

WOMEN'S
HEALTH AND LIFE
EXPERIENCES:
A QUALITATIVE
RESEARCH REPORT
ON VIOLENCE
AGAINST WOMEN
IN GRENADA, 2018



PREPARED BY LEAD RESEARCHER
DR HALIMAH DESHONG

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LIST OF ABBREVIATIONS

| | |
|-----------------|--|
| CARICOM | Caribbean Community |
| CDB | Caribbean Development Bank |
| CEDAW | Convention on the Elimination of All Forms of Discrimination Against Women |
| CID | Criminal Investigation Department |
| COHSOD | CARICOM Council for Human and Social Development |
| DV | Domestic Violence |
| FGD | Focus Group Discussion |
| GBV | Gender-Based Violence |
| GEPAP | Gender Equality Policy and Action Plan |
| GHRO | Grenada Human Rights Organization |
| GNCRC | Grenada National Coalition on the Rights of the Child |
| GNOW | Grenada National Organisation of Women |
| GRENCODA | Grenada Community Development Agency |
| HBV | Honour-Based Violence |
| HFLE | Health and Family Life Education |
| IAGDO | Inter-Agency Group of Development Organizations |
| IGT | Intergenerational Transmission |
| IPH | Intimate Partner Homicide |
| IPV | Intimate Partner Violence |
| IRB | Institutional Review Board |
| KI | Key Informant |
| KII | Key Informant Interview |
| LACC | Legal Aid and Counselling Clinic |



ACKNOWLEDGEMENTS

“Women’s Health and Life Experiences: A Qualitative Research Report on Violence Against Women in Grenada” was completed with the kind support, and commitment to ending gender inequality and gender-based violence (GBV), of UN Women, the Caribbean Development Bank (CDB) and the Caribbean Community (CARICOM) Secretariat. The first of its kind to be carried out in the Caribbean, the report extends on existing research and actions to address GBV, over several decades in the region, by Caribbean feminist and women’s rights activists, researchers, CARICOM member states and development agencies.

Sincere gratitude is extended to the following individuals and organizations/entities for their support in the recruitment of participants, data collection and transcription towards the completion of this research report: Shakey Cornwall, Tyrone Buckmire and Anna St. Juste-Jean of Legal Aid and Counselling Clinic (LACC) in Grenada; Daniele Bobb and Leigh-Ann Worrell; and Anije Lambert and Project Development Consultancy in Guyana. Special thanks are extended to Dr Wendy Grenade for supporting the lead researcher while she was on the ground in Grenada during the data collection phase, and Isiuwa Iyahan (UN Women) for her guidance and good counsel throughout the process of completing this report. In addition, the reviewers must be recognized and thanked for the time they took to read an earlier draft of this report and for providing helpful feedback towards preparation of the final submission.

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Social Development, Housing and Community Empowerment and men in focus group discussions. Particular gratitude is extended to all participants in this study for the time they took to share their perspectives and experiences, thus making this report possible.



EXECUTIVE SUMMARY

Globally, violence against women (VAW) (often used synonymously with the term “gender-based violence” – GBV) continues to be a main threat to the safety and wellbeing of women, girls and those who do not conform to normative expressions of gender and sexuality. GBV occurs in all societies and at various stages of a woman’s life cycle (Terry, 2007). The effects of GBV on women and girls with disabilities, as well as lesbian, gay, bisexual and transgender citizens, underscore how gender intersects with other relations of power – including sexuality, age and ability – in the perpetration and experience of violence. GBV experienced by women and girls, in particular, across various categories, must be understood as involving a range of physical, sexual and psychological harms, as well as a number of controlling and coercive practices in a context that is sustained, produced and reproduced within unequal gender relations and systems.

This ***Women’s Health and Life Experiences: A Qualitative Research Report on Violence Against Women in Grenada*** forms part of a larger study on VAW, the purpose of which is to determine the prevalence of violence against women and girls, specifically in Grenada. In keeping with the quantitative survey, this qualitative component of the ***Women’s Health and Life Experiences*** study has focused on the nature and meanings of and responses to GBV against women in Grenada.

Grenada as a member of the Caribbean Community (CARICOM) and the Organisation of Eastern Caribbean States (OECS) sub-region has developed both a legislative and a policy framework to address GBV. The country has established domestic violence (DV) and revised DV legislation as part of CARICOM and OECS-driven mandates, respectively. There have been revisions to its sexual offences legislation, which now criminalizes marital rape. Established with the support of UN Women, both the country’s Gender Equality Policy and Action Plan and its National Strategic Action Plan to

Reduce Gender-Based Violence represent Grenada’s efforts to consolidate the state’s policy response to gender inequality and GBV. Grenada has also been a beneficiary of a UN Trust Fund grant to address violence against women and girls; was one of the countries targeted for UN Women’s Strengthening State Accountability and Community Action for Ending Gender-Based Violence in the Caribbean project; has seen active civil society engagement on GBV; has benefited from improvements to the law enforcement, healthcare and social services response to GBV; and has registered some success in operationalizing a multi-sectoral response to GBV. However, a number of systemic and ideological challenges in addressing GBV in Grenada remain.

The qualitative component of the ***Women’s Health and Life Experiences*** study was designed to complement the larger survey on prevalence of GBV against women in Grenada, with both studies addressing two specific forms of violence: intimate partner violence (IPV) in heterosexual relationships and non-partner sexual violence (NPSV) against women. Multi-level gender analysis was used in this study to examine qualitative data based on interviews with female survivors of IPV and NPSV, as well as interviews and focus group discussions (FGDs) with key informants (KIs) in law enforcement and the wider criminal justice system, healthcare professionals, social workers, counsellors, psychologists, religious leaders, younger men, older men and representatives of women organizations and other civil society organizations and service groups. The conceptual approach applied accounted for gender as a key relation of power that reproduces inequality but that also operates alongside other relations of power such as age, class and ability in the experience of GBV against women and girls.

This approach to examining the nature and meanings of, and responses to, GBV yielded the following analytical insights:

1. There remains significant social adherence to gendered systems, assumptions and arrangements that support and rationalize IPV and NPSV. FGDs with younger and older men in particular endorsed hierarchies of gender in intimate heterosexual relationships and in the family, as did the sole interview with a male perpetrator of IPV. Specifically, explanations of VAW in heterosexual unions were animated by gendered expectations of care, family, work and women's fidelity. Survivor accounts and those provided by men interviewed indicated disparities between women and men's ability to engage in leisure activities, to be part of social networks and to navigate across and within spaces demarcated as public and private. Whereas men's autonomy in heterosexual unions is taken for granted and normalized, women experience many restrictions in this regard. This is cemented by the normalization of care work and housework as women's work, men's controlling behaviours and the threat and perpetration of men's violence against women. These operate to significantly curtail women's autonomy in violent heterosexual relationships. Men remain committed to unequal arrangements of power based on gender. Explanations of gender identity expression for women and men feature in explanations of why men perpetrate violence against their intimate partners.
2. IPV and NPSV are simultaneously gendered, intergenerational, familial and societal. Participants in the survivor interviews, as well as in interviews and FGDs with KIs across various categories, reported witnessing different forms of GBV perpetrated against women in intimate relationships during childhood. These reports of witnessing violence by, for example, first responders

in law enforcement point to a need to recognize not only the pervasiveness of GBV but also how categories of interview and FGD participants may in fact overlap. Violence against children and IPV witnessed by children, particularly boys, were described as increasing the likelihood of male survivors perpetrating violence against their partner as adults.

3. In terms of the nature and effects of IPV, KIs in healthcare and law enforcement, in particular, expressed concerns about the severity of injuries experienced by women in violent relationships. Police officers also described IPV as repeated over the course of the relationship and acknowledged that most cases were not reported. Survivor accounts corroborated these explanations of IPV as repeated acts with both physical and psychological effects that significantly affect the wellbeing of survivors. Both survivors and KIs noted a range of physical injuries and psychological consequences of violence, which suggests that VAW remains one of the major threats to women's health and wellbeing.
4. Both survivors and KIs highlighted the problem of sexual violence against women in intimate relationships. Explanations of sexual coercion, manipulation or more overt forms of sexual violence appear to rest in men's proprietary attitude towards women. Sexual violence in the context of IPV is recognized as a means through which men assert gendered power in intimate unions, with grave consequences to women's physical and psychological health.
5. Acts and explanations of IPV are presented and rationalized in gendered ways. Men are regarded as far more proficient in their use of violence. This use is presented as necessary to restore and maintain hierarchical

gendered order within relationships and in families. In addition to these gendered ways of representing men's violence, key rationalizations circulate to explain, justify and sometimes excuse IPV. These allow men to deflect responsibility for violence onto women, substances and circumstances. They include reference to substance misuse, infidelity and jealousy, decision-making in relation to children, household chores and family finances. Moreover, rationalizations are animated by the very gendered relations of power that continue to perpetuate the problem of GBV.

6. There were significant reports of NPSV in the form of child sexual abuse, with fewer reports of rape against adult women by a non-partner. Survivors of child sexual abuse reported that perpetrators were male relatives, in-laws, neighbours or friends of the family. The levels and nature of sexual violence in these accounts provide serious cause for concern with regard to how exposed girls are to extreme forms of sexual exploitation. These reports of child sexual abuse support findings from earlier research in the Caribbean that found high levels of sexual violence against girls. Survivors disclosed that perpetrators threatened them, and that they sometimes did not report the violence because of these threats, as well as the experience of shame. The effects of sexual violence against children continue to be experienced in adulthood. The intersections of gender, sexuality and (in the case of children) age operate to support NPSV against women and girls.
7. While service provision and inter-sectoral collaboration in the work to prevent and respond to IPV and NPSV have improved, survivors and KIs pointed to a number of challenges in this regard. KIs in healthcare,

law enforcement, the Ministry of Social Development, Housing and Community Empowerment and civil society reported an improved working relationship across ministries and services for survivors and perpetrators of GBV. They spoke of inter-sectoral provision of services and collaboration, leading to an improved response to IPV and NPSV. They also highlighted development agency assistance, specifically the awarding of a UN Trust Fund grant to end VAW and UN Women's Strengthening State Accountability and Community Action for Ending Gender-Based Violence in the Caribbean project, as significant in supporting the improvement of services. The emergence of a DV Unit (which later became the GBV Unit) in the Ministry of Social Development, Housing and Community Empowerment and the Special Victim's Unit in the Royal Grenada Police Force was highlighted as a major step toward addressing GBV at the level of the state. These entities, along with a range of socio-legal services offered by the Legal Aid and Counselling Clinic, were described as significant in providing services for survivors and perpetrators of IPV and NPSV. However, insufficient personnel to support the psychosocial needs of survivors and the need for increased resources to facilitate women's desire to exit violent relationships were identified as gaps. There were also mixed responses on the role of law enforcement in addressing IPV and NPSV. Some KIs in interviews and FGDs reported that police responses to GBV had improved, pointing to training supported by UN Women as responsible for the changes in police approaches. However, some survivors reported an inconsistent and inadequate response to GBV by police officers.

There is a need to address underlying assumptions about gender, sexuality, age and other categories of difference that produce and maintain the conditions under which GBV persists. While evidence-informed programming offers a major means through which to ensure accountability on behalf of the state, this needs to be accompanied by work that aims to shift ideological commitments to unequal relations of power based on gender and other forms of difference. Given that a significant proportion of IPV and NPSV remains unreported, the role of communities in preventing and responding to VAW needs to be more fully explored. This report shows that eliminating GBV requires addressing the overt and underlying ideological, systemic, institutional and attitudinal commitment to uneven gender relations at the level of the individual, relationship, family, community, society and state. To demonstrate, the main report applies a detailed critical gender analysis to the qualitative data generated.



1. BACKGROUND AND INTRODUCTION

Caribbean societies have consistently grappled with high levels of violence occasioned by histories of settler colonialism and enslavement, economic precariousness and attendant race, class and gendered cleavages. While it is important to situate gender-based violence (GBV) within this broader pattern of historical violence, it is equally necessary to interrogate the gendered relations of power out of which such violence emerges. Over several decades of regional and global research and activism, GBV has come to be known as the most overt manifestation of gendered inequality, which disproportionately affects women, girls and those who do not conform to normative expressions of gender and sexuality/gender-nonconforming citizens. It is for this reason that prevention strategies and explanations of and responses to GBV need to be grounded in critical multi-level gender analysis.

National, regional and global work to address the effects of and responses to GBV must be understood in the context of a number of historical and contemporary arrangements, based on gender, race, class, ability, age and location, among others. For example, in early research on domestic violence (DV) in Guyana, Graham Danns and Shiw Parsad (1989) noted that the state responded differently to complaints of intimate partner violence (IPV) made by Afro- and Indo-Guyanese women. The study suggested that Afro-Guyanese women were often seen as fighting with their partner, whereas Indo-Guyanese women were recorded as having experienced violence against women (VAW).

Janet Brice-Baker made similar observations in 1994 in research with African Caribbean and African American women in the US, and as did Eryn O'Neal and Laura Beckman more recently (in 2017) with African American and Latina women in the US. These researchers all found that Black and Latina women were constructed as strong black

and brown emasculating matriarchs who were fighting with their partner, were the cause of the violence perpetrated against them and did not require state support.

Such contrasting constructions of black and brown women in the US and the Caribbean, and Indo-Caribbean women, are found to be equally harmful; with the former regarded as responsible for their own experience of harm in the context of IPV whereas the latter are seen as perpetual victims in need of rescue.

From the 1970s onwards, Caribbean women's rights and feminist activists and development agencies have engaged in actions and advocacy to call attention to GBV as a problem of violence against women and girls (VAWG), as well as to engender change in state and community approaches to GBV and VAWG. In fact, since the 1980s, Anglophone Caribbean governments have become signatories to a number of international conventions to end gender inequality and VAWG. Collectively, these activist, humanitarian, community and state actions have led to legislative and policy changes in terms of how GBV and VAWG are understood and addressed.

Notwithstanding these changes, indicative statistics reveal that levels of GBV and VAWG remain high, with access to justice, remediation and support inconsistent across the Caribbean. This report aligns with the Grenada Women's Health and Life Experiences Survey (WHLES) conducted in 2018. In 2014, with support from the Government of Canada, UN Women and the UN Development Programme (UNDP), in partnership with the Caribbean Community (CARICOM) Secretariat and statistical experts and governments from the region, reviewed the various global models of assessing the prevalence of GBV and agreed with CARICOM to pilot and adopt a CARICOM Model on National Prevalence Surveys on GBV. The CARICOM

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

Grenada was selected as one of several Member States in which this survey was to be piloted, under a partnership between UN Women and the Government of Grenada and co-financed by the Caribbean Development Bank (CDB). Data on the prevalence and nature of and responses to GBV was gathered through the use of the Grenada WHLES. Violence against women in intimate heterosexual relationships was the main form of violence investigated as part of the Grenada WHLES, with some emphasis on how this related to sexual violence outside of the intimate relationship and childhood experiences of violence.

Alongside the Grenada WHLES, this report presents a critical analysis of the qualitative data, assessing the meanings, nature and consequences of IPV and non-partner sexual violence (NPSV), as well as individual, state and community responses to such violence. To complement the prevalence survey on GBV in Grenada, it pays specific attention to IPV against women in heterosexual relationships and NPSV. In particular, it evaluates the meanings, nature and consequences/effects of, and responses to, IPV and NPSV, through a range of interviews with

female survivors, and interviews and focus group discussions (FGDs) with men and key informants in government and civil society in Grenada.

The purpose of this qualitative component is to examine the context in which IPV and NPSV (as a subset of GBV and VAWG) occur, how violence is experienced, the overall meanings attached to violence and state and community responses. In particular, the qualitative component of the GBV research in Grenada focuses on how gender overlaps with other forms of inequality and difference to produce violence. This approach to gender in the study of IPV and NPSV will also be applied to examine responses to GBV in Grenada. Together, the qualitative and quantitative analysis will enable greater appreciation of the complexity of the problem, as well as a basis on which to build evidence-informed policy-making and action.



2. GRENADIAN AND REGIONAL GBV RESPONSE CONTEXT

Caribbean women's and feminist movements have organized in great measure around GBV as a key issue. Addressing GBV in its various manifestations is also central to the work of development agencies devoted to securing gender equality in the region. Prior to the conduct of the National Prevalence Surveys on GBV in the Anglophone Caribbean, there was a dearth of consistently collected and reliable prevalence data on IPV and NPSV. Given that existing legislation across most countries of the Caribbean does not criminalize IPV, and that there is a significant degree of underreporting of both IPV and NPSV, it has been difficult to ascertain the nature and extent of the problem. Official statistics are more reliable in relation to intimate partner homicide (IPH). Figures across the Caribbean suggest women are significantly more likely to be killed by a man in the context of heterosexual unions. Official statistics from Grenada indicate that, between 2012 and 2016, of the 10 victims of IPH, all were women were killed by a male partner (Alexander, 2017).

More has been done by way of sociological qualitative research on IPV and analysis of the legislative framework established in response to GBV in the region. A few studies assessing the nature and meanings of IPV/DV exist across several countries of the region.¹ These have become important in pointing to how men and women rationalize, excuse, externalize and, in general, explain IPV.

The 1980s onwards saw Caribbean governments becoming signatory to a number of conventions and treaties that set a global mandate for ending violence against women. All Member States are signatory to the Convention on the Elimination

of All Forms of Discrimination Against Women (CEDAW) and the Beijing Platform for Action, in which governments commit to ratifying and implementing CEDAW, particularly the recommendations that speak to ending GBV. Between 1995 and 1996, a number of Member States also signed the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women – the Convention of Belém do Pará. A combination of global, regional and national feminist and women's organizing, as well as national commitments to global treaties and conventions, created the conditions for the emergence of a CARICOM-wide initiative to address gender inequality and GBV.

Following the UN's proclamation of, first, International Women's Year in 1975 and, later, the Decade for Women 1975–1985; Caribbean women's involvement in the UN's Commission on Women; research findings of the Women in the Caribbean Project (WICP); and the establishment of regional and national women's desks and later gender machineries, Model Legislation to promote gender equality among Member States emerged in the Caribbean between 1989 and 1991. Such Model Legislation was created on:

- Citizenship
- Domestic Violence
- Equality for Women in Employment
- Equal Pay
- Inheritance
- Maintenance & Maintenance Orders
- Sexual Harassment
- Sexual Offences

It is out of these processes that a series of countries introduced DV Summary Proceeding Acts, and, later, Revised DV Acts.

¹ See Danna and Parsad (1989) on female survivors of DV; Sukhu (2012) on male perpetrators in Trinidad and Tobago; and DeShong (2015, 2017, 2018) on male perpetrators of IPV in Barbados and St. Vincent and the Grenadines and survivors in St. Vincent and the Grenadines.

In 2007, the Organisation of Eastern Caribbean States (OECS) created a draft DV Bill to redress a set of shortcomings identified during a review of the national DV acts that were, at the time, based on the CARICOM Model Legislation. The OECS DV Bill sought to increase child protection by instituting a system of mandatory reporting of violence against children. It provided frontline workers (such as police officers, social workers, teachers and medical professionals) with the ability to intervene and apply for protections on behalf of children and gave police officers the right to apply for protection on behalf of survivors of IPV. It included non-cohabiting intimate partners among those who could seek protections and expanded the definition of DV “to include ‘physical, sexual, emotional or psychological or financial abuse’ and a pattern of behaviour of any kind, the purpose of which is to undermine the emotional and mental wellbeing of a person” (OECS, 2007, 2). It also introduced family courts in some countries where they had not previously existed.

Grenada’s DV Act was first passed in 2001 and revised in 2010. The revisions reflect the amendments suggested under the OECS DV Bill of 2007. Amendments to Grenada’s criminal codes on sexual violence also occurred, in 2012. On 10 June 2014, the Cabinet of Grenada approved its Gender Equality Policy and Action Plan (GEPAP) 2014–2024. The Ministry of Social Development, Housing and Community Empowerment developed the GEPAP with the support of UN Women and the CDB. Part of this development process entailed a situational analysis of current policies, legislation and actions to address GBV by the state. This included reference to the legislative framework for addressing GBV, as outlined in Table 1; the 1999 establishment of the Cedars Home shelter for survivors of IPV and their children; the May 2003 establishment of the Domestic Violence Unit (renamed the Gender-Based Violence Unit in 2013); and the training of magistrates’ clerks and other judicial officers to facilitate applications under the DV Act that did not require the complainant to pursue the cost prohibitive services of a lawyer.

TABLE 1
Legislative framework to address gender-based violence

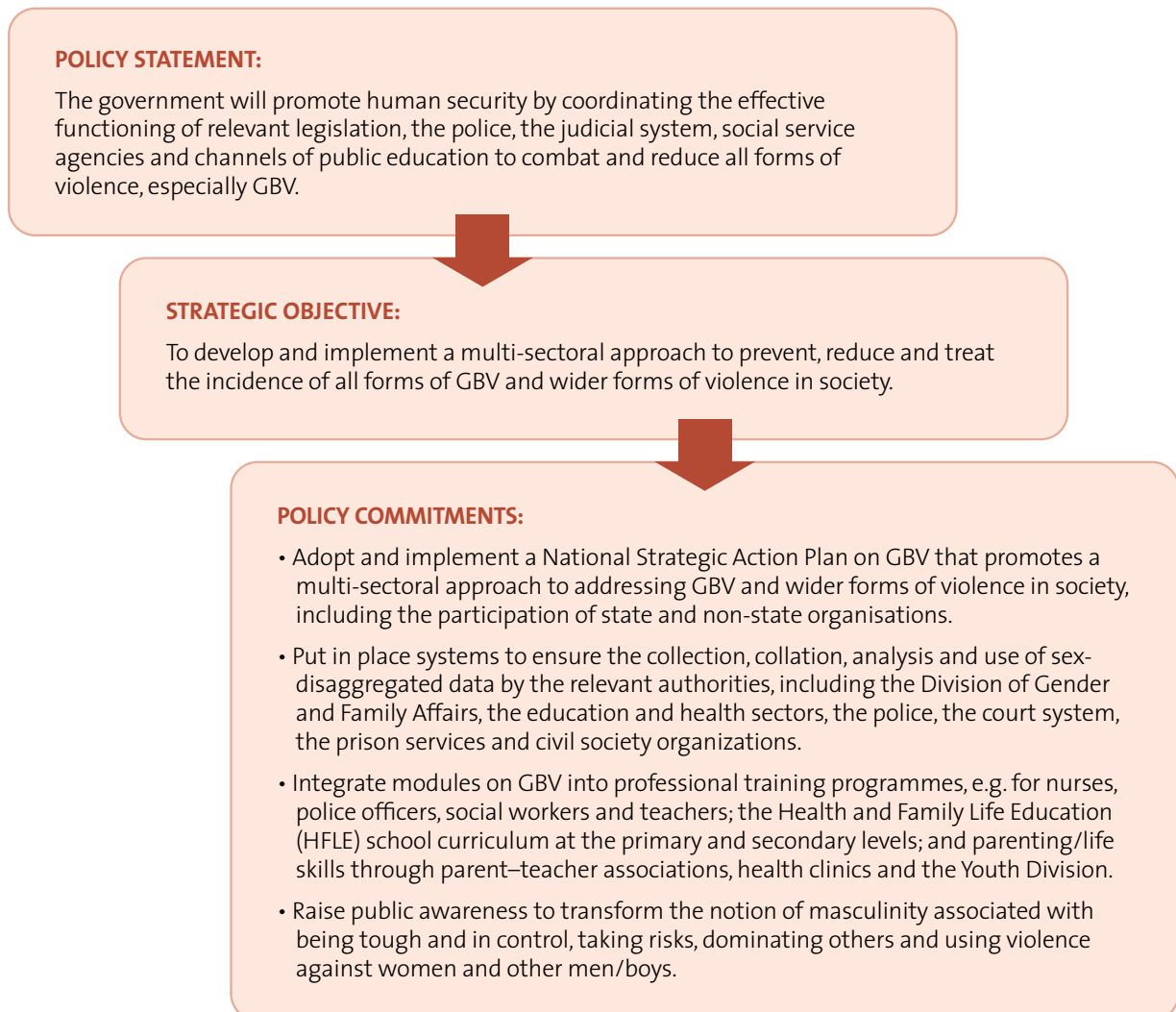
| Form of GBV | Law |
|-------------------------------|---|
| Femicide | Criminal Code (treated equally within the homicide laws). |
| IPV | DV Act (2010) primarily provides civil protection for victims. |
| | Criminal Code provides criminal remedies within provisions on assault, maiming, attempted murder, etc. |
| Sexual violence | Criminal Code identifies the following forms of sexual violence: rape (including marital rape); indecent assault; sexual assault, inducing sexual intercourse by force, duress, etc.; sexual intercourse with a person under 13 years; sexual intercourse with a person under 16 years; sexual intercourse with an imbecile; incest by male; incest by female; sexual intercourse with a stepchild, foster child, ward or dependant; and procuring and permitting or aiding the defilement of a young female or male. It also lists murder committed with rape as capital murder. |
| | DV Act (2010) recognizes this as a form of DV when occurring within a domestic setting, including between intimate partners. |
| | Child (Protection and Adoption) Act (2010) recognizes this as a form of child abuse when committed against a child. |
| Trafficking in persons | Criminal Code and laws relating to immigration. |

Source: Adapted from the GEPAP 2014–2024

In addition, the Royal Grenada Police Force (RGPF) established a Special Victims Unit (SVU) and Hotline. The SVU comprises female Criminal Investigation Department (CID) officers within the RGPF, who respond to cases involving sexual violence, child sexual abuse and IPV. Non-governmental organizations (NGOs) carry out a significant amount of independent and interagency anti-GBV work; these include the Grenada Community Development Agency

(GRENCODA)'s Legal Aid and Counselling Clinic (LACC), Grenada National Organisation of Women (GNOW), Grenada National Coalition on the Rights of the Child (GNCRC), the Inter-Agency Group of Development Organizations (IAGDO) and Grenada Human Rights Organization (GHRO). These groups often partner with regional and international development agencies. Figure 1 outlines the policy framework for addressing GBV as set out in the GEPAP.

