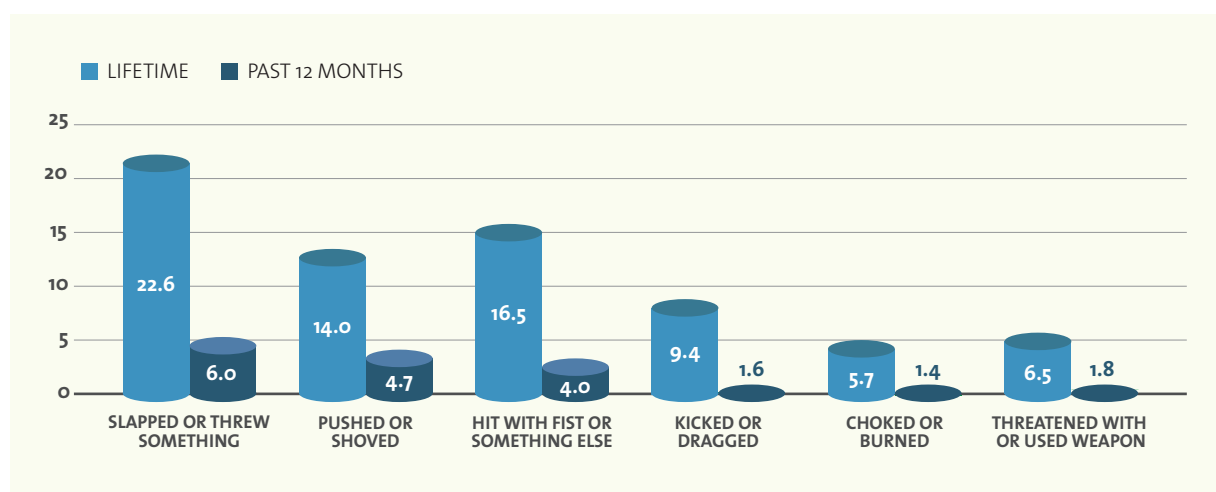
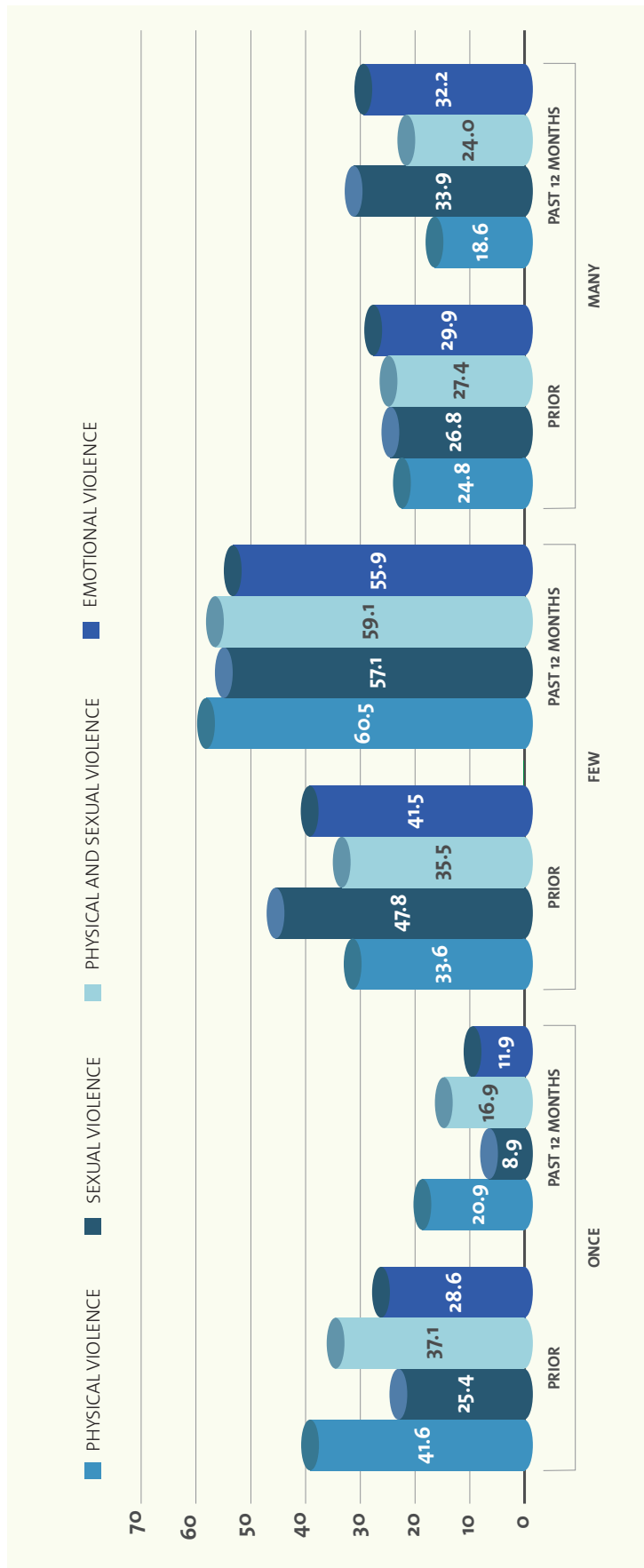


FIGURE 4.6:
FREQUENCY OF PHYSICAL, SEXUAL AND EMOTIONAL VIOLENCE



Violence in Pregnancy

Violence during pregnancy is directly and indirectly detrimental to the health of both the child and the mother. Directly, physical violence can injure both the mother and foetus during physically vulnerable periods. Indirectly, the physical manifestations of emotional stress during a period of physical stress increases the risk of negative outcomes, such as miscarriage, premature labour, haemorrhage and antenatal death. It also increases the foetal risk for intrauterine growth retardation, low birth weight and neonatal complications associated with these. In the post-partum period, IPV during pregnancy interferes with mother-child bonding and breastfeeding, contributes to post-partum depression and increases the risk of maternal suicide (World Health Organization, 2011).

The majority of women (97 per cent) participating in the survey have been pregnant at least once; nearly one in ten reported having experienced at least one act of violence during pregnancy. Among women who experienced violence in pregnancy, the vast majority (92 per cent) reported violence during their most recent pregnancy. The violence was perpetrated by the father of the child, with 30

per cent targeting the pregnancy by punching or kicking her in the abdomen. For half of the women who have experienced violence during pregnancy, the violence is a continuation of pre-pregnancy violence with a substantial majority (84 per cent) reporting that the severity worsened (57 per cent) or remained the same (27 per cent) during pregnancy.

Factors and Triggers Associated with IPV

A descriptive analysis was carried out to identify the risk factors associated with different types of IPV. Key variables, such as sociodemographics, socioeconomics, relationship dynamics, gender attitudes and violent experiences during childhood were included in the analysis. Significant findings are reported in this section; see Annex for all factors.

Individual factors

Individual factors influencing women's agency and access to resources also influence the likelihood of experiencing IPV. Rates of physical, sexual and physical and/or sexual IPV were analysed by women's sociodemographic characteristics.

FIGURE 4.7:
CIRCUMSTANCES AND FREQUENCY OF PHYSICAL VIOLENCE IN PREGNANCY AMONG WOMEN WHO EXPERIENCED VIOLENCE IN PREGNANCY

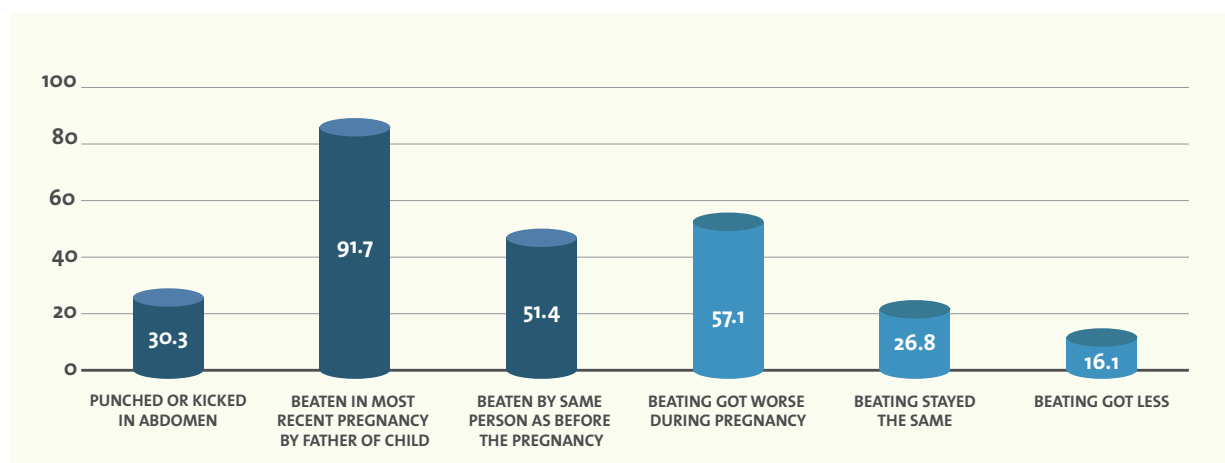
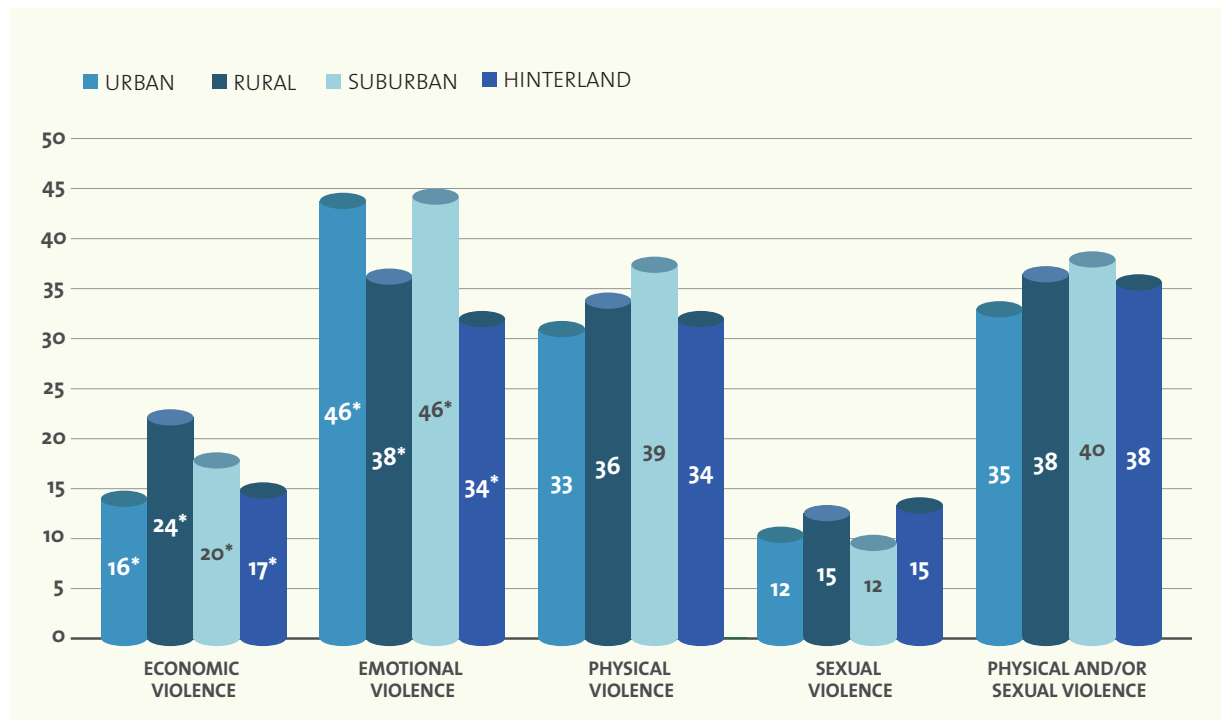


FIGURE 4.8A:
DIFFERENCES IN THE PREVALENCE OF IPV BY AREA TYPE



* Chi square statistic significant at $p < 0.05$

Ethnicity

Data in this survey indicate that there is no statistically significant difference in violence between ethnic groups and that Indo-Guyanese women reported the least physical and sexual IPV (34 per cent) (see Table IX). This directly contradicts the persistent belief in Guyana that women of Indian descent experience the highest rates of IPV. This belief was described in focus group discussions and supported by additional cultural beliefs that Indo-Guyanese men are more controlling and their wives more reserved and subservient than Afro-Guyanese or indigenous wives.

Geographic area

Statistically significant differences were observed in rates of economic and emotional violence reported by women in urban, rural, suburban and hinterland settings. Women in rural areas experienced more

economic violence than in other areas (24 per cent versus 16 per cent in urban areas), whereas the opposite was true for emotional violence (46 per cent of both urban and suburban women reported emotional violence, versus 38 per cent of women in rural and 34 per cent of those in hinterland settings).

Rates were more similar across location types for physical and sexual violence. Around four in ten women reported experiencing physical and/or sexual violence in their lifetime, with slightly higher rates reported from the suburbs than in other areas (see Figure 4.8a).

Region

Though prevalence of physical and/or sexual violence was not significant by type of area, the reported differences in the prevalence of lifetime and last 12 months sexual and/or physical violence

(among women who reported experiencing such violence at least once in their lives) are wide and significant (see Figure 4.8b).

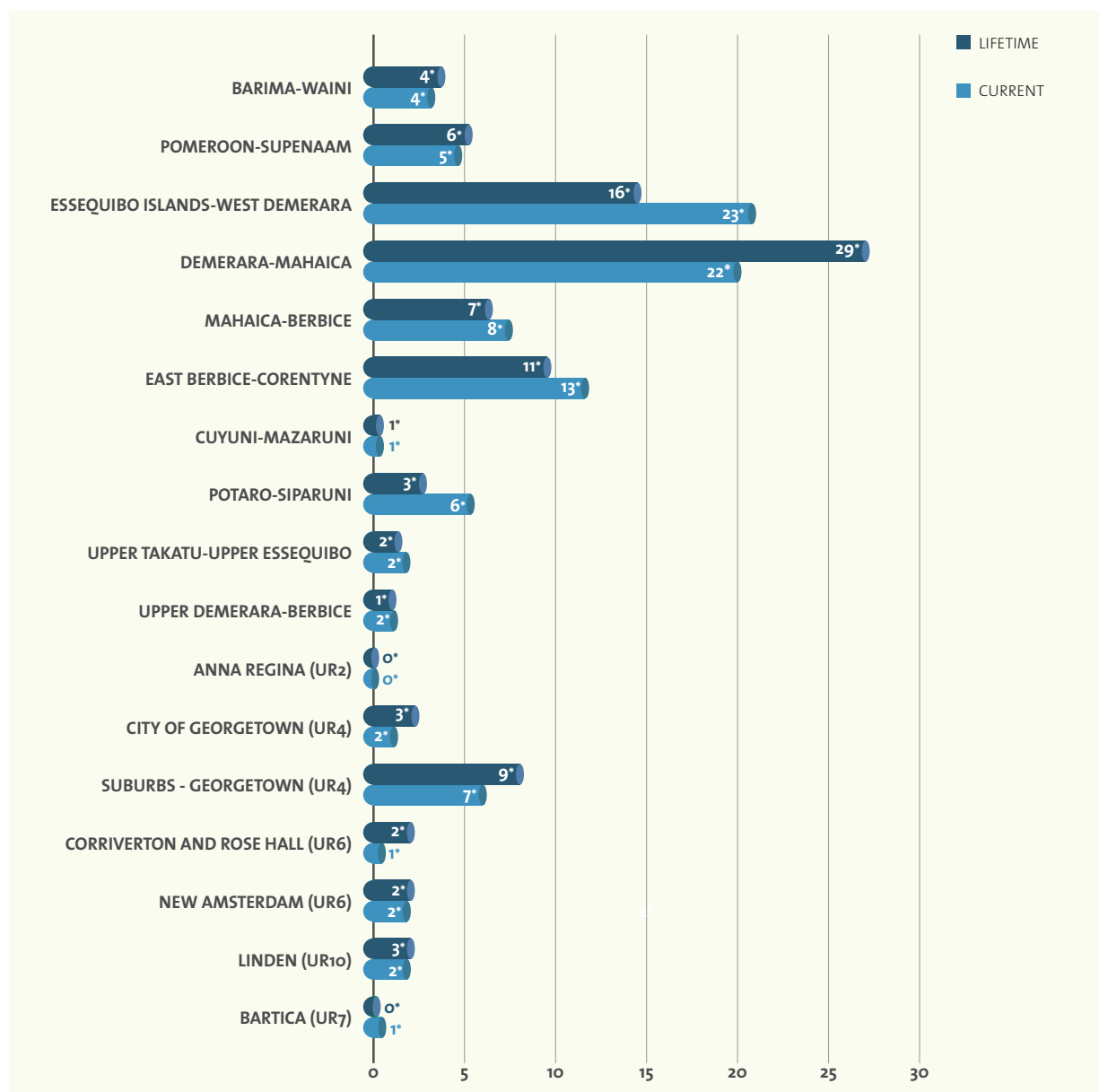
Age

Differences in the prevalence of different types of violence emerge when analysed by respondent

age group. Emotional and physical IPV variations between age groups were wide and statistically significant. Nearly half (48 per cent) of women in the 55 to 64 age group reported experiencing emotional violence, compared to 30 per cent in the 15 to 24 age group. Similarly, 39 per cent of women aged 45 to 64 reported experiencing physical violence, while 27 per cent of the youngest group, aged 15 to 24, reported so (see Figure 4.9).

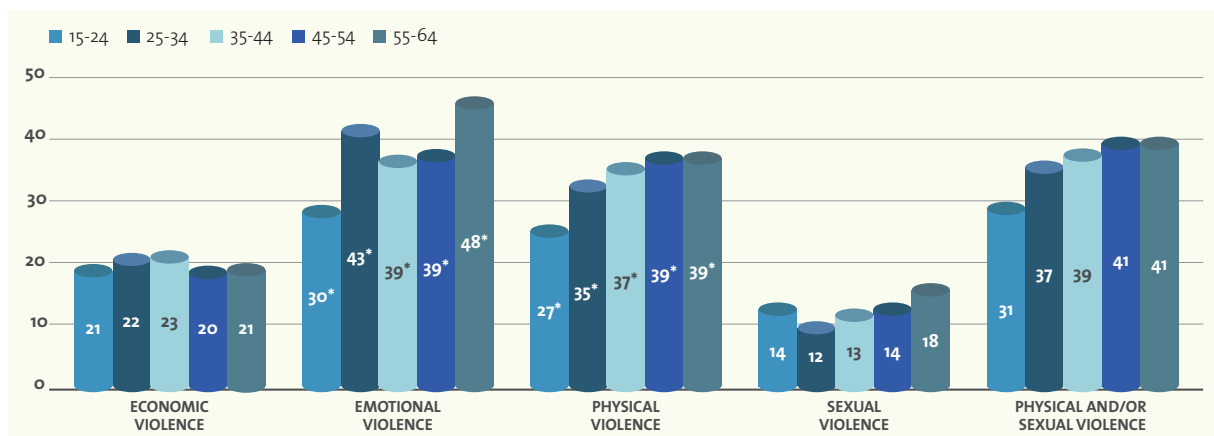
FIGURE 4.8B:

DIFFERENCES IN THE PREVALENCE OF LIFETIME AND CURRENT SEXUAL AND/OR PHYSICAL IPV, BY REGION



* Chi square statistic significant at $p < 0.05$

FIGURE 4.9:
PREVALENCE OF EACH DIMENSION OF IPV BY AGE GROUP, LIFETIME



* Chi square statistic significant at $p < 0.05$

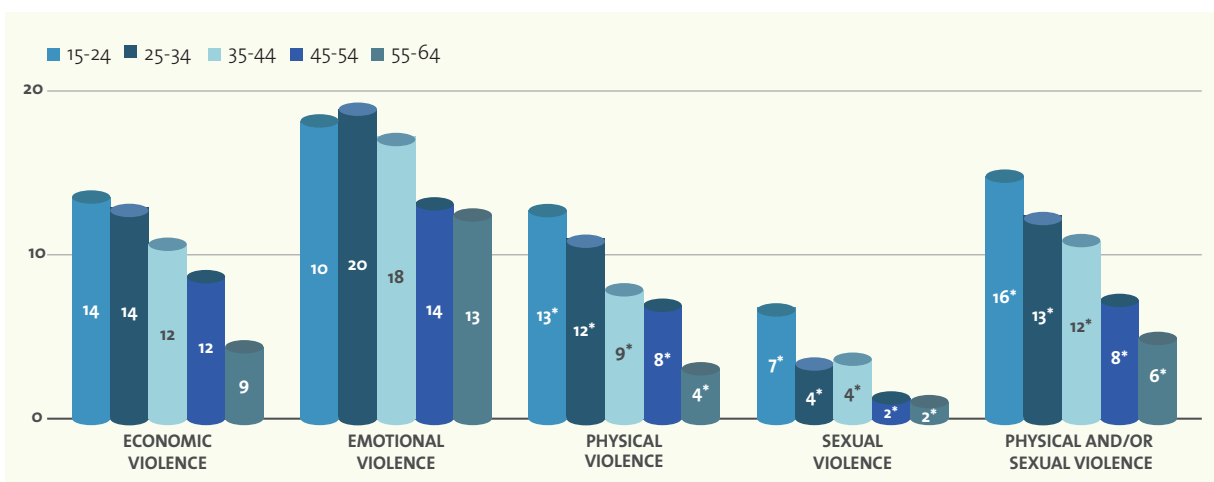
Because differences in lifetime experience may be the result of older women simply having more opportunity to be exposed to lifetime violence than younger women, we analyse the same variables of violence occurring in the last twelve months, finding that the youngest group reporting physical and/or sexual violence at the highest rate (16 per cent) while the oldest group had the lowest (6 per cent) (see Figure 4.10). This suggests that IPV may be experienced in early partnerships that subsequently end or may decrease over time in continuing partnerships. The latter is supported by women's statements in the qualitative component,

where women described being at an age where violence was no longer acceptable or that their partner had mellowed.