FIGURE 1
Policy framework to address GBV outlined in the Grenada GEPAP



An assessment of current responses to IPV and NSPV forms part of the qualitative analysis of GBV in Grenada. This analysis addresses the extent

to which GBV responses are indeed meeting the standards set out in the GEPAP, based on interviews and FGDs with survivors and key informants.



3. OBJECTIVES AND RESEARCH QUESTIONS

3. OBJECTIVES AND RESEARCH QUESTIONS

The qualitative component of the Grenada GBV prevalence study builds on and complements the Grenada WHLES. The survey was administered to

a nationally representative sample. Box 1 presents the objectives of the quantitative component.

BOX 1

GBV quantitative study objectives²

- ✓ To obtain reliable estimates of the prevalence of different forms of violence against women;
- ✓ To assess the extent to which intimate partner violence against women is associated with a range of health and other outcomes;
- ✓ To identify factors that may either protect or put women at risk of intimate partner violence against women;
- ✓ To document and compare the strategies and services used to deal with intimate partner violence;
- ✓ To ensure that the data and results of the study are put to good use and utilized in the different departments and institutions for formulating policies and legislature and other programmes of intervention against gender-based violence, in parallel with the government's National Strategic Action Plan to Reduce Gender-Based Violence, and as part of the broader Citizen Security priorities of Grenada.

Building on the themes covered in and the objectives of the Grenada WHLES, and given the objectives outlined in the terms of reference (TOR),

the following research questions were designed to guide data collection and analysis for the qualitative component of the research.

BOX 2

Qualitative research questions

1. How do women experience intimate-partner violence and non-partner sexual violence?
2. What meanings do participants attach to men's violence in intimate relationships, and sexual violence of non-partners?
3. How do women and men address intimate-partner violence? What help seeking actions do they engage?
4. How do women experience and address non-partner sexual violence?
5. In what ways are women affected by violence (e.g. physical and mental health effects)?
6. How does gender (and its intersections) animate the experiences of and responses to intimate partner and non-partner sexual violence?
7. How do state agents, community and women's rights activists, religious leaders and humanitarian personnel explain the nature of and response to intimate-partner violence and non-partner sexual violence.

2 Objectives drawn from the following terms of reference (TOR): "Team Leader with Subcontracted Research Team to Coordinate the Conducting of the Qualitative Component of the CARICOM Model of a Prevalence Survey on Gender-Based Violence to Support the Implementation of the Grenada Pilot."

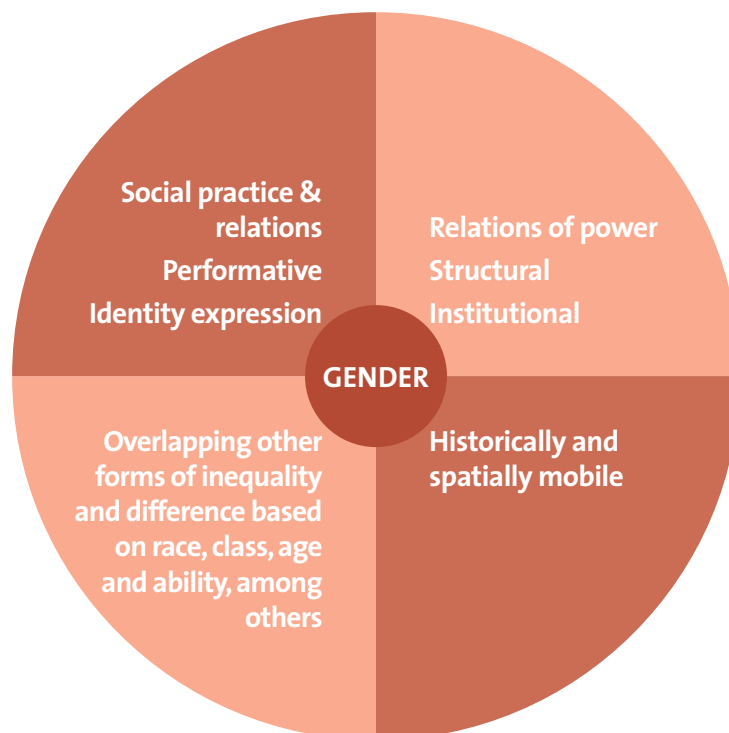
Gender has been theorized and deployed in several feminist and non-feminist frameworks globally as an analytical tool for reading and redressing inequalities facing women and girls. However, as a concept, it is often used in multiple and contradictory ways. A nuanced analysis of GBV in the Caribbean means placing the operation of gender within its socio-historical and socio-cultural context.

Applied as analytical tool for the study of GBV, “gender” signifies structural, institutional, social, community, familial, interpersonal and individual beliefs, practices and arrangements, which often result in uneven outcomes for women, girls and those who do not conform to normative and dichotomous feminine/masculine identity expression. As the earlier example of responses to different groups of women affected by GBV

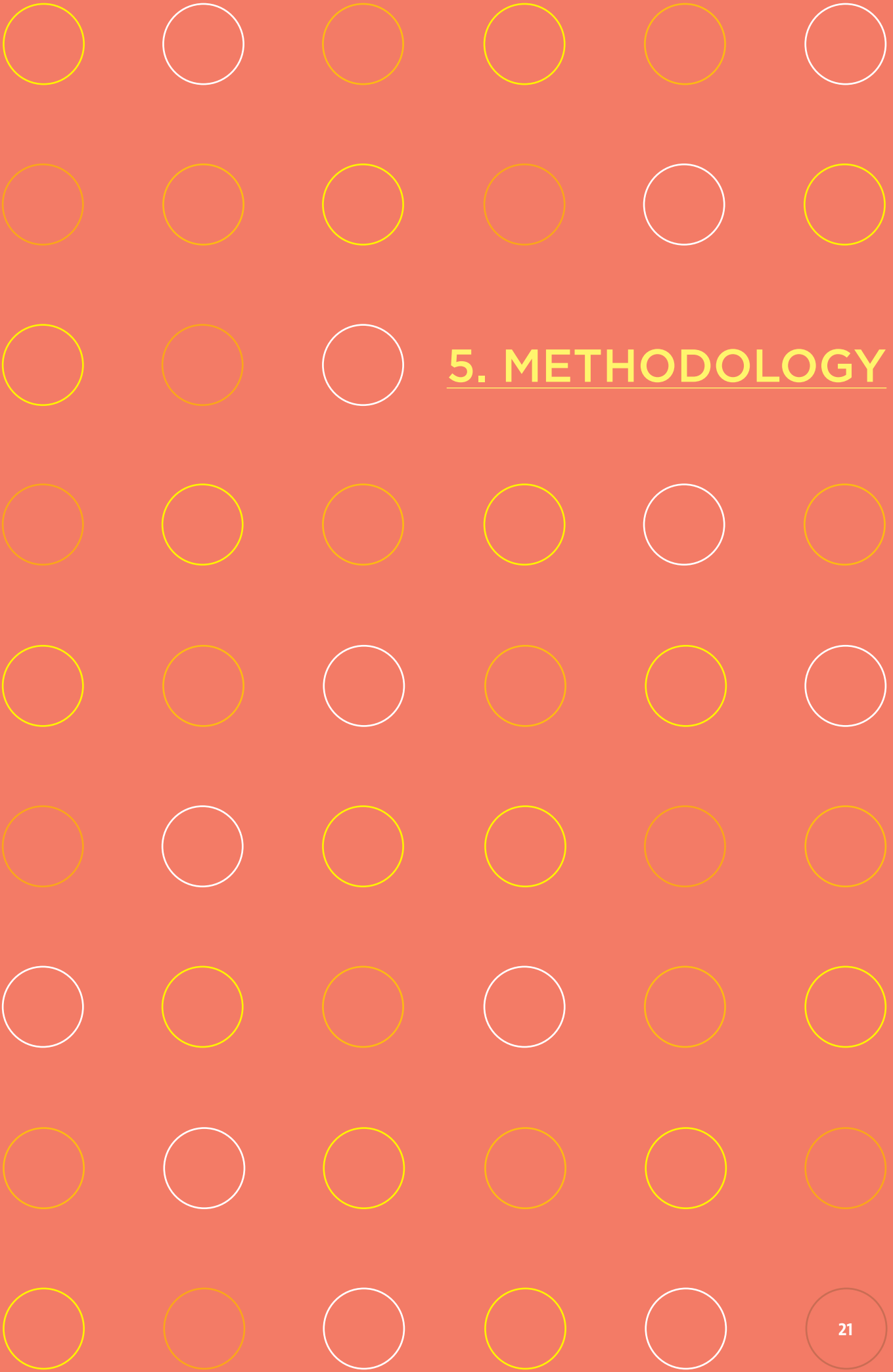
suggests, “gender” does not operate away from other relations of power and difference. In this regard, the racialized and classed history of the Caribbean figures prominently in the emergence of what Barriteau refers to in her early work as “Caribbean gender systems” (Barriteau, 1998). For the purposes of this study, gender is understood as:

- Social practice and relations
- Performative
- A relation of power
- An identity expression
- Structural and institutional
- Overlapping and occurring simultaneously with other forms of inequality and difference and
- Historically and spatially mobile

FIGURE 2
Critical multi-level gender analysis for studying GBV



This qualitative study of GBV in Grenada incorporates this conceptual and complex approach to applying gender as a tool of analysis.



5. METHODOLOGY

5.1. Data collection

This qualitative study assesses the nature and meanings of and responses to IPV and NPSV in Grenada in order to elaborate on the findings of the quantitative results of the Grenada WHLES. Fieldwork for this research commenced in May 2018, once ethical approval had been secured from the Institutional Review Board (IRB) of St. George's University in Grenada. Section 5.3 outlines the IRB process in greater detail.

Data collection took the form of one-on-one interviews with key informants (KIs) involved in GBV response and prevention in state and non-state organizations and female survivors of IPV and NPSV, as well as FGDs with younger and older men, police officers, healthcare workers, community leaders, activists, social workers and counsellors. These specific groups were targeted to make it possible to provide a comprehensive overview of the issues related to IPV and NPSV in Grenada.

Initially, two research assistants in Barbados were secured to support the data collection and transcription process in Grenada. However, once initial inquiries began, it was clear that research support would be required on the ground in Grenada. To this end, research assistance was secured in Grenada to support data collection once IRB approval had been acquired. A research assistant trained in meeting the specific interviewing requirements conducted the survivor interviews. She was chosen because she had certificate training in gender and development and postgraduate training in counselling psychology. A second person was secured to work alongside her to complete five of the seven FGDs.

The lead researcher conducted the 17 key informant interview (KIIs) and the remaining 2

FGDs during the month of July 2018. In total, 17 KIIs, 9 survivor interviews and 2 FGDs had been completed by August 2018. There was a hiatus in data collection during the month of August, given the Carnival celebrations and unavailability of participants. Organizing the FGDs with police officers, healthcare workers, social workers and counsellors proved more difficult than anticipated, which meant that data collection was not completed until December 2018. More detail is given below on the process of data collection and analysis.

5.2. Access and sampling

One-on-one interviews and FGDs were conducted with participants drawn from among the groups listed in Table 2. The approach to sampling was purposive, in order to access people who could provide specific insights to address the main research objectives and questions. Access to participants in qualitative research is greatly reliant on gatekeepers and KIs – and this is certainly also true of qualitative studies on GBV. KIs at LACC in Grenada helped in contacting survivors and KIs (identified in Table 2) to participate in the study. LACC provides both legal and non-legal support in response to a range of problems facing Grenadians. It also provides specific programming and counselling services for those who experience GBV. As part of this work, LACC collaborates with a variety of state agencies and NGOs and civil society organizations (CSOs). For example, it is responsible for the Man-to-Man Batterer Intervention Programme for court-referred male perpetrators of IPV, and it also works with CSOs to support transformation in the lives of female survivors of GBV.

TABLE 2
Summary of sample

| One-on-one interviews | |
|---|----------|
| Survivors (of IPV and NPSV) | 15 |
| KIs <ul style="list-style-type: none"> • Service providers <ul style="list-style-type: none"> ▪ Social workers ▪ Counsellors ▪ Legal aid personnel ▪ Healthcare personnel (including emergency and private healthcare) • Social/support network (family member and/or friend) • Humanitarian personnel • Division of Gender and Family Affairs • Shelter staff • Criminal justice community <ul style="list-style-type: none"> ▪ Police officers ▪ Judges and magistrates ▪ Legal aid personnel ▪ Prosecutors ▪ Defence attorneys • Community leaders/CSO representatives • Religious leaders • Representatives of women’s organizations • Perpetrators • Grenada Council of the Disabled | 17 |
| Focus groups | |
| Healthcare personnel | 1 |
| Criminal justice personnel (police) | 1 |
| Religious leaders | 1 |
| Men (not identified as perpetrators – younger, older) | 2 |
| Activists, representatives of women’s organizations and community leaders | 1 |
| Social workers | 1 |
| Total | 7 |

LACC provides legal and counselling support for persons unable to afford such services. This invariably led to an overrepresentation of working-class women within the sample of survivors – if income is used as a proxy to categorize participants by class. This is often one of the main challenges

involved in qualitative studies of survivors of IPV that rely on clinical samples. Notwithstanding, diversity in terms of class (based on education and income), location and age was prioritized. Table 4 presents demographic data regarding the group of survivors interviewed.

TABLE 3:
IPV and NSPV survivor demographic information

| Survivor | Age | Urban/rural/suburban | Race | Religion | Education | Employment | EC\$ monthly | Assets | Relationship status | Children (Bracket of Amount) |
|----------|-----|----------------------|-------|----------|-----------------|--------------------------|--------------|-----------------------------------|---------------------|------------------------------|
| IPV-02 | 38 | Rural | Black | PC | Vocational | Unable to work | -- | Livestock, vehicle | Married/separated | -- |
| IPV-03 | 36 | Suburban | Black | NT | Tertiary | Nursing assistant | 2,600 | Land, house, 4,000 in savings | Married/separated | 1-2 |
| IPV-04 | 44 | Rural | Black | PC | Primary | Domestic worker | 1,100 | Livestock | Visiting | 3-5 |
| IPV-05 | 43 | Rural | Black | RC | Upper-secondary | Domestic worker | 1,000 | House, produce | Visiting | 3-5 |
| NSPV-06 | 20 | Rural | Black | RC | Tertiary | Unemployed | -- | 1,000 in savings | Visiting | -- |
| IPV-07 | 56 | Rural | Black | SDA | Post-secondary | Unemployed | -- | -- | Single | 3-5 |
| IPV-09 | 54 | Rural | Black | NT | Primary | Unemployed | -- | Land, house | Married/separated | 5+ |
| IPV-10 | 31 | Rural | Black | SB | Vocational | Secretary | 900 | Land, house, 3 goats, 24 chickens | Common-Law | 3-5 |
| IPV-11 | 37 | Rural | Mixed | RC | Tertiary | Nursing assistant | 1,778 | House, vehicle | Married | 1-2 |
| IPV-12 | 33 | Suburban | Black | OB | Secondary | Administrative assistant | 800 | Vehicle | Common-Law | -- |
| IPV-13 | 38 | Suburban | Black | -- | University | Paralegal | 2,600 | Land, house | Single | 1-2 |
| IPV-14 | 41 | Suburban | Black | RC | Vocational | Childcare provider | 1,000 | Land | Common-Law | 3-5 |
| IPV-15 | 31 | Suburban | Black | SDA | Upper-secondary | Self-employed | 800 | House | Single | 2-5 |
| IPV-16 | 48 | Suburban | Black | SDA | Secondary | Cook | 1,500 | House | Divorced | -- |
| IPV-17 | 25 | Suburban | Mixed | SDA | Vocational | Unemployed | -- | -- | Single | 1-2 |

Note: PC – Pentecostal; RC – Roman Catholic; SB – Spiritual Baptist; NT – New Testament; SDA – Seventh Day Adventist; OB – Open Bible

For Participant IPV-03 the recording was completely corrupted and could not be transcribed during the data management stage. However, the research assistant provided the demographic information and this is included above.

The 17 KIs comprised state, CSO and NGO representatives who had worked in the area of GBV prevention and response in Grenada. Initial contact was made through LACC. Table 4 presents details of these KIs.

A total of seven FGDs were completed with healthcare workers, police officers, religious leaders, younger men, older men, representatives

of women's organizations and other NGOs/ community groups and social workers/family case workers. FGD participants were generally forthcoming in providing insights about the nature of and responses to GBV in Grenada. However, participants in the FGDs involving men reinforced a number of harmful assumptions about gender and GBV. In general, other FGD participants identified major improvements in state and non-state responses to GBV but also a number of gaps and weaknesses that require further and urgent attention. Table 5 presents more detail on the FGD participants.

TABLE 4:

Key informant information

| Pseudonym | Role | Sex |
|-----------|--|-----|
| Kl1 | Magistrate | F |
| Kl2 | Lawyer – family law | F |
| Kl3 | Police officer (specializing in GBV response) | F |
| Kl4 | Coordinator of state-run psycho-educational programme, Ministry of Social Development, Housing and Community Empowerment | F |
| Kl5 | Counsellor (state) | F |
| Kl6 | Police officer, CID | F |
| Kl7 | Perpetrator | M |
| Kl8 | Representative, Grenada National Council of the Disabled | F |
| Kl9 | Representative, GRENCODA | F |
| Kl10 | Lawyer – state prosecutor | M |
| Kl11 | Representative, GNOW | F |
| Kl12 | State representative, Ministry of Social Development and Housing | F |
| Kl13 | Counsellor (state) | F |
| Kl14 | Representative LACC | M |
| Kl15 | Doctor, National Hospital | M |
| Kl16 | Representative, Red Cross | M |
| Kl17 | Ministry of Social Development and Housing, Men's Desk | M |

TABLE 5:

FGD composition

| Code | Type of FGD | Composition (35 participants across FGDs) |
|------|---|--|
| FGD1 | Healthcare Workers | 7 nurses with over 10 years' experience each; 2 members with over 20 years' experience; ranged in rank from nursing assistants to ward sisters |
| FGD2 | Police officers | 6 officers, 4 female and 2 male; ranked from corporal to inspector; 6–26 years of service |
| FGD3 | Religious leaders | 4 religious leaders, 2 female and 2 male; 3 members of various denominations of Christianity and 1 Islamic participant; 1 Evangelical pastor; 1 Pentecostal pastor; 1 representative of the Conference of Churches; 1 imam |
| FGD4 | Men (Younger) | 6 younger men |
| FGD5 | Men (Older) | 3 older men |
| FGD6 | Activists, women's organizations, community leaders | 5 long-serving members representing GNOW, GRENCODA, GrenCHAP and Grand Bacolet Juvenile Rehabilitation and Treatment Centre |
| FGD7 | Social workers | 4 female experienced social workers and case workers only |

5.3. Research ethics and IRB approval

Research ethics is a central pillar to any study involving human participants. This is particularly true of research on GBV. Apart from the standard requirement of anonymity and confidentiality in GBV research, it is imperative to avoid the possibility of causing harm to survivors, as well as those on the frontline of GBV response. KIs become crucial in determining which survivors are appropriate to include based on the stage they are at in the process of surviving violence. For this reason, a trained DV counsellor was employed as a research assistant on the ground in Grenada to support the screening process to determine the suitability of participants for the study. As part of the process of selecting participants, a decision was taken that no survivors with whom she had been involved in providing direct counselling would be selected for participation. Very clear guidelines regarding the voluntary basis of participation and participants' ability to end the interview at any time were provided as part of the information sheet to participants, and this was reiterated throughout the opening discussion with participants. (See appendices.)

Ethics approval for this project was jointly sought for the quantitative and qualitative components from the St. George's University's IRB, the official ethics approval granting body for research conducted in Grenada. Approval was granted in April 2018.

The informed consent process, conducted at the beginning of each interview, involved sharing the information sheet about the study with participants, reading the informed consent document and seeking an oral statement of consent. Written consent was avoided, given the subject matter and the increased requirement for anonymity. Particular attention was paid to

ensuring that participants understood that their involvement was voluntary and that, even if they consented to the interview initially, they were free to stop at any time. Pseudonyms and unique identifiers were assigned to each participant, which were used in creating the demographic information for the description of the sample. The appendices contain the informed consent statements and information sheets.

A comprehensive list of counselling and other support services was shared with survivors, perpetrators and KIs. While some argue that IPV interviews can be cathartic for survivors, they are also emotive, and can have negative psychological effects on some participants. The study did not include those whose participation might have exposed them to further violence.

All survivors were provided with an EC\$20.00 travel stipend to facilitate their participation. This figure was determined in consultation with representatives from LACC.

5.4. One-on-one interviews and focus group discussions

Two main groups of participants were identified for participation in the one-on-one interviews: survivors and KIs. Survivors constituted the majority of interviews of any single group. A total of 15 survivor (with one interview inaudible) and 17 KIs were completed. One perpetrator was included in the group of KIs, which also included a range of community and state agents. One-on-one interviews lasted between 45 minutes and 1 hour and 15 minutes, and were conducted by the lead researcher with the support of a research assistant. The research assistant was trained in qualitative interviewing, with a particular emphasis on conducting interviews on sensitive topics.

A key strength of conducting FGDs relates to the collective process of producing knowledge about GBV. FGDs represent a means to co-construct knowledge on a given subject. FGDs covered both shared and contradictory understandings of IPV, NPSV and GBV response, and analysis of these was compared with and integrated with the analysis of the one-on-one interviews. FGD participants were advised to avoid the sharing of personal experiences of IPV in the group setting.

The appendices include interview questions for the different groups of participants as well as the demographic data collection sheets (and the informed consent sheets).

5.5. Data analysis

5.5.1. Anonymizing the data

Interviews and FGDs were audio-recorded using digital voice recorders, and downloaded to a password-protected computer. To prevent unauthorized access to the data, files housing the recorded and transcribed interviews were password-protected and encrypted. These files were backed up using an external encrypted drive. Recordings of the interviews will be destroyed once the final report has been submitted and accepted. Interviews were transcribed verbatim and anonymized to ensure no information connecting the participant to the research was included. The data was aggregated to ensure anonymity. Anonymized data was used for the purpose of presenting a report to UN Women. Where demographic data is presented in the form of figures and tables, all possible identifiers have been removed.

5.5.2. Data management and analysis

For the purpose of the data analysis, interviews and FGDs were transcribed verbatim and coded based on a coding system devised by the lead researcher from a preliminary analysis of a sample of the interviews. Coding was completed using the software package Dedoose. An interpretive approach to the analysis of the data, based on the application of critical multi-level gender analysis, outlined earlier, was deployed in keeping with the central focus and the research questions. Since the main objective of the qualitative study is an in-depth assessment of the nature, meanings and consequences of and responses to IPV and NPSV, a combination of narrative and discourse analytical approaches was applied. This approach is used to examine gendered relations of power; how participants use their narratives to position themselves and perform specific actions in interviews/FGDs; the dialogic production of interview talk; and how these narratives are connected to broader socially produced assumptions about gender, IPV and NPSV. In discourse analysis, emphasis is placed on the actions performed in talk and text and how individuals draw on culturally available explanations in interviews. Narrative analysis is concerned with specific ways in which individuals story and structure events and experiences. The focus here is on how these specific ways of narrating/explaining violence point to broader arrangements, ideologies and actions, and what these may mean in attempts to remediate and prevent GBV in particular.



6. FINDINGS AND ANALYSIS

Qualitative GBV data was analysed using critical multi-level gender analysis, which accounts for: gender as a relation of power embedded in structural and institutional arrangements; the gendered meaning generated in interviews concerning IPV and NPSV; how gender overlaps with other relations of power in responses to, and the perpetration and experiences of, GBV; and gender as historically and spatially mobile (shifts across time and space). The analysis traces explanations of IPV and NPSV, as well as individual, community, state and social responses to these forms of GBV.

6.1. Gendered identity and relations of power

Given the centrality of gender as a key organizing relation of power and difference, related to other social markers, in experiences of and responses to GBV, participants were asked to share both personal and societal beliefs about gender identity expression and what this looks like for women and men. Survivors and most KIs tended to question social understandings and arrangements of gender as frequently undermining women's autonomy. A number of participants cited notions of men as breadwinners and providers as key to how masculinity is expressed, although this was also true in how women understood themselves in relation to their families. In FGDs, both older and younger men asserted the salience of the provider role as strongly linked to gender identity and gender relations for men. Implicitly, men were defined as an economically superior group, when compared with women, and this was then used to explain the gendered economic exchange between women and men in intimate relationships. Social expectations of care work by women and women's deference to men also emerged as key ways in which gender relations

and gender identity expression are understood at the societal level. In short, participants described social understandings of gender and gender relations as matching longstanding ideologies, which have always run counter to the material conditions in households, communities and wider society.

Men can do whatever they want. They have to be the head of the household, they have to control. Society.. they can just do whatever they want and I don't agree with that because I believe in equality. [IPV-13, 38, paralegal]

Freedom to navigate across private and public spaces, to take charge of decision-making in relation to the family and, in general, to function with absolute autonomy are tied to how men are socially understood, according to this respondent. At the same time, the freedom to which she refers, as it relates to men, also suggests a freedom from everyday responsibility. In this sense, masculinity in these interviews was simultaneously understood as having both responsibility and freedom from responsibility. The brief excerpt from this woman also points to structural, institutional and social arrangements that normalize men's power. It should be noted, however, that, like this woman, both survivors and KIs challenged the idea of a natural right of men to inherit power. In contrast, the respondent suggested the following social ideas that circulate about women:

Taking on responsibility for everything – so they're responsible yes for the childcare and keeping the house in a good condition but also keeping their partner happy and if things go wrong then they tend to blame themselves because it's their responsibility as the woman to make everybody happy.

A participant in FGD7 with counsellors and social workers further elaborated these ideas:

You know if he is angry or what would make him angry doesn't happen, you know and a lot of the other women noted the same things that I would have jotted – could cook, wash, home manager, child carer – adjusting themselves to ensure that all of this happens because it's their responsibility, right – they can't ask for – even if he can do it or he doesn't agree to do it then they have to adjust themselves to do it.

This female FGD participant remarked that women often felt the need to ensure they managed their household responsibilities to avoid men's anger. She said that women reported having to "adjust" themselves to these duties to avoid conflict in the home. Responsibility was named as key to how women are socially understood; this includes women's responsibility for physical care and the emotional wellbeing of their children, partner and family in general. This is in keeping with research in the region and globally, which suggests that care work, housework and emotion/affective work are all regarded as primarily women's responsibility in the family. This significantly curtails women's ability to function in other spheres. Furthermore, women's supposed noncompliance or lack of success in care work is often cited as a justification for IPV. As IPV-13 showed above, these societal expectations of gender are often normalized, with IPV presented as a means through which men respond to women's so-called failure to assume their prescribed roles. In these instances, uneven gendered arrangements function as disciplinary practice, used to punish a departure from traditional ideologies and to restore a supposed natural order.

The following was drawn from FGD5 with older men:

Participant 1: The role of a woman is one to be able to help with that procreation process, with the coalesce [sic] of mankind. A woman

role also is to be able to set good role models and to be the second pillar in the nurturing of children and also the providing with the basic needs for the home, together with the head of the home, who's the male.

I: Tell me a bit about – so we talked a bit about women – so tell me a bit about what are some of the ideas that exist about men; what it means to be a man in society.

Participant 1: Being in control [chuckles]. That's one of the... but if you should go deeper, the role of the man is to be the head of the family to be that protector, that provider, to be that watchdog so to speak, that would be able to watch out for the family. The role of the man is also to be the part that go along with the woman to help with the procreation, so that's how you would end up now having a family.

Older men's views on women and men's roles in the family and relationships aligned with traditional assumptions about gender. In many ways, their views were similar to those that participants cited as dominant ideas about gender in society. For instance, Participant 1 above located his rationale for women's deference to men (as heads and leaders) in general ideas about women's childbearing role. However, these men also cited religion as a justification for arrangements of power in relationships and in the family that saw women deferring to men. Women were also expected to ensure that morality is passed on to children in their function as role models. Of concern in this regard is an implicit normalization of a gendered hierarchy, which positions women in uneven relations with men in the context of heterosexual relationships and within the family.

Younger men in their FGD reinforced a number of conventional and harmful beliefs about gender, which suggests that attempts to discipline and

position women in subordinate roles relative to men continue across generations. One participant in the FGD with young men commented:

Well sometimes, on a general scale, most of the women tend to think about themselves, understand, what they could get to benefit from a man, right. Ok, they might say, and they does be bold about it right, so ok they might say, I have this man for transportation, I have this man for bills, I have this man for clothes or whatever the case might be, if I want to go out I have this man to go out with, you understand, they say it like that. They might have a next man to make them reach on certain higher keys, levels in society, right, so I ain't know. And it's not really the man that benefiting from them so that's why I was saying selfish.

This participant provided a view of young women as materialistic, opportunistic and manipulative. Although this view appears to stand in contrast with notions of women as role models and protectors of morals for children and the family seen above, it too compromises women's autonomy. Kempadoo (2009) and Barriteau (2012) refer to the commodification of love, sex and women's labour in intimate relationships and in families. Barriteau suggests women often enter into heterosexual relationships seeking love but end up with care. Kempadoo reminds us that sexual economic relations have always featured in how socio–sexual unions are defined. This often results in the commodification of women's sexual and emotional labour, with an expectation of exchange. It also explains why men often frame their relationships with women as financial investments for which the return is devotion, commitment and obedience. The ideas embedded in these narratives overlap some of the very justifications used to explain men's violence against women in heterosexual unions.

These ways of conceptualizing socio–sexual unions in the Caribbean (and in other parts of the world) provide some context for the emphasis, placed by the male FGD participant above, on young women as manipulative. He draws on yet another traditional archetype of womanhood, that of Jezebel, in the biblical sense. What all these ways of defining womanhood share is a tendency to position women as recalcitrant and in need of discipline; or as carers, role models and homemakers who may also be disciplined should they depart from these esteemed roles.

In contrast with these confined understandings of gender and women's roles, survivors often articulated a different vision for themselves, and, by extension, a different vision of gender. Remarking on her views on what it meant to be a woman, one survivor stated:

Now in my opinion, right? To be woman, means that you reach a age, you come to a stage in life where you are capable enough, of-- of being independent, being able to speak out, being able to take charge of your life and if you have children, to look... to take care of your children and going to take care of yourself, control, take control of yourself, of your sex life as well as your spiritual and physical life. So you don't have to wonder um make that... you have certain qualities in you that society could accept. [IPV-07, 56, currently unemployed]

The same woman shared a vision centred on autonomy, care of self and children and sexual freedom, as well as spiritual and physical wellness. While she continued to see care as central to her gendered self, this was situated within a broader vision of choice and self-determination. She went on to talk of *“a level of independence, she is well spoken or outspoken, ready to um to fight back, doesn't let anything get her down, to stand up*

for her right, she is able to take care of whatever responsibilities are placed before her". That women have to point to a need to be able to experience an autonomous existence is evidence of its absence in most of their lives.

Gendered arrangements of power can also be observed in women's reports of the differences between women and men's social networks. Interviewees defined men's social networks and leisure activities as far more extensive than those of women. Earlier qualitative research with female survivors of IPV in St. Vincent and the Grenadines found that not only did women have far less extensive social networks and networks of friends and family but also there were deliberate attempts by their partners to isolate them from their peers and family members (DeShong, 2015). Similarly, these arrangements of and beliefs about gender become crucial in how IPV and NPSV are experienced in the lives of women in Grenada and the wider Caribbean.

Interviews with women survivors in this study also revealed that IPV against women in heterosexual relationships is normally accompanied by less extensive social networks and social activities compared with men. Women often spoke of men's leisure time with friends and family in taken-for-granted ways – as something that men would invariably do. Men hang out with friends on evenings and at weekends, engage in regular leisure activities and have a general freedom to move between the home space and public spaces. This freedom men have to navigate freely within the home space and across the home space and in public is often associated with what it means to be a man. Women, on the other hand, described being either less inclined to participate in leisure activities or significantly compromised in doing so, because of responsibilities at home or restrictions imposed by their partner. One woman (IPV-15), for example, described her lack of engagement with

friends and family and her lack of involvement in leisure activities as being a consequence of a deliberate attempt on her part to live differently and outside of the influence of her circle of family and friends. In general, women's ability to navigate the public/private divide is significantly constrained in relationships where IPV is a feature, and can be explained as a result of how gendered arrangements of power continue to structure society, interpersonal relations and socio-sexual unions more specifically.

6.2. The nature and meanings of IPV

The narratives produced about IPV and NPSV in interviews with survivors and KIs were imbued with a range of harmful assumptions about gender and confirm that GBV is sustained within unequal relations of gendered power. The meanings participants attached to violence demonstrate both a break with and an adherence to traditional beliefs about gender. On the surface, most survivors and KIs appeared to challenge convention, often suggesting they did not ascribe to traditional societal ideas. However, deeper probing pointed to a commitment to dominant gendered logics, systems and practices that produce violence. This section provides a discussion of GBV as intergenerational, pervasive and repeated.

6.2.1. Intergenerational violence/history of family violence

Interviews with survivors and KIs, as well as FGDs, recognized IPV and NPSV as intergenerational, prevalent in participants' or their partner's family of origin and located within both familial and community violence. GBV is understood as simultaneously gendered, intergenerational, familial and societal. Survivors, KIs and FGD

participants all spoke of children witnessing and experiencing physical and sexual violence as a dominant feature of their upbringing. It is important to note that these reports of witnessing or experiencing violence were not restricted to survivor accounts. Reports of witnessing GBV in childhood by first responders in law enforcement, for example, point to its pervasiveness and the need to recognize that categories such as survivors, KIs, perpetrators, first responders, policy-makers and activists may overlap in terms of experiences of IPV and NPSV.

In the FGD with police officers, one male participant shared the following:

Growing up, I saw a lot of domestic violence in terms of, you know, my father personally used to hit my mom and all this kind of thing. I grew up in that kinda household, so I didn't really have that kind of strong father figure, you know, in my life growing up so I kind of follow guys on the outside and I sort of mimic and role model these kind of guys.

Participants generally reported witnessing GBV (mostly against their mother, perpetrated by a male partner), which had adverse effects on them. The above quote suggests that IPV was a constant feature of the participant's family of origin, and that, as a child growing up in that situation, he could do little to intervene. Children witnessing IPV needs to be understood as a form of child abuse, with attendant adverse effects. The male police officer also mentioned his father reneging on his familial responsibility as a parent, and his father's perpetration of IPV.

Participants had useful insights into the connection between different forms of violence against women in heterosexual relationships and against children and the ways in which GBV is sometimes produced and framed as intergenerational and possibly leading to other

forms of violence. To illustrate, a male identified perpetrator discussed his experiences while growing up with his parents and sibling and the continuation of violence across generations.

There were not only verbal quarrels but they will [sic] physical violence terrible physical violence. I saw my father. Come from work. With a steel step construction boot. Kicked my mother in her stomach. She fell to the floor picked her up threw her over the veranda and broke her arm. I saw all of this as a young boy. [K17, 53]

This man described witnessing extreme physical violence perpetrated by his father against his mother, providing rather graphic details about how his mother was physically beaten and injured. He went on to describe his mother as meting out extreme forms of violence against him and his brother.

My mom was a beater. She was a bit complex but we as kids we used to look for it too so I would say it is normal. That children get a scolding but not in the mind that she used to do it. She use to put a needle and grain with two stones in your hands, and in an ants nest, beat with belt buckles, frying pan, switches, anything she put she had on under alcohol and when she recovers days after and would look and give you the nicest pampering to make it up that she is sorry, but we grew to understand that she had an drinking problem so we use(d) to forgive her.

He outlines extreme forms of violence, tantamount to torture, perpetrated against him and his sibling. His mother's violence is explained as being a result of a drinking problem, as, once sober, she engaged in "pampering" her children to make amends for the severe beatings she had given them. In his storying of violence, both the perpetration of IPV by his father against his

mother and his mother's violence against her children are presented as repeated, frequent and extreme. There is a particularly sinister and sadistic feature to the acts of violence described. Violence is presented as a mechanism of control and a way to reassert hierarchies of power in the familial context.

He goes on to make a connection between these early child experiences of witnessing and experiencing violence, his parents' substance use and/or abuse and his brother's later involvement in a violent crime.

In those situations, my mom was a chronic drinker. She was an alcoholic. My father was a weed smoker. Although he had a good trade and a good job and [had] not committed a crime... So when the family became like that the only comfort they could give to the children, which with us was excessive spending money to comfort us. Because there was no "I love you" and pampering or anything like that. So we grew, rough but, my brother who is here right now, it tore him the worst. He [committed extreme violence against a non-partner in his late teens]. He spent [time in prison]... And he's a woman... abuser up to today. He smokes. He drinks. He beats his wife terribly.

This perpetrator and his brother's life went on to be marked by extreme acts of violence. He described himself as vowing never to perpetrate the violence he had experienced and witnessed in his own upbringing. However, he did admit to having perpetrated violence against his estranged partner in two separate incidents over the previous two years while they still lived together. He described being under the influence of alcohol when he was violent with his partner. Earlier in the interview, he also described being introduced to alcohol as a child, when his mother

would send him to purchase the substance for her and he ended up tasting it. He continued to drink throughout his childhood and adult life.

This man made direct links between his brother's extreme violence against another man; his brother's serial violence against women in heterosexual relationships; their substance use and abuse; their exposure to substances from an early age; witnessing extreme and repeated acts of IPV against their mother; and their own experience of childhood violence. Violence is presented as interconnected and intergenerational and as reproducing uneven relations of power based on age and gender.

In an ethnically diverse sample of students from South California University, Black et al. (2010) find that "the IGT [intergenerational transmission] of violence is considered to be one main process to explain IPV enacted by individuals who witness violence in their family of origin." While the authors are careful to point to research that shows that the majority of children who witness violence in their home do not grow up to use violence as adults, they reference findings from studies that show increased perpetration of IPV by persons, particularly men, who witnessed violence against women in their family of origin.

In his narrative on violence as intergenerational, K17 defines his upbringing as one in which his parents provided objects to compensate for both their use of violence and the absence of platonic love. Collectively, IPV and violence against children is explained/rationalized as a consequence of substance misuse, to restore a desired familial hierarchy, as punishment for recalcitrance, in the absence of familial love. For him, these early experiences created the conditions under which IPV and other forms of interpersonal violence were reproduced and repeated in adulthood.

6.2.2. The nature and severity of IPV

Research on IPV globally suggests it is normally repeated over the course of a relationship, with the threat of violence functioning to limit women's autonomy. Definitions of acts of IPV in interviews and FGDs with healthcare workers, police officers, survivors, social workers, counsellors and NGO representatives suggest that women's safety and physical and psychological wellbeing are seriously compromised in situations of IPV that are ongoing in socio-sexual unions.

A female police officer, remarking on the frequency of reports of violence in the police FGD, stated the following:

Um, I would say from um, well anecdotally, because I don't have the empirical data before me, but um, I would say between 15 and 20 incidents of domestic violence are reported to the police holistically per day. I recalled, well, I've been working with domestic violence for about 20 years – sorry, number 3 – for about 20 years of my policing career, of the 26 years. And um, I've seen almost any and every incident that you could think of, um... and the statistics that I gave I still believe it's a lot more in terms of incidents reported to the police, um whether or not we log it as domestic violence, that's the issue. Um, so it may come in as a harm, it may come in as an assault or some um, insulting language or something as the case may be. Um, one of the things in terms of response, what you'll find is that the victims always um, probably in denial and they do not really accept that it is an issue of concern and they've been experiencing domestic violence so they always – maybe.

A number of concerns arise in the reflections of this FGD participant. The frequency with which IPV is reported does not necessarily match how

it is recorded by law enforcement. In other words, while these reports may be captured under existing criminal codes, these are not always defined and recording as occurring in the context of an intimate relationship. There remain high levels of underreporting of IPV to law enforcement. The acts defined as DV in law, as well as in the sociological research on IPV/DV, are not always so named by complainants when reports are made to the police. The concerns raised here point to the ongoing work required in public education around what set of behaviours and actions constitutes IPV, as well as the social relations of gendered power under which such violence is produced and sustained.

In the FGD with healthcare workers, a participant remarked that:

Primary healthcare providers, nurses, we mostly see the persons that come in with the physical assault. So we would see persons with cuts, bust head, busted lips and they're seeking that type of treatment, that's why we would get them here... We do have a few cases where persons are in a relationship and we do have cases where somebody is in a party and somebody just walk up to them and hit them with a bottle or somebody have that altercation; they said no to them and they decided well, you disrespected them or you assault them so they physically assault them. So we do see a few cases here... we mostly deal with the physical wounds.

Studies have shown that women's physical and psychological wellbeing are significantly compromised by IPV perpetrated by a male partner in a heterosexual relationship. The injurious effects of IPV are noted in the range and severity of wounds recounted by the FGD participant above. The connection made between men's violence against women in relationships and violence

against women in public spaces emphasizes how GBV occurs in the context of men's proprietary attitude towards women in general – a point further elaborated in Section 6.2.3.

Healthcare workers also expressed concern for women who seek treatment for injuries caused by their partners – injuries they fail to name as acts of IPV. One nurse in the same FGD reported that women were often intimidated since their partner is sometimes present when they seek treatment.

What has been my experience, especially when I was working outside [the main health centre] what will happen is that a lot of these cases are not really reported and people are kind of hush hush about these things, because I remember my experience when a girl came in one time and she had like her nipples falling off. The black part – the areola – and she had this guy who was constantly with her, with her, with her, and wanted to come inside the dressing room. He didn't even want to give her a chance to talk with the nurses. When I look at the wound, I said what it is that went wrong there? And she told me a razor blade was on the window ledge and it fell. Well I said to her that that razor blade had to be in a whirlwind [laughter]. So what I notice is that they don't speak the truth, but from your experience you might be able to say that instrument cannot cause the severity of this wound just like that. And sometimes you see the abuser might come with them to prevent them from saying the story. So somebody who you think... sometimes you might have to have that person to excuse you, to leave, so that you can get to talk to that individual.

The severity of the violence and the menace created by the presence of the perpetrator is of serious concern for the women involved, as well

as for frontline workers in healthcare. The problem of underreporting and fear of reporting is also clear: the nurse above relies on her training and experience to respond to this situation of extreme violence. Survivors and victims of violence are often detected only through healthcare because the effects require medical intervention. The above example is indicative of how a range of physical and non-physical violent and abusive acts are used to maintain men's power and dominance in heterosexual unions marked by IPV. In some cases, KIs and healthcare and law enforcement FGD participants chided women for not ending violent relationships or seeking help to do so. However, help-seeking and ending violent relationships often place women at risk of further violence. The above example shows that seeking medical intervention is often done on the terms of the very person who meted out the harm in the first place. It is also of use to note that women are made most vulnerable to further, even fatal, violence when they make attempts to end, or have ended, violent relationships (Johnson and Hotton, 2003).

6.2.3. Sexual violence against women by an intimate partner

Studies have shown that a significant proportion of women who experience physical acts of IPV also experience sexual violence in their relationship. In a study of women survivors who sought refuge at the Shelter for Battered Women in Port of Spain, Trinidad and Tobago, Robinson (2004) found that a high proportion of women survivors (80%) of IPV reported having been raped by an intimate partner. Data analysed from the National Intimate Partner and Sexual Violence Survey in the US by Black et al. (2011) found that more than half (51.7%) of the women surveyed had been raped by an intimate partner. Both survivors and KIs reported that women who had experienced

physical violence by an intimate partner had also experienced sexual violence by their partner. The first example is taken from an interview with one woman (IPV-17), who was 25 at the time of the interview and reported that she was unemployed.

I: *And what about as an adult? Have you ever been sexually abused as an adult?*

IPV-17: *In the past relationship, yes.*

I: *So tell me a bit about what happened*

IPV-17: *Um well there's a few times like we had our mishaps and you know um and I feeled [sic] very hurt and he would want and I would say no and he would force himself.*

Stories of sexual violence as a form of IPV shared by survivors from Grenada in this study are similar to those shared by women in other qualitative studies. For instance, Vincentian women reported that men often forced or coerced them into sex, sometimes defining their experience as rape, against their will, often after they had had verbal disputes or had been victims of physical violence (DeShong, 2011, 2017). However, these studies also show that, while women disclose their experiences of sexual violence in these relationships, men who perpetrate avoid implicating themselves as perpetrators of sexual violence.

Robinson (2013) reminds us that “intimate relationships in the Anglophone Caribbean are codified in ways that reinforce hierarchies of race, gender and sexuality, producing patriarchal and heteronormative articulations of Caribbean families” (in DeShong, 2017, 90). In other words, men in these studies call on antiquated legal codification of women having consented to sex, in perpetuity, not only in marriage but also in marriage-like unions in the form of Common Law relationships (DeShong, 2017). This runs counter to recent revisions to sexual offences legislation in some countries of the Caribbean as well as

the *R v. R* ruling in England, both of which outline the conditions under which rape in marriage is criminalized in law. It should be noted that marital rape was criminalized in 2012 in Grenada with an amendment to the country’s sexual offences legislation.

Men’s proprietary attitude toward women is recognized as a form of gendered power expressed as sexual violence in these relationships. This is supported in accounts of women like one 33-year-old administrative assistant and survivor of IPV, who remarked that “*the bad times was probably he was addicted to sex and he disrespectful... And sometimes when he wanted it he would fight me for it*” (IPV-12). Although she rationalizes this sexual violence as an addiction, which would imply a so-called “lack of control” on the part of the perpetrator, forcing sex or rape is identified as men’s attempt to exercise/assert power at the level of the relationship. This form of violence is supported by broader systems and practices of gendered power at the level of the state, institutions and society at large.

The relationship between sexual violence against women in intimate relationships and broader systems and structures of violence is further illustrated by an example drawn from an interview with a counsellor at Planned Parenthood (K15). This example illustrates how relations of power based on gender and sexuality operate to produce uneven outcomes for women.

In the relationship and... it extends to all their decisions in their life. You know, choices of how many children to have and how often they have sex. We as women, do you have a say really is when he comes and he says, can you say no? Can eating there. I know that causes problems because once you turn them down, the first thing is, do you have someone else? Do you get, they

get accused of having someone else because you don't want to have sex with them.

As this participant indicates, rape and coerced sex against women by men often feature in heterosexual relationships where other forms of violence take place. Women are forced into unwanted sex as a means through which to prove fidelity, and this sometimes results in unwanted pregnancies and sexually transmitted infections. Studies show that a significant proportion of women who experience IPV are also sexually exploited and even raped by their partners (Robinson, 2004; Black et al., 2011; DeShong, 2011). The double standard of sexual morality that obtains in violent heterosexual relationships often means that women could experience physical and sexual violence for questioning their partner's and their own fidelity. It should also be noted that these arrangements are supported and maintained in uneven and unjust gender systems, arrangements and practices.