Education

In general, IPV decreases with women's increasing educational achievement. The variations between education levels are not statistically significant for physical and sexual IPV. However, the difference between economic and emotional violence experienced by educational attainment is stark and significant: women who attained education

FIGURE 4.10:
PREVALENCE OF ALL TYPES OF IPV BY AGE GROUP, LAST 12 MONTHS

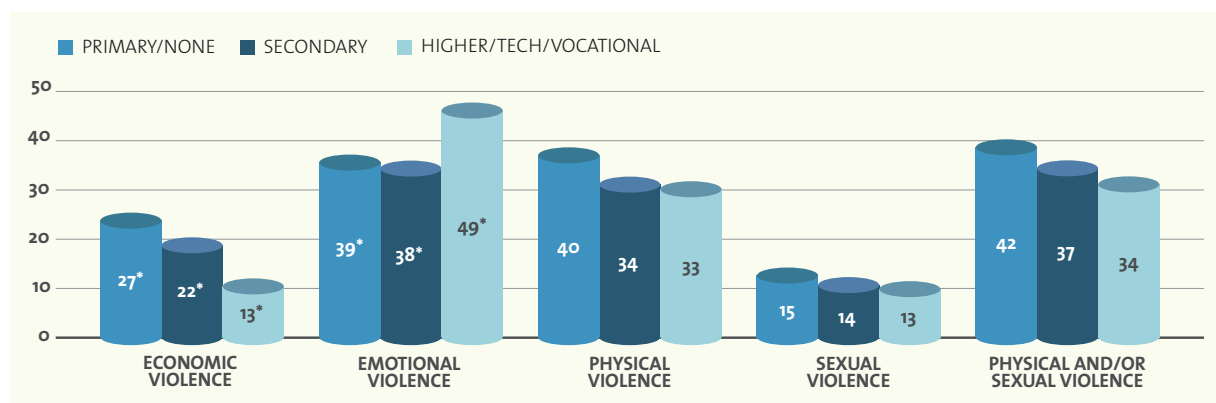


* Chi square statistic significant at $p < 0.05$

beyond the secondary level reported half the economic violence as those who have only attained primary education or less and 9 per cent less than those who have attained secondary

education. Nearly half of the same women reported experiencing emotional violence, while under 40 per cent of less educated women did so (see Figure 4.11).

FIGURE 4.11:
LIFETIME PREVALENCE OF ALL FORMS OF IPV BY WOMEN'S EDUCATION



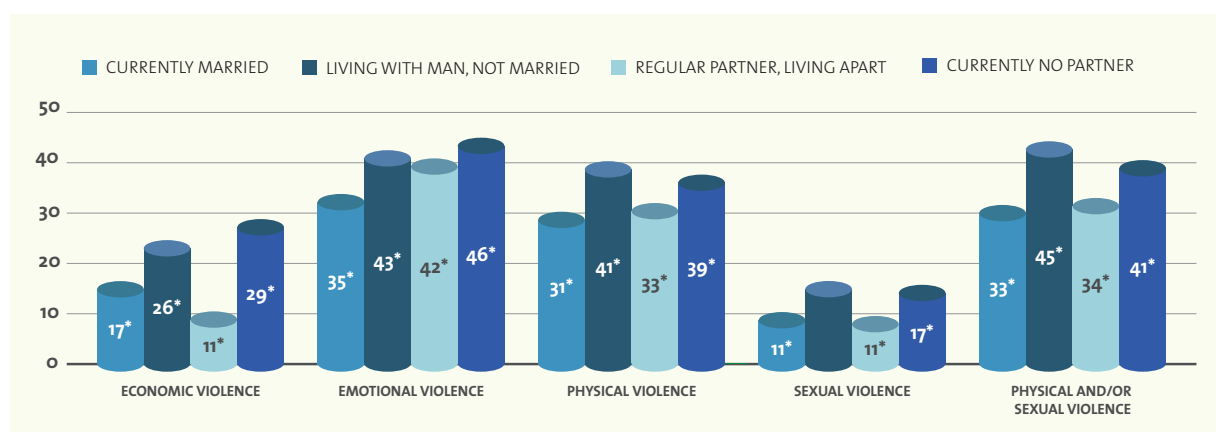
* Chi square statistic significant at $p < 0.05$

Partnership status

Statistically significant differences in all types of IPV were demonstrated by partnership status. The rates of physical and sexual violence varied, depending on the formality of the current partnership. Currently married women reported the lowest prevalence of emotional, physical and sexual IPV versus the highest prevalence reported by those currently living with a man but not married (45 per cent) (see Figure 4.12). Women who reported having a regular partner with

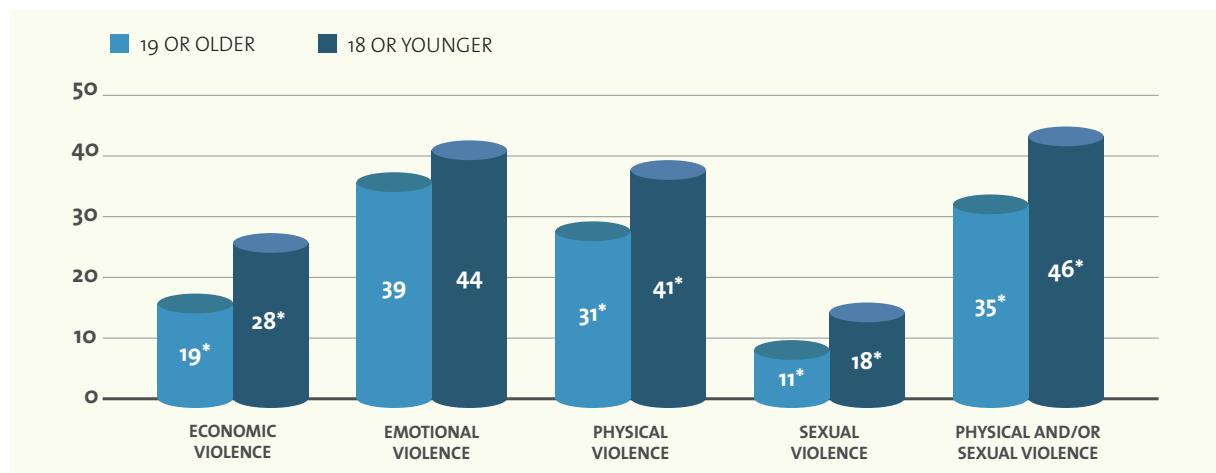
whom they do not live reported the lowest rates of both economic and sexual violence (11 per cent each), which might be attributed to the lack of opportunity created by a shared home. In the past 12 months, cohabitating women also reported the highest rates of physical and/or sexual IPV (17 per cent) compared to married (10 per cent), non-cohabitating (8 per cent), and currently unpartnered women (8 per cent) (see Annex Table X).

FIGURE 4.12:
PROPORTION OF WOMEN EXPERIENCING ALL FORMS OF IPV BY PARTNERSHIP TYPE



* Chi square statistic significant at $p < 0.05$

FIGURE 4.13:
PROPORTION OF WOMEN EXPERIENCING ALL FORMS OF IPV BY AGE AT FIRST PARTNERSHIP



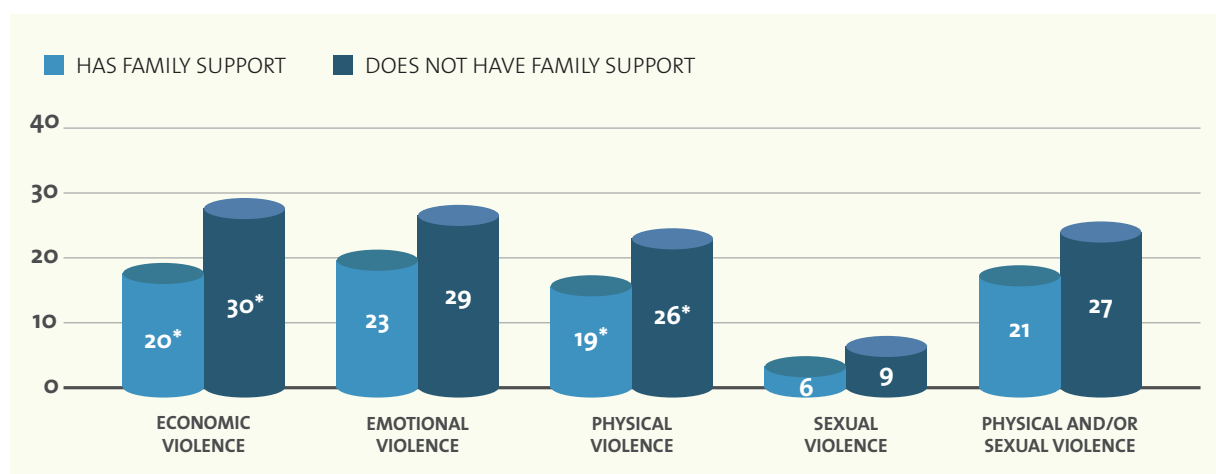
* Chi square statistic significant at $p < 0.05$

Age at first partnership

In all dimensions of IPV, women who entered into their first union under the age of 18 reported experiencing violence from their partners at a higher rate than those who were first partnered at or after 19 years of age. Forty-six per cent of women who partnered before age 18 reported experiencing physical and/or sexual violence from a partner. In contrast, only 35 per cent of women

who partnered later reported experiencing physical and/or sexual violence from a partner; they also reported one-third less economic violence and one-quarter less physical violence. Differences in all dimensions except emotional violence are statistically significant (see Figure 4.13). This result indicates that early union is a predictor of women's experience of violence by their partners.

FIGURE 4.14:
PROPORTION OF WOMEN EXPERIENCING ALL FORMS OF IPV FROM THEIR CURRENT OR MOST RECENT PARTNER BY FAMILY OF ORIGIN ACCESS AND SUPPORT



* Chi square statistic significant at $p < 0.05$

Family access and support

All forms of violence were reported at lower rates by women who also reported having support from their family of origin, though there were statistically significant differences in the dimensions of economic and physical violence. Twenty per cent of women with family support reported that their current or most recent partner had perpetrated one or more acts of economic violence compared to thirty per cent of women who do not have family support (see Figure 4.14). Findings from the qualitative study confirm that family connectedness may also influence how long a woman experiences violence from a partner through the family's attitudes and support (or condemnation) of leaving such relationships.

IPV consists of a complex interaction between the abuser, the victim and those in the community. Social justification of IPV influences perpetration, victimization and response to violence. The community may serve as a bystander (such as a family member) who witnesses the violence and either provides support, comfort or not, as well as actors who seek to prevent and respond to violence, including victim services and criminal justice actors. In addition, a less tangible dimension of the community — generalized attitudes held concerning whether or not an individual has the right to hurt his partner — influences the actions of all parties, a concept discussed among focus group participants in the qualitative study.

Partner Characteristics and Relationship Dynamics

Partners' Socioeconomic Characteristics

Women were asked whether the emotional, physical and sexual acts of violence they experienced were perpetrated by their current or most recent partner. Differences in rates of

physical violence were statistically significant when analysed by partner education and work status: women whose partners have achieved education beyond secondary reported less than half the rate of physical violence than those whose partners did not achieve education beyond the primary level (and six per cent less than those with a secondary education) (see Figure 4.15). Insights from the qualitative component suggest that middle and upper class women may be reluctant to report violence, even in an anonymous survey, due to intense social pressure to maintain a perfect image.

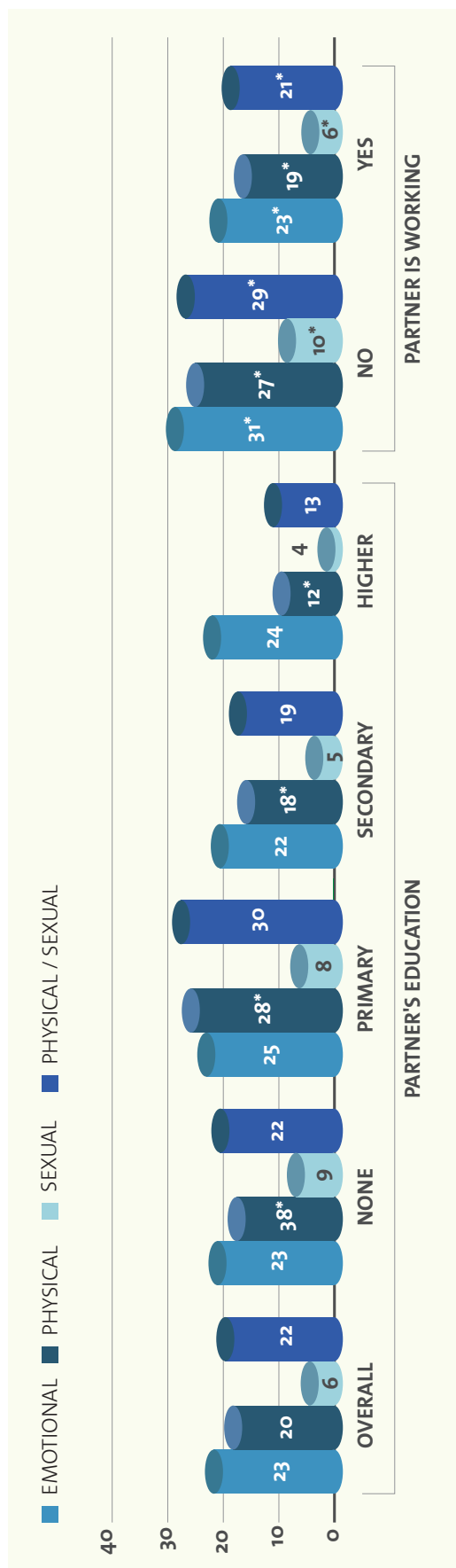
Emotional, physical, and sexual violence rate differences were also statistically significant depending on their current or most recent partner's work status; women who had working partners reported about one-third less violence in each type than those whose partners were not working.

The qualitative component found women in an economic double bind: women who do not financially contribute to the household are viewed as a burden on a spouse (who may be increasingly less able to provide what the family needs), while women who do financially contribute to the household are viewed as a threat to concepts of masculine identity that include rigid definitions of men as sole material provider. Focus group participants saw both scenarios as contributing to violence against women by partners.

Partner behaviours

Alcohol use and negative social behaviours are statistically significant factors related to IPV. In Guyana, 40 per cent of women whose current or most recent partners drink alcohol more than once a week reported experiencing physical and/or sexual violence from that partner, compared with only 11 per cent whose partners did not drink.

FIGURE 4.15:
PROPORTION OF WOMEN EXPERIENCING ALL FORMS OF IPV FROM THEIR CURRENT OR MOST RECENT PARTNER,
BY PARTNER CHARACTERISTICS



* Chi square statistic significant at $p < 0.05$

While substance use, including alcohol, is not a cause of violence, it adversely affects decision-making and may occur in social contexts that lay the groundwork for men to be “tantalized” by gossip and goading, as in an example from a police officer participating in a focus group in the qualitative study:

“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)

There are starkly elevated rates of IPV among women who reported that their current or most recent partner fight with other men or have extramarital relationships compared with women whose partners do not exhibit these behaviours. Women who reported that their partner has been involved in a fight with another man or have engaged in extramarital relationships reported more than twice the rate of every dimension of IPV from that partner compared with women whose partners have not; sexual violence in particular was reported three times more frequently among the women whose partners exhibited this behaviour. IPV rates related to these partner behaviours are all statistically significant (see Figure 4.16).

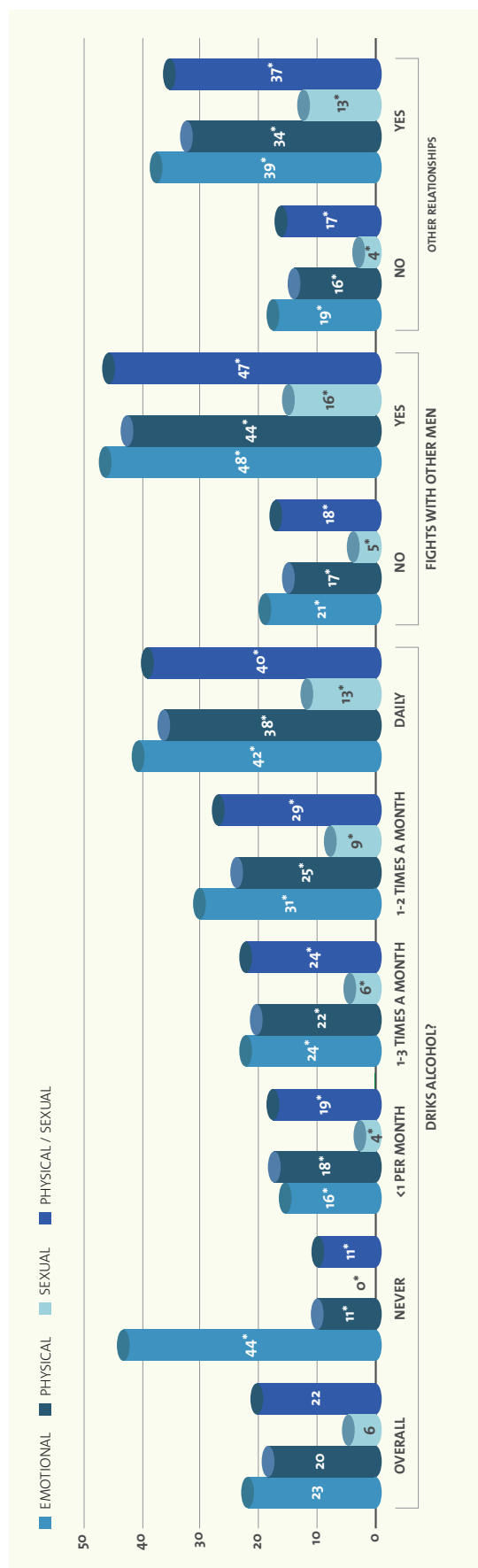
Intergenerational violence

Parents’ experience of IPV influences their children into adulthood by normalizing violence as part of intimate partnerships. Wide, statistically significant differences in IPV demonstrate the effects of intergenerational violence. Half of the women who witnessed physical violence against their own mothers or experienced emotional and physical violence from their parents in childhood reported also experiencing physical and/or sexual violence from their partners at least once in their lifetime, compared with one-third of women who did not witness or experience violence during childhood. This difference is similar among those whose partners witnessed violence against their own mothers and, among women whose partners witnessed violence against their mothers in childhood, nearly two-thirds report experiencing physical and/or sexual violence from him (see Figure 4.17).