6.2.4. Gendered explanations of violence

Studies have shown that men who commit IPV against women often talk about it in gendered ways (Anderson and Umberson, 2001; DeShong, 2018). In these studies, men (and sometimes women) describe themselves as proficient at the use of violence to maintain/restore control. Violence is recognized as a means through which men prove their masculine identity. Such men are often dismissive of women's use of violence in situations of conflict. This was also found in our KIIs and FGDs, as well as in interviews with survivors. Men are often depicted as efficient, decisive and sometimes controlled in their use of violence, with women regarded as incapable of matching men's power (DeShong, 2018). This shows how gendered relations of power are sustained in contexts where men choose to engage in acts of physical violence in heterosexual relationships.

For example, an emergency room doctor (K115) stated the following:

*A lot of things like lacerations to the head, and it would be a traumatic laceration, like something hit them so hard it broke the skin. You get the bottles a lot; they get pelted with bottles a lot. Ummm... the thing is, to be quite honest, the abuse to women, especially in the really rural areas, cause I consider myself to be a rural doctor, and I hang out with everybody... and we get patients from all walks, some of these **women take the abuse** [researcher's emphasis], and then what that does is creates the environment for the women who do not accept the abuse, to be abused even more because they are seen as defiant or even more resistant. You would see the friend of somebody come in because they were standing up for their friend, or because she said "She's not taking that" and men are trying to beat them into submission, you know?*

The doctor places the burden of ending IPV experienced by women coming for care on the very women experiencing such violence. He argues that a range of women experience IPV, and that, if more women fought back when faced with IPV, men would be less likely or less inclined to perpetrate it. In other words, he argues that, because some "women take the abuse", women who fight back are far more likely to receive injuries. Apart from the problem of placing the burden of men's violence against women on women themselves, his statement is indicative of how violence is read as existing more exclusively in the repertoires of men. Put differently, violence is coded masculine. The suggestion is that there is something women could do differently to prevent men's violence. This of course misses the fact that IPV, and GBV more broadly, cannot be localized to individual perpetrators and survivors/victims, but

must be placed within broader systems of power based on gender and sexuality. In addition, the idea of women who use violent acts to defend themselves in IPV situations being “beaten in to submission” underscores men’s access to violent repertoires as a mechanism of power to secure and sustain control in these relationships.

In a second example, a 48-year-old cook (IPV-16) recalls the first time her ex-husband became violent in the relationship:

He never did that before, so probably it was something measuring up to his brother or maybe something he wanted to prove that he was a man... it was serious to me because he never would have taken a hand at me until then. Because his brother had a problem with his girlfriend and his brother was saying look what he did, he give [her] a slap and so on. And something simple he asked me, he said ____, you know I say “No, I can’t get that” and he came inside and said “why you can’t do this and why you can’t do that, and when I talk to you, you must listen” and I think I answered back and I got the box. My lips was swollen, my eyes was swollen and when I came back to my mom and they asked what happened. Well I lied, I said I bounce into the wall, I feel so embarrassed.

This woman not only provides a description of what happened the first time her partner was physically violent towards her but also rationalizes his violence as an attempt to assert his masculinity and to restore some implicit hierarchy in their relationship. In her narration of events, She explains his actions as proving his dominance in the relationship, to secure deference and to demonstrate to his brother (who also brags about handing out physical discipline in his relationship) that he is indeed in control of his partner. Some of the very gendered logics, ideologies and practices

discussed in Section 6.1 on Gendered Identity and Relations are reproduced here as explanations provided to justify men’s violence.

It should be noted that this woman does not necessarily endorse such explanations. She remarked that *“he was standing and came straight in the room and give me one box on my face for what reason I don’t know and with that I just took up my daughter and myself straight to my mom.”* This indicates that she does not accept that his use of violence was justified. However, her storying points to some shared familial understanding among the two men about women’s subordinate positions in the context of the family and intimate relationship. It also shows how men often act without fear of any challenge to their use of violence, even with other adult members of the family present.

The final example in this section is drawn from a male police officer during the police FGD.

Um, from my experience, a lot of the issues stem from or started from a challenge to the man’s authority or the – well you know men are taught to be confident, they’re taught to be bold and so on, and once there is a challenge to his authority you’ll find that start happening. Or if he feels disrespected you might go on a scene and then you hear, “Oh officer, she disrespect me by doing this, by doing that. Oh officer she go out and she ain tell me nothing.” Or if say she go out, she take long to come back – “ah find she stay too long.” Those sort of things duh, it would start from those things, right? And for me, it’s basically those things, a challenge to this authority. And you know men, we’re macho. So we always feel that we have to look – we don’t want nothing – as we say, we don’t want nothing cut we nose, we always proud. We don’t want nothing that look like any

form of disrespect. Any form of disrespect you feel you need to stamp it down, you need to quarrel, you know, make a scene about it. And those are some of the cases where it started most.

In many ways, this extract reinforces the claim IPV-16 made of violence being used to assert/restore men's power, when women are regarded to have usurped their authority or to have engaged in acts of emasculation. The male police officer points to ways in which masculinity is historically linked to men's power and women's fidelity, the loss of which is regarded as compromising men's position. The next section explores these and other rationalizations of violence in more detail.

6.2.5. Rationalizations

Apart from the gendered ways in which men's violence against their partner are presented, a number of widely used rationalizations circulate to explain, justify, and sometimes excuse IPV. Sometimes, these appear in ways that construct men as exhibiting a dual personality (one violent and a second non-violent); these rationalizations essentially function to make it possible to construct the violence as external to men's core self. Rationalizations include substance misuse, infidelity and jealousy and decision-making in relation to children, household chores and family finances. There is often overlap in the rationalizations provided for men's perpetration of IPV. Collectively, rationalizations of IPV reinforce the very gendered relations of power that produce violence.

Substance misuse was widely cited across the entire sample as an explanation for men's violence. Below, a family lawyer (K12), who represents clients in cases of divorce, explains her experience in situations in which there are reports of IPV.

Something that I've noted recently and... I am wondering if there's some connection for example yesterday I did eight divorces, and in three of the divorces there were allegations of violence. And, in all three instances, what the ummm... the survivor reported is that when the person was intoxicated that is when that different personality emerges. And... I believe that in Grenada, we have a serious problem with ummm... alcohol and drug abuse, and we don't have many options in terms of offering those persons assistance. So you'll find they would... when they sober up they're apologetic, they loving again, and then once they drink, they resort to the violence... Not in every case, but I'm seeing an increasing amount of violence among men in particular who are ummm... who are... consuming a lot of alcohol and I think if we have programmes that address that alcohol abuse, it could positively impact the numbers we are seeing in Grenada.

Results of studies that seek to trace the association between the use/misuse of alcohol and other substances and IPV are inconsistent, with association between the two ranging from small to moderate (Foran and O'Leary, 2008). Notwithstanding these findings, substance use/misuse is regarded as possibly exacerbating the conditions under which IPV occurs. However, when alcohol is defined as transforming the individual into someone else, it functions as both a rationalization and a justification, since the person who performs violence is understood to be different from the person with whom the survivor/victim shares a relationship. Inadvertently, blame is removed from the individual and social arrangements that produce IPV.

Discourses of provocation by women were sometimes presented as a means through which to rationalize men's violence. These

drew significantly on traditional and harmful assumptions about gender and sexuality. This was true when discussing IPV in the FGD with young men. Although there was not consensus, young men relied on harmful ideas about women's provocation as a means through which to excuse men's violence in relationships.

I do agree that the majority of women who are abused are button-pushers, that's what they do. They constantly push a man's button to the point where he feel like he have no other options but to react physically. [Other participants: Not all the time, not all the time.] But as a man you should look within yourself and you realize that this woman has toxic qualities and just forget her and move on.

These explanations are often found in qualitative research with men who perpetrate IPV in heterosexual relationships, across age and race (Sukhu, 2012; DeShong, 2018). It is of concern that younger men have internalized and reproduce ideas about women as causing/provoking such violence. Reference to women as "button-pushers" and as persistent in their attempts to have men lose control parallel popular and longstanding ideas the construct women as Jezebels, temptresses and a number of other socio-religious and colonialist gendered tropes. Provocation is cited in popular narratives, codified in law and offered as a defence for men who perpetrate IPV, and is used in general to discipline and control women in heterosexual relationships.

Provocation is one of several mechanisms used to deflect responsibility for perpetrating violence. The KI from LACC noted the following:

The reality is almost every man who's ever come into the programme comes in angry, angry because they feel the violence that they use is not a big deal. So you know, they

think it's a normal part of the relationship culture. Uhm, they're angry at the court for sending them to the programme. They're angry at the woman for fighting, for reporting them. Many of them come in and say very clearly that it is a woman who needs the intervention.

This pattern whereby men trivialize and generally avoid confronting their actions or assuming responsibility is corroborated in much of the qualitative research on IPV, as previously indicated.

In the next example, issues related to family finances, jealousy and presumed infidelity function as rationalizations in how one perpetrator (KI7) explains his perpetration of IPV.

We were in a struggle for some cash I was out of work and she turned to me and told me, she know where she can get the money, so I asked her "You're going to your cousin [name removed] and ask to borrow money?" She said "No. He would want to know why I borrowing money to support us when you supposed to be working", so I asked "Where you can get the money?" she told me she ex man and that escalated, so I said "So you still is in contact while we are together?" and we started arguing over that and I slapped her, that was the first time I slapped her.

While the story begins with a discussion of the family's financial conflict, the main rationalization for his violence was his disapproval of her engagement with an ex-partner as a possible source of financial assistance. Jealousy and infidelity were cited as the most widely used rationalizations for men's violence against women in intimate unions. In fact, in several countries of the Caribbean, defence attorneys often use provocation based on presumed infidelity as a mitigating circumstance when men are charged with murder/manslaughter. The law both

reinforces and is influenced by ideologies about gender, sexuality and violence in its articulation of the provocation defence.

Presumed infidelity was provided as a rationalization for men's violence in survivors' accounts also. Both women's and men's accusations of infidelity were used to explain men's violence. One woman (IPV-12) mentioned "lies and cheating" as a source of conflict in the relationship. A female survivor of sexual violence described violence against her mother by a partner in the following way: "When she find out that he had another woman and all that and they had they quarrel, it would eventually lead to beating" (NSPV-06). There is a double standard of sexual morality/freedom in which presumption of women's infidelity and women challenging men's sexual freedom are both used as justifications for men's violence against women. According to a participant from the younger men's FGD:

So I think it's all about opportunities. So take cheating for example, when or in our heads, I shouldn't say our, in some guys' heads, when you think about a woman cheating, it's a betrayal. It's a very gross betrayal. But in a lot of cases when you think about a man cheating, it's a new opportunity, a different opportunity. And so it doesn't seem as vulgar some or most of the time, in a lot of cases.

The same participant further explained this double standard of sexual freedom/morality:

Because I think what happens is in a lot of situations, because men are seen to be providers, it's like they were putting in more and when the woman cheats, it's like, oh, so you jump on another guy who I assume can provide more so that that's like a big blow to the guy himself because that's your foundation, you're a provider, not something like that happens to you, shakes your whole

core [Another participant: and pride], but when it happens to a woman, when a guy cheats on a woman, it's more opportunity because he may not even want to leave her, there was just something else that you can dabble in.

In addition to endorsing the double standards, the discussion in the FGD with younger men emphasizes how gender and sexuality create differential gendered expectations and arrangements for women and men in heterosexual relationships. It is also indicative of how women's sexuality and emotional labour are treated as commodities in which men invest in their presumed role as provider. The presumption is that women's infidelity has far more deleterious effects, given men's financial investment. Notions of men's sexual prowess are also implied in the claim that men's infidelity is less to do with divesting any emotional labour and more to do with exploiting an opportunity to receive sexual gratification as part of what they are expected to do as men.

The same participant went on to describe the commodification of love and sex in ways that supported this sexual double standard:

You don't own me, I don't own you. You don't get to dictate what I do, what I can do, but if we have agreed that this is what we're doing, then that is what we should do. Now, I do see his point in saying that as a man, you do quite literally invest a lot of yah time. You literally invest sometimes sweat and blood and when a woman cheats it feels like a sense of, everything I put in was worth nothing to you. Are you that ungrateful that everything I worked for, I give you my last when I didn't have, and does that mean nothing to you? And I guess men would see it as not a problem in terms of what, when they cheat because

they see like I'm the provider, I'm taking care of you, I'm paying the bills. You're taking care of the children. If you don't take care of our children then you're a horrible mother.

These explanations emphasize how gender and sexuality often intersect in ways that create unequal and harmful outcomes for women in situations where they are already exposed to IPV. They support the existing scholarship on popularity, infidelity and the double standards of sexual morality and freedom to explain men's violence against women in heterosexual relationships.

Finally, a woman talked of how community members often encourage and endorse IPV against women in situations of presumed infidelity. She described in graphic detail how neighbours supported her partner to commit acts of fatal harm against her:

So they suddenly ask him what I doing, so he turn and he tell them she taking man... She taking man... So the next one turn and tell him "What she doing?" "She taking man on me." So they turn and they tell him "And what you gon do about that?" he say yeah, "Allyuh too stupid, I know what to do." So she turn and she tell him "What yuh goh do?", he turn and tell them how he will kill meh. So they say, "And you have her deh still doing this to you? If yuh gon kill her then what yuh waiting fah?" So he turn and he tell them "Just now, just now I killing har, just now I killing har and yuh goh see" and they say "Yuh takin too long man yuh shudda do that already, you takin too long, wuh yuh waiting fah?" And he said, "Okay man, allyuh goh see what will happen." So I turn and I say "Eheh" and then when they see me the two woman run inside the house and he come up [IPV-09, 54, unemployed at the time of the interview]

Alleged/actual infidelity as a justification for violence, and in this instance the killing of a woman, is particularly troubling as it finds support and encouragement from members of the community. This example makes visible the systems and norms that produce and support violence. It also parallels references to "honour"-based violence (HBV) in IPV research elsewhere, a term which:

... encompasses any form of violence perpetrated against women within a framework of patriarchal family and social structures. The main justification for the perpetration of HBV is the protection of a value system predicated on norms and traditions concerned with "honour": Unni Wikan defines honour killings as "murder[s] carried out in order to restore honour, not just for a single person but a collective" (Gill and Brah, 2014, 73).

While HBV is used to suggest that there is widespread community support for IPV as a means through which to restore some notion of an interrupted hierarchical gendered order, the example IPV-09 above provided suggests that in some instances there is overt support and justification of IPV and IPH. In these instances, violence functions to simultaneously punish a supposed recalcitrant woman and affirm masculine power by a so-called wronged man. In an early paper on violence against women in intimate relationships, Dobash and Dobash (1981) trace direct communal and institutional support for "wife-beating" in Europe back to evidence from the 15th century of women publicly being beaten by their husbands with members of the community witnessing and endorsing such violence in a practice known as *charivari*.³ A similar practice was outlawed in the Dominican Republic in the year

³ A *charivari* is an old European event that combines cruelty and playfulness to try to restore order in a community.

2000, given the high levels of public violence against women recorded during what became known as La Fiesta de Cuernos or the Festival of Horns (De Moya, 2004). In both instances, shame was located in notions of women's corruptibility, and women's propensity to dishonour through acts of infidelity. When read against these historical antecedents, IPV-og's narratives point to a network of institutional, structural and historical support for gendered arrangements of power that produce and rationalize men's violence in intimate relationships.

6.3. Why women leave/stay

Discussions about why women stay or leave a relationship centred on notions of love, fear of further harm, shame and whether they would receive the necessary support to facilitate their exit from the relationship. Love and being in love emerged as key to women's decision to remain with or leave a violent partner. The significance of love and being in love was reinforced by KIs, who defined the complications of addressing IPV and supporting women's decisions to leave or remain.

A female police officer who participated in the police FGD said:

There are times when you go... when you respond to an incident they would say "No, I didn't call the police" for fear of um, being further abused. Usually you find they might say again, even if they would give statement, they would come in and say well I don't want – "officer I don't want the matter to go to court. I love meh boyfriend or my husband, I just want the abuse to stop." Um, generally that is the type of response and they're very reluctant, of course they're... these um... guided by I guess their own personal situation, financially, economic wise and

finding a home for them and probably children.

Romantic love, gender and violence are intertwined in both personal and popular accounts. In fact, violence against women is often portrayed in media and various forms of popular culture as central to romantic love. This can be observed in music, film and various other forms of the popular storying of love in Western cultures. Women and men are exposed to these different ways of understanding love. In the above example, the female police officer described the complications for law enforcement in responding to situations of IPV. Love, family and finances operate simultaneously in women's decision-making with regard to how they prefer the state to intervene in the violence to which they are exposed. Another female police officer in the same FGD said:

Even like during the domestic violence and stuff, you know, they kind of think that I need to stay because I love him. We are told to, you know, just submit. Don't make it an issue. If he is the sole provider in the home, make it even worse. We don't find the strength to leave.

Notions of love as enduring, as involving sacrifice, animate how some women respond to threats and acts of violence perpetrated by their partner. Love is often portrayed as a cohesive force that can overcome violence. Popular narratives of love also inhere ideologies of gender in which women are encouraged to "submit" and to defer to men. A case manager in the FGD with social workers and case managers described love as a life force that can overcome violence:

They may know of certain patterns of behaviour and all of that but as a woman you figure you could change him, you can work with him – there is something – that we have a magical touch – that if we love

them enough we care about them enough that they will change for us.

Unequal power relations, and their attendant violence in some relationships, limit what Lundgren (1998), in her early work, defined as “space for action”. This was well explained by one survivor: *“with threats – and well you could say two to three years and how he stay because I didn’t have anywhere to stay at the time and so I just grind grind grind until I see my way to just run”* (IPV-12). Addressing women’s ability to emerge from situations of IPV requires attention to the financial, emotional and physical resources necessary to facilitate safe and meaningful transitions once women have made the personal decision to leave.

Social shame was presented as a key reality that militates against women’s decision to leave violent relationships. This is tied to the degree of social support for victims of violence, with women often blamed as engaging in acts that contravene the so-called sanctity of heterosexual partnerships. This was captured in the perspective offered by a counsellor with Planned Parenthood (KI5):

Some of it is cultural shame to, to actually acknowledge and accept that this is a relationship that they’re in. They don’t want others to know. So they don’t tell anybody, so they remained it. Um, I think that’s one of the major ones. The shame involved. Um, kind of ashamed of it people know that they know that you were there for so long and you stayed so damned if you do damned if you do kind of thing.

Survivors of violence carry a great burden in hiding their experiences. Women are often made to feel responsible for the violence they experience or for having somehow failed in their roles as partner and even as mother in situations of IPV.

However, women also disclose to counsellors that the turning point in leaving a violent relationship often centres on a need to protect their children. KI5 went on to explain this:

Unfortunately, it’s when things get very bad where there is a very close encounter with death or that children are exposed to it. A lot of women will want to leave to protect the children that’s, that’s a game changer. If it happens and the children don’t know about it, they tend to stay longer.

The protection of children functions as the key turning point in women’s decision to access the support necessary to leave violent relationships.

6.4. Effects of IPV

Participants reported a number of physical and psychological effects of IPV. These reports emphasized the extreme harms associated with GBV for both women and children. Women were particularly concerned about how their children were being affected by witnessing GBV in the home, and how these children, in turn, reproduced the same acts in their engagement with peers, particularly in school. Table 6 features a sample of excerpts from the interviews with survivors in which they outline the various effects of IPV.

TABLE 6
Effects of IPV

| | |
|---------------------------------|---|
| <p>Physical injuries</p> | <p><i>“Once he cut me on my face.” [IPV-04, 43, domestic worker]</i></p> <p><i>“He hit me in my head... It have me ill... because today I walking okay and then the next time I’m walking like someone that had a stroke and I’m having a lot of headaches still. Sometime when I have headaches can’t even raise my head. That’s why I’m unstable to hold a job.” [IPV-02, 38, unable to work]</i></p> |
|---------------------------------|---|

| | |
|---|---|
| | <p><i>"The worst time... well he accustomed beating me, every time he beat me, he beat me worse, well the worse, is when he pulled to try chop up me Christmas day, when he pulled the cutlass... because he beat me with the chair... he beat me with broom, and then the cutlass, that was the worst time, because he pulled the cutlass to chop me up"</i> [IPV-09, 54, unemployed]</p> |
| Physical manifestation of emotional abuse | <p><i>"Eventually I was diagnosed with hypertension. And how am I supposed to be in a relationship when somebody is wishing you bad? How am I supposed to lie for somebody and actually just have sex comfortable with someone when they calling yuh a whore?"</i> [IPV-11, 37 nursing assistant]</p> |
| Injury to children | <p><i>"We argued about something that morning. I had already made up my mind that was it and I wanted to leave and that morning he... I had wares on the table and he swipe them and my daughter got cut and he just took off and left one time."</i> [IPV-13, 38, paralegal]</p> |
| Psychological Reduced self-esteem; depression; suicidal thoughts; isolation; self-blame | <p><i>"Feeling of wanting to hide... self-esteem gone through the window... make me feel as though um... nobody... nobody else you wouldn't – nobody else would be attracted to you. Make you want to hide. I don't know what for but, hiding hiding like you know hiding, being always inside make you... think as a... Though... you always wrong, everything you do, you're wrong."</i> [IPV-16, 48, cook]</p> <p><i>"Yes. Sometime I would feel depressed and then I would – at one time I tell myself it doesn't make no sense living. I say 'cause. I care for him and he doesn't care for me. It doesn't matter what I say, I'm wrong. He would say, not in my house."</i> [IPV-14, 41, childcare provider]</p> |
| Psychological Fear | <p><i>"Well they affected me in a big way because it always brings me back to my mom and the things I used to see, how afraid I was every time she left the house. I was afraid that she wouldn't return... Somebody would kill her... that's how violent her life was growing up, her partners and the way they fought. I used to be afraid that she would die."</i> [IPV-16, 48, cook]</p> |
| Stalking behaviour and its effects | <p><i>"I went in and made the report – they called him and warned him, they drop me back home. But he wasn't giving up he keep calling, he keep stalking and coming around the house and sleeping on my veranda and stalking around at night when I'm sleeping [inaudible] bothering me – coming to my work... It affected me a lot because I didn't have no peace I couldn't sleep because he was – when I think I'm inside alone – he's outside and I didn't know that until the neighbours start telling me he does be in my veranda in he does be at the side of the road watching me – my every move. If I jump on the bus – he right there – I get a ride home I see he coming down from a cousin that living up there. I had no rest"</i> [IPV-12, 33, administrative assistant]</p> |
| Psychological effects on children; violence as learnt behaviour | <p><i>"I find that the obscenity and stuff kinda getting too out of order because the children started like repeating it"</i> [IPV-10, 31, secretary]</p> <p><i>"They don't really say but they does act it out... You would see um the principal would call me and tell me the big one just push down a likkle boy, he just watch him and just push him down a step and I would hear the second one threatening somebody. The last one don't really say anything but he does more follow the second one so and then the principal call me and ask me is there any abuse home so I told her what was going on and thing and she tell me that is why they was acting out like that. So this lady what does come in the school to help out certain children and yeah.... she's a counsellor so she does normally talk with them which she say they does open up a bit to her. She can rush them into it because they just start."</i> [IPV-15, 31, self-employed]</p> |

6.5. Social support in situations of violence: responses by family, friends and communities

Women's access to formal and informal mechanisms of social support for IPV varies significantly. In research from Trinidad and Tobago, Hadeed and El-Bassel (2006) found that, in spite of men's attempts to isolate women in violent relationships, women were able to maintain some degree of contact with family and friends. They also found that women were not always satisfied with levels of support offered by family and friends and the formal mechanisms of the state.

The current study of IPV in Grenada suggests that levels of formal and informal social support mechanisms vary. For example, a 31-year-old secretary (IPV-10) interviewed as a survivor, described feeling wary of soliciting the support of family:

I find I rather go to higher authority... to deal with my problems because I find that family and friends is like making matters worse because at the end of the day when you finished with them they will change up the whole thing and what yuh say and all that to make more conflict in yuh life. So I don't find they could help me in any good way.

The woman expressed concern that family and friends might exacerbate the situation in which IPV occurs. She listed lack of confidentiality and care among the reasons she was wary of seeking help from her network of family and friends.

A participant in the FGD with activists and representatives of women's organizations and other NGOs corroborated this sentiment:

You think you're going to get support when the time comes? That is what we're having in the family settings because you are supposed to have your sister or your mother – who're

supposed to be able to shield you when you come with a complaint but they say to you go and meet your partner because when I spoke to you in the first instance you never paid attention to us, where are you going now?

Women are often chastised for not yielding to the advice of family and friends when they turn to these individuals seeking support. However, in the earlier example provided by IPV-16, she described immediately seeking refuge at her mother's home when her partner first became violent towards her. Similarly, a perpetrator (K17) talked of his partner seeking refuge with her family in rural Grenada on both occasions that he admitted to using violence against her. In fact, he remarked that, on the second occasion she had left to stay with her family and had not since returned. In short, there are varying levels of social support for women provided by family and friends in situations of IPV.

In the FGD with religious leaders, a female Pentecostal pastor remarked on the need for confidentiality and care in dealing with persons who report IPV:

They don't want it to spread, they don't want people to know your business... and because as pastors, we have not had a lot of confidence in the pastors, sometimes it is not confidential, so you would see them going more to Legal Aid or some other organization... or the police. Before they could come to the religious leader. In my reality, what I realize is that we need to have more support base, so that we are educated, so that if this person comes to me, where do I go? How do I take that matter to the next level so I can get them the help that they need? But they will disclose certain things, right? And sometimes as religious leaders, you don't want to interfere with the affairs

of that family or relationship, so we are very cautious... especially where you have situations with problem cases. So we are having those cases, those are very popular and it is sad to say that they are married, Christian... Sometimes it is the greatest challenge with the Christians.

The church community and religion are key aspects of the network of support for women who experience IPV. Women, according to this pastor, are less inclined to pursue the support of the church if there is a lack of confidentiality among church leaders and members of the church.

Interventions in the form of education, training and awareness-raising on how to support women and girls who survive GBV are critical. Given that a significant proportion of women do report their GBV experiences to the formal authorities, actions related to existing and potential social support networks are critical. These networks of family, friends, neighbours, churches and community groups must be targeted in future programming focused on GBV reduction.

6.6. The nature, meanings and effects of NPSV

Reports of NPSV were mainly of cases of child sexual abuse, with fewer reports of rape against adult women by a non-partner. Women interviewed recalled experiences of sexual violence perpetrated by a relative, neighbour or friend of the family. In one instance, a participant reported experiencing sexual violence as a form of exploitation, in which an adult male in his 30s coerced her into sex at the age of 15. A female healthcare worker reported seeing a victim who had “consented” to sex with her then partner and then being raped by his friend on the same occasion.

The levels and nature of sexual violence in these accounts provide serious cause for concern in terms of how exposed girls are to extreme forms of sexual exploitation. The accounts of NSPV corroborate and provide specific context for findings of earlier research in the Caribbean that demonstrates high levels of sexual violence against girls. Child sexual abuse prevalence rates in the Caribbean are estimated at between 20% and 45%, and the majority of victims are girls (Jones and Trotman Jemmott, 2009). In the Eastern Caribbean, girls and adolescents who report sexual violence often experience threats and other acts of intimidation (ibid.).

The first example is drawn from the interview with a 31-year-old, self-employed survivor of NPSV and IPV (IPV-15). Her childhood experience of violence included acts of neglect and physical and sexual violence.

I: *Were you ever sexually abused as a child?*

IPV-15: *By my uncle.*

I: *Tell me a bit about it.*

IPV-15: *When they used to beat me and stuff, with the drinking and all kinda thing, actually they used to have me sleeping under the house, so he used to come and interfere with me all the time. Until the neighbours saw him and then the neighbour end up going away and they still say it not true and they do all sort of thing to cover it up.*

I: *How old would you say you were?*

IPV-15: *6 at the time, my mother left when I was 6 years.*

I: *And how long did it continue for?*

IPV-15: *Until I reach 11.*

I: *And tell me a bit about what happened, what exactly would have happened*

IPV-15: *My uncle used to tell me if I talk nobody couldn't believe me and even if I talk he gon kill me with more worse than they already doing me.*

I: *What are some of the things he did to you?*

IPV-15: *Burning my mouth on stove, burning my hand on stove, choking me almost to death... Normally if I bring up the talk he gon find some kinda thing to do to me.*

I: *So tell me a bit about when the sexual abuse first began. What happened, what did he do?*

IPV-15: *Asking me to lie down, don't say a word and so I do what he say, then he just put he penis inside of me.*

These incidents of child sexual abuse, recounted by survivors, involved sexual exploitation by much older men against small children. The woman above describes experiences of rejection and neglect in her family, which the perpetrator exploited. In cases of child sexual abuse, men often use threats, gifts and other acts of intimidation as a means to secure the silence of their victims. Women also described feelings of shame, responsibility and guilt as children who are sexually exploited. Unequal arrangements and practices based on gender, sexuality and age operate to expose children to sexual violence and maintain the silence among victims and sometimes their family.

A second example is drawn from IPV-04, a 44-year-old domestic worker:

IPV-04: *Well once my aunt boyfriend tried to see if he could have sex with me and I was young, I can't remember what age.*

I: *You were younger than 10?*

IPV-04: *No I was older than 10 but I did not settle for it and to this day I never said anything to my*

parents, I never said anything to him and I see him and I talk to him still but I never said anything to anybody.

I: *Tell me what happened.*

IPV-04: *Well he showed me his private parts and I couldn't remember... I wonder if I was 10 already but I was young... showed me his private part. My mother went by her grandmother and I was home alone and he was living around and he take out his private part and he show it to me and he tell me some sort of... I didn't know what it was at the time and he showed me and tell me. I don't remember the whole story of it and I said to him no and I left and I went and meet my mother and I didn't say anything to her.*

Even in situations where children manage to escape rape but experience sexual exploitation nonetheless, the complications of family, shame, fear and gender often mean they are reluctant to report such violence. Even as adults, women keep their experiences of sexual exploitation from their closest family and friends. Women and girls often feel responsible for their own victimization. This has much to do with a popular tendency towards victim-blaming when women and girls share their stories when they seek help. This is critical to underscore how gendered relations of power, sex and sexuality and the degree of familial support, as well as age, operate in tandem to create the conditions in which sexual violence against girls is sustained and supported.

A 31-year-old nursing assistant (IPV-11) describes being raped as a 10 year old and then being threatened with a gun by the perpetrator.

I: *So tell me a bit about how old were you when you had the incident with Mr [name removed].*

IPV-11: *Ten. He was close to us back I think, I used to play with his children across my ask my mom and [inaudible] them children and one day in the water he he hold me and he enter his private part inside me. When I [inaudible] but I didn't say anything because I was kinda scared to say anything cause he had a gun and then he run behind a neighbour with it and so I was kinda scared to say anything about what he did, we until I get big. Well my mom get to know, through my husband, because I mentioned it to him and then he went and tell pastor and pastor call her and tell her and that's how she get to know because I cause I didn't really talk it, until that there, I never mentioned it and then my husband go and let it out [sic].*

This woman's experience indicates the extreme acts of intimidation and threats perpetrators use to keep their sexual exploitation unknown to family, community members and the authorities. Her example also emphasizes the intersections of gendered power, age and sexuality and the consequent vulnerabilities young girls face, leading to their increased exposure to extreme acts of sexual violence.

Survivors and participants in general point to the harmful effects of rape and other forms of sexual violence against women and girls. Participants also indicate that, in instances where they disclosed their experiences, their stories were sometimes rejected as fabrications. However, in other instances, adults who detected such violence acted decisively and in support of the victimized child. For instance, one woman (IPV-15) remarked that "to be honest I just lose love for everything, wasn't a nice feeling at all... After the neighbour saw him and thing, she told him about it every day like a think she cussing him every day and until the day the police them come pick me up in the school."

Participants in the FGD with healthcare workers reported a number of egregious acts of sexual exploitation meted out to victims of NPSV. In this following example, one participant in the FGD reports the complications of intimate partner sexual violence and NPSV.

I know earlier on this year we had a few cases maybe like maybe in a matter on two weeks stretch, we had some women that came in that was raped. Am I answering correctly? Okay, it had one that she umm, her ex raped her, right, and there was another one, well she was a married woman right and she had a boyfriend and he, they went for a ride and he pick up another guy and the boyfriend had sex with her and the other friend had sex with her as well, they just hold her down and you know. And she came in and we gave her whatever advice we could have given, she saw a doctor, we had blood works done and so. I don't know if doctor... well, referred her elsewhere, you know. Umm... that's basically what I have seen is like.

Another participant in the FGD with healthcare workers also described her experience of responding to victims of sexual violence.

I work in operating theatre too and I saw... and in those times we didn't have the child protection and the this and that now. A child was molested and you could see was a penis that rip this young child vagina apart and although the doctor talk to the mother concerning... and in those times, the parents would... or whoever it is had to give consent for you to call in the police and all that... it wasn't like now... and she say is [an object], the child fall on [an object]. So you as a healthcare provider could actually assess and actually with your experience know that certain things would not cause this, it's something else. But

they don't wanna talk for many reasons so it's not as reported as it should be.

The nature and consequences of sexual violence against women and children demand decisive actions to ensure a functioning and coordinated, healthcare, legislative, law enforcement, social services response is in place alongside meaningful

familial, community and social support systems. NPSV, especially against girls, as described in this research, is extreme, frequent, physically and psychologically painful with enduring effects and embedded in systems of power and acts based on gender, class, age and sexuality.

TABLE 7
Effects of NPSV

| | |
|---|---|
| <p>Psychological trauma; fear; effects on self-worth / self-esteem</p> | <p><i>"It still affects me... For instance I don't like people hold me or I'd get very angry or slap my ass, if I'm wrestling or playing I don't like anybody hold me down. So it does affect me."</i> [IPV-12, 33, administrative assistant]</p> <p><i>"Sometime I think about it sometimes I just generally don't think about the past but sometimes in certain situation it just flashback – yeah."</i> [IPV-12, 33, administrative assistant]</p> <p><i>"I didn't feel pretty I didn't feel like anybody would want me and that I was going to go for a wedding."</i> [NSPV-06, 20, unemployed]</p> <p><i>"To be honest I just lose love for everything, wasn't a nice feeling at all."</i> [IPV-15, 31, self-employed]</p> |
|---|---|

6.7. State and non-state responses

Over the past decade, Grenada has benefited from reform to its DV legislation, been a beneficiary of a substantial UN Trust Fund grant to address VAWG, been one of the countries targeted by UN Women's Strengthening State Accountability and Community Action for Ending Gender-Based Violence in the Caribbean project, experienced active CSO engagement on GBV and seen improvements to law enforcement, healthcare and social services with regard to GBV. There are a number of examples of good practice in multi- and inter-sectoral collaboration in the delivery of services for survivors and perpetrators of violence across state and CSO entities. For example, partnerships and systems of referral exist across law enforcement, the courts, the Ministry of Social Development, Housing and Community Empowerment and LACC. However, a major challenge identified is the inconsistent response

of law enforcement to reports of violence. While training for police officers (much of it under the above-mentioned UN Women project) has led to improved police response to GBV, reports by survivors in this study indicate inconsistency in police action.

The UN Women-led project sought to support the justice and security sectors, as well as NGOs and CSOs to reduce VAWG in the Caribbean. The project also addressed legislation and other socio-legal services to ensure increased accountability and improved response to GBV. For example, police were trained as part of an internship programme with the Ottawa (Canada) Police Services Department.

In addition, the Division of Gender and Family Affairs benefited from a three-year UN Women Gender Equality Trust Fund grant to assist with the GBV response. This was significant in improving

programming to address GBV. One of the main outputs of this was a National Strategic Action Plan to Reduce Gender-Based Violence, which outlined a coordinated multi-sectoral approach to addressing GBV in society covering various ministries (e.g. Legal Affairs, Social Development, Health, Education, etc.), relevant state agencies (RGPF, etc.); CSOs (e.g. GNOW, LACC) and the media (GEPAP 2014–2024, 80–81). In addition, the RGPF established a Special Victims Unit (SVU) and Hotline. The SVU comprises female CID officers, who respond to cases involving sexual violence, child sexual abuse and IPV.

However, a number of gaps and challenges remain. In addition to enduring structural and institutional problems, there is a need to address existing attitudes and beliefs among frontline agents of the state and CSOs, as well as broader social ideologies to which large groups of the population (across different categories) subscribe. There is also a need to consider how to engage in more community-based support and responses, since it is known that the vast majority of women and girls who experience IPV and NPSV do not pursue remedies through formal state, quasi-state or even CSO systems of support. The following is an assessment of the existing framework to address GBV in the form of IPV and NSPV in Grenada.

6.7.1. Inter-sectoral programmes and response

Participants of KIIs and FGDs referred to an improved level of inter-sectoral collaboration and response in addressing IPV and NPSV. A participant of the FGD with counsellors, social workers and case manager stated that:

One of the things that I always highlight is – well I've been in this for the past six years and a few months and the change that I have seen is the big linkage between ourselves

and the police. For example the doctors, the nurses, everybody just – at – when we started they seemed to handle gender-based violence in a very isolated – you know – in a little pocket – now we have collaboration, now we have the police reaching out to specific case workers you know we have a situation – an island – and together we need to deal with it you know so that is one of the major changes – um – something that is – the word is out there that it's not okay to live in a situation where there is violence um it is now out there more I believe I think because we did a lot of work – I want to just make reference to a project State Response Project and I think coming out from that the word is out there that there is a life- you know that there is a life you know better, separate and apart.

This degree of collaboration was reiterated in KIIs and FGDs with police officers, healthcare workers, staff in the Ministry of Social Development, Housing and Community Empowerment and CSO representatives. This inter-sectoral work is supported by a number of programmes and actions by both state and non-state entities and is discussed in greater detail later in this section.

Some participants pointed to the challenges involved in securing enough personnel to deliver the kind of messaging needed to fight GBV across the different pockets of society. In particular, a counsellor at Planned Parenthood (KI5), expressed this concern:

The challenge is always in terms of personnel. We don't have enough persons to go out and do it on a consistent basis or to reach all the groups that we want to. Um, sometimes there are barriers in terms of moral and religious settings and standards. So for instance, we don't have as much access to church run

schools. Right. Access is a bit limited when it comes to those schools and groupings, but other than that we try to work around because their, their, their preconceptions are there things that people have notion when they, they think Planned Parenthood is coming and so sometimes that's somewhat of a barrier, but we try to incorporate all of that and show the link, right. Um, sometimes as there are limitations in what we can refer, who we can refer to, where to refer to without trying to overwhelm the small pieces that we have, small group of services.

Insufficient human resources were defined as a serious challenge to the efficient delivery of services for survivors and victims of violence. The above counsellor also pointed to religious ideology as militating against the work Planned Parenthood sets out to do in terms of education in schools. These two factors place a great strain on the small group of services her organization provides, especially in terms of their ability to reach a wider cross-section of individuals across Grenada.

Concern was also expressed in the FGD with activists and representatives of women's organizations and community groups that breaches in confidentiality at different stages of reporting, across survivors, significantly compromised trust among survivors and the state's ability to offer a meaningful response. Lack of confidentiality may have adverse impacts on rates of reporting by women and further compromise women's safety. One community activist commented:

I know women who says that because when they talk to the police and they believe that's the place that they may get help, or they go to um, um, um, like um, social development and the other institutions that they believe

that should help them they don't really get the help that they think they should get because you know – before you get the help you hear others talk about it and um in some instances what they believe is that the system let them down alright and so... yes the confidentiality and they are not forthcoming to really share or to be open with issues they are faced with. They may discuss it with friends, with their peers but when coming to really get in the real to the real persons who you believe that would help they don't, because they feel that you know I've been there before, I have shared before, I have given them my concern, my life is in danger, my children's lives are in danger and nothing is being done to help so what's the sense I'm going back to really explain myself or to give any information again because I'm not going to get any help.

Several other participants in this FGD confirmed this perspective on the lack of confidentiality in reporting to different agencies across the state's response to IPV and NPSV. Women who fear for their own and the children's life are less likely to report their experience of harm out of concern that their reports will be disclosed, exposing them to further harm. FGD participants felt strongly that breaches of confidences might occur at several stages across the multiple sectors. This is of particular concern in situations where inter- and multi-sectoral, multi-level responses to GBV are advocated as a comprehensive and effective approach. If a lack of confidentiality, or a perception of such a lack, persists, the state's ability to support survivors will be significantly compromised.

6.7.2. Healthcare response

The FGD and interview with healthcare representatives revealed a high degree of knowledge and sensitivity in terms of the response to cases of IPV and NPSV, particularly in instances where the patient is seeking to conceal their experience of GBV. Healthcare workers revealed that they had been exposed to training; however, this has been insufficient in communicating the current legislative and policy reforms, particularly changes to the DV Act, which now has a mandatory reporting requirement for healthcare workers. Participants revealed a degree of lack of clarity about how changes to legislation might affect them and expressed fear of retaliatory violence by perpetrators as a result of the compulsory reporting.

It was noted that there was a positive working relationship between healthcare workers and the police in responding to situations of IPV, with the police lauded for their speedy and professional response in enacting the protocols, especially in cases involving minor victims of sexual violence.

For example, an emergency room doctor interviewed (K15) remarked:

We don't have the manpower like the police as in, I might be irresponsible in saying that there is a lot that is going on that they don't know because it is not reported. The frequency with which we see sexual assaults, the common man does not know at all, at all. They have no clue. The police they come here 1 o'clock and they are tired of us, and they find people. I mean you would be surprised how efficient when they are ready to be, the police are excellent. They would pluck a child out of a house, and you would find that child was being monitored for six years. But they are good like that. And they would wait, because we have problems with seeing

patients at the casualty as well and there is a six- to eight-hour wait sometimes and they would wait sometimes for hours with that person, no complaints and... To the point that we would facilitate them. We would hear that they are coming and we would see what we can do.

The doctor suggested there were frequent reports or detection of cases of NPSV that present at the emergency healthcare facility and as a result the police had had to work alongside them in responding. He underlined that there was a good working relationship with police on the issue, with a continual stream of reports flowing from them to the police. However, a significant gap mentioned was the long wait time survivors/victims of sexual violence experience when they do present at healthcare services. It is encouraging to hear of the care with which the police respond, according to this doctor, but the lack of immediate medical and psychosocial intervention for women and children reporting GBV to the emergency health services is of concern.

The doctor also described working alongside a team of experienced nurses, mainly women, in whom he had much confidence to respond appropriately and provide him with guidance on how best to address survivors/victims of sexual and physical trauma emerging from GBV. Women in the FGD confirmed a high degree of care and concern in their response in these instances.

6.7.3. Criminal justice response

The work of the police and that of the judicial system combine to form the criminal justice response to IPV and NPSV on behalf of the state. Police officers reported shifts in attitudes to addressing GBV by members of the force. They also pointed to the complications involved in

responding to reports and determining how to deal with retractions of reports by women. This was also raised in interviews with representatives from within the legal profession who either administer decisions or represent complainants in situations involving GBV. Across the interviews and FGDs, gaps in the criminal justice response were identified, with many reporting that the legal framework did not provide wide enough scope to address the complexities associated with GBV. In addition, women reported that the police response to complaints was inconsistent. Some women said that officers responded immediately and in ways that suggested adherence to legislative and policy frameworks set out in the DV Law and the National Strategic Action Plan to Reduce Gender-Based Violence. Others reported unsatisfactory responses by law enforcement to reports of GBV.

Reports of improvements in the police response came from sources in healthcare and the Ministry of Social Development, Housing and Community Empowerment and from among people working within the court system. A family lawyer (K12) remarked that:

I must also say that one area where we have improved significantly is the police response to domestic violence situations. Before they would say we are not getting involved in man and woman business, but I see they are taking it more seriously and when they go to the scene they do take action to remove the perpetrator from the home, and they do take it a lot seriously and they respond ummm... more positively.

From her experience of working in the criminal justice system, the participant noted a marked improvement in how the police regarded reports of GBV, with a greater likelihood of taking action in situations previously regarded as private non-state concerns. This may be the result of decades

of advocacy work, training, state policy and action, as well as a more recently coordinated effort to train frontline workers in law enforcement in appropriate responses to GBV. A representative of the Division of Gender and Family Affairs in the Ministry of Social Development, Housing and Community Empowerment (K12) stated that:

I can tell you there was a lot of training with police officers and it was obvious from the trainings because I was involved... that there [was] a lot of talking, there was a lot exchange and so forth, so they were very very fruitful.

This shift in approach was also captured by police officers participating in this research. In a one-on-one interview, a female police officer specializing in GBV response (K13) described being exposed to a number of training programmes conducted by the Ministry of Social Development, Housing and Community Empowerment and LACC, in collaboration with the RGPF. She described a high degree of political will among the police with regard to addressing GBV:

We have a new commissioner sitting and he is, um, he is, he is, he is, his priority is sexual violence and violence or offences... Because when you look at our stats, we have the police statistics based reports coming in slash matters going to the court, that is travels to court. It's high. Sexual offense slash [sic] other violence crimes, some of the crimes that is happening, it come about from the intimate partner relationship, and uhm for a force, it's not, it's not nice. It's not a nice taste. So I think that that is the driving force behind his um, his directive.

Situating GBV as a priority concern for the police force marks a significant shift in how this form of violence is being constructed. It is only recently that IPV was directly criminalized in Grenada. The

above participant went on to describe pending media announcements about law enforcement's tougher stance in addressing GBV as a means to communicate the seriousness with which the force was addressing the problem. This ideological shift is also of note when we consider decades of research in which GBV, especially violence involving intimate partners, has been regarded as less significant than ordinary violence, occurring in the context of the mitigating circumstance of love and intimacy and thus attracting less stringent penalties, or non-intervention by the state.

It should also be noted that KI3 and participants of the FGD with male and female police officers had a keen awareness about GBV and an anti-GBV approach in their discussions of the law enforcement response. Police officers articulated an informed gender-responsive approach to addressing GBV, which may have to do with their greater engagement with training, legislation and responding to situations of GBV as a consequence of CSO, state and development partner programming. In this regard, both the UN Trust Fund grant and UN Women's project stand out. However, some survivors raised major concerns about the police response:

Police is no help, police is a waste of time... They're no help. You make your report and then it's like they don't want to – you have to be pushing, pushing to get something done. They don't do they work unless you have some links. [IPV-12, 33, administrative assistant]

Well is then when I called the police. And the police said they can't come because the van go out and they doubt it should be able to come... So I say well you all can walk and come, because if you all walk and come you will be able to come in time. He said no things tight, and he can't come because he don't

have no transport. I said well, if it's Ganja, you would walk and come, but if somebody is trying to kill somebody, you won't come immediately. [IPV-09, 54, unemployed]

This is in contrast with a 38-year-old paralegal (IPV-13), who reported that:

My experience with the police has never been bad. When I left and I got them to come to remove my stuff it was fine so I've never had a bad experience with them. I know I've heard women who have had experience with police that they don't respond to their situation but I've never had that experience with them.

Greater involvement by a wider cross-section of police officers of various ranks, attached to central and community police outposts, is required to address the continued inconsistent response by law enforcement. IPV-09's statement also points to insufficient physical resources for officers to undertake their duties and to meaningfully respond to the needs of survivors.

The RGPF established the SVU in 2017 to respond more comprehensively and carefully to reports of crime involving GBV. Both a female and a male police officer reported in the FGD on the establishment of this Unit as resulting in vast improvements and a reorientation in the police response. The latter also emphasized the recent orientation towards community policing (along with the SVU) as allowing for a higher degree of reporting and engagement with the RGPF by survivors of GBV.

I have learned a lot in the last two years than I can say than I've learned through my entire tenure being at the Criminal Investigation Department as a detective. Um, some of the major developments in the force I think would be the Electronics Crimes Act, um...

also, we had the establishment of the Special Victims Unit recently launched and we also have the community policing as a forefront of modern policing right now. Um, these initiatives I think have made a good impact in Grenada in the communities and so forth, now we see a lot of persons coming forward giving information and so forth now than they would have ever done.

The female police officer added that, with recent training and with the establishment of the Unit, there had been a shift in the approach to IPV by police officers.

The establishment of the Special Victims Unit, um very recently, and um, persons receiving training in this regard as well. Um, there is a more... specifically to domestic violence though... I believe there is a greater appreciation on the part of the police to support victims. You find before, when a person comes to the police and report an issue of domestic violence, they would respond in a manner that said well, that's normal, go back and meet your man. We're not, um, supposed to deal with that. What you coming here for? But there is a change. There have been significant training for officers in recent years, and um, we embrace the opportunity to provide that level of intervention, that level of um, comfort for individuals who are victims and that reassurance with the system.