Focus group participants in the qualitative study also discussed the normalization of violence from witnessing violence in parents’ relationships during childhood, described by one female health provider:

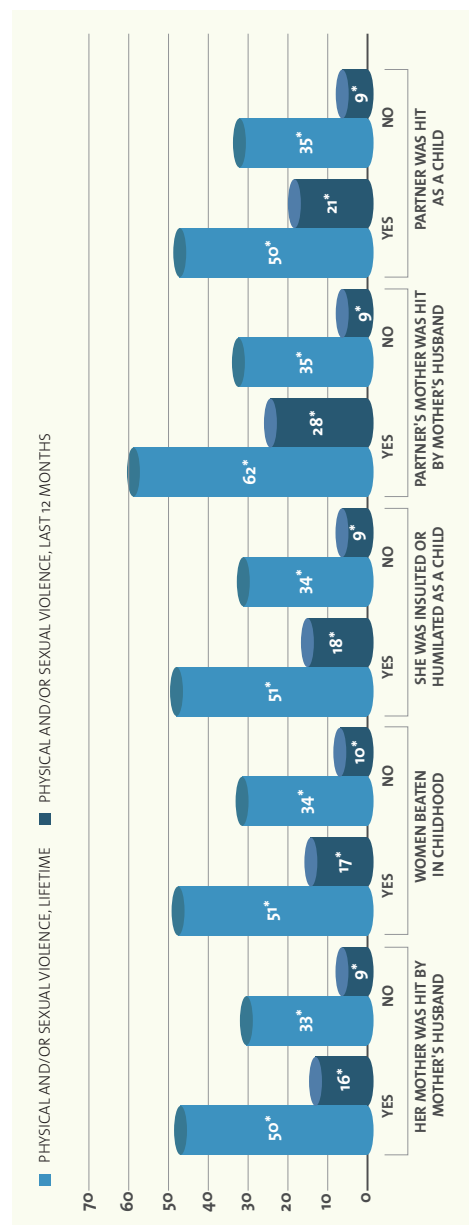
“What you find is that some believe that, ‘Oh this is how my father was beating my mother’ so that’s a norm and that’s how the society becomes corrupt...People see it as a norm, ‘I can beat my wife, or I can beat my husband’”

FIGURE 4.16:
PROPORTION OF WOMEN EXPERIENCING ALL FORMS OF IPV FROM THEIR CURRENT OR MOST RECENT PARTNER, BY PARTNER BEHAVIOURS



* Chi square statistic significant at 0.05

FIGURE 4.17:
PROPORTION OF WOMEN WHO REPORT EXPERIENCING ALL FORMS OF IPV DURING THEIR LIFETIME, BY EXPERIENCE OF VIOLENCE IN CHILDHOOD



* Chi square statistic significant at p<0.05

Gender Dynamics and IPV

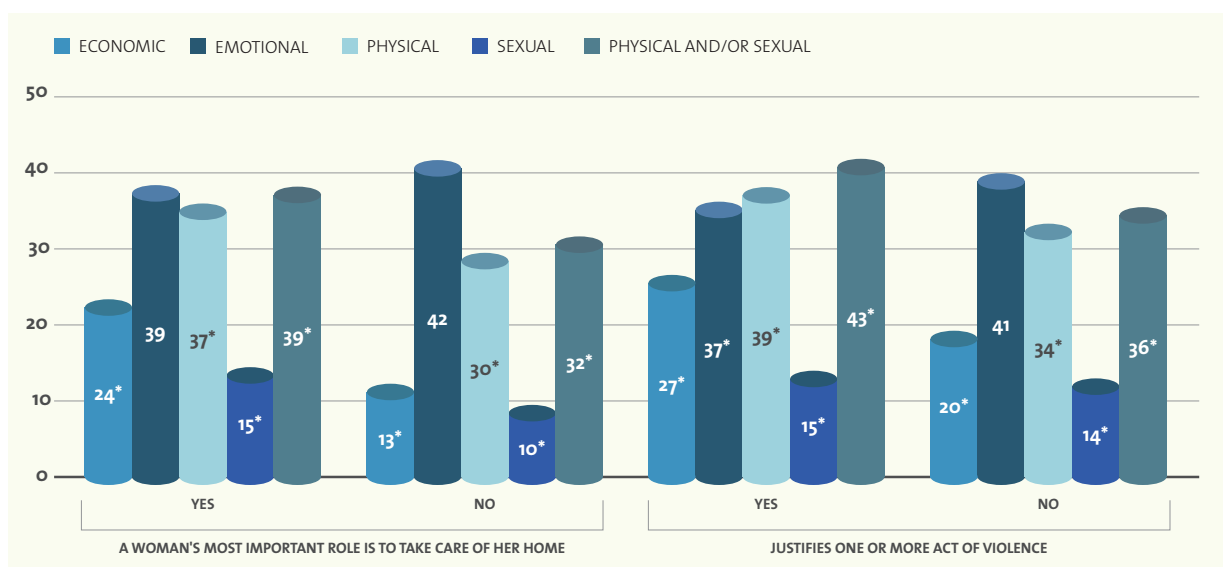
Gender Roles, Normalization, and Justification of Violence

Inequitable gender attitudes and the normalization and justification of violence are often associated with increased rates of IPV. In Guyana, nearly 40 per cent of respondents who agreed that a woman's primary role is taking care of her home reported experiencing physical and sexual violence, compared with 32 per cent who disagreed. The experience of physical and sexual IPV was higher among women who agreed that physical violence was justified in at least one scenario compared to those who did not (46 per cent versus 36 per cent). Interestingly, women's attitudes regarding the roles of men were not associated with significantly different rates of any dimension of violence (see Figure 4.18).

Controlling behaviours

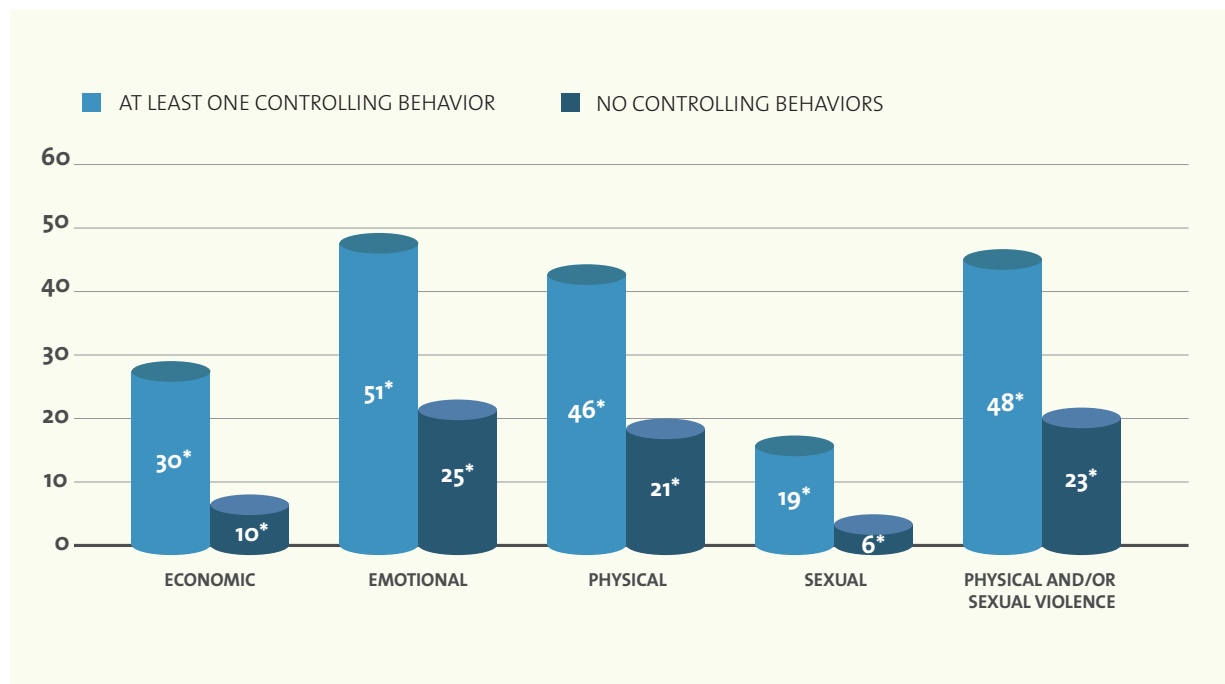
Behaviours intended to control women's bodies, autonomy and contact with others are strongly correlated with an increased experience of all dimensions of IPV. Women who reported that their partner exhibited one or more controlling behaviours (such as stopping her from meeting friends, insisting on knowing where she is at all times, frequently getting jealous or angry even if she just talks with another man or checking her cell phone, among others) also reported experiencing economic, emotional, physical and sexual violence at more than twice the rate of women who did not report any controlling behaviours. Women who experienced controlling behaviours reported the same dimensions of violence during the last 12 months at three to five times the rate of women whose partners do not engage in controlling behaviours (see Figure 4.19).

FIGURE 4.18:
DIFFERENCES IN ALL FORMS OF IPV BY GENDER ATTITUDES AND JUSTIFICATION OF VIOLENCE



* Chi square statistic significant at $p < 0.05$

FIGURE 4.19:
DIFFERENCES IN ALL FORMS OF IPV BY PARTNERS' CONTROLLING BEHAVIOUR



* Chi square statistic significant at $p < 0.05$

In interviews, IPV victims described a cycle of accusations of infidelity taking place while the woman was conducting daily tasks outside of the home (e.g. going to the market). These accusations often led to physical violence. They reported that these accusations were based on the belief that women are looking for better providers than the partners they have, suggesting that a narrow definition of men's roles as material providers is a source of stress for men who have few relational skills. Male perpetrators participating in focus group discussions in the qualitative study spoke of frustration surrounding relational skills, such as communication, from the perspective of the primary investor in the relationship in terms of material support and in their burden of "educating" partners to operate within the expectations of womanhood. These positions of entitlement led to increasing control and physical "correction."

The number of controlling behaviours reported shows a statistically significant positive dose-response relationship¹⁰ with the proportion of women reporting acts in each dimension of IPV. The proportion of women reporting physical and/or sexual violence in their lifetime increased incrementally with the number of controlling behaviours reported from 23 per cent with no controlling behaviours to 34 per cent, 41 per cent and 66 per cent with one, two and three or more controlling behaviours respectively (see Figure 4.20). During the past 12 months, women who reported that their partners engaged in three or more controlling behaviours reported physical and/or sexual violence at ten times the rate of those who reported no such behaviours (see Annex Table XVI).

¹⁰ The dose-response relationship describes a proportional and predictable increase in an outcome (in this case, violence) with each increase in an input (in this case, controlling behaviours).

Impact of IPV on Women's Health and Well-being

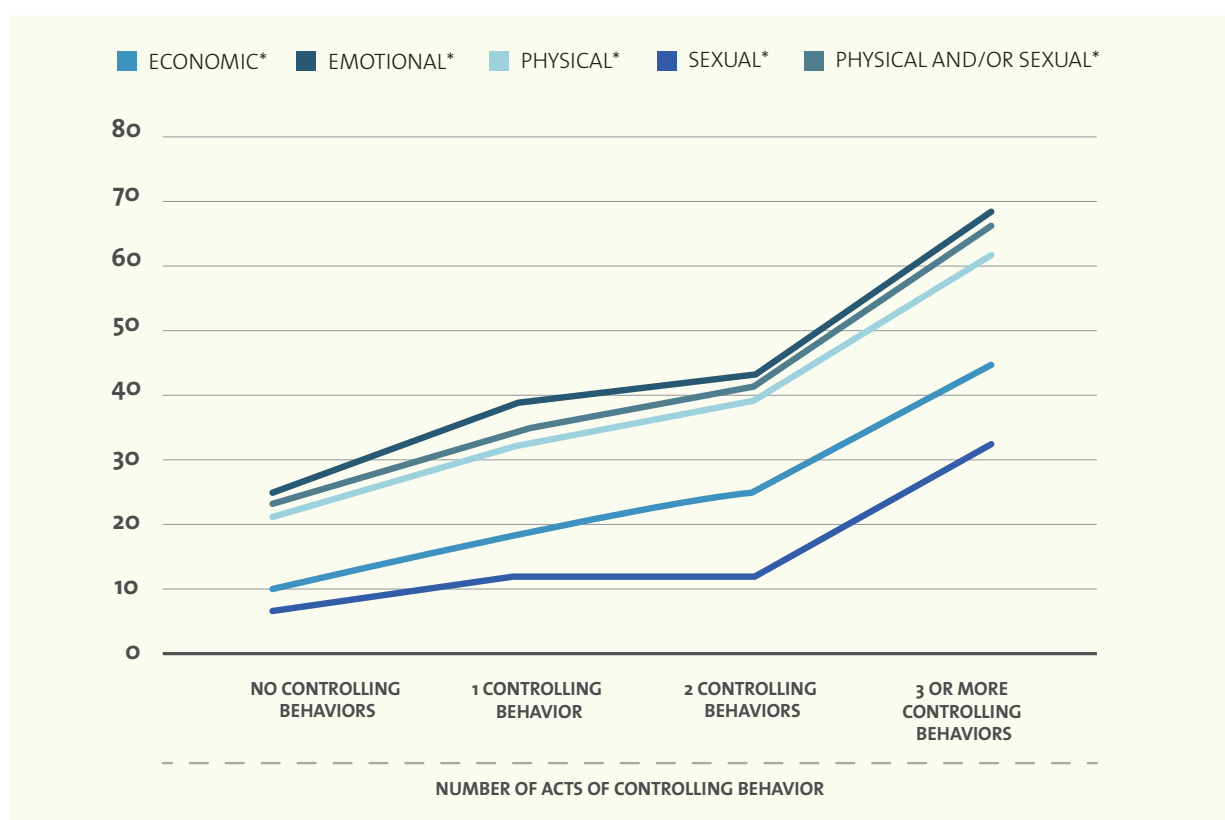
Women's health and well-being are adversely affected when they experience IPV. Health effects range from acute injuries resulting from physical or sexual altercations to chronic pain, reproductive health concerns, depression, suicidal ideation and substance abuse. Beyond the woman's physical self, experiencing violence impacts her self-confidence, social networks and earning potential.

Physical and Mental Health

Physical Health

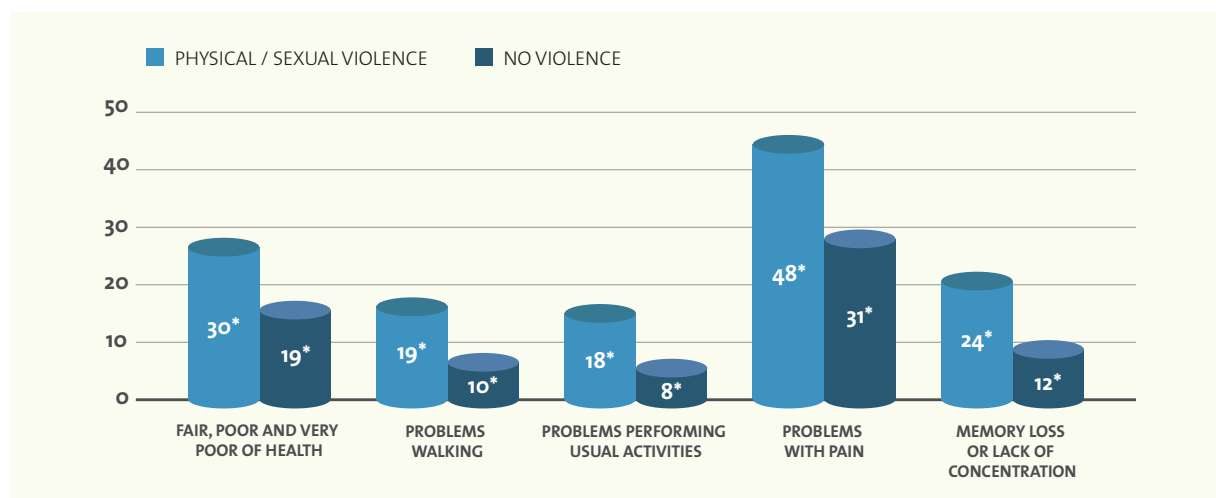
Women who experience IPV report statistically significant increases in negative health markers. Thirty per cent of women who have experienced physical and/or sexual violence from a partner at least once in their lives rated their health as overall fair, poor or very poor; only 19 per cent of women who have not experienced such violence rated their health similarly (see Figure 4.21). Women with a history of physical and/or sexual IPV reported that over the previous four weeks they had issues with memory and concentration, pain, walking or performing usual activities. Statistically, these rates are significantly higher than those of women who have never experienced IPV.

FIGURE 4.20:
DIFFERENCES IN PREVALENCE OF IPV WITH INCREASING NUMBERS OF CONTROLLING BEHAVIOURS



* Chi square statistic significant at $p < 0.05$

FIGURE 4.21:
DIFFERENCES IN PROPORTION OF WOMEN WHO REPORT FEW VERSUS MANY PROBLEMS WITH PHYSICAL HEALTH IF THEY EXPERIENCE PHYSICAL AND/OR SEXUAL IPV



* Chi square statistic significant at $p < 0.05$

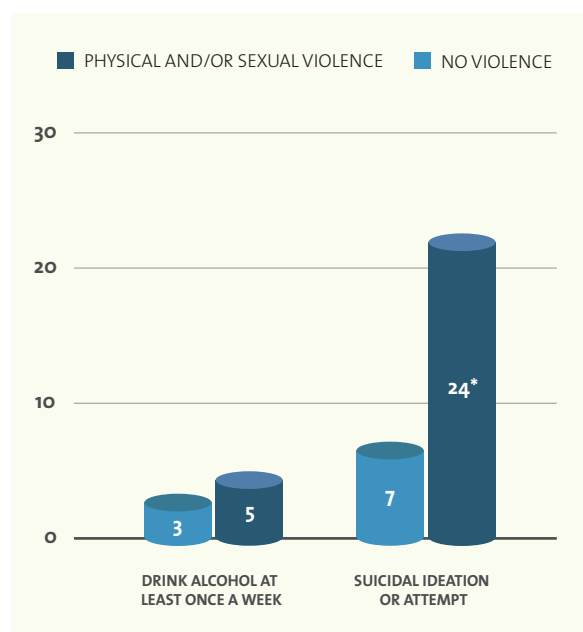
Mental Health

In 2016 (the most recent year for which statistics are available), WHO indicated that Guyana was above the global and regional average of crude suicide rates of men and women:¹¹ Guyana's rate is 46.6 per 100,000, whereas the global rate is 10.5 and the regional average is 9.8 per 100,000 (Global Health Observatory data repository, 2016). Ongoing IPV may contribute to this prevalence: more than three times as many women who have experienced physical and/or sexual violence from a partner reported that they had considered or attempted suicide at least one time as those who reported no such violence (see Figure 4.22).

Among suburban women, the proportion of women with suicidal ideation or attempt increased to 35 per cent among those who also reported violence, compared to 9 per cent among those who did not. Women living in urban and hinterland locations reported the lowest rates of suicidal ideation and attempt: 18 and 19 per cent among

victims of violence, respectively, and 5 per cent in both settings among the non-violence group (see Annex Table XIX).

FIGURE 4.22:
DIFFERENCES IN RATES OF ALCOHOL CONSUMPTION AND SUICIDAL IDEATION OR ATTEMPT AMONG WOMEN WHO HAVE EXPERIENCED PHYSICAL AND/OR SEXUAL IPV AND WOMEN WHO HAVE EXPERIENCED NO VIOLENCE



* Chi square statistic significant at $p < 0.05$

¹¹ The rate of suicide per 100,000. https://www.who.int/gho/mental_health/suicide_rates/en/

In the qualitative study, community members described suicide attempts among violence victims as a vehicle to bring attention to their suffering and access counselling; they described successful suicide as “the easy way out.” Attitudes such as these may prevent women who are suffering mental health effects of long-term or severe violence from seeking treatment or other help. Victims also described considering murder-suicide, including of their children. Within the qualitative component of the study, researchers found victims’ descriptions of suicidal thoughts during pregnancy particularly notable, as this is a largely unstudied phenomenon.

Economic Impacts

IPV adversely affects women and families economically in addition to and through the more direct physical and psychological consequences. Nearly one-third of women who have experienced both physical and sexual violence reported that their income-generating activities have been disrupted by the inability to concentrate. Nearly one in five victims also reported that her work had been disrupted due to a loss of confidence in her own ability. The differences are statistically significant (see Figure 4.23).

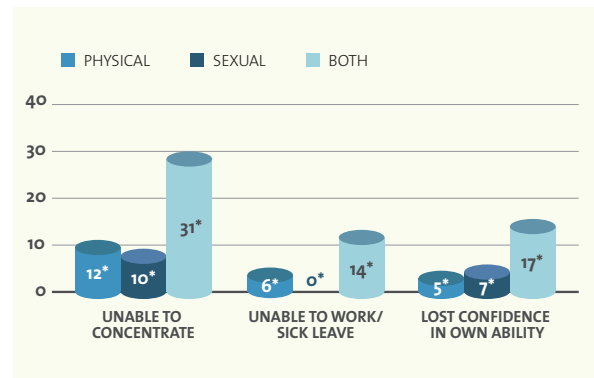
Economic impacts may contribute to continuing violence as well as create a barrier to help-seeking or leaving violent relationships. The qualitative analysis demonstrated that women who do not produce income are seen as burdens by male partners, reinforcing the partners’ belief that they are the primary “investor” in the relationship.

Impacts on Family and Children

The impacts of physical and sexual VAWG extend beyond the woman to her children. More than half of women who reported experiencing IPV — 52

FIGURE 4.23:

PROPORTION OF WOMEN WHO REPORT DISRUPTIONS OF INCOME-GENERATING ACTIVITIES DUE TO PHYSICAL, SEXUAL OR PHYSICAL AND SEXUAL IPV

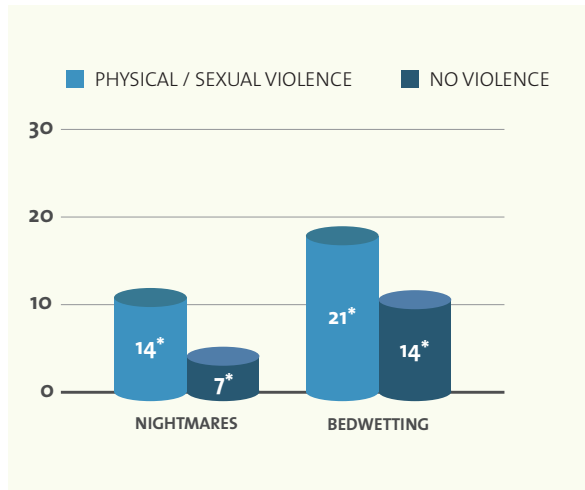


* Chi square statistic significant at $p < 0.05$

per cent — also reported that their children had witnessed the violence on one or more occasions. Victims of physical and/or sexual violence reported that their children have nightmares at twice the rate of those who have not experienced violence. Bedwetting is reported more than nightmares among the children of victims. One in five victims reported that children in her household had bedwetting episodes compared to 14 per cent of children in non-violent households (see Figure 4.24). In suburban areas, the proportion increases to one in four in households with violence compared to fewer than one in ten without IPV. The effects on children are not confined to these indicators. A body of research has demonstrated that children who live in households with IPV have lower academic achievement than their peers without violence in their households. In one US study, children who witnessed IPV in their households had more absenteeism and lower reading scores than peers who experienced maltreatment themselves. This difference may be because unlike children who only witness violence, children who experienced maltreatment generally received intervention and support services (Kiesel, Piescher, & Edelson, 2013). The qualitative analysis provides insight into some of the stressors children who live with IPV

face, including attempts to intervene to stop the violence and to provide emotional support to their mothers.