These enlightened approaches, though encouraging, must be seen alongside the weaknesses related to confidentiality, enforcement of protection orders and reports of GBV by law enforcement officers shared by participants in the interviews and FGDs. In short, the emergence of a high degree of political will among law enforcement to meaningfully address

GBV, though encouraging, must be understood against a background of a widespread need for further training and attitudinal shift in relation to GBV among members of law enforcement more generally.

The response regarding prosecution in the magistrates' courts was mixed. On the one hand, a presiding magistrate (K11) defined operations within the magistrates' courts as adequate in responding to the situation of GBV and its complications:

Actually, we supposed to start a pilot in Antigua and Grenada. To create a Family Court similar to Trinidad's model. The matters we have at present I don't think a separate magistrates' court is necessary. We managed well although there is always a need for improvement. We currently have nine magistrates' courts and there are social workers assigned to each court. But more counsellors are needed.

During the interview, K11 disclosed that cases of IPV and NPSV were heard in camera, as opposed to in open court. However, police officers interviewed in the FGD were less confident in the current configuration of the court/prosecutorial system in delivering justice for survivors. One female police officer stated that:

Another challenge I think is the way our court system is set up, in that, having a victim in the court and that alleged suspect or accused is right there... For juveniles, the court might be cleared but having that suspect sitting just a couple feet away, they have to relive that memory, looking at that person. Sometimes they break down and then the matter gets thrown out. No prosecution happens. So I believe we would have to change our court systems, maybe have the complainant or the victim away from the court but using

technology, they give the evidence. So they don't have to face that person again.

Court rites that require that a respondent face and (sometimes in the absence of a legal counsel or through legal counsel) question child and adult victim/survivors of GBV lead to further harm for complainants and function as a barrier to justice/remediation. Participants suggested the use of technology to allow complainants to give evidence outside of the presence of the alleged perpetrator, but there is no current legislative framework in place to facilitate this. It should be noted that court rites/rituals were identified in anthropological research on magistrates' courts in Trinidad and Tobago as operating to prevent a meaningful and survivor/victim-centred state response to GBV (Lazarus-Black, 2007). This was prior to the introduction of family courts in the country. Lazarus-Black found that class and gender operated in ways that prevented working-class women in particular from accessing protection orders when the DV Act was first introduced, as many could be rejected for not adhering to the conventions of the court. For example, if a woman was deemed to be dressed inappropriately, her case would not be heard.

A family lawyer (K12) strongly advocated for the need for Grenada to introduce a family court system similar to that which exists in some CARICOM Member States.

At the time what I noticed, sort of like our system was discriminatory in that there's one ummm.... there's one route for people who are married and a different route for unmarried persons. So, if a person is married, they have access and there's violence, there's access in the High Court. And then High Court has more options in terms of proposing sanctions... a High Court judge has, you know, a wider gamut of options available

to them. Ummm... if you're unmarried, you must go through the criminal... I mean the magistrates' court, which is a lower-level court... ummm. Things take longer to get through. The magistrate's hands are tied in certain instances... And I also felt that usually when one problem comes before the court, that is just a symptom of a whole set of other things going on... and I think if we had a court with the... to offer a holistic approach to the problem, they would uncover a whole host of other things going on in the home and address it one time... but if you have family court and then send out a social worker to go and investigate what is going on in the home, speak to the children, they may uncover that there's violence in the home, there may be sexual violence, you have the young juvenile delinquent in the home that... you know... And all these matters can be addressed in one place by someone who is already familiar with the family.

The lawyer foregrounded the class cleavages that create differential access to justice based on the resources of complainants. The speed and seriousness of the response and punishment vary across the magistrates' and high courts. She was also concerned about the fragmentation of social and legal services occasioned by the centrality of the magistrates' courts in responding to GBV. She envisioned a family court in which essential legal, investigative, social work and psychosocial services were brought under one umbrella to allow for the proper tracking of individuals and cases at various stages of the state's socio-legal response to GBV. She also mentioned how adjudicating on a single matter before the presiding judge under the current magistrates' court system meant that the connections among various forms of violence was missed. In fact, she went on to state that "You could have the whole family and they spread out in

different courts and nobody is communicating with each other.”

A presiding magistrate (K11) also mentioned that the magistrates' court worked closely with law enforcement and LACC to provide socio-legal responses to GBV. She spoke of referrals to the Man-to-Man Batterer Intervention Programme for perpetrators and of survivor support groups for women (the CHANGES programme) run by LACC as rounding out the socio-legal collaborative response to GBV in Grenada. Under the current system, men against whom protection orders are sought and who have been charged with crimes under the criminal act but not taken to the High Court are referred to the Man-to-Man Batterer Intervention Programme. (The next section gives more detail on the work of LACC to address GBV.)

6.7.4. Social service provision and civil society response

The Division of Gender and Family Affairs in the Ministry of Social Development, Housing and Community Empowerment and LACC are the main sources of social services provision to address GBV in Grenada. Both entities offer a range of joint and individual programmes, activities, training, support and counselling services.

A DV Unit was established in 2003, now referred to as the GBV Unit. This Unit was established to engage in public education, training, counselling and community outreach on GBV. It is under this programme that a number of police officers have been trained in GBV response. In addition, the Men's Desk in the Division of Gender and Family Affairs leads a programme for men, a portion of which addresses GBV violence. The sole existing DV shelter is managed from the Ministry of Social Development, Housing and Community Empowerment. There is also minor additional

support for housing outside of the shelter for women and their children who have been displaced as a result of GBV. K12 from the Division of Gender and Family Affairs, explained:

They would usually take the cases that come through the Domestic Violence Unit at the Ministry. Even if they are aware of a situation where the person needs housing, they would first need us to assess the situation and what would typically happen is that we would explain to the person that this person is really in need of that shelter and cannot find placement by a family member or friend or something like that. Sometimes they can find placement but their life might be in danger so it's best to have them there. So we do come and go because what assessment and we include the rules of the home which includes how you can't just leave and your life might not be in danger, somebody else's might be. So we go through all of those things and once they are okay with it and the children can go up to age 12.

Arrangements made to house women escaping violence depend on the threat of further harm that women and their children might face, and this determines whether families are placed in the sole shelter or alternative arrangements are made to offer a more permanent solution for women's desire/need to escape situations of violence.

Despite these arrangements, a general feeling about the lack of adequate resources to comprehensively address physical and psychological needs emerged across the interviews and FGDs.

A significant proportion of the support for GBV in Grenada comes in the form of psychosocial, counselling and legal services provided by LACC, an NGO established by and that continues to be supported in part by GRENCODA. LACC has

over the years benefited significantly from the funding, mentorship and overall support of UN Women in its delivery of essential services to address GBV in Grenada. Grenada was selected as one of several Caribbean countries in which the Partnership for Peace (PFP): A Domestic Violence Prevention Programme was piloted. The programme was implemented in 2005 and continues today. Referred to as the Man-to-Man Batterer Intervention Programme, it is delivered by LACC as a main response to IPV in Grenada. It was established to reduce and prevent violence in intimate relationships by intervening with court-referred men. PFP, based on the Family Violence Education Programme at Yale University School of Medicine, was adapted for the Caribbean with support and funding provided by the UN Women Multi-Country Office – Caribbean. Grenada was the first country in which it was piloted.

In a 2013 evaluation of the Man-to-Man Batterer Intervention Programme, researchers found a high degree of fidelity with the original PFP programme (Amurelu-Marshall, 2013). While reports from LACC suggests a low re-offending rate – 10 out of 136 – the researchers cautioned that official statistics from the courts and police would be required for a more accurate measure of recidivism rates. Even with the use of official statistics it remains difficult to ascertain accurate rates of recidivism, because a significant proportion of IPV incidents go unreported.

K114, a representative of LACC, reported that, over the 26 cycles since the inception of the programme, about 300 of the approximately 400 men registering (or 75%) had completed it. Completion in this instance means that the person finished at least 14 of the 16 weekly sessions constituting the programme. Recidivism, he explained, is measured by reports made to the police. Further to this, he reported that the CHANGES programme was developed to support female partners of these

court-referred men, who often did not receive any psychosocial support once they had made their report to the police. Comparing the success rates of CHANGES and the Man-to-Man Batterer Intervention Programme, the LACC representative stated:

The court can direct a perpetrator to do the Man-to-Man programme as one of the non [sic] this is domestic violence, the victim, you cannot direct the victim to do an intervention. So the court strongly recommends and many times the victims agreed and participate in the programme. Um sometimes we also get referrals from the Ministry of Social Development that's the Domestic Violence Unit where they're working with a number of persons who have that as a feature of their relationship and they will refer them. Unfortunately, the success rate for CHANGES has not been as high because it is voluntary in nature. The men who are doing Man-to-Man, if you do not complete this programme successfully, you can still be sent to prison there. So there is something hanging over them, in the case of the victims or the survivors there's no such legal sanction so they can choose not to complete. Um so we've had, we haven't had as high success rates as we would like, but we have done over 25 cycles of CHANGES and we've had really good success.

These complementary programmes represent two important socio-legal interventions that reflect good practice in terms of state–CSO partnership. While the CHANGES programme is described as not yielding the same level of success in terms of completion when compared with the Man-to-Man Batterer Intervention Programme, some women talked of the important role of counselling, provided by LACC in their own healing.

Well I'm proud to say thank God for Legal Aid and Counselling... I remember coming to [LACC] shaking, crying I coulda barely talk and as the years come, progresses and what I admired [the counsellor] say, you progressing, you coming on, you improving. And [the counsellor] had always given me the assurance of how to protect [myself] and had always given me how to look at other people. Right now I think and I kinda in a relationship is for me because of what I've gone through with my husband and um is someone that like again... played... playing a game... pretensive – come in do all the nice... niceties and then probably when they don't get what they want or they know what you stand for, no text no call when you call they busy as if you making you look... I say back to that again? I say no I was taught better than that by [the counsellor] boundaries, boundaries and then I know now to build up more boundaries and to look out but I thank God for legal aid and counselling. [IPV-16, 48, cook]

This woman reports on the transformation she experienced, having gone through counselling as a survivor of violence. She attributes learning about boundaries, decision-making in relationships and identifying specific patterns of abuse by men to her time in therapy with a legal aid counsellor. It should be noted that women interviewed form part of a clinical sample accessed through LACC, who may have, to different degrees, internalized specific principles of personal autonomy, ways of knowing themselves and understandings of relationships. This may be similar to or different from survivors/victims who have not had exposure to ongoing counselling/psychological therapy.



7. CONCLUSIONS AND RECOMMENDATIONS

Grenada represents an important case study for confronting the complexities, nature and meanings of and responses to GBV – namely, IPV and NPSV. The qualitative research component of the Women’s Health and Life Experiences Study, 2018 reveals that women continue to experience some of the most harmful and heinous expressions/manifestations of gendered inequalities in the form of sexual and physical violence in intimate relationships, as well as non-partner sexual violence.

Services and systems of support, though improving, still require streamlining at the level of the state and civil society and in communities. Much of the resources are directed towards state and CSO partnerships, with varying degrees of success. Though these initiatives are meant to engage communities, they often do not sufficiently incorporate them into responses. This is of critical concern, given the significant proportion of IPV and NPSV that remains hidden from official statistics.

The severity of violence reported by women is of serious concern. The use of weapons, as well as women’s injuries, highlights the risk of fatality. For several of these women, the psychological and physical effects of violence are permanent. One woman linked her hypertensive condition to the trauma related to IPV; a nurse reported the maiming of one woman; women reported cuts and head injuries; and women also reported different kinds of psychological trauma related to both IPV and NPSV. The FGD with healthcare workers confirmed women’s reports that IPV and NPSV are severe and injury-inducing and have serious psychological consequences.

Below is a summary of the main findings and analysis of this study, as well as emerging recommendations.

7.1. Summary findings and analysis

1. Interviews with survivors and FGDs and KIIs strongly emphasized social adherence to conventional gendered assumptions and gendered systems that reproduce IPV and NPSV. Interviews about violence were full of examples of how intimate heterosexual relationships are shot through with hierarchies of gender. Gendered expectations of work, family, care and fidelity, among others, were drawn on to rationalize men’s violence against their female partners. Young and older men in FGDs remain committed to unequal arrangements of power based on gender. These very ideologies are reproduced to excuse and explain men’s perpetration of IPV.
2. In this study, GBV was described across interviews and FGDs as simultaneously gendered, intergenerational, familial and societal. Children witnessing IPV and experiencing physical and sexual violence featured prominently. It is important to note that these reports of witnessing or experiencing violence were not restricted to survivor accounts. First responders in law enforcement also shared experiences of child sexual abuse. These reports point to its pervasiveness and the need to recognize that categories such as survivor, KI, perpetrator, first responder, policy-maker and activist may overlap in terms of experiences of IPV and NPSV.
3. In terms of the nature and severity of IPV and NPSV, a number of acts of violence that would normally fall under criminal codes related to violent crimes were reported. These include wounding and serious bodily harm. The use of weapons was also

reported in a number of cases. Consistency in accountability for violence involving weapons and physical injury is necessary.

4. Stories of sexual violence, shared in the interviews with survivors, point to a serious problem of child sexual abuse against girls, which emphasizes how relations of power, based on gender, age and space, operate to seriously harm children, with effects continuing into adulthood. “Space” is used here to refer to proximity based on friend and familial relations, closeness in residential status of perpetrators and survivors and presence or absence of carers (who are not named as perpetrators of sexual violence). In many of the reported cases of sexual violence against children, the perpetrators were known to the woman and her family (e.g. neighbours, in-laws, pastors), and women disclosed that they often did not report such incidents. This finding is in keeping with existing knowledge on sexual violence in general, and on sexual violence against children.
5. Sexual violence against women in violent intimate relationships is another way in which systemic and institutionalized inequalities based on gender and sexuality are reproduced. A double standard of sexual morality features in violent heterosexual relationships. Women survivors reported that they experienced physical and sexual violence for questioning their partners. Women also rationalised men’s violence as being a consequence of suspicions of infidelity. Service providers interviewed regarded sexual violence as a key feature of violent relationships. The narratives reveal that men’s proprietary attitudes towards women are symptomatic of gender systems

and gendered relations of power expressed as sexual violence in these relationships.

6. Grenada has improved its provision of services to prevent and address GBV at the level of state and civil society. There is greater awareness on preventing and responding to GBV among law enforcement officers, and workers in healthcare and social services ministries, as well as among non-governmental entities offering services to address GBV. However, insufficient human and financial resources, as well as inconsistent responses by police officers, were highlighted as gaps that needed to be addressed to ensure an improved response across services.

7.2. Recommendations

1. Interventions and actions to address systemic and widespread unequal relations of power based on gender must first identify these as pervasive and enduring, despite gains in legislative and policy shifts. Programming to address IPV must embed gender justice as a key principle. This means that actions and messaging should never compromise on making clear the need for non-hierarchical gendered relations, systems and practices (at all levels) as a prerequisite for the elimination of GBV. It also means marking unequal relations of power based on gender as systemic and structural, as a product of socialization, connected to other systems of power, and as disproportionately affecting women and girls.
2. There is need to ensure that training of first responders in the criminal justice system, healthcare, communities and civil society embeds psychosocial support, not just in terms of debriefing but also in recognition

that people within these categories are often survivors who have witnessed and/or experienced violence. It is also essential to ensure that training and policies set standards of non-violence and non-discrimination, based on gender, sexuality, race, age and class, for first responders and frontline workers. This will require more meaningful and long-term training and refresher training courses that extend beyond one-off workshops.

3. Consistent application of the criminal codes in cases of IPV where weapons are used and injuries are involved should be a goal to ensure state accountability in this regard.
4. Tied to recommendation 3 is a suggestion to support important inter-sectoral work through the identification of a network of experts on gender, gender mainstreaming and GBV to provide ongoing oversight of progress on the GBV action plan as well as training for representatives of various stakeholder groups involved in the GBV response (formal and informal).
5. Interventions to address child sexual abuse must be expanded from a state-centric focus, given that a significant proportion of these cases are not reported. Though this study did not set out to measure rates of reporting on GBV, it found that some women who disclosed experiences of child sexual abuse had not reported the incident to an adult at the time it occurred. Education targeted at children must engage age-appropriate strategies that teach children safe ways of reporting sexual violence. Such strategies are included in a number of public education campaigns aimed at children but there is a greater need to disseminate this education in smaller spaces, such as classrooms, places of worship, community groups and spaces, sporting organizations and places of leisure, and with the requisite support services on hand.
6. There is need to expand the focus of interventions to ensure that informal networks of social support within communities and families are targeted as social safety nets for women and girls experiencing GBV. Putting to one side the importance of state-run shelter facilities, most women and families experiencing GBV seek refuge within communities of family and friends. Ways of targeting these non-state, non-CSO sources of support should be explored through meaningful, decentralized community engagement. State and development agency resources (in the form of money, professional services, expertise, gender and GBV educational resources, information on services, etc.) should be expanded to ensure communities, families and other non-formal networks are engaged as sources of support.
7. It is critical to engage women and girl survivors of GBV in public policy, action plan renewal and strategizing in general, as experts on their own situation. This again requires a decentralized focus. It is also proposed as a means through which to avoid the tendency to produce the very hierarchies of gender and status that can feature in public policy, planning, making and strategizing to address GBV.
8. Mainstreaming critical gender analysis (as defined in this report) at all levels and in all actions and interventions is required to ensure elimination of the ideologies, assumptions and practices that maintain and produce GBV.



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A decorative background consisting of a grid of circles in yellow and white on an orange background. The circles are arranged in a 10x6 grid. The word "APPENDICES" is written in yellow, underlined, in the upper right quadrant of the page.

APPENDICES

Appendix 1: Survivors' information sheet

You have been invited to participate in a research project on women's wellbeing, women's experiences in intimate relationships and surviving conflict. Kindly take time to read the following information carefully. If you prefer, we can go through the document together. Please do not hesitate to ask for clarification if there is anything that you are unsure about. You can keep this leaflet should you decide to participate.

About the study

The purpose of the study is to understand:

1. Women's wellbeing, women's lives, women's experiences in intimate relationships and how women deal with conflicts in these relationships
2. Women's perspectives on how to improve the current resources for addressing conflict in relationships

This project is being conducted by the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) in collaboration with a Regional Research Team in Grenada and the wider Caribbean. UN Women has provided funding for this project.

As a participant you will be asked to share your thoughts and experiences on the issues outlined above in an audio-recorded interview with me. This interview should last for no more than one hour.

Your participation is voluntary. Even if you decide to take part in the interview, you are still free to withdraw at any time and without giving a reason.

All responses will be kept confidential, and no names or information that could identify you will be used in any report produced from this study.

Your participation in this study will help to shape policies and actions toward improving resources available to women for addressing their experiences of conflict.

If you have any questions about the study, please feel free to contact the Lead Researcher, Dr Halimah DeShong at halimahdeshong13@gmail.com

Appendix 2: Survivors' informed consent

Purpose:

1. To investigate women's wellbeing, women's lives, women's experiences in intimate relationships and how women deal with conflicts in these relationships
2. To understand women's perspectives on how to improve the current resources for addressing conflict in relationships

Procedure: Your participation will take the form of an audio-recorded interview, which should last no more than one hour. At the beginning of the interview, you will be asked to provide some general information about yourself. For the remainder of the interview, you will be asked to provide information about your network of family and friends, your relationships, any conflict you have experienced in your relationships, the kinds of support you have sought to manage conflict and your views on how best women with similar experiences might be supported.

All responses will be kept **CONFIDENTIAL**. Your name and any other identifiers will not be used in any report on this study.

Please be advised that you have the right to refuse any question that you do not wish to answer.

Eligibility: Women who have experienced violence as a result of conflict in their relationships are eligible for participation in this study.

Confidentiality: Please note that your identity will be kept confidential. In addition, only a trained research team will have access to the data once the lead researcher and two trained research assistants have removed all identifiers. Audio-recordings will be kept in password-protected and encrypted files, and once the data analysis is completed these recordings will be destroyed. Interview transcripts will also be kept in password-protected and encrypted files to prevent unauthorized access to this information.

You are not required to give your name or that of any other person during the interview.

Risks/benefits: This study addresses conflict and violence you may have experienced in your intimate relationship/s. It is possible that you might experience some emotional and psychological trauma in recounting these experiences. If at any time participation becomes too difficult for you, please do not hesitate to indicate your need to take a break or to stop the interview entirely. We have provided a list of services and individuals that you can contact should you require support/counselling. By participating in this study you will be contributing invaluable to providing a better understanding of women's lives, how women address conflict in their relationships, and the kinds of programmes and actions necessary to improve women's lives.

Voluntary participation: Your participation in this interview is completely voluntary. There will be no negative consequences should you choose to withdraw from the interview at any time.

Appendix 3: IPV survivors' interview schedule (one-on-one semi-structured in-depth interviews)

Oral consent

Having read/listened to the information sheet and informed consent statement, do you still agree to participate in this study?

| | 1. Demographics | |
|----|--|--|
| a. | How old are you? | |
| b. | Where do you live? | |
| c. | How do you identify by race/ethnicity? | |
| d. | Do you practise a particular religion? Explain why/why not. | |
| e. | How old were you when you left school? Indicate levels of education completed. If you have any educational certificate, please list them. | |
| f. | Are you currently employed? If yes, what is the nature of your employment? If no, provide information of past employment. | |
| g. | Please state approximately how much money you earn in your current job. | |
| h. | Do you own any of the following, either by yourself or with someone else: - Land - Your house - A company or business - Large animals (cows, horses, etc.) - Small animals (chickens, pigs, goats, etc.) - Produce or crops from certain fields or trees - A financial investment (units, mutual funds, stocks or bonds) - Vehicle - Any other assets | |
| i. | Are you in a relationship (visiting/married/common law/cohabiting/not in a relationship)? | |
| j. | Do you have children? If yes, how many children do you have? | |

I. Image of self

I want to ask a few questions about you, your ideas about being a woman, some of the expectations that exist socially about women and men. Feel free to provide examples in response to the following questions.

1. How do you think your family and friends would describe you?
 2. What sort of person would you say you are? How would you describe yourself? **[Probe for qualities]**
 3. What are some of the things that are important to you and why?
 4. And for you, what does it mean to be a woman?
 5. Thinking about society, what are the expectations of women? What do you think about these expectations?
 6. Again, thinking about society, what are the expectations of men? What do you think about these expectations?
 7. Do you have a future vision for your self? Please explain.
-

II. Respondent and her community/social networks

In order to understand women's lives, I want to ask you about your network of friends, family, neighbours and/or community.

8. Are there family members, friends and/or neighbours that you are close to?
 9. Can you describe a relationship you have/had with a close friend/neighbour who is not an intimate partner? What are some of the things you talk about?
 10. How often do/did you go out without your partner/former partner? Please explain what that is/was like.
 11. Do you talk to any of your friends, family members and neighbours about your life? **[Probe for experiences, plans or problems]**
 12. Now I want to ask you about your partner/former partner, does he have many friends?
 13. What is his relationship like with his family and friends? **[Probe for time spent together and shared activities]**
-

III. Respondent's assessment of relationship

I want us to turn our attention to your experience of being in any intimate relationship in which there was conflict and you experienced physical violence. First, I want to talk to you about any partner who might have done this to you.

14. I want us to start with the first partner that did something like this to you. What attracted you to him? What did you like best about him?
15. What are your expectations of a partner? Did your partner meet these expectations? **[Probe for explanation]**
16. Who took care of the finances in the family/relationship?

17. Was either of you head of the family/relationship? Explain.
 18. Tell me what your relationship has been like (best time, worst time, now).
 19. What do you think caused the changes? [**Probe – children, alcohol, marriage, violence, jealousy, etc.**]
 20. What sort of things do/did you and your partner NOT see eye to eye on? What did you argue about? [**Probe – money, housework, work, kids, family, friends, alcohol, violence, jealousy, sex, etc.**]
 21. What are some of the things that you argue about before violence/a physical fight?
 22. Have you ever left each other as a result of violence?
 23. Now I want to ask you about any other relationships where you had similar experiences. [**Repeat questions**]
-

IV. History of violence and non-intimate partner sexual violence

Now, I want to ask you to share some of your experience of growing up. In this section I want us to talk about any violence you may have witnessed or experienced growing up.

24. Were there any verbal quarrels and arguments in your family? Can you tell me about them?
25. When you were growing did you get into trouble (e.g. rude to parents, failed to do household chores, argued with siblings)? What did your parents/guardians do about it?
26. Were you ever hit by your parents or guardians? Can you tell me about that (perpetrator, nature of violence, how often, what was the effect)?
27. Did your parents ever have physical fights? If yes, what happened (who was the perpetrator, how often, extent of injuries, argument, drink/drugs)?
28. How much did seeing this violence affect you?
29. Was there any other violence in your family? If yes can you tell me about this (perpetrator, victim, nature of violence, how often)?
30. Would you say that anyone in your family had a drink or drug problem? How serious?
31. And would you say that you have, or have ever had, a drink or drug problem? If yes, how serious? Can you tell me about it?
32. So, generally, when you look back on your childhood, what was it like?

Sexual violence by a non-partner

33. This is a personal question and I hope you don't mind me asking but can you tell me if you were ever sexually abused as a child? If yes, can you tell me about it? [**Probe for perp., age, duration, location, frequency, effects**]
 34. Have you ever been sexually abused as an adult, by someone who was not your intimate partner? If yes, can you tell me what happened? [**Probe for perp., age, duration, location, frequency, effects**]
-

V. Violence in the relationship

If I may, I want us to return to some things you began to explain before about your relationship/s. Can we talk a bit more about conflicts in your relationship which led to acts of physical violence and control?

35. Describe the relationship for which you sort help most recently because of violence (marriage/co-habiting/visiting/other).
 36. Tell a bit about that partner (age, residence, religion, race/ethnicity, education, employment, income, etc.).
 37. Do you have children together? How many? How old?
 38. Does he have other children besides the ones with you? How many others? How old are they?
 39. Are you aware of any childhood experiences of violence that he has had? Please explain.
 40. Are you aware of his involvement with any other acts of violence outside of your relationship? With whom? What was his role?
 41. Can you remember the first time that an argument with your current partner became violent? Please tell me about it – argument, who was the perpetrator, nature of violence, extent of injuries, drink/drugs, location, witnesses, duration.
 42. How serious was this incident in your view?
 43. Who do you feel was responsible? Explain why.
 44. What did you do immediately afterwards? What happened next?
 45. Did you talk about it? If no, why not? If yes, what kinds of things did you both say?
 46. Did you tell anyone or sought help? From whom? Describe the response you received when you told others / sought help.
 47. Ask respondent about the worst and last time an intimate partner used violence against them. **[Repeat questions 41–46]**
 48. Can you tell me how these experiences have affected you? **[Probe for injuries, shame, loss of employment, emotional distress, etc.]**
 49. [Where relevant ask about whether and how violence has affected children; ask for concrete examples]
-

VI. Interventions and vision for change

We are close to the end the interview. Before we close, I wanted to get your thoughts on the kind of support available to yourself and others to address problems in their relationships. I also would like to hear your views on the kinds of support that should be available.

50. Are you aware of the different kinds support available to women who experience abuse in their relationships in Grenada? Can you explain to me which services you know about? How did you come to hear about these options?

51. Have you ever sought any other kinds of support for abuse/violence outside of the ones you already mentioned? Explain your experience.
 52. Besides those mentioned before, can you explain any other support you have gotten from friends/family/ other community members?
 53. Based on your own experience and discussion with others, what kind of support do you recommend for women who experience abuse/violence in their relationships?
 54. What are some of the things you hope to achieve for yourself and your loved ones in future?
 55. Is there anything else you would like to say?
-

I wish to extend my deepest gratitude for the time you have taken to share some of your story with me. I want to share a list of support services and individuals who you can contact should you need or wish to talk further about anything discussed here today.

Peace and blessing to you!

Appendix 4: NPSV survivors' interview schedule (one-on-one semi-structured in-depth interviews)

Oral consent

Having read/listened to the information sheet and informed consent statement, do you still agree to participate in this study?

| | 1. Demographics | |
|----|--|--|
| a. | How old are you? | |
| b. | Where do you live? | |
| c. | How do you identify by race/ethnicity? | |
| d. | Do you practise a particular religion? Explain why/why not | |
| e. | How old were you when you left school? Indicate levels of education completed. If you have any educational certificate, please list them. | |
| f. | Are you currently employed? If yes, what is the nature of your employment? If no, provide information of past employment. | |
| g. | Please state approximately how much money you earn in your current job. | |
| h. | Do you own any of the following, either by yourself or with someone else: - Land - Your house - A company or business - Large animals (cows, horses, etc.) - Small animals (chickens, pigs, goats, etc.) - Produce or crops from certain fields or trees - A financial investment (units, mutual funds, stocks or bonds) - Vehicle - Any other assets | |
| i. | Are you in a relationship (visiting/married/common law/cohabiting/not in a relationship)? | |
| j. | Do you have children? If yes, how many children do you have? | |

I. Image of self

I want to ask a few questions about you, your ideas about being a woman, some of the expectations that exist socially about women and men. Feel free to provide examples in response to the following questions.

1. How do you think your family and friends would describe you?
 2. What sort of person would you say you are? How would you describe yourself? **[Probe for qualities]**
 3. What are some of the things that are important to you and why?
 4. And for you, what does it mean to be a woman?
 5. Thinking about society, what are the expectations of women? What do you think about these expectations?
 6. Again, thinking about society, what are the expectations of men? What do you think about these expectations?
 7. Do you have a future vision for your self? Please explain.
-

II. Respondent and her community/social networks

In order to understand women's lives, I want to ask you about your network of friends, family, neighbours and/or community.

8. Are there family members, friends and/or neighbours that you are close to?
 9. Can you describe a relationship you have/had with a close friend/neighbour who is not an intimate partner? What are some of the things you talk about?
 10. Do you talk to any of your friends, family members and neighbours about your life? **[Probe for experiences, plans or problems]**
-

III. History of violence and non-intimate partner sexual violence

Now, I want to ask you to share some of your experience of growing up. In this section I want us to talk about any violence you may have witnessed or experienced growing up.

11. Were there any verbal quarrels and arguments in your own family? Can you tell me about them?
12. When you were growing did you get into trouble (e.g. rude to parents, failed to do household chores, argued with siblings)? What did your parents/guardians do about it?
13. Were you ever hit by your parents or guardians? Can you tell me about that (perpetrator, nature of violence, how often, what was the effect)?
14. Did your parents ever have physical fights? If yes, what happened (who was the perpetrator, how often, extent of injuries, argument, drink/drugs)?
15. How much did seeing this violence affect you?
16. Are aware of anyone in your family, neighbourhood or from among your friends who experienced any unwanted sexual behaviours performed against them? Please explain:

- When did this occur?
- Who was the victim?
- How old was she/she?
- Who was the perpetrator?
- How old was he/she?
- What happened?
- How was it addressed?

17. Were you ever in a **“sexual relationship”** with an adult before you were 16 years old? If yes, can you describe this relationship? **[How old were you, who old was the adult, how long did it last, did any family and friends know, how do you feel about the experience now]**
18. Generally, when you look back on your childhood, what was it like?
-

IV. Non-intimate partner sexual violence

I want to ask you about any personal experience you have had of unwanted sexual/sexual violence with someone who was not your intimate partner. I will begin by asking you about any experience of unwanted sexual contact/sexual violence you may have had before the age of 16 and then move to your experience as an adult.

19. Can you explain any time(s) where you experienced any unwanted sexual contact/sexual violence while you were growing up?
- How old were you when the event occurred?
 - Who did this to you?
 - Can you provide the person’s age?
 - Can you explain what happened?
 - How long was the entire event?
 - Where did it happen?
 - Did this person ever do this or any other unwanted sexual act to you again? Please explain.
 - Can you explain how this affected you?
 - Did you seek assistance? **[Probe for family, friends, police, social worker, healthcare, etc.]**
20. Did you experience any other unwanted sexual contact/sexual violence by anyone else while growing up? If yes, repeat the sub-questions under question 19.
21. Have you ever been sexually abused as an adult, by someone who was not your intimate partner?

- How old were you when the event occurred?
- Who did this to you?
- Can you provide the person's age?
- Can you explain what happened
- How long was the entire event?
- Where did it happen?
- Did this person ever do this or any other unwanted sexual act to you again? Please explain.
- Can you explain how this affected you?
- Did you seek assistance? [**Probe for family, friends, police, social worker, healthcare, etc.**]

22. Did you experience any other unwanted sexual/sexual violence by anyone else as an adult? If yes, repeat the sub-questions under question 19.

V. Interventions and vision for change

We are close to the end the interview. Before we close, I wanted to get your thoughts on the kind of support available to yourself and others to address your experience of unwanted sexual/violence. I also would like to hear your views on the kinds of support that should be available.

-
23. Are you aware of the different kinds support available to women who experience unwanted sexual/violence in Grenada [**probe for medical, psychosocial, community interventions, support groups, etc.**]?
24. Can you explain to me which other services you know about? How did you come to hear about these options?
25. Have you ever sought any other kinds of support for your experience outside of the ones you already mentioned? Explain your experience.
26. Besides those mentioned before, can you explain any other support you have gotten from friends/family/other community members?
27. Based on your own experience and discussion with others, what kind of support do you recommend for women who experience unwanted sexual/sexual violence?
28. What are some of the things you hope to achieve for yourself and your loved ones in future?
29. Is there anything else you would like to say?

I wish to extend my deepest gratitude for the time you have taken to share some of your story with me. I want to share a list of support services and individuals who you can contact should you need or wish to talk further about anything discussed here today.

Peace and blessing to you!

Appendix 5: Perpetrators' information sheet

You have been invited to participate in a research project on intimate relationship dynamics and conflict, and the support systems available to address these situations. Kindly take time to read the following information carefully. If you prefer, we can go through the document together. Please do not hesitate to ask for clarification if there is anything that you are unsure about. You can keep this leaflet should you decide to participate.

About the study

The purpose of the study is to understand:

1. Intimate relationship dynamics and conflict
2. The support systems available to men you have responded physically in situations of conflict in intimate relationships

This project is being conducted by the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) in collaboration with a Regional Research Team in Grenada and the wider Caribbean. UN Women has provided funding for this project.

As a participant you will be asked to share your thoughts and experiences on the issues outlined above in an audio-recorded interview with me. This interview should last for no more than one hour.

Your participation is voluntary. Even if you decide to take part in the interview, you are still free to withdraw at any time and without giving a reason.

All responses will be kept confidential, and no names or information that could identify you will be used in any report produced from this study.

Your participation in this study will help to shape policies and actions toward improving resources available to for addressing conflicts in intimate relationships.

If you have any questions about the study, please feel free to contact the Lead Researcher, Dr Halimah DeShong at halimahdeshong13@gmail.com

Appendix 6: Perpetrators' informed consent

Purpose:

1. To investigate men's perspectives on relationship dynamics and conflict
2. To understand men's perspectives on how to improve the current resources for addressing conflict in relationships

Procedure: Your participation will take the form of an audio-recorded interview, which should last no more than one hour. At the beginning of the interview, you will be asked to provide some general information about yourself. For the remainder of the interview, you will be asked to provide information about your network of family and friends, your relationships, any conflict you have experienced in your relationships, the kinds of support you have sought to manage conflict and your views on programming for men who respond physically to address conflict in their relationships.

All responses will be kept **CONFIDENTIAL**. Your name and any other identifiers will not be used in any report on this study.

Please be advised that you have the right to refuse any question that you do not wish to answer.

Eligibility: Men who have responded physically to address conflict in their relationships are eligible for participation in this study.

Confidentiality: Please note that your identity will be kept confidential. In addition, only a trained research team will have access to the data once the lead researcher and two trained research assistants have removed all identifiers. Audio-recordings will be kept in password-protected and encrypted files, and once the data analysis is completed these recordings will be destroyed. Interview transcripts will also be kept in password-protected and encrypted files to prevent unauthorized access to this information.

You are not required to give your name or that of any other person during the interview.

Risks/benefits: This study addresses conflict and physical responses you may have used in your intimate relationship/s. It is possible that you might experience some emotional and psychological effects in recounting these experiences. If at any time participation becomes too difficult for you, please do not hesitate to indicate your need to take a break or to stop the interview entirely. We have provided a list of services and individuals that you can contact should you require support/counselling. By participating in this study you will be contributing invaluable to providing a better understanding men's perspectives on conflicts in intimate relationships and the kinds of resources that should be made available to reduce such conflict.

Voluntary participation: Your participation in this interview is completely voluntary. There will be no negative consequences should you choose to withdraw from the interview at any time.

Appendix 7: Perpetrators' interview schedule (one-on-one semi-structured in-depth interviews)

Oral consent

Having read/listened to the information sheet and informed consent statement, do you still agree to participate in this study?

| | 1. Demographics | |
|----|---|--|
| a. | How old are you? | |
| b. | Where do you live? | |
| c. | How do you identify by race/ethnicity? | |
| d. | Do you practise a particular religion? Explain why/why not | |
| e. | How old were you when you left school? Indicate levels of education completed. If you have any educational certificate, please list them. | |
| f. | Are you currently employed? If yes, what is the nature of your employment? If no, provide information of past employment. | |
| g. | Please select the income range that best describes much money you earn in your current job. | |
| h. | Do you own any of the following, either by yourself our with someone else: - Land - Your house - A company or business - Large animals (cows, horses, etc.) - Small animals (chickens, pigs, goats, etc.) - Produce or crops from certain fields or trees - A financial investment (units, mutual funds, stocks or bonds) - Vehicle | |
| i. | Are you in a relationship (visiting/married/common law/cohabiting/not in a relationship)? | |
| j. | Do you have children? If yes, how many children do you have? | |

I. Image of self

I want to ask a few questions about you, your ideas about being a man, some of the expectations that exist socially about men and women. Feel free to provide examples in response to the following questions.

1. How do you think your family and friends would describe you?
 2. What sort of person would you say you are? How would you describe yourself? **[Probe for qualities]**
 3. What are some of the things that are important to you and why?
 4. And for you, what does it mean to be a man?
 5. Thinking about society, what are the expectations of men? What do you think about these expectations?
 6. Again, thinking about society, what are the expectations of women? What do you think about these expectations?
 7. Do you have a future vision for your self? Please explain.
-

II. Respondent and his community/social networks

In order to understand men's lives, their responses in situations of conflict, and their engagement with support services, I want to ask you about your network of friends, family, neighbours and/or community.

8. Are there family members, friends and/or neighbours that you are close to?
 9. Can you describe your relationship with you family and friends? **[Probe for time spent together and shared activities]**
 10. How often do/did you go out without your partner/former partner? Please explain what that is/was like.
 11. Do you talk to any of your friends, family members and neighbours about your life? **[Probe for experiences, plans or problems]**
 12. Now I want to ask you about your partner/former partner, does she have many friends? Explain.
 13. What is her relationship like with her family and friends? **[Probe for time spent together and shared activities]**
-

III. Respondent's assessment of relationship

I want us to turn our attention to your experience of being in any intimate relationship in which there was conflict and you responded with physical violence.

14. What are your expectations of a partner? Did your partner meet these expectations? **[Probe for explanation]**
15. Who took care of the finances in the family/relationship?
16. Was either of you head of the family/relationship? Explain.
17. Tell me what your relationship has been like (best time, worst time, now).
18. What do you think caused the changes? **[Probe – children, alcohol, marriage, violence, jealousy, etc.]**

19. What sort of things do/did you and your partner NOT see eye to eye on? What did you argue about?
[Probe – money, housework, work, kids, family, friends, alcohol, violence, jealousy, sex, etc.]
 20. What are some of the things that you argue about before violence/a physical fight?
 21. Have you ever left each other as a result of violence?
 22. Now I want to ask you about any other relationships where you had similar experiences. **[Repeat questions]**
-

IV. History of family violence

Now, I want to ask you to share some of your experience of growing up. In this section I want us to talk about any violence you may have witnessed or experienced growing up.

23. Were there any verbal quarrels and arguments in your own family? Can you tell me about them?
 24. When you were growing did you get into trouble (e.g. rude to parents, failed to do household chores, argued with siblings)? What did your parents/guardians do about it?
 25. Were you ever hit by your parents or guardians? Can you tell me about that (perpetrator, nature of violence, how often, what was the effect)?
 26. Did your parents ever have physical fights? If yes, what happened (who was the perpetrator, how often, extent of injuries, argument, drink/drugs)?
 27. How much did seeing this violence affect you?
 28. Was there any other violence in your family? If yes can you tell me about this (perpetrator, victim, nature of violence, how often)?
 29. Would you say that anyone in your family had a drink or drug problem? How serious?
 30. And would you say that you have, or have ever had, a drink or drug problem? If yes, how serious? Can you tell me about it?
 31. So, generally, when you look back on your childhood, what was it like?
-

V. Violence in the relationship

If I may, I want us to return to some things you began to explain before about your relationship/s. Can we talk a bit more about conflicts in your relationship that led to acts of physical violence?

32. Describe the relationship in which there were problems that caused you to be referred to this programme marriage/co-habiting/visiting/other).
33. Tell a bit about that partner (age, residence, religion, race/ethnicity, education, employment, income, etc.).
34. Do you have children together? How many? How old?

35. Does she have other children besides the ones with you? How many others? How old are they?
36. Are you aware of any childhood experiences of violence that she has had? Please explain.
37. Can you remember the first time that an argument with your current partner became violent? Please tell me about the argument [who was the perp., nature of violence, extent of injuries, drink/drugs, location, witnesses, duration].
38. How serious was this incident in your view?
39. Who do you feel was responsible? Explain why.
40. What did you do immediately afterwards? What happened next?
41. Did you talk about it? If no, why not? If yes, what kinds of things did you both say?
42. Did you tell anyone? Describe the response you received when you told others/sought help.
43. Please tell me about the worst time that an argument with your partner became violent. [argument, who was the perp., nature of violence, extent of injuries, drink/drugs, location, witnesses, duration]
[Repeat 37–42]
44. Now can you tell me about the incident which resulted in you being sent to this programme [or any other relevant entity]? [How long were you together, argument, time, location, duration and witnesses]
[Repeat 37–42]
45. How many persons know that you have physically harmed your partner? Who are they? How do they feel about it?
46. Can you tell me how you now feel about these experiences?
47. [Where relevant ask about whether and how violence has affected children; ask for concrete examples]

VI. Interventions and vision for change

We are close to the end the interview. Before we close, I would like to hear your views on what men could do prevent violence.

48. Have you ever sought help voluntarily to address how you deal with problems with your partner? Please explain your reason for doing so and what happened when you did.
49. Have you ever been referred to any other programme for this same reason? Can you tell me what happened in this case?
50. What do you think about these about the programme/s? Has it/they affected you in any way? Explain how.
51. Can you expand on how friends and family responded to you once they found out?
52. Based on your own experience and discussion with others, what do you recommend for men who have used violence in their relationships?

53. What would you tell men who admit that they have done this?

54. What are some of the things you hope to achieve for yourself and your loved ones in future?

55. Is there anything else you would like to say?

I wish to extend my deepest gratitude for the time you have taken to share some of your story with me. I want to share a list of support services and individuals who you can contact should you need or wish to talk further about anything discussed here today.

Peace and blessing to you!

Appendix 8: Key informant information sheet

You have been invited to participate in a research project on women's wellbeing, women's experiences of conflict and violence in intimate heterosexual relationships and non-intimate partner sexual violence against women. Kindly take time to read the following information carefully. If you prefer, we can go through the document together. Please do not hesitate to ask for clarification if there is anything that you are unsure about. You can keep this leaflet should you decide to participate.

About the study

The purpose of the study is to understand:

1. Service providers'/activists'/humanitarian personnel's/community leaders'/state officials' perspectives on women's wellbeing, women's experiences of conflict and violence in intimate heterosexual relationships and non-intimate partner sexual violence against women
2. Service providers'/activists'/humanitarian personnel's/community leaders'/state officials' experiences of addressing women's well-being, women's experiences of conflict and violence in intimate heterosexual relationships and non-intimate partner sexual violence against women

This project is being conducted by the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) in collaboration with a Regional Research Team in Grenada and the wider Caribbean. UN Women has provided funding for this project.

As a participant you will be asked to share your thoughts and experiences on the issues outlined above in an audio-recorded interview with a researcher. This interview should last for no more than one hour.

Your participation is voluntary. Even if you decide to take part in the interview, you are still free to withdraw at any time and without giving a reason.

All responses will be kept confidential, and no names or information that could identify you will be used in any report produced from this study.

Your participation in this study will help to shape policies and actions toward improving resources available to women for addressing their gender-based violence.

If you have any questions about the study, please feel free to contact the Lead Researcher, Dr Halimah DeShong at halimahdeshong13@gmail.com

Appendix 9: Key informant information sheet

Purpose:

1. To investigate perspectives on relationship dynamics and conflict
2. To understand how to improve the current resources for addressing conflict in relationships

Procedure: Your participation will take the form of an audio-recorded interview, which should last no more than one hour. At the beginning of the interview, you will be asked to provide some general information about yourself. For the remainder of the interview, you will be asked to provide information about your experience of addressing conflict in intimate relationships, the programming and actions of your organization to address such conflict and your vision for improving services and support systems for addressing these issues.

All responses will be kept **CONFIDENTIAL**. Your name and any other identifiers will not be used in any report on this study.

Please be advised that you have the right to refuse any question that you do not wish to answer.

Eligibility: Service providers, activists, humanitarian personnel and community leaders who have addressed conflict in intimate relationships are eligible for participation in this study.

Confidentiality: Please note that your identity will be kept confidential. In addition, only a trained research team will have access to the data once the lead researcher and two trained research assistants have removed all identifiers. Audio-recordings will be kept in password-protected and encrypted files, and once the data analysis is completed these recordings will be destroyed. Interview transcripts will also be kept in password-protected and encrypted files to prevent unauthorized access to this information.

You are not required to give your name or that of any other person during the interview.

Risks/benefits: This study addresses conflict and violence intimate relationships. As members of a community of workers who address this problem on the frontline, it is possible that you might experience some emotional and psychological effects in recounting these experiences. If at any time participation becomes too difficult for you, please do not hesitate to indicate your need to take a break or to stop the interview entirely. We have provided a list of services and individuals that you can contact should you require support/counselling. By participating in this study you will be contributing invaluable to providing a better understanding of conflicts in intimate relationships and the kinds of resources that should be made available to reduce such conflict.

Voluntary participation: Your participation in this interview is completely voluntary. There will be no negative consequences should you choose to withdraw from the interview at any time.

Appendix 10: Key informant interview schedule (one-on-one semi-structured in-depth interviews)

Oral consent

Having read/listened to the information sheet and informed consent statement, do you still agree to participate in this study?

| 1. Demographics | | |
|---|---|--|
| Thank for agreeing to do this interview. We really value your expertise as someone who has been involved with addressing the problem of IPV/DV in your community/in Grenada. I want to start off by asking you some general questions about yourself and what you do. | | |
| a. | How old are you? | |
| b. | Where do you live? | |
| c. | How do you identify by race/ethnicity? | |
| d. | Do you practise a particular religion? Explain why/why not | |
| e. | How old were you when you left school? Indicate levels of education completed. If you have any educational certificate, please list them. | |
| f. | Can you explain what you do and how you are involved in addressing GBV (specifically IPV/DV situations)? | |
| g. | Can you explain whether you have had specific training in responding to IPV/DV/GBV? Please provide details. | |
| h. | Please select the income range that best describes much money you earn in your current job. | |

I. Service providers' perspectives on the nature, meanings and context of IPV

I want to now turn to your perspectives on the factors related to IPV/DV based on your experience of working on this issue over time.

1. How long have you being working in this area in you capacity as counsellor/social worker/lawyer/police officer/magistrate/healthcare worker, etc.? How long have you been involved in responding to reports of IPV/DV in your role as pastor/priest/activist/humanitarian personnel, etc.?
2. From your experience, can you describe the relationship and family context in which IPV/DV occurs?
3. Besides the relationship and family contexts, what, in your view, are some of the broader factors associated with IPV/DV? **[Probe for family composition, financial situation, social network of perpetrators and survivors, etc.]**
4. How often do your receive reports of IPV/DV in this capacity?