FIGURE 4.24:
DIFFERENCES IN RATES OF CHILD PSYCHOLOGICAL MARKERS BETWEEN MOTHERS WITH A HISTORY OF IPV AND THOSE WHO HAVE NOT EXPERIENCED VIOLENCE



* Chi square statistic significant at $p < 0.05$

Women's Responses to IPV

Disclosure

Seventy-one per cent of respondents who experienced IPV reported that they disclosed their experience (there was some insignificant variability among the different locations). Among those who disclosed, there was a preference for sharing with a friend or family member over an institutional actor (see Figure 4.25). Location-based differences in whom victims confided in are statistically significant; the majority of women reported confiding in their mothers, except suburban women, who appeared to favour confiding in friends.

This relatively high rate of disclosure tracks with the low rates of agreement with statements of acceptance and justification of violence in the population. Victims' willingness to divulge their

experience to family and friends suggests that victims may be less stigmatized in Guyana than in other populations. Findings from the qualitative study suggest that women may be selective in determining who might be a safe confidante in their social network when considering disclosure, based in part on attitudes about gender roles and the importance of family expressed by the individual.

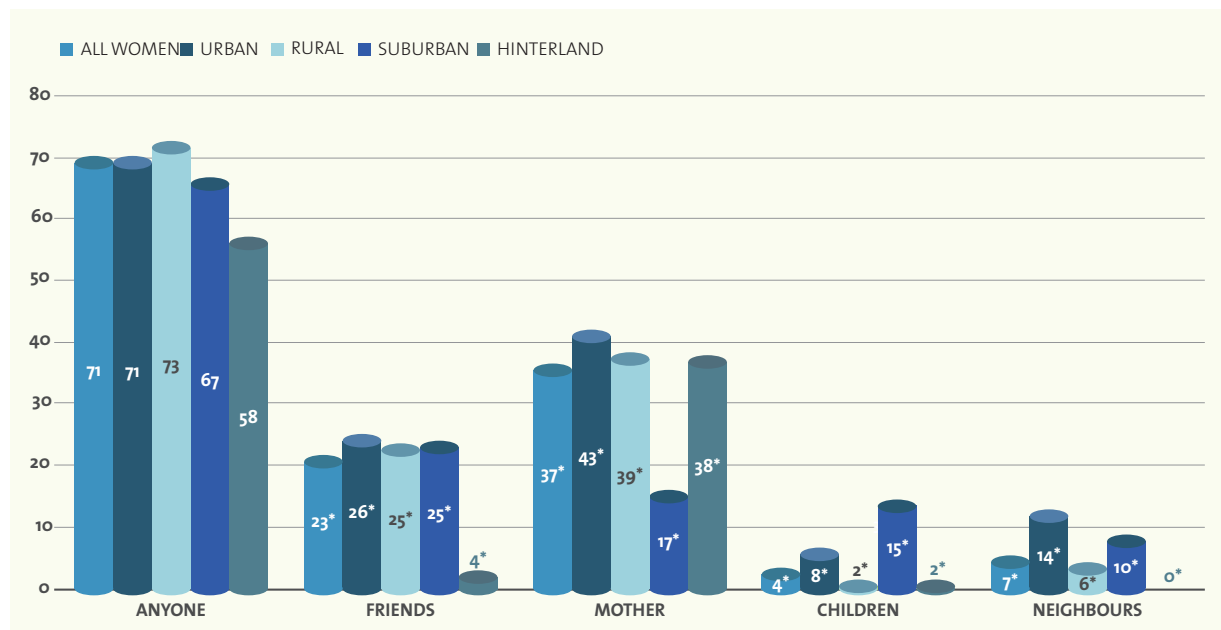
Help seeking

Only half of all victims in Guyana reported that they sought help from anyone in response to the violence they experienced. Only a quarter of women in the hinterlands reported seeking help, which may be more reflective of a lack of institutional resources than a lack of desire (see Figure 4.26). During the qualitative study, victims in interviews and health care workers in focus groups spoke of concerns about the real confidentiality of reports, fear of reprisal from the perpetrator and his family and lack of alternate choices for economic support.

Among those who seek help from institutional sources, victims in all areas generally seek help from police first, religious leaders second and health care providers third. Ninety-eight per cent reported that they did not seek help from institutions specific to women or violence support, such as hotlines, shelters or women's organizations (those who did engage with these and other services were generally satisfied with the experience). This low use of violence support systems is reflected in the Help & Shelter cumulative report service contact between 2000–2018, which illustrates declining hotline contact (Help & Shelter, 2019).

Reasons for and barriers to help-seeking did not vary significantly between settings. Help seekers reported doing so primarily because they did not feel they

FIGURE 4.25:
DIFFERENCES IN WOMEN'S DISCLOSURE OF IPV BY LOCATION

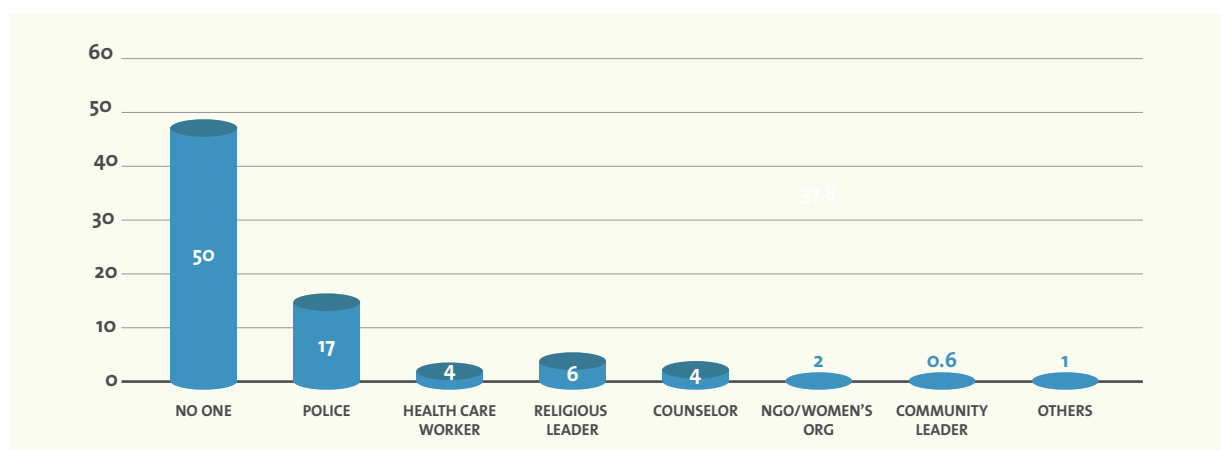


* Chi square statistic significant at $p < 0.05$

could endure more violence (53 per cent) or because they were afraid that the violence from their partner was going to continue (25 per cent). The most common reason given for not seeking institutional help was the belief that violence is normal or not serious (37 per cent); 15 per cent of women who did not seek help indicated they were embarrassed and

afraid that they would not be believed or helped. This concern was also captured in the qualitative study from focus group discussions and interviews in which victims and community members discussed inconsistent responses to violence reported to police due to personal beliefs of officers and community ties to perpetrators.

FIGURE 4.26:
PROPORTION OF WOMEN WHO REPORT SEEKING HELP FROM INSTITUTIONAL ACTORS



Leaving the violence

Reasons for leaving or not leaving the relationship were similar to those given for help-seeking decisions (See Annex Table XXVI). Among those who left home as a consequence of the violence by their partners, two-thirds reported leaving because they simply could not endure the violence any longer. Threats or attempts to kill her and her fear that he would were reported by 14 and 15 per cent of women, respectively, as the reason for leaving. Fourteen per cent of women said they left with encouragement from friends and family. Notably, only one person reported leaving home due to encouragement from an organization (see Figure 4.27).

Returning or choosing to stay

Seventy-nine per cent of women who reported leaving home ultimately returned. The most common reason, reported by 42 per cent of

returners, was that their partners asked them to return. Other reasons stated related to the partners' request: women returned because they forgave their partners (24 per cent) and thought the partner would change (22 per cent). Additionally, 15 per cent said they returned for the sake of their children or because they did not want to leave their children (23 per cent), though fewer than one in ten said they did so because they could not support their children (see Figure 4.28).

Many women have never left home despite the violence experienced. As with those who returned, not wanting to leave children (29 per cent), forgiveness of partners (24 per cent), and love for partners (27 per cent) were the primary reasons women gave for not leaving home in response to violence. Conversely, only 3 per cent of women expressed concern for bringing shame to the family if they left or that their family encouraged them to stay (see Annex Table XXX).

FIGURE 4.27:
PROPORTION OF SPECIFIC REASONS SHARED FOR LEAVING HOME IN RESPONSE TO VIOLENCE AMONG WOMEN WHO HAVE LEFT

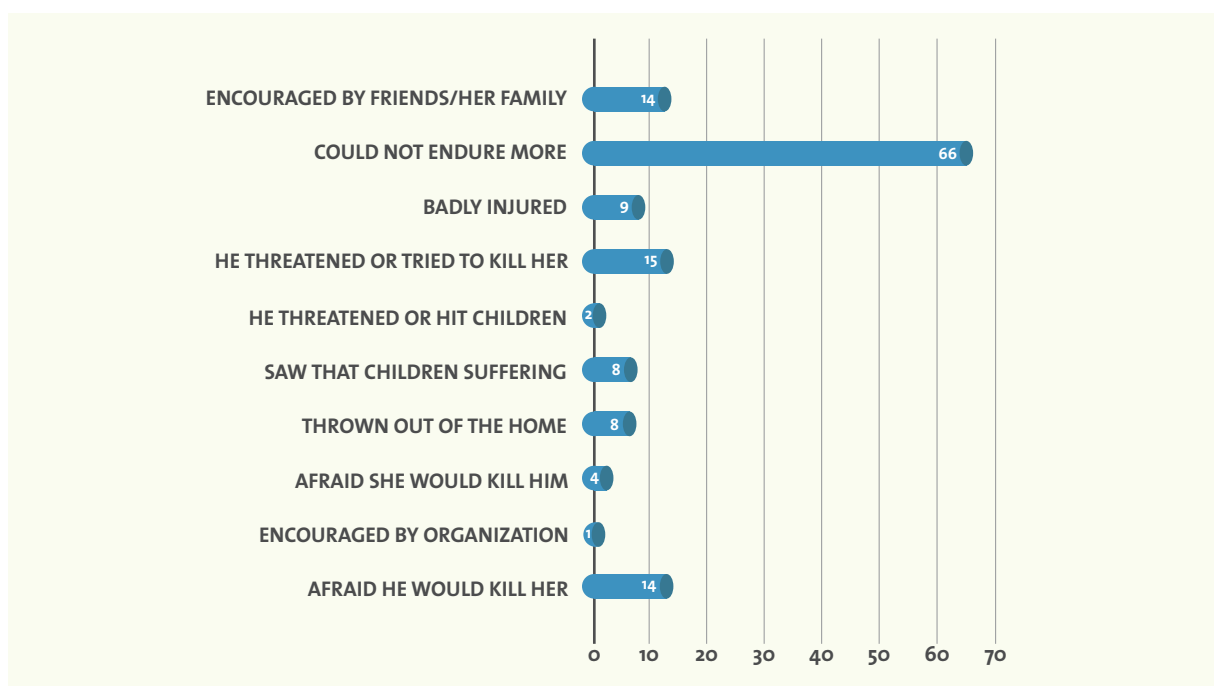
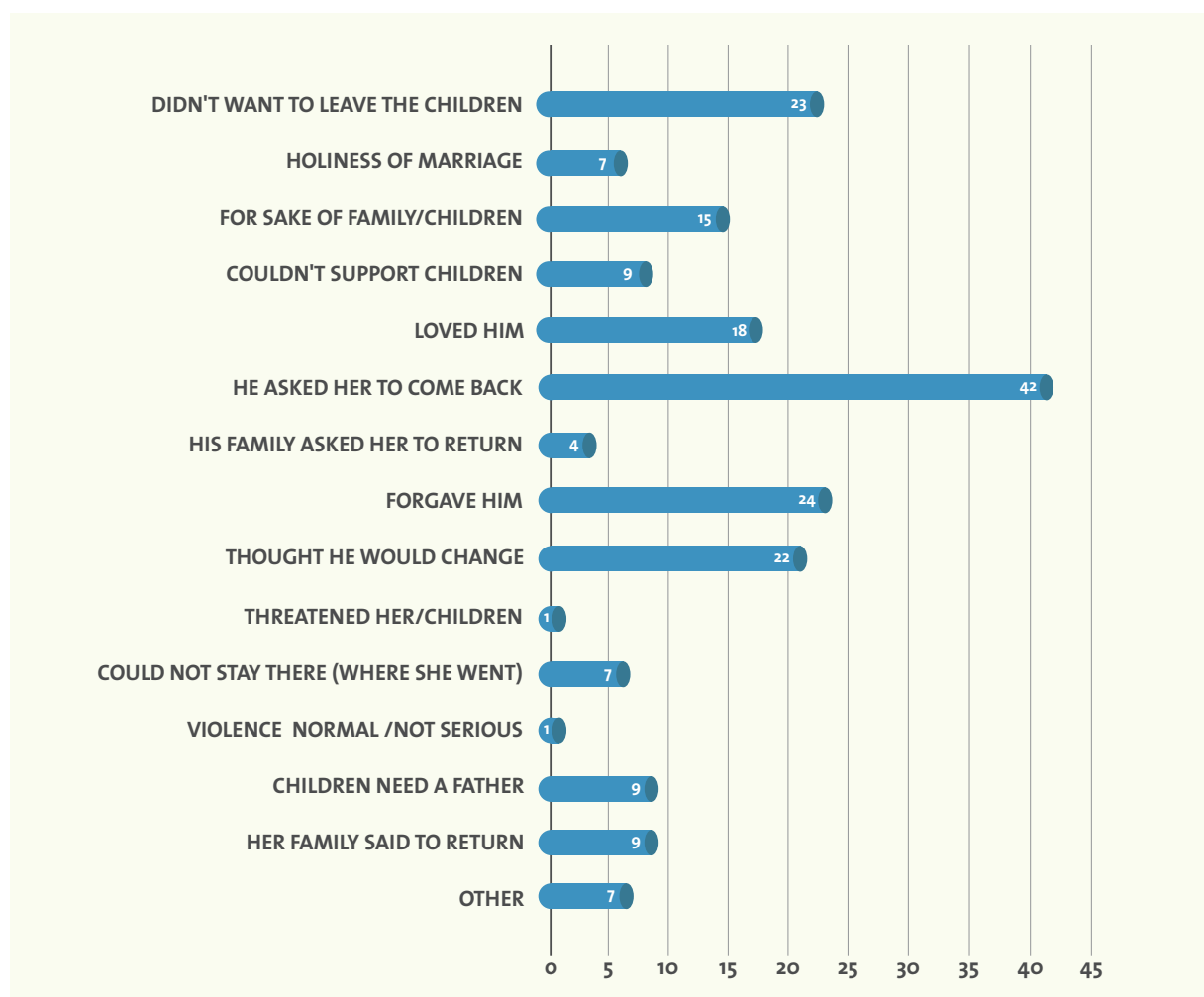


FIGURE 4.28:
PROPORTION OF REASONS GIVEN FOR RETURNING TO THE HOME, AMONG WOMEN WHO RETURNED



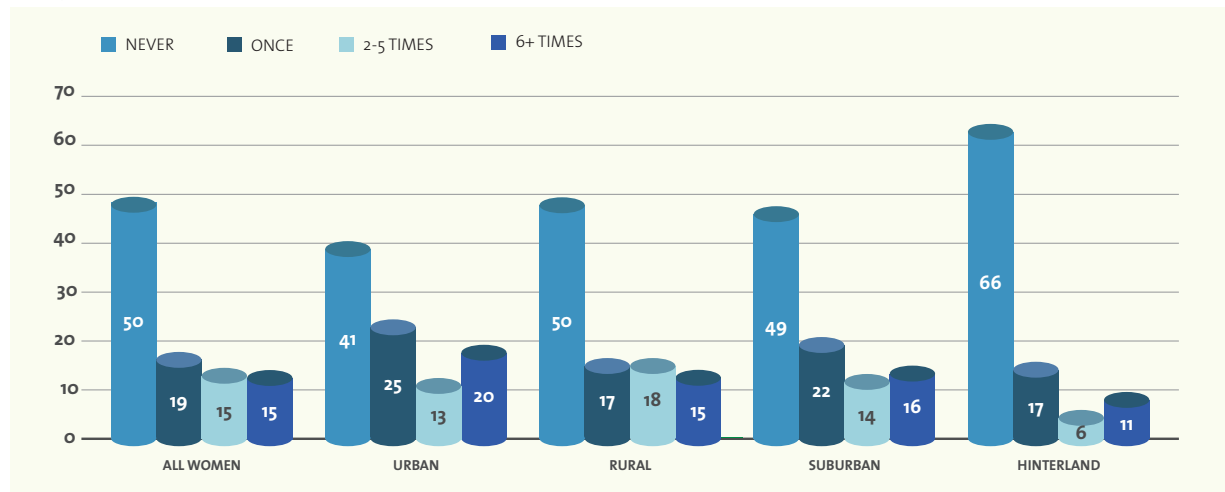
Fighting Back

Overall, half of women who experienced violence from their partners said they had fought back at least once. Among those who fought back, equal shares reported doing so a few times or many times (15 per cent), while slightly more only fought back once (19 per cent). Proportions of women who reported fighting back varied by location, though the differences are not statistically significant. Nearly 60 per cent of urban women reported fighting back at least once, while two-thirds women in the hinterland said they never did (see Figure 4.29).

Results of retaliation

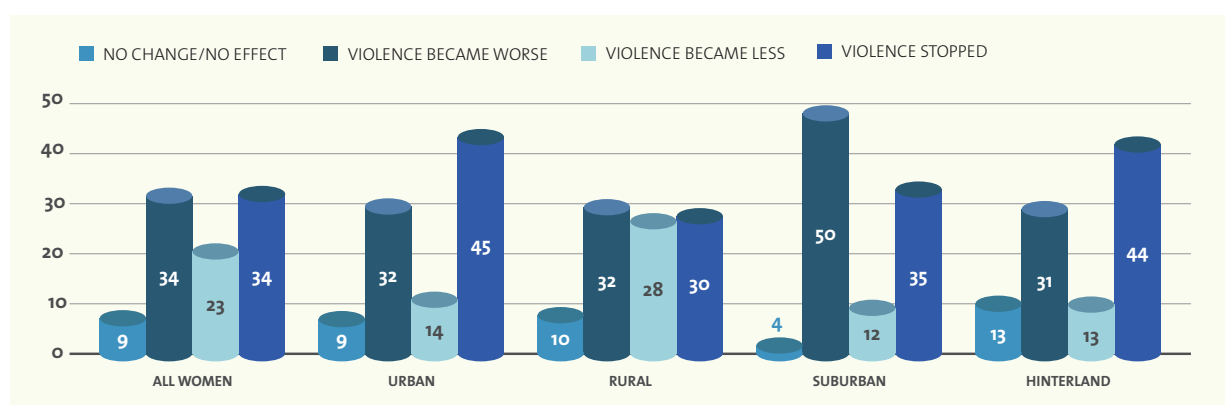
Although more than half (57 per cent) of women who fought back reported that the violence decreased (23 per cent) or stopped (34 per cent) afterwards, 34 per cent reported that the violence became worse. Results of fighting back also varied by location, although the differences are not statistically significant. Among suburban women, 50 per cent reported that violence from their partners increased after they fought back, while nearly as many urban women (46 per cent) said the violence stopped (see Figure 4.30).

FIGURE 4.29:
FREQUENCY OF FIGHTING BACK AMONG WOMEN WHO HAVE EXPERIENCED PHYSICAL AND/OR SEXUAL IPV



* Chi square statistic significant at $p < 0.05$

FIGURE 4.30:
CHANGES IN IPV IN RESPONSE TO RETALIATION, AMONG WOMEN WHO REPORTED FIGHTING BACK

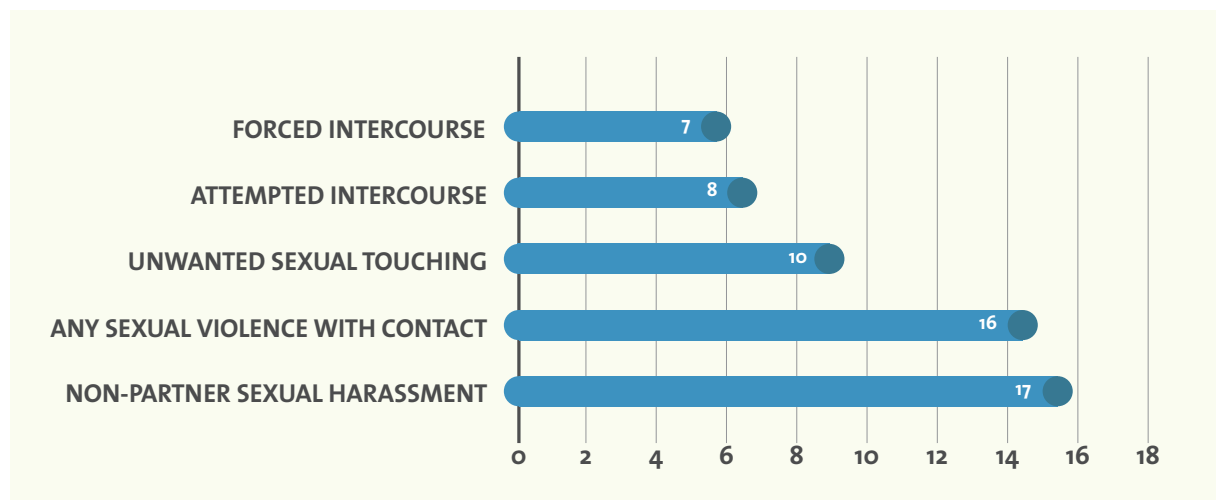


* Chi square statistic significant at $p < 0.05$



CHAPTER 5: NON-PARTNER SEXUAL VIOLENCE AGAINST WOMEN AND GIRLS

FIGURE 5.1:
PREVALENCE OF ACTS OF NPSV EVER EXPERIENCED BY WOMEN AGED 15 TO 64



Women in Guyana, as everywhere, are also at risk of experiencing sexual violence from non-partners, such as family, friends, community members or strangers. Non-partner sexual violence (NPSV) includes (but is not limited to) forced or attempted forced intercourse (rape), unwanted sexual touching and sexual harassment.

Prevalence

Among all women aged 15 to 64 who participated in the survey, 16 per cent reported experiencing at least one act of NPSV involving physical contact during their lifetime (including forced and attempted intercourse and unwanted sexual touching), with 2 per cent reporting that this happened within the 12 months preceding the survey. Many (17 per cent) said that they had experienced at least one situation of sexual harassment (see Figure 5.1).

Forced Sexual Intercourse

Seven per cent of respondents reported experiencing forced sexual intercourse during their lifetime. Additional analysis indicated that

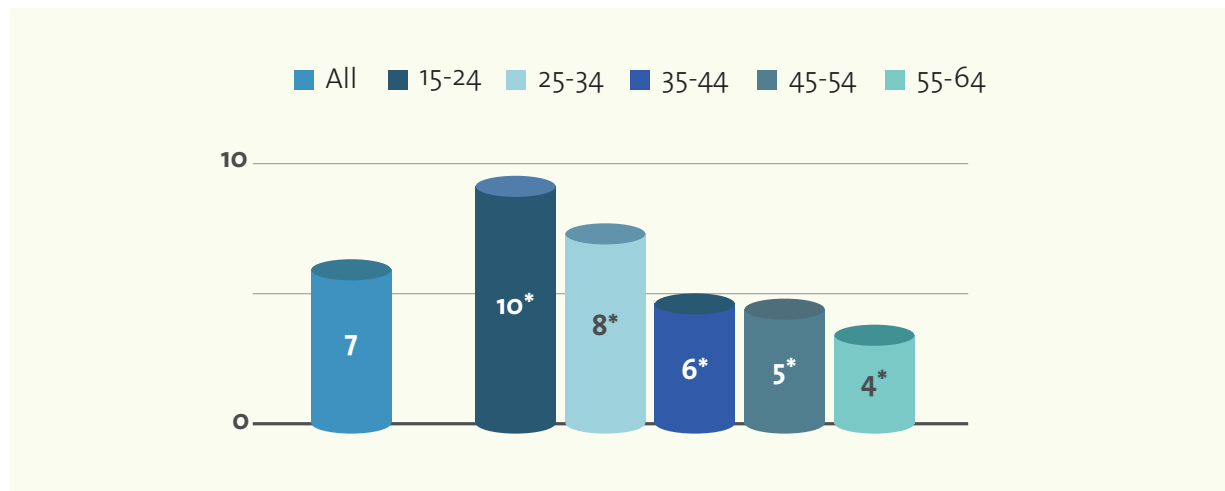
age is associated with statistically significant differences in the rate of some types of NPSV. Adolescent and young adult respondents (aged 15 to 24) reported the highest rate of lifetime non-partner rape at 10 per cent (see Figure 5.2). It is possible that older women have experienced NPSV but are unable to recall the details of their experiences in the more distant past.

Women also reported experiencing attempted (but not completed) forced sexual intercourse and unwanted sexual touching (8 per cent and 10 per cent respectively). Unwanted sexual touching, such as being groped in public spaces, is the most common form of NPSV involving physical contact, occurring at higher rates in every age group and with statistically significant variation among them (see Figure 5.3).

Sexual Harassment and Transactional Sex

Sexual harassment is the most common form of NPSV, reported by 17 per cent of respondents. Young women (15 to 24 years old), suburban women and women with an education beyond secondary reported statistically significant higher rates of

FIGURE 5.2:
PROPORTION OF WOMEN WHO HAVE EXPERIENCED NON-PARTNER FORCED SEXUAL INTERCOURSE, OVERALL AND BY AGE GROUP



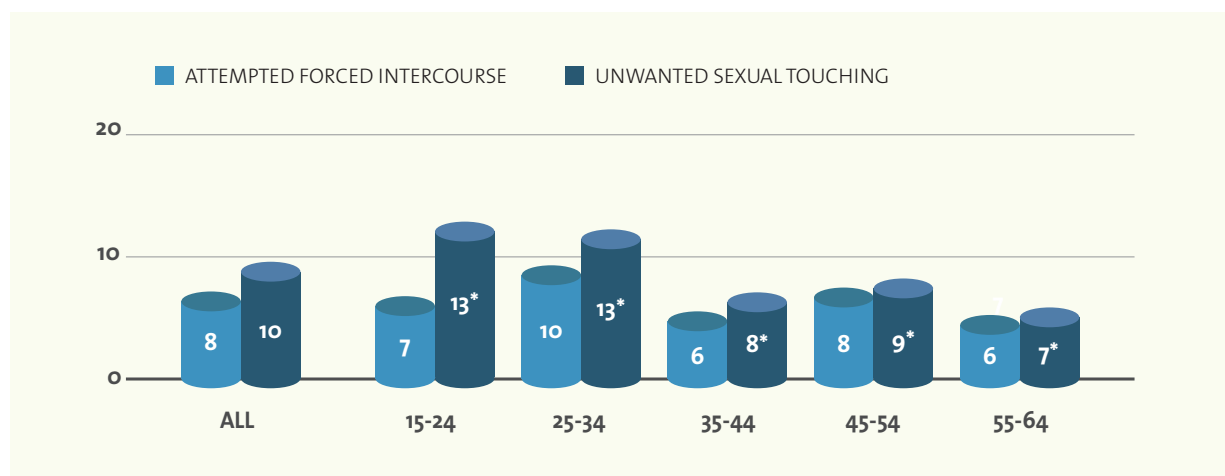
* Chi square statistic significant at $p < 0.05$

sexual harassment than the survey group at large: 28 per cent, 27 per cent, and 30 per cent, respectively, reported receiving unwanted electronic sexual content or discourse (Figure 5.4).

Conversely, transactional sex is the least reported form of NPSV. Only 2 per cent of women reported being asked for sex in exchange for advantages (or avoiding disadvantages) at school or work. As

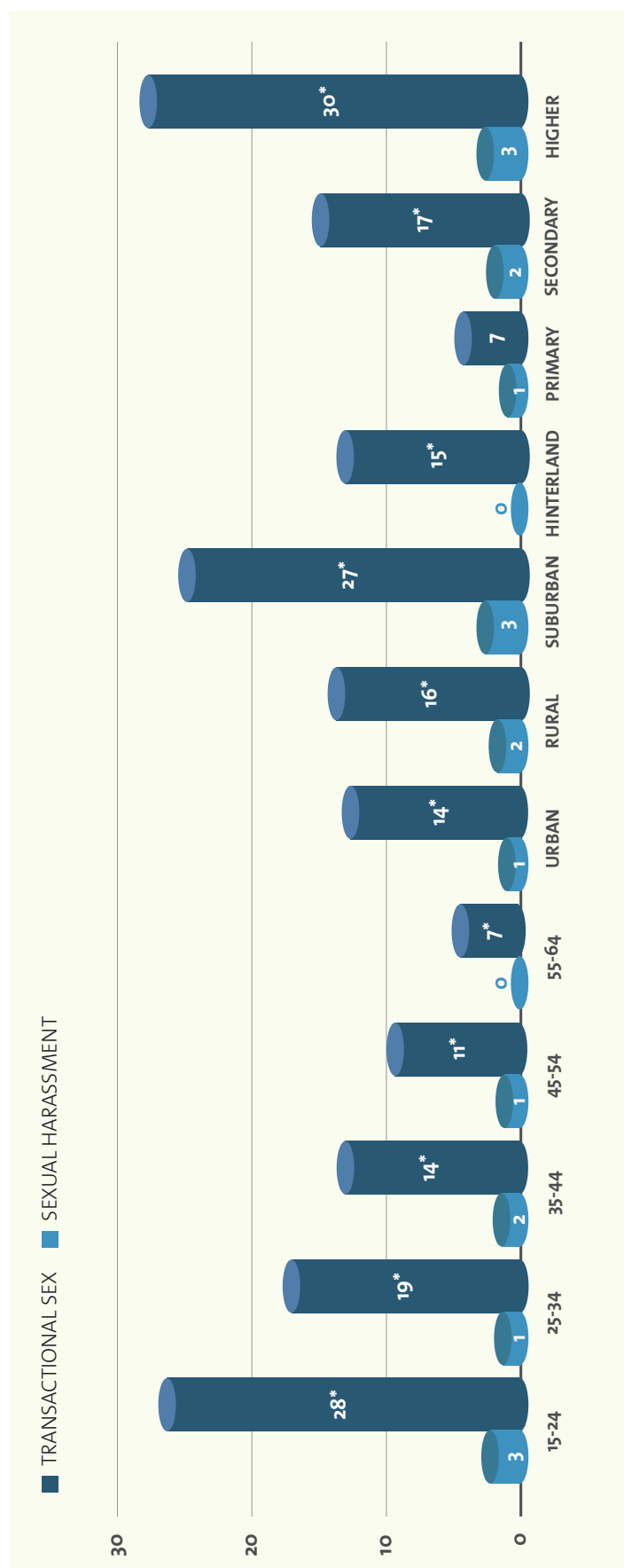
with sexual harassment, young (15 to 24 years old), suburban and more educated women reported experiencing this particular form of violence at a higher rate (3 per cent) than the larger group, though the differences are not statistically significant due to overall low numbers of women reporting transactional sex.

FIGURE 5.3:
PROPORTION OF WOMEN WHO HAVE EXPERIENCED NON-PARTNER ATTEMPTED FORCED SEXUAL INTERCOURSE OR UNWANTED SEXUAL TOUCHING, OVERALL AND BY AGE GROUP



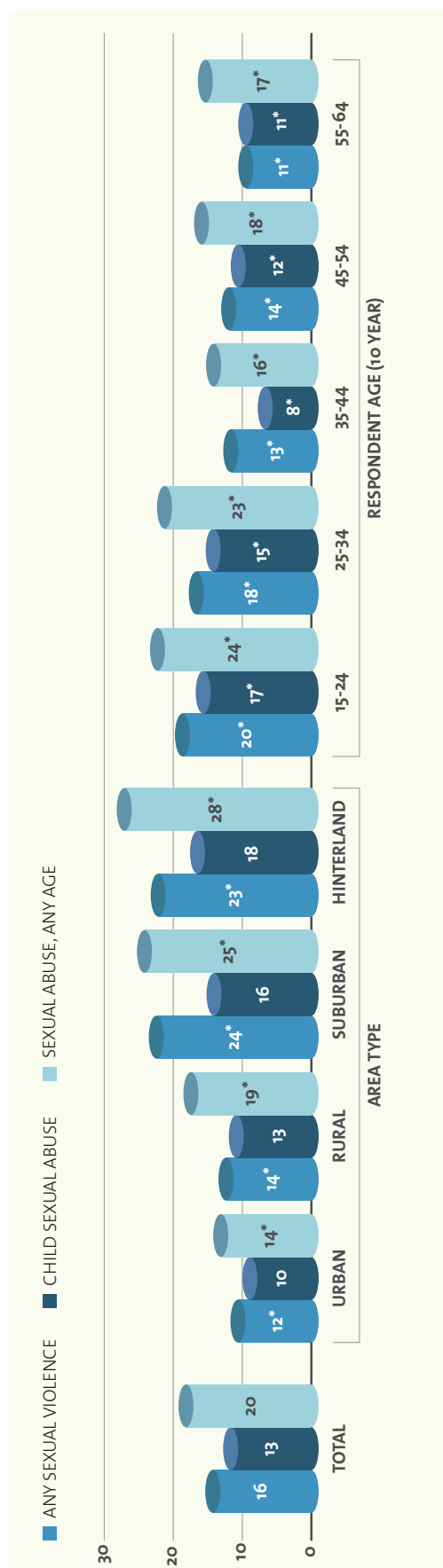
* Chi square statistic significant at $p < 0.05$

FIGURE 5.4:
PROPORTION OF WOMEN WHO HAVE EXPERIENCED SEXUAL HARASSMENT OR TRANSACTIONAL SEX OVERALL AND BY AGE GROUP, LOCATION AND EDUCATION



* Chi square statistic significant at $p < 0.05$

FIGURE 5.5:
PROPORTION OF WOMEN REPORTING ANY SEXUAL VIOLENCE AND SEXUAL ABUSE BEFORE 18 AND AT ANY AGE



* Chi square statistic significant at $p < 0.05$

Sexual Abuse during Childhood

Thirteen per cent of respondents indicated that they had experienced child sexual abuse;¹² 20 per cent experienced sexual abuse at any age. Child sexual abuse tracks with other forms of abuse when separated by location, from 10 per cent in urban settings to 18 per cent in the hinterland, but the differences are not statistically significant (see Figure 5.5).

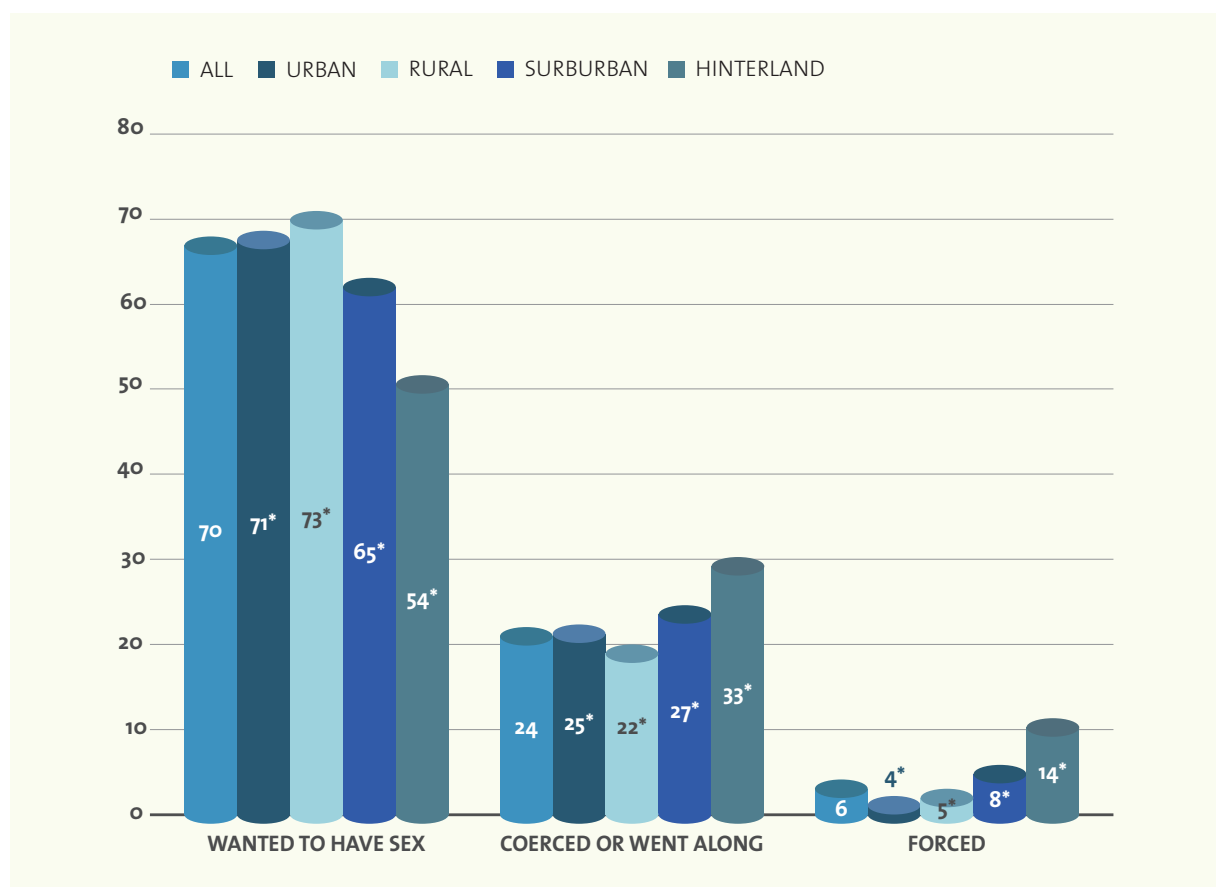
¹² Child sexual abuse was approached in two ways: first, respondents were asked the age at which any act of non-partner sexual abuse took place the first time. Second, all respondents were given a card on which they were asked to indicate whether or not they had ever experienced an act of child sexual abuse, regardless of their verbal answers. These cards were sealed in an envelope by the respondent before being returned to the enumerator for attachment to the survey.

Sexual abuse at any age is statistically significant, however. Overall, women in hinterland communities reported sexual abuse at any age at twice the rate of women in urban settings (28 per cent versus 14 per cent). In the qualitative study, there were victim recollections from adolescence of family support for or facilitation of relationships with older men who could provide needed financial support for the teen and family, which may contribute to higher rates of coerced sexual relationships.

First Sexual Experience

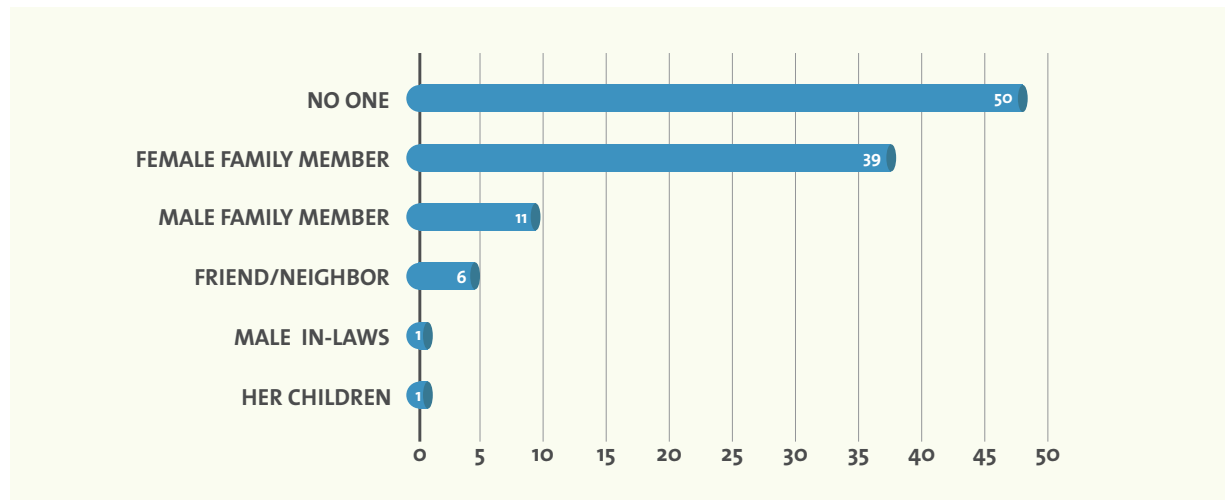
The majority of women — 70 per cent — reported that their first sexual experience was desired and consensual. For the rest, however, the experience

FIGURE 5.6:
PROPORTIONS OF SEXUAL DEBUT CIRCUMSTANCES, OVERALL AND BY LOCATION



* Chi square statistic significant at $p < 0.05$

FIGURE 5.7:
PROPORTION OF WOMEN WHO DISCLOSED NPSV TO DIFFERENT CONFIDANTES



was either coerced (24 per cent) or forced (6 per cent). Women in suburban and hinterland communities reported statistically significant lower rates of consensual sexual debut than the overall proportion (65 and 54 per cent, respectively) as well as the respective higher rates of coercion or force in their first sexual experience (see Figure 5.6). This may also be correlated to economically motivated sexual relationships discussed above.