5. What do you do when you receive these reports? Can you provide a few examples of actions taken when someone reported situations of IPV/DV to you?
6. How, in your view, do survivors explain their experiences of IPV/DV? Please provide examples.
7. How do perpetrators explain their use of violence in intimate relationships?
8. Based on your interactions with survivors and perpetrators of IPV/DV, what can you tell about women's experience of sexual violence in these situations? How prevalent is sexual violence in cases of IPV/DV? How frequently do women report sexual violence as a subset of IPV/DV?
9. Do perpetrators admit to or provide explanations of sexual violence? How is this explained?
10. Gender has to do with how we construct masculinity and femininity (what it means to be a man or woman). Because we rank these categories differently, there exist gender inequality. [**You can explain further**]. In what ways might gender be related to IPV/DV?
11. What are some of the effects of violence you have witnessed? [**Probe for physical–unwanted pregnancies, sexually transmitted infections, injuries, hospitalization, loss of income, absenteeism, effects on children, psychological trauma, etc.**]
12. What are some of the challenges for survivors who seek redress (a remedy) for violence?
13. Can you discuss the effects of IPV/DV based on your experience as a counsellor/social worker/lawyer/police/magistrate/healthcare worker/pastor/priest/activist/humanitarian personnel?
14. What are the contexts in which women remain in violent relationships?
15. What are the contexts in which women leave these relationships?
16. Apart from what your office/organization/department/group/church/institution does, are you aware of other forms of support for women in these situations? Please explain.
17. Apart from what your office/organization/department/group/church/institution might be doing, do you know of any intervention/programmes/actions for men who have perpetrated IPV/DV?

II. Interventions

There are a number of interventions at the individual, community and governmental levels that seek to address IPV/DV in Grenada. I want to talk to you about the kind of intervention that you have participated in to address violence. I also want to find out about what your office/organization/department/church/institution has been doing over the years to address violence.

-
18. Can you tell me about actions and programmes undertaken in your [**insert appropriate entity**] to address IPV/DV? Please provide examples of different actions/programmes.
 19. What proportion of your [**insert appropriate entity**] work is geared toward addressing IPV/DV?
 20. Describe some of the other social interventions your [**insert appropriate entity**] undertakes.
 21. Can you reflect on the ways in which your [**insert appropriate entity**] has intervened to address IPV/DV? What would you say are some of the successes? What would you say are some of the challenges?

22. Are other ways in which you think your **[insert appropriate entity]** might support women and their families in these situations?
23. Can you tell whether you or your **[insert appropriate entity]** collaborate with any other individuals or entities to address IPV/DV? Describe the nature of these collaborations.
24. How aware are you of the different kinds of interventions that exist in Grenada to address IPV/DV? How would describe these interventions? **[Probe for strengths and shortcomings]**
25. What recommendations can you offer to improve the current state of IPV/DV response in Grenada?
26. Now I want to ask you about any knowledge you have about existing legislation and policies to address IPV/DV and sexual violence. Can you explain what you know about these? What kind of framework do they provide to address IPV/DV? **[Probe for gaps in legal and policy frameworks]**
27. Do sectors and groups in Grenada collaborate in any type of coordinated response to IPV? Please explain.
28. If you said yes to 35, explain your **[insert appropriate entity]** role in mounting a coordinated response?
29. How aligned is this coordinated response to the existence of any national action plan to address GBV/ IPV/DV?
30. Is there scope for improvement in ensuring that actions to address IPV/DV are coordinated? Please explain.
31. As a **[insert appropriate role]** on the frontline how does doing this work affect you?
32. **Where appropriate ask:** Do you have a support system to debrief after periods of dealing with cases of IPV/DV? Please describe how manage the effects of doing this kind of work.
33. What is your vision for a Grenada free of IPV/DV/GBV and how do we get there?

I wish to extend my deepest gratitude for the time you have taken to share some of your experiences with me. I want to share a list of support services and individuals who you can contact should you need or wish to talk further about anything discussed here today.

Peace and blessing to you!

Appendix 11: Focus group discussion information sheet

You have been invited to participate in a research project on women's wellbeing, women's experiences in intimate relationships, surviving conflict and surviving sexual violence. Kindly take time to read the following information carefully. If you prefer, we can go through the document together. Please do not hesitate to ask for clarification if there is anything that you are unsure about. You can keep this leaflet should you decide to participate.

About the study

The purpose of the study is to understand:

1. Service providers'/activists'/humanitarian personnel's/community leaders' perspectives on women's wellbeing, women's lives, women's experiences in intimate relationships, how women deal with conflicts and women's experience of NPSV in these relationships
2. Service providers'/activists'/humanitarian personnel's/community leaders' experiences of addressing relationship dynamics and conflict perspectives on, and your vision for reducing such conflict

This project is being conducted by the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) in collaboration with a Regional Research Team in Grenada and the wider Caribbean. UN Women has provided funding for this project.

As a focus group participant you will be asked to share your thoughts and experiences on the issues outlined above in an audio-recorded discussion. This discussion should last for no more than one hour.

Your participation is voluntary. Even if you decide to take part in the discussion, you are still free to withdraw at any time and without giving a reason.

All responses will be kept confidential, and no names or information that could identify you will be used in any report produced from this study.

Your participation in this study will help to shape policies and actions toward improving resources available to women for addressing their experiences of conflict.

If you have any questions about the study, please feel free to contact the Lead Researcher, Dr Halimah DeShong at halimahdeshong13@gmail.com

Appendix 12: Focus group discussion informed consent

Purpose:

1. To investigate perspectives on relationship dynamics, conflict and NPSV
2. To understand how to improve the current resources for addressing conflict in relationships

Procedure: Your participation will take the form of an audio-recorded FGD, which should last no more than one hour and ten minutes. This FGD is intended to solicit your views and experiences on addressing conflict in intimate relationships, NPSV, the programming and actions existing in Grenada for addressing these problems and your vision for improving services and support systems. FGDs provide a space in which shared and separate understandings on this subject can be documented. I encourage you to share your opinions and listen to those of other members of the group, even in instances where these might conflict with your own.

All responses will be kept **CONFIDENTIAL**. Your name and any other identifiers will not be used in any report on this study. To avoid breaches of confidentiality, we encourage you to avoid sharing personal experiences, which name specific clients/help-seekers and individuals you may have worked in any capacity on these issues.

Please be advised that you have the right to refuse any question that you do not wish to answer.

Eligibility: Service providers, activists, humanitarian personnel and community leaders who have addressed conflict and gender-based violence are eligible for participation in this study.

Confidentiality: Please note that your identity will be kept confidential. In addition, only a trained research team will have access to the data once the lead researcher and two trained research assistants have removed all identifiers. Audio-recordings will be kept in password-protected and encrypted files, and once the data analysis is completed these recordings will be destroyed. Interview transcripts will also be kept in password-protected and encrypted files to prevent unauthorized access to this information.

You are not required to give your name or that of any other person during the interview.

Risks/benefits: This study addresses conflict and gender-based violence. As members of a community of workers who address this problem on the frontline, it is possible that you might experience some emotional and psychological effects in recounting these experiences. If at any time participation becomes too difficult for you, please do not hesitate to indicate your need to leave the group temporarily or for the rest of the discussion. We have provided a list of services and individuals that you can contact should you require support/counselling. By participating in this study you will be contributing invaluable to providing a better understanding of conflicts in intimate relationships, NPSV and the kinds of resources that should be made available to reduce violence.

Voluntary participation: Your participation in this interview is completely voluntary. There will be no negative consequences should you choose to withdraw from the interview at any time.

Appendix 13: Focus group questions – activists, representatives of women’s organizations and community leaders

Welcome to everyone and thank you all for agreeing to participate in this focus group discussion. As mentioned when we went through the information sheet, I want to discuss experience and perspectives of IPV and NPSV based on your experience as an activists/member of a women’s organization/community leader. I am interested in learning about your knowledge of the contexts and nature of and responses to IPV and NPSV. Your views on how interventions can be enhanced are also of great value to this study. I wish to emphasize the importance of confidentiality. Each of you will receive a list of individuals and services that you can access should you need to do so following this discussion. Again, we value your participation in this study.

I want to begin by asking about the experience of working as an activist/member of a women’s organization/community leader.

1. What has it been like to work as an activist/member of a women’s organization/community leader for you?
2. What would you define as some of the major achievements/developments in organizing around IPV/NPSV in Grenada over the past few years?
3. What would you describe as among the top concerns for activists/members of women’s organizations/community leaders at the current moment?

If I may, I want to turn our attention to social understandings of being a woman and being a man.

4. What ideas exist in society about what it means to be a woman? Feel free to illustrate with examples.
5. What are your thoughts on these beliefs?
6. What are your views on being a woman in this society?

[Repeat questions 4–6 to elicit understandings of being a man]

IPV/NPSV continues to be recognized as one of the major problems that especially affects women and girls.

7. What are some of the understandings of IPV and NPSV among members of society? [Probe for societal definitions, who perpetrates, who are affected, etc.]
8. What do you think about these understandings?
9. How would you define IPV and NPSV?
10. Do you see any connection between this violence and other kinds of harm? Please explain.

The effects of IPV/NPSV are wide-ranging, with physical injuries and mental harm being among the most serious consequences. I want to hear about your own experience of having to respond to these situations.

11. How often do you address situations relating to IPV and NPSV in your capacity as an activist/member of a women’s organization/community leader?

12. Can you describe your experience of attending to these situations (who is likely to present for assistance in the situations; how much do they reveal about their experience)?
13. For those who admit to experiencing IPV/NPSV, what are the descriptions and explanations of violence presented?
14. How frequently do women report sexual violence, as part of their experience of IPV? Can you expand on the situations in which this occurs?
15. From your own of addressing these situations, how would you explain IPV and NPSV?

I want to turn to civil society and/community responses and interventions to address IPV/NPSV.

16. Are you aware of any national policy to address IPV/NPSV? Can you explain what you know about this/these policy/ies and the role outlined for healthcare in them?
17. Are there existing protocols that guide response to IPV and NPSV? Please explain.
18. Can you tell me about any civil society/NGO/community-led interventions to address IPV/NPSV (name of intervention, how long has it existed, activities, how effective)?
19. Can you please describe any collaborative or multi-sectoral response to IPV/NPSV in which your organization participates?
20. Can you identify any areas in which there has been success in addressing IPV/NPSV from the perspective of civil society/NGO community/community groups? Please describe.
21. What would you describe as some of the major challenges to addressing this form of violence from the perspective of civil society/the NGO community/community-based groups?
22. How would you assess the overall response to IPV/NPSV in this country?

Frontline personnel in areas including healthcare, social work and law enforcement, community leaders and counsellors are often affected by the work of addressing violence. I want to ask you about managing the effects of doing this work.

23. Are there systems in place for you to debrief/receive counselling for the possible effects of working this area? Explain.
24. Can you describe any actions you undertake which helps you manage the effects of doing this work?

I want to end by asking about your vision for change.

25. What do you see as the most important actions that could help to drive positive change in addressing IPV/NPSV?

I wish to extend my deepest gratitude for the time you all have taken to have this discussion with me. I want to share a list of support services and individuals who you can contact should you need or wish to talk further about anything discussed here today.

Peace and blessing to everyone!

Appendix 14: Focus group questions – healthcare personnel

Welcome to everyone and thank you all for agreeing to participate in this FGD. As mentioned when we went through the information sheet, I want to discuss experience and perspectives of IPV and NPSV based on your experience as healthcare professionals. I am interested in learning about your knowledge of the contexts and nature of and healthcare responses to IPV and NPSV. Your views on how interventions can be enhanced are also of great value to this study. I wish to emphasize the importance of confidentiality. Each of you will receive a list of individuals and services that you can access should you need to do so following this discussion. Again, we value your participation in this study.

I want to begin by asking about the experience of working in healthcare.

1. What has it been like to work in healthcare for you?
2. What would you define as some of the major achievements/developments in healthcare in Grenada over the past few years?
3. What would you describe as among the top healthcare concerns for you as healthcare professionals?

If I may, I want to turn our attention to social understandings of being a woman and being a man.

4. What ideas exist in society about what it means to be a woman? Feel free to illustrate with examples.
5. What are your thoughts on these beliefs?
6. What are your views on being a woman in this society?

[Repeat questions 4–6 to elicit understandings of being a man]

IPV/NPSV continues to be recognized as one of the major problems that especially affects women and girls.

7. What are some of the understandings of IPV and NPSV among members of society? **[Probe for societal definitions, who perpetrates, who are affected, etc.]**
8. What do you think about these understandings?
9. How would you define IPV and NPSV?
10. Do you see any connection between this violence and other kinds of harm? Please explain.

The effects of IPV/NPSV are wide-ranging, with physical injuries and mental harm being among the most serious consequences. I want to hear about your own experience of having to respond to these situations.

11. For those of you who have had experience with patient care, can you estimate the frequency with which persons seek treatment for injuries and psychological trauma resulting from IPV/NPSV situations?
12. Can you describe your experience of attending to these situations (who is likely to present for treatment in the situations; how much do they reveal about their experience)?

13. From your experience of working with these patients, are persons likely to reveal the situations in which they were injured? Please expand.
14. For those who admit to experiencing IPV/NPSV, what are the descriptions and explanations of violence presented?
15. How frequently do women report sexual violence, as part of their experience of IPV? Can you expand on the situations in which this occurs?
16. In your professional opinion, how would you explain this violence?

I want to turn to healthcare responses and interventions to address IPV/NPSV.

17. Are you aware of any national policy to address IPV/NPSV? Can you explain what you know about this/these policy/ies and the role outlined for healthcare in them?
18. Are there existing protocols that guide response in healthcare? Please explain.
19. Can you tell me about any healthcare specific interventions to address IPV/NPSV (name of intervention, how long has it existed, activities, how effective)?
20. Can you please describe any collaborative or multi-sectoral response to IPV/NPSV in which the health sector participates?
21. Can you identify any areas in which there has been success in addressing IPV/NPSV from the perspective of healthcare? Please describe.
22. What would you describe as some of the major challenges to addressing this form of violence from a healthcare perspective?
23. How would you assess the overall response to IPV/NPSV in this country?

Frontline personnel in areas including healthcare, social work, law enforcement and counselling are often affected by the work of addressing violence. I want to ask you about managing the effects of doing this work.

24. Are there systems in place for you to debrief/receive counselling for the possible effects of working this area? Explain.
25. Can you describe any actions you undertake which helps you manage the effects of doing this work?

I want to end by asking about your vision for change.

26. What do you see as the most important actions that could help to drive positive change in addressing IPV/NPSV?

I wish to extend my deepest gratitude for the time you all have taken to have this discussion with me. I want to share a list of support services and individuals who you can contact should you need or wish to talk further about anything discussed here today.

Peace and blessing to everyone!

Appendix 15: Focus group questions – men (two FGDs, younger and older men)

Welcome to everyone and thank you all for agreeing to participate in this FGD. As mentioned when we went through the information sheet, I want to discuss your perspectives on addressing conflicts in relationships, the kinds of support that exist for women and the kinds of programmes and interventions that are needed, as well as your vision for change. I wish to emphasize the importance of confidentiality. Even though we will discuss your thoughts on conflict in the relationship, I wish to encourage you to avoid including any personal experiences of IPV/DV in the session. Each of you will receive a list of individuals and services that you can access should you need to talk to someone after this session. Again, we value your participation in this study.

1. Let me start by asking, what are some of the things that are important to you?
2. Can you describe existing ideas about women in society? Using examples, can you tell me about these ideas?
3. How do you feel about these perspectives on women?
4. Can you describe existing ideas about men in society? Using examples, can you tell me about these ideas?
5. How do you feel about these perspectives on men?
6. How would you describe your experience of being a young man? Can you tell me about some of the ideas which exist in society about men? Please explain
7. How do you feel about these ways of viewing men?

I want us to turn our attention to some of the explanations for violence and conflict in relationships.

8. What are some of the ways in which different groups in society understand violence in relationships? [**Probe for family members, friends, neighbours, police, counsellors, social workers, etc.**]
9. What do you think about these explanations of violence?
10. What are your views on violence against women in intimate relationships? Please share.
11. How would you define this form of violence?
12. What for you are key issues associated with this kind of violence in relationships and has this changed over time?
13. Can you describe the effects of this kind of violence? [**Probe for effects children on family, friendships, employment/income, health (mental and physical), etc.**]
14. How aware are you about the nature of sexual violence against women and girls? Can you explain what you know?
15. What are some of the broader societal/social issues associated with sexual violence by men against women?

16. Why do you think it occurs?

At this point, I wish for us to turn our attention to the kinds of support available to women who have been affected by domestic violence/abuse.

17. Are you aware of specific policies and laws that exist to address violence and abuse in relationships? Please share your knowledge and views on these. [**Probe those who might be unaware of what exists to find out what they think accounts for this**]

18. How much do you know about the services that exist to support women and children in violent relationships?

19. Can you describe what you know about services available to women who have experienced violence in relationships? [**Probe for healthcare, religious, NGOs, social welfare, criminal justice, welfare division, shelter, etc.**]

20. How would you say these different services are working?

21. If you could make changes to any of these services, what would you do?

22. Can you advise about the kinds of services that should be in place to support women who experience abuse/violence in relationships?

23. Are you aware of any ways in which different organizations and/or ministries work together to address this kind of violence/abuse? Please explain.

24. Are you aware of any programmes or services available to men who perpetrate IPV and NPSV? Please explain.

We are near the end of the discussion, but before we close, I want to ask about your vision for a good life.

25. What does this look like for you? If you are living this good life or your best life feel free to share those experiences, persons or things that make this life a reality.

26. What are some of the things that your road to your best life entail?

I wish to extend my deepest gratitude for the time you all have taken to share some of your story with me. I want to share a list of support services and individuals who you can contact should you need or wish to talk further about anything discussed here today.

Peace and blessing to everyone!

Appendix 16: Focus group questions – police officers

Welcome to everyone and thank you all for agreeing to participate in this FGD. As mentioned when we went through the information sheet, I want to discuss experience and perspectives of IPV and NPSV based on your experience as members of the RGPF. I am interested in learning about your knowledge of the contexts and nature of and law enforcement responses to IPV and NPSV. Your views on how interventions can be enhanced are also of great value to this study. I wish to emphasize the importance of confidentiality. Each of you will receive a list of individuals and services that you can access should you need to do so following this discussion. Again, we value your participation in this study.

I want to begin by asking about the experience of working in law enforcement.

1. What has it been like to work in law enforcement for you?
2. What would you define as some of the major achievements/developments in policing in Grenada over the past few years?
3. What would you describe as among the top law enforcement concerns for you as members of the RGPF?

If I may, I want to turn our attention to social understandings of being a woman and being a man.

4. What ideas exist in society about what it means to be a woman? Feel free to illustrate with examples.
5. What are your thoughts on these beliefs?
6. What are your views on being a woman in this society?

[Repeat questions 4–6 to elicit understandings of being a man]

IPV/NPSV continues to be recognized as one of the major problems that especially affects women and girls.

7. What are some of the understandings of IPV and NPSV among members of society? **[Probe for societal definitions, who perpetrates, who are affected, etc.]**
8. What do you think about these understandings?
9. How would you define IPV and NPSV?
10. Do you see any connection between this violence and other kinds of harm? Please explain.

The effects of IPV/NPSV are wide-ranging, with physical injuries and mental harm being among the most serious consequences. I want to hear about your own experience of having to respond to these situations.

11. Can you estimate the frequency with which persons seek police intervention to address their experience of IPV/NPSV?
12. Can you describe your experience of attending to these situations (who is likely to present for support in the situations; how much do they reveal about their experience)?

13. What are the descriptions and explanations of IPV offered by complaints?
14. What are the descriptions and explanations of IPV offered by perpetrators/alleged perpetrators?
15. What are the descriptions and explanations of NPSV offered by complainants?
16. What are the descriptions and explanations of NPSV offered by perpetrators/alleged perpetrators?
17. How frequently do women report sexual violence, as part of their experience of IPV? Can you expand on the situations in which this occurs?
18. In your professional opinion, how would you explain IPV and NPSV?

I want to turn to law enforcement responses and interventions to address IPV/NPSV.

19. Are you aware of any national policy to address IPV/NPSV? Can you explain what you know about this/these policy/ies and the role outlined for the police in them?
20. Are there existing protocols that guide law enforcement response to IPV and NPSV? Please explain.
21. Can you tell me about any law enforcement specific interventions to address IPV/NPSV (name of intervention, how long has it existed, activities, how effective)?
22. Can you please describe any collaborative or multi-sectoral response to IPV/NPSV in which the police force participates?
23. Can you identify any areas in which there has been success in addressing IPV/NPSV from the perspective of law enforcement? Please describe.
24. What would you describe as some of the major challenges to addressing this form of violence from a law enforcement perspective?
25. How would you assess the overall response to IPV/NPSV in this country?

Frontline personnel in areas including healthcare, social work, law enforcement and counselling are often affected by the work of addressing violence. I want to ask you about managing the effects of doing this work.

26. Are there systems in place for you to debrief/receive counselling for the possible effects of working this area? Explain.
27. Can you describe any actions you undertake which helps you manage the effects of doing this work?

I want to end by asking about your vision for change.

28. What do you see as the most important actions that could help to drive positive change in addressing IPV/NPSV?

I wish to extend my deepest gratitude for the time you all have taken to have this discussion with me. I want to share a list of support services and individuals who you can contact should you need or wish to talk further about anything discussed here today.

Peace and blessing to everyone!

Appendix 17: Focus group questions – social workers and counsellors

Welcome to everyone and thank you all for agreeing to participate in this FGD. As mentioned when we went through the information sheet, I want to discuss experience and perspectives of IPV and NPSV based on your experience as social workers and counsellors. I am interested in learning about your knowledge of the contexts and nature of and healthcare responses to IPV and NPSV. Your views on how interventions can be enhanced are also of great value to this study. I wish to emphasize the importance of confidentiality. Each of you will receive a list of individuals and services that you can access should you need to do so following this discussion. Again, we value your participation in this study.

I want to begin by asking about the experience of working in healthcare.

1. What has it been like to work as a counsellor/social worker?
2. What would you define as some of the major achievements/developments in social service provision in Grenada over the past few years?
3. What would you describe as among the top concerns for you as social service professionals?

If I may, I want to turn our attention to social understandings of being a woman and being a man.

4. What ideas exist in society about what it means to be a woman? Feel free to illustrate with examples.
5. What are your thoughts on these beliefs?
6. What are your views on being a woman in this society?

[Repeat questions 4–6 to elicit understandings of being a man]

IPV/NPSV continues to be recognized as one of the major problems that especially affects women and girls.

7. What are some of the understandings of IPV and NPSV among members of society? [Probe for societal definitions, who perpetrates, who are affected, etc.]
8. What do you think about these understandings?
9. How would you define IPV and NPSV?
10. Do you see any connection between this violence and other kinds of harm? Please explain.

The effects of IPV/NPSV are wide-ranging, with physical injuries and mental harm being among the most serious consequences. I want to hear about your own experience of having to respond to these situations.

11. For those of you who have had experience with victims/survivors of IPV and/or NPSV, can you estimate the frequency with which persons seek support for the experience with IPV/NPSV?
12. Can you describe your experience of addressing to these situations (who is likely to present for support; how much do they reveal about their experience)?
13. For those who admit to experiencing IPV/NPSV, what are the descriptions and explanations of violence presented?

14. How frequently do women report sexual violence, as part of their experience of IPV? Can you expand on the situations in which this occurs?

15. In your professional opinion, how would you explain this violence (IPV and NPSV)?

I want to turn to social services and interventions to address IPV/NPSV.

16. Are you aware of any national policy to address IPV/NPSV? Can you explain what you know about this/these policy/ies and the role outlined for social workers and counsellors?

17. Are there existing protocols that guide response in social services? Please explain.

18. Can you tell me about any healthcare specific interventions to address IPV/NPSV (name of intervention, how long has it existed, activities, how effective)?

19. Can you please describe any collaborative or multi-sectoral response to IPV/NPSV in which the social sector or your specific institution participates?

20. Can you identify any areas in which there has been success in addressing IPV/NPSV from the perspective of the entity you represent? Please describe.

21. What would you describe as some of the major challenges to addressing this form of violence as social workers and counsellors?

22. How would you assess the overall response to IPV/NPSV in this country?

Frontline personnel in areas including healthcare, social work, law enforcement and counselling are often affected by the work of addressing violence. I want to ask you about managing the effects of doing this work.

23. Are there systems in place for you to debrief/receive counselling for the possible effects of working this area? Explain.

24. Can you describe any actions you undertake which helps you manage the effects of doing this work?

I want to end by asking about your vision for change.

25. What do you see as the most important actions that could help to drive positive change in addressing IPV/NPSV?

I wish to extend my deepest gratitude for the time you all have taken to have this discussion with me. I want to share a list of support services and individuals who you can contact should you need or wish to talk further about anything discussed here today.

Peace and blessing to everyone!