Responses to Non-partner Sexual Violence

Disclosure

Similar to IPV, half of women who reported experiencing NPSV in the survey had never disclosed the experience to anyone. Among those who did disclose, 50 per cent confided in a female or male family member (see Figure 5.7). Although 36 per cent of women reported being supported by

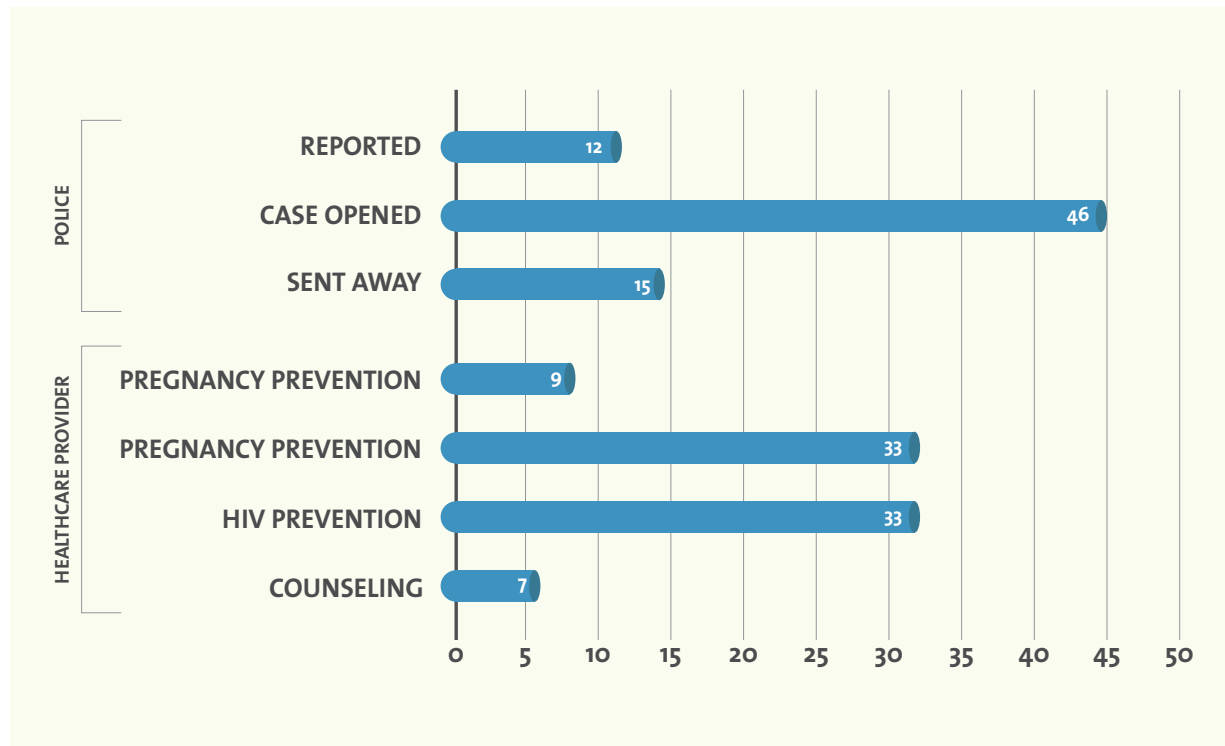
their confidant, only 5 per cent were encouraged to report it to the police.

Help seeking

Few women in Guyana sought help from formal services after a sexual assault. Among women who reported non-partner sexual assault, only 12 per cent reported the incident to the police and 9 per cent sought help from a health provider.

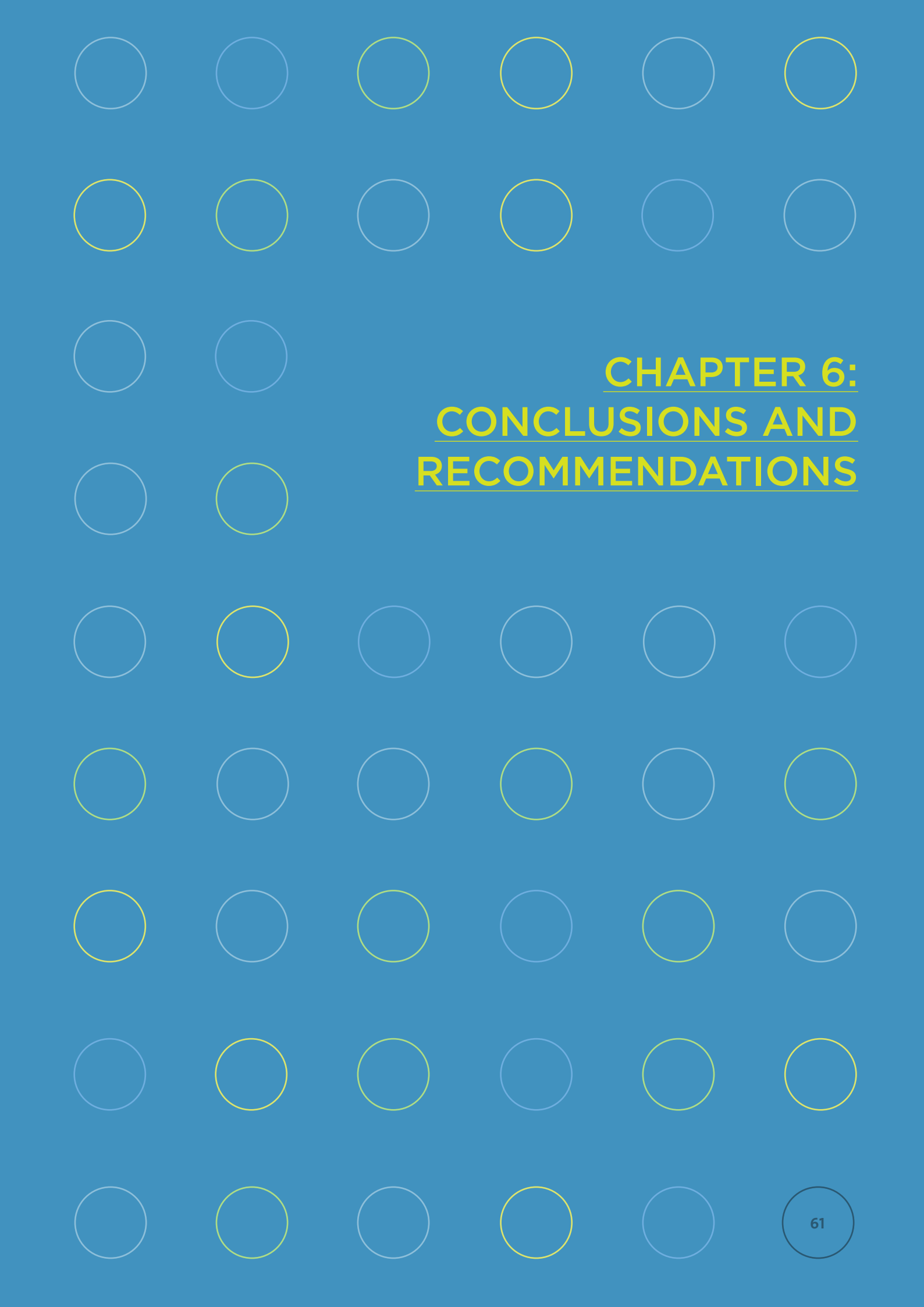
The lack of disclosure to institutional actors may be legitimized by the outcomes of their reports: fewer than half of women reporting assault to the police said a case was opened; only 15 per cent of police reports resulted in conviction. Among women who sought help from a health care provider, only one third were offered treatment for preventing pregnancy or for preventing HIV. Seven per cent received counselling to work through the emotional consequences of the experience (see Figure 5.8).

FIGURE 5.8:
PROPORTION OF WOMEN SEEKING AND RECEIVING INSTITUTIONAL HELP AFTER EXPERIENCING NPSV



These and other experiences are congruent with inconsistencies between institutional policy and responses described in the qualitative study. In the qualitative study, victims and community

members described responses to reporting violence as dependent on the person on duty to receive complaints and that person's beliefs regarding the causes of violence.



CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

As in other regions of the world, violence against women and girls in Guyana is rooted in gender inequality. Like many countries that have codified women's rights, social norms and gender attitudes have remained unchanged, even as women have increased their presence in public life. For this reason, it is necessary to focus on actions that aim to change cultural norms and attitudes that promote inequality. Recommendations include:

1. Adapt Evidence-Based programmes that have been shown to be successful in other areas to the multicultural Guyanese context.

- Review local, regional and global initiatives, including those that target the youth, persons with disabilities and men and boys, that have been demonstrated to change gender attitudes and norms and to decrease IPV in the community.
- Create national prevention programmes, deployed to all areas, to decrease the fragmentation of prevention programmes and to ensure that programme information reaches all sectors and locations with message consistency.
 - Support the transformation of gender norms through educational initiatives in primary, secondary, technical, vocational education and training (TVET), and tertiary level educational institutions.
 - Employ community-based programmes to discuss gender equality and violence in the public sphere.
 - Implement comprehensive school-based interventions aiming to shift attitudes and norms around gender roles.

2. Require that policy at all levels be developed with a gender perspective, particularly in the context of preventing GBV.

- Create and fund an independent national task force for gender-based violence.
 - Create multisector subcommittees (e.g. prevention, response, etc.) to decrease programmatic silos and uneven resource distribution.
 - Make it a policy to include the institutional mechanisms for the advancement of women in all national policy recommendations.

3. Strengthen and expand existing bodies, policies and protocols that seek to address GBV through both prevention and response.

- Create a National Plan of Action to create a time-bound plan to address and decrease violence against women and girls.
- Increase professional education and monitoring of GBV response in all sectors to ensure consistency of service.
 - Finalize legally enforceable guidelines for GBV responders, particularly in investigation, confidentiality and referral protocols.
- Develop resource networks of GBV responders to increase continuity of care between sectors.
 - Create a national information system to share information between sectors and regions.
 - Prioritize GBV response coordination among health care, law enforcement, and social service sectors, and CSOs, particularly in the hinterland.
- Develop community capacity for non-formal supports for victims, including awareness programming; material, social and spiritual support; and multiple entry points to formal sector services.

- 4. Expand protective services, such as shelter systems, to all regions.**
 - o Consider alternatives to traditional shelters to better serve women and their children in all areas.
 - o Reassess hinterland access to magistrates and other legal resources.
- 5. Continue to seek opportunities for further research into the experience of violence, its aftermath and its effects in different settings and cultural groups.**



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ANNEX: SUPPLEMENTAL TABLES

TABLE 1:
PROPORTION OF WOMEN IN EACH DEMOGRAPHIC CATEGORY: GUYANA 2018

		All		Ever partnered	
		N	%	N	%
Total, all women 15-64		1498	100	1391	100
Area Type	Urban	243	16	230	17
	Rural	965	64	893	64
	Suburban	135	9	130	9
	Hinterland	155	10	138	10
Respondent age (5 year)	15-19	131	9	72	5
	20-24	191	13	173	12
	25-29	181	12	177	13
	30-34	163	11	159	11
	35-39	153	10	147	11
	40-44	168	11	166	12
	45-49	158	11	155	11
	50-54	138	9	132	9
	55-59	101	7	98	7
	60-64	114	8	112	8
Educational attainment	Primary/None	357	24	344	25
	Secondary	906	60	823	59
	Higher/Tech/Vocational	235	16	224	16
Ethnicity	African	406	27	378	27
	East Indian	533	36	496	36
	Indigenous/other	174	12	157	11
	Mixed	385	26	360	26
Religion	Hindu/other	448	30	413	30
	Christian	1050	70	978	70
Current partnership status	Never partnered	107	7	0	0
	Currently married	624	42	624	45
	Living with man, not married	361	24	361	26
	Regular partner, living apart	114	8	114	8
	Currently no partner	292	19	292	21
Main activities during past week	Not working	187	12	155	11
	Housewife	550	37	545	39
	Student/retired/other	157	10	115	8
	Office work	245	16	233	17
	Not office work	359	24	343	25

		All		Ever partnered	
		N	%	N	%
Main source of income	No income/pension/social services/other	90	6	76	5
	Income from own work	303	20	282	20
	Support from partner/husband	263	18	260	19
	Equal share self and partner	571	38	570	41
	Support from relatives/friends	271	18	203	15

TABLE II:
PROPORTION OF WOMEN AGREEING WITH STATEMENTS REGARDING GENDER ATTITUDES, AND NORMALIZATION AND JUSTIFICATION OF VIOLENCE: GUYANA 2018

		N	%
Total, all women 15-64		1498	100
Gender Attitudes	It is wife's obligation to have sex with husband	421	28
	Women and men should share authority in the family	1311	88
	A woman's most important role is to take care of her home	1165	78
	It is natural that men should be the head of the family	1243	83
	A wife should always obey her husband even if she disagrees	655	44
	A woman should be able to spend her own money	1237	83
Normalization of Violence	Violence between husband and wife is a private matter	424	28
	A woman should tolerate violence to keep her family together	152	10
	If a woman is raped she has done something careless to put herself in that situation	200	13
	If a woman does not physically fight back, it is not rape	355	24
Justification of Violence	If she goes out without telling him	94	6
	If she neglects the children	252	17
	If she argues with him	87	6
	If she refused to have sex with him	52	3
	If she burns the food	55	4
	If he suspects she has an outside relationship	160	11
	at least one act	344	23

TABLE III:
PREVALENCE OF DIFFERENT CONTROLLING BEHAVIOURS BY PARTNERS DURING LIFETIME, AMONG EVER-PARTNERED WOMEN, GUYANA 2018

		N	%
Ever-partnered women, 15-64		1391	100
Does not permit you to meet your female friends		136	10
Tries to limit your contact with your family of birth		108	8
Insists on knowing where you are at all times		440	32
Gets jealous or angry if you talk with another man		491	35
Frequently accuses you of being unfaithful		235	17
Expects you to ask his permission before seeking health care for yourself		193	14
Does not trust you with money		264	19
Checks your cellphone to see who you have called / who has called you		180	13
At least one controlling behaviour		805	58
Number of acts of controlling behaviour	1	273	20
	2	217	16
	3+	315	23
	none	586	42

TABLE IV:
PREVALENCE OF ALL TYPES OF INTIMATE PARTNER VIOLENCE, GUYANA 2018

	N	%	Lower CL	Upper CL
Ever-partnered women, 15-64	1391	100		
Lifetime economic violence	300	22	19.5	23.8
Lifetime emotional violence	554	40	37.3	42.4
Current emotional violence	236	17	15.1	19.0
Lifetime physical violence	492	35	32.9	37.9
Current physical violence	129	9	7.8	10.9
Lifetime sexual violence	194	14	12.2	15.8
Current sexual violence	56	4	3.1	5.2
Lifetime physical and/or sexual violence	526	38	35.3	40.4
Current sexual and/or physical violence	154	11	9.5	12.8

TABLE V:

PREVALENCE OF DIFFERENT ACTS OF ECONOMIC VIOLENCE BY HUSBANDS/PARTNERS, AMONG EVER-PARTNERED WOMEN, GUYANA 2018

	Lifetime %	Past 12 months %	None %
Ever-partnered women, 15-64 N=1391			
Prohibits her from earning money	7	8	85
Takes away her earnings or savings	2	1	97
Refuses to give her money	5	3	92

TABLE VI:

PREVALENCE OF DIFFERENT ACTS OF EMOTIONAL VIOLENCE BY HUSBANDS/PARTNERS, AMONG EVER-PARTNERED WOMEN, GUYANA 2018

	Lifetime %	Past 12 months %	None %
Ever-partnered women, 15-64 N=1391			
Partner insulted you or made you feel bad about yourself	19	12	69
Partner belittled or humiliated you in front of other people	14	8	78
Partner did things to scare or intimidate you on purpose	13	8	79
Partner verbally threatened to hurt you or someone you care about	13	6	81

TABLE VII:

PREVALENCE OF DIFFERENT ACTS OF PHYSICAL VIOLENCE BY HUSBANDS/PARTNERS, AMONG EVER-PARTNERED WOMEN, GUYANA 2018

	Lifetime %	Past 12 months %	None %
Ever-partnered women, 15-64 N=1391			
Slapped or threw something	23	6	71
Pushed or shoved	14	5	81
Hit with fist or something else	16	4	80
Kicked or dragged	9	2	89
Choked or burned	6	1	93
Threatened with or used weapon	7	2	92

TABLE VIII:
PREVALENCE OF DIFFERENT ACTS OF SEXUAL VIOLENCE BY HUSBANDS/PARTNERS, AMONG EVER-PARTNERED WOMEN, GUYANA 2018

	Lifetime %	Past 12 months %	None %
Ever-partnered women, 15-64 N=1391			
Physically forced to have sexual intercourse when she did not want	8	3	89
Had sexual intercourse because afraid of partner	7	3	91
Forced to perform degrading/humiliating sexual act	3	1	95

TABLE IX:
PREVALENCE OF PHYSICAL, SEXUAL AND PHYSICAL AND/OR SEXUAL PARTNER VIOLENCE, AMONG EVER-PARTNERED WOMEN, GUYANA 2018

		Economic IPV, lifetime (per cent)	Emotional IPV, lifetime (per cent)	Physical IPV, lifetime (per cent)	Sexual IPV, lifetime (per cent)	Physical and/or sexual IPV, lifetime (per cent)
Ever-partnered women, 15-64 N=1391		22	40	35	14	38
Area Type	Urban	16*	46*	33	12	35
	Rural	24*	38*	36	15	38
	Suburban	20*	46*	39	12	40
	Hinterland	17*	34*	34	15	38
Respondent age (10 year)	15-24	21	30*	27*	14	31
	25-34	22	43*	35*	12	37
	35-44	23	39*	37*	13	39
	45-54	20	39*	39*	14	41
	55-64	21	48*	39*	18	41
Educational attainment	Primary/none	27*	39*	40	15	42
	Secondary	22*	38*	34	14	37
	Higher/tech/vocational	13*	49*	33	13	34
Ethnicity	African	15*	45*	35	15	38
	East Indian	26*	34*	32	12	34
	Indigenous/other	19*	31*	33	13	37
	Mixed	23*	47*	41	16	43
Religion	Hindu/other	26*	36*	34	12	36
	Christian	20*	42*	36	15	39

		Economic IPV, lifetime (per cent)	Emotional IPV, lifetime (per cent)	Physical IPV, lifetime (per cent)	Sexual IPV, lifetime (per cent)	Physical and/or sexual IPV, lifetime (per cent)
current partnership status	Currently married	17*	35*	31*	11*	33*
	Living with man, not married	26*	43*	41*	18*	45*
	Regular partner, living apart	11*	42*	33*	11*	34*
	Currently no partner	29*	46*	39*	17*	41*
Main activities during past week	Not working	32*	39*	32	14*	35
	Housewife	28*	34*	36	12*	38
	Student/retired/other	14*	39*	26	8*	28
	Office work	9*	42*	34	13*	36
	Not office work	19*	48*	40	19*	43
Main source of income	No income/pension/social services/other	26*	47*	32*	11*	32*
	Income from own work	20*	50*	42*	19*	45*
	Support from partner/husband	7*	40*	28*	8*	30*
	Equal share self and partner	26*	35*	36*	14*	39*
	Support from relatives/friends	28*	37*	33*	16*	35*
Family support	Yes	20*	39*	33*	13*	36*
	No	30*	49*	51*	21*	53*
Non-consensual relationship	Yes	20	38	33	14	34
	No	22	41	37	14	40
Age at first union	19 or older	19*	39	33*	13*	35*
	18 or younger	28*	44	44*	17*	46*

* Chi square statistic significant at $p < 0.05$

TABLE X:

PREVALENCE OF CURRENT PHYSICAL, SEXUAL AND PHYSICAL AND/OR SEXUAL PARTNER VIOLENCE, AMONG
EVER-PARTNERED WOMEN, GUYANA 2018

		Emotional IPV, last 12 months (per cent)	Economic IPV, last 12 months (per cent)	Physical IPV, last 12 months (per cent)	Sexual IPV, last 12 months (per cent)	Physical and/or sexual IPV, last 12 months (per cent)
Ever-partnered women, 15-64 N=1391		17	11	9	4	11
Area Type	Urban	14	7	5	1*	6*
	Rural	17	12	10	5*	12*
	Suburban	18	12	10	2*	11*
	Hinterland	17	9	9	5*	12*
Respondent age (10 year)	15-24	19	14*	13*	7*	16*
	25-34	20	14*	12*	4*	13*
	35-44	18	12*	9*	4*	12*
	45-54	14	9*	8*	2*	8*
	55-64	13	5*	4*	2*	6*
Educational attainment	Primary/None	17	15*	9*	4	12*
	Secondary	17	12*	11*	4	12*
	Higher/Tech/Vocational	17	4*	4*	4	6*
Ethnicity	African	15	6*	7	3*	8
	East Indian	15	15*	9	2*	10
	Indigenous/other	18	11*	11	5*	14
	Mixed	21	12*	12	6*	14
Religion	Hindu/other	15	14	9	3	11
	Christian	18	10	9	5	11
current partnership status	Currently married	17*	11*	8*	4*	10*
	Living with man, not married	24*	17*	14*	7*	17*
	Regular partner, living apart	18*	6*	8*	4*	8*
	Currently no partner	9*	6*	7*	2*	8*
Main activities during past week	Not working	15	14*	12*	4	12*
	Housewife	17	18*	11*	4	13*
	Student/retired/other	14	3*	10*	3	11*
	Office work	17	4*	4*	3	5*
	Not office work	18	7*	10*	5	11*

		Emotional IPV, last 12 months (per cent)	Economic IPV, last 12 months (per cent)	Physical IPV, last 12 months (per cent)	Sexual IPV, last 12 months (per cent)	Physical and/or sexual IPV, last 12 months (per cent)
Main source of income	No income/pension/social services/other	12	4*	4	0	4*
	Income from own work	17	8*	8	3	9*
	Support from partner/husband	18	3*	8	3	9*
	Equal share self and partner	19	18*	11	5	15*
	Support from relatives/friends	11	10*	9	4	9*
Family support	Yes	16	11	9	4	10*
	No	25	13	13	6	16*
Non- consensual relationship	Yes	18	12	9	5	11
	No	18	11	10	4	11
Age at first union	19 or older	16*	10*	8	4	10
	18 or younger	21*	15*	12	5	14

* Chi square statistic significant at $p < 0.05$

TABLE XI:

PREVALENCE OF ALL TYPES OF INTIMATE PARTNER VIOLENCE, BY PARTNER CHARACTERISTICS: WOMEN'S HEALTH SURVEY GUYANA, 2018

		Economic IPV, lifetime (per cent)	Emotional IPV, lifetime (per cent)	Physical IPV, lifetime (per cent)	Sexual IPV, lifetime (per cent)	Physical and/or sexual IPV, lifetime (per cent)
Ever-partnered women, 15-64 N=1391		22	40	35	14	38
Partner's age	15-24	20	31	24	12	27
	25-34	25	38	37	14	39
	35-44	21	40	35	14	38
	45-54	21	44	38	14	39
	55-64	20	38	38	13	40
	65 and +	24	43	38	17	40
Age difference	Woman is older	24	49*	47*	19	49*
	Partner at most 3 years older	20	38*	31*	13	33*
	Partner 4 to 8 years older	21	38*	32*	12	35*
	Partner at least 9 years older	23	39*	38*	15	41*
Partner's education	No/primary	28*	42	42*	18*	44*
	Secondary	18*	38	32*	12*	35*
	Vocational/higher	12*	39	26*	10*	27*
Partner is working	Yes	21	39	34*	13*	36*
	No	23	45	42*	20*	45*
Partner drinks alcohol at least once a week	Yes	35*	55*	49*	22*	53*
	No	17*	34*	31*	11*	33*
Partner has been involved in a physical fight with another man	Yes	41*	69*	64*	29*	66*
	No	19*	37*	32*	12*	35*
Partner has had another relationship	Yes	38*	61*	55*	27*	59*
	No	17*	34*	30*	10*	32*
Partner has had children with another woman	Yes	36	56	47	20	51
	No	39	64	59	31	62

* Chi square statistic significant at $p < 0.05$

TABLE XII:

PREVALENCE OF CURRENT INTIMATE PARTNER VIOLENCE, BY PARTNER CHARACTERISTICS: WOMEN'S HEALTH SURVEY
GUYANA, 2018

		Emotional IPV, last 12 months (per cent)	Economic IPV, last 12 months (per cent)	Physical IPV, last 12 months (per cent)	Sexual IPV, last 12 months (per cent)	Physical and/or sexual IPV, last 12 months (per cent)
Ever-partnered women, 15-64 N=1391		17	11	9	4	11
Partner's age	15-24	17	10	12*	5	14*
	25-34	20	17	14*	6	16*
	35-44	20	11	10*	4	11*
	45-54	17	11	8*	4	10*
	55-64	11	7	5*	2	7*
	65 and +	12	8	1*	3	4*
Age difference	Woman is older	17	10	11	3	12
	Partner at most 3 years older	17	10	8	3	8
	Partner 4 to 8 years older	17	12	10	5	12
	Partner at least 9 years older	16	14	10	5	12
Partner is working	Yes	17	12*	9	4	11
	No	15	7*	8	3	10
Partner drinks alcohol at least once a week	Yes	29*	19*	17*	8*	20*
	No	13*	8*	6*	3*	8*
Partner has been involved in a physical fight with another man	Yes	42*	24*	29*	13*	31*
	No	14*	10*	7*	3*	9*
Partner has had another relationship	Yes	32*	19*	19*	9*	21*
	No	13*	9*	7*	3*	8*
Partner has had children with another woman	Yes	22*	11*	13	7	15*
	No	36*	23*	22	10	24*

* Chi square statistic significant at $p < 0.05$

TABLE XIII:
LIFETIME PREVALENCE OF ALL TYPES OF INTIMATE PARTNER VIOLENCE BY GENDER ATTITUDES, AND NORMALIZATION AND JUSTIFICATION OF VIOLENCE: WOMEN'S HEALTH SURVEY GUYANA, 2018

		Economic IPV, lifetime (per cent)	Emotional IPV, lifetime (per cent)	Physical IPV, lifetime (per cent)	Sexual IPV, lifetime (per cent)	Physical and/or sexual IPV, lifetime (per cent)
Ever-partnered women, 15-64 N=1391		22	40	35	14	38
Gender Attitudes						
It is wife's obligation to have sex with husband	yes	21	40	36	14	39
	no	22	40	35	14	37
Women and men should share authority in the family	yes	22	39	35	13	37
	no	19	46	38	18	40
A woman's most important role is to take care of her home	yes	24*	39	37*	15*	39*
	no	13*	42	30*	10*	32*
It is natural that men should be the head of the family	yes	22	40	36	14	39
	no	22	41	33	11	34
A wife should always obey her husband even if she disagrees	yes	22	39	35	14	37
	no	21	40	36	14	38
A woman should be able to spend her own money	yes	22	40	36	13*	38
	no	20	39	34	18*	37
Normalization of Violence						
Violence between husband and wife is a private matter	yes	22	39	35	13	38
	no	22	40	35	14	38
A woman should tolerate violence to keep her family together	yes	25	36	38	13	42
	no	21	40	35	14	37
If a woman is raped she has done something careless to put herself in that situation	yes	26	42	41	12	43
	no	21	39	35	14	37
If a woman does not physically fight back, it is not rape	yes	27*	41	39	14	42
	no	20*	39	34	14	37
Justification of Violence						
If she goes out without telling him	yes	30*	37	37	11	40
	no	21*	40	35	14	38
If she neglects the children	yes	25	38	40	16	44*
	no	21	40	34	14	37*
If she argues with him	yes	43*	34	40	10	42
	no	20*	40	35	14	38

		Economic IPV, lifetime (per cent)	Emotional IPV, lifetime (per cent)	Physical IPV, lifetime (per cent)	Sexual IPV, lifetime (per cent)	Physical and/or sexual IPV, lifetime (per cent)
If she refused to have sex with him	yes	34*	30	40	15	43
	no	21*	40	35	14	38
If she burns the food	yes	33*	43	43	16	45
	no	21*	40	35	14	38
If he suspects she has an outside relationship	yes	28*	34	40	14	45
	no	21*	40	35	14	37
At least one act	yes	27*	37	39	15	43*
	no	20*	41	34	14	36*

* Chi square statistic significant at $p < 0.05$

TABLE XIV:
PREVALENCE OF CURRENT INTIMATE PARTNER VIOLENCE, BY GENDER ATTITUDES, AND NORMALIZATION AND JUSTIFICATION OF VIOLENCE: WOMEN'S HEALTH SURVEY GUYANA, 2018

		Emotional IPV, last 12 months (per cent)	Economic IPV, last 12 months (per cent)	Physical IPV, last 12 months (per cent)	Sexual IPV, last 12 months (per cent)	Physical and/or sexual IPV, last 12 months (per cent)
Ever-partnered women, 15-64 N=1391		17	11	9	4	11
Gender Attitudes						
It is wife's obligation to have sex with husband	yes	17	11	8	4	10
	no	17	11	10	4	11
Women and men should share authority in the family	yes	17	11	9	4	11
	no	20	11	13	5	14
A woman's most important role is to take care of her home	yes	18	13*	10*	5*	12*
	no	15	5*	6*	2*	6*
It is natural that men should be the head of the family	yes	17	11	10	4	12*
	no	15	10	7	2	7*
A wife should always obey her husband even if she disagrees	yes	17	11	10	4	12
	no	17	11	8	4	10
A woman should be able to spend her own money	yes	17	11	10	4	11
	no	19	12	8	6	10
Normalization of Violence						
Violence between husband and wife is a private matter	yes	19	12	11	4	13
	no	16	11	8	4	10
A woman should tolerate violence to keep her family together	yes	20	14	13	7	17*
	no	17	11	9	4	10*
If a woman is raped she has done something careless to put herself in that situation	yes	19	15	11	3	14
	no	17	11	9	4	11
If a woman does not physically fight back, it is not rape	yes	18	10	10	5	13
	no	17	12	9	4	10
Justification of Violence						
If she goes out without telling him	yes	17	13	12	5	15
	no	17	11	9	4	11
If she neglects the children	yes	18	16*	14*	6*	18*
	no	17	10*	8*	4*	10*

		Emotional IPV, last 12 months (per cent)	Economic IPV, last 12 months (per cent)	Physical IPV, last 12 months (per cent)	Sexual IPV, last 12 months (per cent)	Physical and/or sexual IPV, last 12 months (per cent)
If she argues with him	yes	17	21*	16*	4	18*
	no	17	11*	9*	4	11*
If she refused to have sex with him	yes	21	19	19*	6	23*
	no	17	11	9*	4	11*
If she burns the food	yes	16	22*	12	8	18
	no	17	11*	9	4	11
If he suspects she has an outside relationship	yes	17	14	14	6	17*
	no	17	11	9	4	10*
At least one act	yes	18	16*	13*	6*	16*
	no	17	10*	8*	3*	9*

* Chi square statistic significant at $p < 0.05$

TABLE XV:

LIFETIME PREVALENCE OF ALL TYPES OF INTIMATE PARTNER VIOLENCE BY PARTNER'S CONTROLLING BEHAVIOUR:
WOMEN'S HEALTH SURVEY GUYANA, 2018

		Economic violence by a partner, lifetime (per cent)	Emotional violence by a partner, lifetime (per cent)	Physical violence by a partner, lifetime (per cent)	Sexual violence by a partner, lifetime (per cent)	Physical and/or sexual violence by a partner, lifetime (per cent)
Ever-partnered women, 15-64 N=1391		22	40	35	14	38
Does not permit you to meet your female friends	yes	51*	80*	70*	40*	74*
	no	18*	35*	32*	11*	34*
Tries to limit your contact with your family of birth	yes	54*	76*	70*	35*	74*
	no	19*	37*	32*	12*	35*
Insists on knowing where you are at all times	yes	34*	54*	48*	24*	52*
	no	16*	33*	29*	9*	31*
Gets jealous or angry if you talk with another man	yes	35*	58*	53*	24*	57*
	no	14*	30*	26*	8*	28*
Frequently accuses you of being unfaithful	yes	48*	77*	69*	33*	72*
	no	16*	32*	29*	10*	31*
Expects you to ask his permission before seeking health care for yourself	yes	41*	56*	54*	27*	58*
	no	18*	37*	32*	12*	35*
Does not trust you with money	yes	36*	55*	48*	19*	51*
	no	18*	36*	32*	13*	35*
Checks your cellphone to see who you have called / who has called you	yes	43*	63*	58*	31*	61*
	no	18*	36*	32*	11*	34*
At least one controlling behaviour	yes	30*	51*	46*	19*	48*
	no	10*	25*	21*	6*	23*
Number of acts of controlling behaviour	none	10*	25*	21*	6*	23*
	1	18*	38*	32*	11*	34*
	2	24*	42*	39*	11*	41*
	3+	45*	68*	62*	32*	66*

* Chi square statistic significant at $p < 0.05$

TABLE XVI:

PREVALENCE OF CURRENT INTIMATE PARTNER VIOLENCE, BY PARTNER'S CONTROLLING BEHAVIOUR: WOMEN'S HEALTH SURVEY GUYANA, 2018

		Emotional IPV, last 12 months (per cent)	Economic IPV, last 12 months (per cent)	Physical IPV, last 12 months (per cent)	Sexual IPV, last 12 months (per cent)	Physical and/or sexual IPV, last 12 months (per cent)
Ever-partnered women, 15-64 N=1391		17	11	9	4	11
Does not permit you to meet your female friends	yes	24*	43*	29*	15*	31*
	no	10*	14*	7*	3*	9*
Tries to limit your contact with your family of birth	yes	26*	44*	30*	13*	33*
	no	10*	15*	8*	3*	9*
Insists on knowing where you are at all times	yes	18*	27*	19*	8*	21*
	no	8*	12*	5*	2*	6*
Gets jealous or angry if you talk with another man	yes	18*	29*	19*	9*	22*
	no	7*	10*	4*	2*	5*
Frequently accuses you of being unfaithful	yes	26*	46*	31*	13*	34*
	no	8*	11*	5*	2*	6*
Expects you to ask his permission before seeking health care for yourself	yes	21*	30*	21*	11*	24*
	no	10*	15*	7*	3*	9*
Does not trust you with money	yes	19*	30*	18*	7*	20*
	no	9*	14*	7*	3*	9*
Checks your cellphone to see who you have called / who has called you	yes	22*	35*	25*	14*	29*
	no	9*	14*	7*	2*	8*
At least one controlling behaviour	yes	15*	25*	14*	6*	17*
	no	5*	6*	2*	1*	3*
Number of acts of controlling behaviour	none	5*	6*	2*	1*	3*
	1	9*	13*	5*	2*	6*
	2	12*	20*	11*	4*	13*
	3+	23*	38*	25*	12*	30*

* Chi square statistic significant at $p < 0.05$

TABLE XVII:
PREVALENCE OF CURRENT INTIMATE PARTNER VIOLENCE, BY PARTNER'S CONTROLLING BEHAVIOUR: WOMEN'S HEALTH SURVEY GUYANA, 2018

		Physical and/or sexual IPV, lifetime (per cent)	Physical and/or sexual IPV, last 12 months (per cent)
Ever-partnered women, 15-64 N=1391		38	11
Her mother was hit by mother's husband	yes	50*	16*
	no	33*	9*
Women beaten in childhood	yes	51*	17*
	no	34*	10*
She was insulted or humiliated as a child	yes	51*	18*
	no	34*	9*
Partner's mother was hit by mother's husband	yes	62*	28*
	no	35*	9*
Partner was hit as a child	yes	50*	21*
	no	35*	9*

* Chi square statistic significant at $p < 0.05$

TABLE XVIII:
GENERAL HEALTH PROBLEMS REPORTED AMONG EVER-PARTNERED WOMEN, ACCORDING TO WOMEN'S EXPERIENCE OF PHYSICAL AND/OR SEXUAL INTIMATE PARTNER VIOLENCE, OVERALL AND BY AREA TYPE: WOMEN'S HEALTH SURVEY GUYANA, 2018

		All		Urban		Rural		Suburban		Hinterland	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Ever-partnered women, 15-64 N=1391											
Fair, poor and very poor of health	yes	30*	19*	26	20	29*	18*	42*	21*	33	21
	no	70*	81*	74	80	71*	82*	58*	79*	67	79
Some/many problems walking	yes	19*	10*	16*	7*	19*	12*	27*	10*	15*	5*
	no	81*	90*	84*	93*	81*	88*	73*	90*	85*	95*
Some/many problems with performing usual activities	yes	18*	8*	18*	9*	18*	8*	29*	14*	10	6
	no	82*	92*	83*	91*	82*	92*	71*	86*	90	94
Some/many problems of pain	yes	48*	31*	53*	23*	44*	32*	54*	36*	58*	35*
	no	52*	69*	48*	77*	56*	68*	46*	64*	42*	65*
Some/many problems with memory or concentration	yes	24*	12*	26*	13*	22*	11*	31	22	27*	6*
	no	76*	88*	74*	87*	78*	89*	69	78	73*	94*

* Chi square statistic significant at $p < 0.05$

TABLE XIX:

MENTAL HEALTH PROBLEMS REPORTED AMONG EVER-PARTNERED WOMEN, ACCORDING TO WOMEN'S EXPERIENCE OF PHYSICAL AND/OR SEXUAL INTIMATE PARTNER VIOLENCE, OVERALL AND BY AREA TYPE: WOMEN'S HEALTH SURVEY GUYANA, 2018

		All		Urban		Rural		Suburban		Hinterland	
Ever-partnered women, 15-64 N=1391		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Suicidal ideation or attempt	yes	24*	7*	18*	5*	25*	7*	35*	9*	19*	5*
	no	76*	93*	83*	95*	75*	93*	65*	91*	81*	95*
Drink alcohol at least once a week	yes	5	3	6	6	4	3	4	3	10	5
	no	95	97	94	94	96	97	96	97	90	95
Use of recreational drugs at least once a week	yes	0	0	0	1	0	0	0	0	0	0
	no	100	100	100	99	100	100	100	100	100	100

* Chi square statistic significant at $p < 0.05$

TABLE XX:
IMPACT OF PARTNER BEHAVIOUR ON INCOME GENERATING ACTIVITIES, ACCORDING TO WOMEN'S EXPERIENCE OF PHYSICAL AND/OR SEXUAL PARTNER VIOLENCE: WOMEN'S HEALTH SURVEY GUYANA,
2018

	All			Urban			Rural			Suburban			Hinterland		
	Physical %	Sexual %	Both %	Physical %	Sexual %	Both %	Physical %	Sexual %	Both %	Physical %	Sexual %	Both %	Physical %	Sexual %	Both %
Ever-partnered women, 15-64 N=1391															
N/A (no work for money) (per cent)	yes	41	41	37	48	0	42	40	45	35	41	100	38	50	43
	no	59	59	63	52	100	58	60	55	65	59	0	62	50	57
Work not disrupted (per cent)	yes	40	48	32	45	50	53	39	55	27	33	0	52	25	36
	no	60	52	68	55	50	47	61	45	73	67	100	48	75	64
Husband/partner interrupted work (per cent)	yes	8	0	10	5	0	5	10	0	12	7	0	3	0	7
	no	92	100	90	95	100	95	90	100	88	93	100	97	100	93
Unable to concentrate (per cent)	yes	12*	10*	31*	10	25	11	13	5	35	15	0	10	25	29
	no	88*	90*	69*	90	75	89	87	95	65	85	100	90	75	71
Unable to work/sick leave (per cent)	yes	6*	0*	14*	7	0	11	7	0	13	4	0	3	0	21
	no	94*	100*	86*	93	100	89	93	100	87	96	100	97	100	79
Lost confidence in own ability (per cent)	yes	5*	7*	17*	5*	50*	11*	6*	0*	16*	7*	0*	3*	0*	7*
	no	95*	93*	83*	95*	50*	89*	94*	100*	84*	93*	100*	97*	100*	93*
Disrupted work in other ways (per cent)	yes	3	3	5	0	0	0	4	0	4	0*	0*	0*	25*	0*
	no	97	97	95	100	100	100	96	100	96	100*	100*	100*	75*	100*

* Chi square statistic significant at $p < 0.05$

TABLE XXI:

CHILDREN'S WELL-BEING AS REPORTED BY EVER-PARTNERED WOMEN WITH CHILDREN 5-12 YEARS OLD , ACCORDING TO WOMEN'S EXPERIENCE OF PHYSICAL AND/OR SEXUAL PARTNER VIOLENCE: WOMEN'S HEALTH SURVEY GUYANA, 2018

		All		Urban		Rural		Suburban		Hinterland	
Ever-partnered women, 15-64 N=1391		Physical and/or Sexual IPV									
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Nightmares	yes	14*	7*	13	0	13*	6*	19	0	12	19
	no	86*	93*	88	100	87*	94*	81	100	88	81
Bedwetting	yes	21*	14*	19	14	25*	12*	25	8	8	23
	no	79*	86*	81	86	75*	88*	75	92	92	77
Child quiet / withdrawn	yes	12	10	13	4	13	11	6	17	8	8
	no	88	90	88	96	87	89	94	83	92	92
Child aggressive	yes	18	13	6	7	26	15	13	0	4	12
	no	82	87	94	93	74	85	88	100	96	88
Child has run away	yes	3	2	0	4	4	2	0	0	0	0
	no	97	98	100	96	96	98	100	100	100	100
Child dropped out of school	Total	100	100	100	100	100	100	100	100	100	100
	yes	3	1	0	0	3	1	0	0	9	4
	no	97	99	100	100	97	99	100	100	91	96
Child had to repeat school	yes	6	4	8	4	4	3	0	0	13	17
	no	94	96	92	96	96	97	100	100	87	83

* Chi square statistic significant at $p < 0.05$

TABLE XXII:

DISCLOSURE OF IPV AS REPORTED BY VICTIMS OF INTIMATE PARTNER VIOLENCE: WOMEN'S HEALTH SURVEY, GUYANA 2018

Ever-partnered women, 15-64 N=1391		All %	Urban %	Rural %	Suburban %	Hinterland %
No one	yes	29	29	27	33	42
	no	71	71	73	67	58
Friends	yes	23*	26*	25*	25*	4*
	no	77*	74*	75*	75*	96*
Mother	yes	37*	43*	39*	17*	38*
	no	63*	58*	61*	83*	62*
Father	yes	13	13	15	6	10
	no	87	88	85	94	90
Brother or sister	yes	21	25	23	15	10
	no	79	75	77	85	90
Uncle or aunt	yes	5	6	4	8	6
	no	95	94	96	92	94
Husband/partner's family	yes	23	18	26	17	17
	no	77	83	74	83	83
Children	yes	4*	8*	2*	15*	2*
	no	96*	93*	98*	85*	98*
Neighbours	yes	7*	14*	6*	10*	0*
	no	93*	86*	94*	90*	100*
Police	yes	16	23	15	15	12
	no	84	78	85	85	88
Doctor/Health worker	yes	5	6	5	4	4
	no	95	94	95	96	96
Pastor/Religious leader	yes	7	6	8	6	0
	no	93	94	92	94	100
Counsellor	yes	3	5	3	6	4
	no	97	95	97	94	96
NGO/Women's organization	yes	1	0	1	2	0
	no	99	100	99	98	100
Community leader	yes	1	0	1	0	2
	no	99	100	99	100	98
Others	yes	2	0	3	2	0
	no	98	100	97	98	100

* Chi square statistic significant at $p < 0.05$

TABLE XXIII:

SEEKING HELP FOR IPV FROM ANYONE, AS REPORTED BY VICTIMS OF INTIMATE PARTNER VIOLENCE: WOMEN'S HEALTH SURVEY, GUYANA 2018

Ever-partnered women, 15-64 N=1391		All %	Urban %	Rural %	Suburban %	Hinterland %
No one	yes	50*	49*	47*	54*	73*
	no	50*	51*	53*	46*	27*
Friends	yes	9	10	10	6	2
	no	91	90	90	94	98
Mother	yes	20	23	21	10	13
	no	80	78	79	90	87
Father	yes	7	8	8	6	4
	no	93	93	92	94	96
Brother or sister	yes	10*	14*	11*	6*	0*
	no	90*	86*	89*	94*	100*
Uncle or aunt	yes	3	4	2	6	0
	no	97	96	98	94	100
Husband/partner's family	yes	12	10	14	8	6
	no	88	90	86	92	94
Children	yes	1	0	1	2	0
	no	99	100	99	98	100
Neighbours	yes	3	3	4	0	0
	no	97	98	96	100	100
Police	yes	17	18	18	17	12
	no	83	83	82	83	88
Doctor/Health worker	yes	4	0	5	6	0
	no	96	100	95	94	100
Pastor/Religious leader	yes	6	4	7	8	0
	no	94	96	93	92	100
Counsellor	yes	4	6	4	6	4
	no	96	94	96	94	96
NGO/Women's organization	yes	2	3	2	2	0
	no	98	98	98	98	100
Community leader	yes	1	0	1	0	2
	no	99	100	99	100	98
Others	yes	1	1	2	0	0
	no	99	99	98	100	100

* Chi square statistic significant at $p < 0.05$

TABLE XXIV:
SEEKING HELP FOR IPV FROM SERVICE PROVIDERS, AS REPORTED BY VICTIMS OF INTIMATE PARTNER VIOLENCE:
WOMEN'S HEALTH SURVEY, GUYANA 2018

Ever-partnered women, 15-64 N=1391		All %	Urban %	Rural %	Suburban %	Hinterland %
Police	yes	29	34	30	35	17
	no	71	66	70	65	83
Hospital/Health center	yes	15*	14*	14*	31*	8*
	no	85*	86*	86*	69*	92*
Social services	yes	6	4	7	6	2
	no	94	96	93	94	98
Court/Magistrate	yes	9	9	11	10	2
	no	91	91	89	90	98
Hotline	yes	0	0	1	0	0
	no	100	100	99	100	100
Women's Shelter	yes	1	1	1	2	0
	no	99	99	99	98	100
Women's Organization	yes	1	1	1	0	2
	no	99	99	99	100	98
Legal Aid	yes	2	3	2	6	2
	no	98	98	98	94	98
Community Leader	yes	2	0	2	0	6
	no	98	100	98	100	94
Religious Leader	yes	14	14	16	13	8
	no	86	86	84	87	92

* Chi square statistic significant at $p < 0.05$

TABLE XXV:

SERVICE PROVIDERS RESPONSE, AS REPORTED BY VICTIMS OF INTIMATE PARTNER VIOLENCE: WOMEN'S HEALTH SURVEY, GUYANA 2018

Ever-partnered women, 15-64 N=1391		All %	Urban %	Rural %	Suburban %	Hinterland %
Police	yes	71	81	69	72	56
	no	29	19	31	28	44
Hospital/Health center	yes	95*	100*	100*	81*	75*
	no	5*	0*	0*	19*	25*
Social services	yes	80	67	83	67	100
	no	20	33	17	33	0
Court/Magistrate	yes	82	86	81	80	100
	no	18	14	19	20	0
Hotline	yes	50	--	50	--	--
	no	50	--	50	--	--
Women's Shelter	yes	60	100	67	0	0
	no	40	0	33	100	0
Women's Organization	yes	100	100	100	--	100
	no	0	0	0	--	0
Legal Aid	yes	83	100	83	67	100
	no	17	0	17	33	0
Community Leader	yes	90	--	100	--	67
	no	10	--	0	--	33
Religious Leader	yes	87	91	87	71	100
	no	13	9	13	29	0

* Chi square statistic significant at $p < 0.05$

TABLE XXVI:
REASONS FOR LOOKING FOR HELP, AS REPORTED BY VICTIMS OF INTIMATE PARTNER VIOLENCE: WOMEN'S HEALTH SURVEY, GUYANA 2018

Ever-partnered women, 15-64 N=1391		All %	Urban %	Rural %	Suburban %	Hinterland %
Encouraged by friends/family	yes	22	12	26	21	8
	no	78	88	74	79	92
Couldn't endure more	yes	53	58	57	31	46
	no	47	42	43	69	54
Badly injured	yes	19	15	17	31	23
	no	81	85	83	69	77
Threatened or tried to kill her	yes	14	9	16	10	8
	no	86	91	84	90	92
Threatened or hit children	yes	1	0	2	0	0
	no	99	100	98	100	100
Saw that children suffering	yes	14	18	14	10	15
	no	86	82	86	90	85
Thrown out of the home	yes	1	0	2	0	0
	no	99	100	98	100	100
Afraid she would kill him	yes	3	9	1	3	0
	no	97	91	99	97	100
Afraid he would kill her	yes	14	9	17	10	0
	no	86	91	83	90	100
Afraid he would hit her/more violence	yes	25	24	25	21	31
	no	75	76	75	79	69
Other	yes	12	6	11	24	15
	no	88	94	89	76	85

* Chi square statistic significant at $p < 0.05$

TABLE XXVII:

REASONS FOR NOT LOOKING FOR HELP, AS REPORTED BY VICTIMS OF INTIMATE PARTNER VIOLENCE: WOMEN'S HEALTH SURVEY, GUYANA 2018

Ever-partnered women, 15-64 N=1391		All %	Urban %	Rural %	Suburban %	Hinterland %
Don't know / no answer	yes	21	32	18	22	21
	no	79	68	82	78	79
Fear for threats/ consequences/more violence	yes	15	11	14	22	23
	no	85	89	86	78	77
Violence normal, not serious	yes	37	30	41	30	31
	no	63	70	59	70	69
Embarrassed/Ashamed/ afraid would not be believed or would be blamed	yes	15	13	14	17	18
	no	85	87	86	83	82
Believed would not be helped/ know other women not helped	yes	5	0	6	4	5
	no	95	100	94	96	95
Afraid would end relationship	yes	9	2	10	4	10
	no	91	98	90	96	90
Afraid would lose children	yes	4	6	4	9	0
	no	96	94	96	91	100
Bring bad name to family	yes	8	6	8	9	10
	no	92	94	92	91	90
Did not know her options	yes	8	4	8	4	10
	no	92	96	92	96	90
Other	yes	13	13	12	13	18
	no	87	87	88	87	82

* Chi square statistic significant at $p < 0.05$

TABLE XXVIII:

MAIN REASONS FOR LEAVING HOME LAST TIME SHE LEFT, AS MENTIONED BY WOMEN WHO EXPERIENCED PHYSICAL AND/OR SEXUAL PARTNER VIOLENCE AND WHO LEFT HOME: WOMEN'S HEALTH SURVEY, GUYANA 2018

Ever-partnered women, 15-64 N=1391		All %	Urban %	Rural %	Suburban %	Hinterland %
No particular incident	yes	5	0	7	0	0
	no	95	100	93	100	100
Encouraged by friends/her family	yes	14	10	16	14	5
	no	86	90	84	86	95
Could not endure more	yes	66	70	63	71	84
	no	34	30	37	29	16
Badly injured	yes	9	5	11	7	5
	no	91	95	89	93	95
He threatened or tried to kill her	yes	15	15	16	7	11
	no	85	85	84	93	89
He threatened or hit children	yes	2	0	3	0	0
	no	98	100	97	100	100
Saw that children suffering	yes	8	5	9	7	11
	no	92	95	91	93	89
Thrown out of the home	yes	8	0	8	0	21
	no	92	100	92	100	79
Afraid she would kill him	yes	4	0	4	7	5
	no	96	100	96	93	95
Encouraged by organization	yes	1	0	1	0	0
	no	99	100	99	100	100
Afraid he would kill her	yes	14	10	14	21	16
	no	86	90	86	79	84
Other	yes	13	15	12	21	11
	no	87	85	88	79	89

* Chi square statistic significant at $p < 0.05$

TABLE XXIX:

MAIN REASONS FOR RETURNING HOME AFTER LEAVING LAST TIME, AS MENTIONED BY WOMEN WHO EXPERIENCED PHYSICAL AND/OR SEXUAL PARTNER VIOLENCE AND WHO LEFT HOME: WOMEN'S HEALTH SURVEY, GUYANA 2018

Ever-partnered women, 15-64 N=1391		All %	Urban %	Rural %	Suburban %	Hinterland %
Didn't want to leave children	yes	23	8	25	10	28
	no	77	92	75	90	72
Holiness of marriage	yes	7	0	8	0	6
	no	93	100	92	100	94
For sake of family/ children	yes	15	8	17	0	17
	no	85	92	83	100	83
Couldn't support children	yes	9	0	11	0	6
	no	91	100	89	100	94
Loved him	yes	18	23	17	30	11
	no	82	77	83	70	89
He asked her to come back	yes	42*	62*	35*	50*	72*
	no	58*	38*	65*	50*	28*
His family asked her to return	yes	4	0	5	0	6
	no	96	100	95	100	94
Forgave him	yes	24	23	23	40	22
	no	76	77	77	60	78
Thought he would change	yes	22	15	24	30	11
	no	78	85	76	70	89
Threatened her/children	yes	1	0	2	0	0
	no	99	100	98	100	100
Could not stay there (where she went)	yes	7	8	8	0	0
	no	93	92	92	100	100
Violence normal /not serious	yes	1	0	1	10	0
	no	99	100	99	90	100
Children need a father	yes	9	0	12	0	6
	no	91	100	88	100	94
Her family said to return	yes	9	0	12	10	0
	no	91	100	88	90	100
Other	yes	7	8	7	0	11
	no	93	92	93	100	89

* Chi square statistic significant at $p < 0.05$

TABLE XXX:

MAIN REASONS FOR NOT LEAVING HOME, AS MENTIONED BY WOMEN WHO EXPERIENCED PHYSICAL AND/OR SEXUAL PARTNER VIOLENCE AND WHO NEVER LEFT HOME: WOMEN'S HEALTH SURVEY, GUYANA 2018

Ever-partnered women, 15-64 N=1391		All %	Urban %	Rural %	Suburban %	Hinterland %
Didn't want to leave children	yes	29*	13*	31*	48*	32*
	no	71*	87*	69*	52*	68*
Holiness of marriage	yes	9	9	10	0	10
	no	91	91	90	100	90
Didn't want to bring shame on family	yes	3	6	3	4	0
	no	97	94	97	96	100
Couldn't support children	yes	9	11	9	7	6
	no	91	89	91	93	94
Loved him	yes	27	26	27	19	39
	no	73	74	73	81	61
Didn't want to be single	yes	4	4	3	4	6
	no	96	96	97	96	94
Family said to stay	yes	3	0	4	4	3
	no	97	100	96	96	97
Forgave him	yes	24	28	23	15	29
	no	76	72	77	85	71
Thought he would change	yes	11	6	13	15	10
	no	89	94	87	85	90
Threatened her/children	yes	0	0	0	0	0
	no	100	100	100	100	100
Nowhere to go	yes	12	17	11	15	10
	no	88	83	89	85	90
Violence normal / not serious	yes	13	11	14	7	16
	no	87	89	86	93	84
Children need father	yes	11	9	11	19	6
	no	89	91	89	81	94
Other	yes	11	11	10	19	16
	no	89	89	90	81	84

* Chi square statistic significant at $p < 0.05$

TABLE XXXI:

PERCENTAGE OF EVER-PARTNERED WOMEN WHO EVER FOUGHT BACK AND THE EFFECT OF FIGHTING BACK, AS MENTIONED BY WOMEN WHO EXPERIENCED PHYSICAL PARTNER VIOLENCE: WOMEN'S HEALTH SURVEY, GUYANA 2018

Ever-partnered women, 15-64 N=1391		All %	Urban %	Rural %	Suburban %	Hinterland %
Whether ever fought back	Never	50	41	50	49	66
	Once	19	25	17	22	17
	Several (2-5) times	15	13	18	14	6
	Many times	15	20	15	16	11
Results of retaliation	No change/No effect	9	9	10	4	13
	Violence became worse	34	32	32	50	31
	Violence became less	23	14	28	12	13
	Violence stopped	34	45	30	35	44

* Chi square statistic significant at $p < 0.05$

TABLE XXXII:

CHILD ABUSE AND WITNESSING OF IPV: WOMEN'S HEALTH SURVEY, GUYANA 2018

Ever-partnered women, 15-64 N=1391		All %	Urban %	Rural %	Suburban %	Hinterland %
Her mother was hit by mother's husband	Yes	27	24	27	33	26
	No	73	76	73	67	74
Women beaten in childhood	Yes	21*	27*	18*	35*	17*
	No	79*	73*	82*	65*	83*
She was insulted or humiliated as a child	Yes	22*	26*	21*	32*	15*
	No	78*	74*	79*	68*	85*
Partner's mother was hit by mother's husband	Yes	10	8	11	5	7
	No	90	92	89	95	93
Partner was hit as a child	Yes	18*	16*	18*	26*	12*
	No	82*	84*	82*	74*	88*
Children witnessed violence	never	48	54	46	51	50
	once	15	14	14	16	16
	several (2-5)	18	12	19	21	18
	many	19	20	21	12	16

* Chi square statistic significant at $p < 0.05$

TABLE XXXIII:

Prevalence of lifetime and current non-partner violence, sexual abuse, and child sexual abuse among all women, GUYANA 2018

	N	%
Total all women, 15-64	1498	100
Lifetime forced intercourse	103	7
Current forced intercourse	7	0
Lifetime attempted intercourse	114	8
Current attempted intercourse	9	1
Lifetime unwanted sexual touching	152	10
Current unwanted sexual touching	16	1
Lifetime any sexual violence	233	16
Current any sexual violence	26	2
Non-partner sexual harassment	249	17
Current non-partner transactional sex	26	2
Sexual abuse before 18 : card	195	13
non-partner sexual abuse (<>18)	294	20

* Chi square statistic significant at $p < 0.05$

TABLE XXXIV:

Prevalence of non-partner sexual violence by women's characteristics, among all women, GUYANA 2018

		Forced sexual intercourse by a non-partner, lifetime (percent)	Attempted intercourse by a non-partner, lifetime (percent)	Unwanted sexual touching by non-partner, lifetime (percent)	Any sexual violence by a non-partner, lifetime (percent)	Sexual harassment by a non-partner, lifetime (percent)	Non-partner transactional sex, last 12 months (percent)
Total all women, 15-64 N=1498		7	8	10	16	17	2
Area Type	Urban	6	5	9	12*	14*	1
	Rural	6	7	10	14*	16*	2
	Suburban	13	13	13	24*	27*	3
	Hinterland	10	8	11	23*	15*	0
Respondent age (10 year)	15-24	10	7	13*	20*	28*	3
	25-34	8	10	13*	18*	19*	1
	35-44	6	6	8*	13*	14*	2
	45-54	5	8	9*	14*	11*	1
	55-64	4	6	7*	11*	7*	0
Educational attainment	primary/none	7	6	6*	12*	7*	1
	secondary	7	7	10*	15*	17*	2
	higher/tech/vocational	7	14	16*	22*	30*	3
Ethnicity	African	8*	10*	13	19	21	2
	East Indian	3*	4*	5	7	9	1
	Indigenous/other	10*	9*	11	21	14	1
	Mixed	10*	11*	13	22	24	2
Religion	Hindu/other	3	4	6	8	11	2
	Christian	8	9	12	19	19	2
Current partnership status	currently married	5	6	8	12	11	1
	living with man, not married	8	7	9	16	15	2
	regular partner, living apart	17	14	22	35	46	5
	currently no partner	5	9	12	17	18	2
	never partnered	5	6	8	10	17	0
Main activities during past week	Not working	8	7	10	17	22	2
	Housewife	6	5	8	12	11	1
	Student/retired/other	7	9	13	19	17	2
	Office work	9	11	15	21	27	3
	Not office work	6	8	10	15	16	2

		Forced sexual intercourse by a non-partner, lifetime (percent)	Attempted intercourse by a non-partner, lifetime (percent)	Unwanted sexual touching by non-partner, lifetime (percent)	Any sexual violence by a non-partner, lifetime (percent)	Sexual harassment by a non-partner, lifetime (percent)	Non-partner transactional sex, last 12 months (percent)
Main source of income	No income/pension/social services/other	4	10	10	17	12	0
	Income from own work	9	10	12	19	22	2
	Support from partner/husband	5	6	7	11	14	2
	Equal share self and partner	7	7	10	14	12	1
	Support from relatives/friends	7	7	12	18	23	3
Family support	yes	6	7	9	14	16	1
	no	17	15	19	30	19	4
Non consensual relationship	yes	12	11	16	24	27	3
	no	6	7	9	14	14	2
Age at first union	19 or older	7	8	10	15	16	1
	18 or younger	8	7	10	17	15	3

* Chi square statistic significant at $p < 0.05$

TABLE XXXV:

Prevalence of non-partner violence and sexual abuse by women's characteristics, among all women, GUYANA 2018

		Any non-partner sexual violence, lifetime (percent)	Sexual abuse before 18 : card (percent)	Non-partner sexual abuse (<>18) (percent)
Total all women, 15-64 N=1498		16	13	20
Area Type	urban	12*	10	14*
	rural	14*	13	19*
	suburban	24*	16	25*
	hinterland	23*	18	28*
Respondent age (10 year)	15-24	20*	17*	24*
	25-34	18*	15*	23*
	35-44	13*	8*	16*
	45-54	14*	12*	18*
	55-64	11*	11*	17*
Educational attainment	primary/none	12*	13	18
	secondary	15*	13	19
	higher/tech/vocational	22*	13	23
Ethnicity	African	19*	14*	21*
	East Indian	7*	8*	11*
	Indigenous/other	21*	20*	29*
	Mixed	22*	16*	25*
Religion	Hindu/other	8*	9*	13*
	Christian	19*	15*	22*
Current partnership status	currently married	12*	11*	16*
	living with man, not married	16*	13*	20*
	regular partner, living apart	35*	27*	39*
	currently no partner	17*	14*	22*
	never partnered	10*	9*	13*
Main activities during past week	Not working	17*	16	22*
	Housewife	12*	10	16*
	Student/retired/other	19*	17	24*
	Office work	21*	16	24*
	Not office work	15*	12	20*

		Any non-partner sexual violence, lifetime (per cent)	Sexual abuse before 18 : card (per cent)	Non-partner sexual abuse (<>18) (per cent)
Main source of income	No income/pension/social services/other	17	11	18
	Income from own work	19	15	24
	Support from partner/husband	11	10	15
	Equal share self and partner	14	13	19
	Support from relatives/friends	18	15	22
Family support	yes	14*	11*	18*
	no	30*	28*	36*
Non consensual relationship	yes	24*	19*	29*
	no	14*	12*	18*
Age at first union	19 or older	15*	12*	19*
	18 or younger	17*	15*	22*

* Chi square statistic significant at $p < 0.05$

TABLE XXXVI:

Disclosure of rape and confidant reaction: Women's Health Survey, Guyana 2018

		N	%
Total all women, 15-64 N=1498		103	100
Disclosed to	Female member of her family	40	39
	Male member of her family	11	11
	Female member of her in-laws	0	0
	Male member of her in-laws	1	1
	Her child/children	1	1
	Friend/Neighbor	6	6
	Other	1	1
	No one	5 ¹	5 ⁰
Confidant reaction	confidant blamed her	4	4
	confidant supported her	37	36
	confidant was indifferent	4	4
	confidant told her to keep it quiet	6	6
	confidant encouraged her to report to the police	5	5
	confidant had other response	4	4

* Chi square statistic significant at $p < 0.05$



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