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Twenty-one lessons: preventing domestic violence in the Caribbean

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TWENTY-ONE LESSONS: PREVENTING DOMESTIC VIOLENCE IN THE CARIBBEAN

NONE
in
3

Preventing Domestic Violence

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Christian Möller





University of
HUDDERSFIELD
Inspiring tomorrow's professionals



TWENTY-ONE LESSONS: PREVENTING DOMESTIC VIOLENCE IN THE CARIBBEAN

REPORT OF QUALITATIVE RESEARCH CARRIED OUT IN BARBADOS AND GRENADA

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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
CSA	Child sexual abuse
CSO	Civil society organisation
CSEC	Commercial sexual exploitation of children
DV	Domestic violence
EIDHR	European Instrument for Democracy and Human Rights
EU	European Union
FBO	Faith-based organisation
GBV	Gender-based violence
HIV	Human Immunodeficiency Virus
IPV	Intimate partner violence
NGO	Non-governmental organisation
Ni3	None in Three (EU-funded project to prevent domestic violence in the Caribbean)
PTSD	Post-traumatic stress disorder
STI	Sexually transmitted infection
TSA	Transactional sexual abuse of children
UN	United Nations
UNICEF	United Nations Children's Fund
VAW	Violence against women
UK	United Kingdom
USA	United States of America
WHO	World Health Organization

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1. EXECUTIVE SUMMARY

Domestic violence infringes the basic right to security of the individual and affects society as a whole – it impacts on demography, education and health systems, the economy, political participation and the overall security of a country. Domestic violence is a universal problem which affects all parts of the social fabric; it transcends ethnic, gender, religious, generational and economic lines. In Barbados and the Eastern Caribbean, beyond the ratification of a number of international instruments, domestic violence is widely recognised as a persistent challenge. On average, more than one in three women in the Caribbean experience gender-based violence in their lifetime; child sexual abuse is also a concern. The causes behind domestic violence in Barbados and the Eastern Caribbean are complex and deeply entrenched in cultural and behavioural norms. The prevention of domestic violence is vital if protection rights are to be effectively safeguarded. To this end, a sustainable and community driven approach -involving civil society and the various stakeholders - is crucial in effecting changes in cultural attitudes towards domestic violence. Early and continuous education about gender based violence and a focus on the prosecution and rehabilitation of perpetrators are both necessary to address the problem at its root. In addition, it is important that the relevant legal framework - and accompanying measures - is fortified and effectively enforced, so that the safety of victims and their families is adequately provided for. A co-ordinated approach between the various stakeholders is important to allow public and private mitigation and response mechanisms toward both protective and restorative safety nets (European Instrument for Democracy and Human Rights (EIDHR), ‘Towards a Future Free from Domestic Violence’, Guidelines for grant applicants 2014).

This statement provides the context for the None in Three project which is being implemented by a team of Caribbean and UK experts, led by Professor Adele Jones from the University of Huddersfield, UK. Developed in partnership with the Sweet Water Foundation, Grenada, Ni3 has a two-year life span (2016-2018) but is action oriented and therefore expected to deliver outputs and interventions that have long-term sustainable impact. The project is being implemented in Grenada and Barbados but aims to provide lessons that will be widely applicable across the region and internationally.

This is the report of qualitative research carried out by the Ni3 team with 109 participants (49 women and 60 men) between April and July 2016 from two Caribbean countries, Barbados and Grenada. The primary research questions were derived from a preliminary literature review which suggests that women from specific groups may be exposed to additional challenges alongside the experience of domestic violence. We selected four groups of women to focus on: women who experienced domestic violence during pregnancy, women with disabilities, women living with HIV and, women in same-sex relationships. The research questions we sought to answer concerning these groups of women were:

1. How do women (in each particular grouping) define domestic violence
2. What particular factors, unique to their circumstances, produce *additional risks or challenges* for women affected by domestic violence
3. What are women’s views about the reasons for increased risks
4. What are the effects upon them
5. What are the effects on their families

6. Are professionals and agencies working with women who face domestic violence, cognisant of the additional risks and challenges presented by these particular circumstances
7. What strengths, resilience and strategies do women in these particular circumstances draw on in managing/reducing/preventing or escaping risk of violence
8. Who helps them
9. What help do they need
10. What might escalate or de-escalate domestic violence rates

Our research with men and youth was designed to include both those who have been convicted of offences related to domestic violence and also those who had not. The primary research questions we sought to address with men were:

1. How do men define domestic violence
2. What are their thoughts about its prevalence, causes and effects
3. How has living with domestic violence affected them
4. How has living with domestic violence affected their families
5. What situations/circumstances contribute to men being violent (e.g., social, cultural, economic)
6. What is the impact of these situations on men
7. What strategies do men use to deal with these particular circumstances and pressures
8. What strengths, resilience and other strategies (not mentioned before) do men in these particular circumstances draw on in managing/reducing/preventing or escaping risk of violence
9. What can escalate and de-escalate domestic violence rates in Barbados/Grenada
10. Who helps men
11. What help do they need

We were guided in all decisions concerning recruitment and interviewing participants by a comprehensive ethics protocol (see appendix) and our primary consideration was our duty of care to those who took part in the research and the minimising of risk both to them and to those who conducted it. All the interviews were carried out by a multidisciplinary team of Caribbean researchers with extensive knowledge of gender and violence related issues and, most crucially, they were all experts in the socio-cultural contexts in which the study took place.

Our findings suggest several overarching themes that seem central to understanding domestic violence in the Caribbean:

Overarching Themes

There is a high degree of intentionality that lies behind much abuse. Domestic violence is rarely a one-off incident of aggression which happens as a consequence of loss of control and for the women in this study was more likely to reflect a continuum of violence and abuse.

From the evidence provided by women, perpetrators often plan how best to inflict harm; they make choices that suggest the acts of coercion, control and violence they inflict are intended and targeted. Where violence was regarded as being a consequence of the loss of control, this was primarily because of the influence of drugs or alcohol.

Violent behaviour (physical, sexual and emotional) as a feature of interpersonal relations can become embedded within family and community life and in this, women as well as men are implicated in that this becomes the primary means by which children learn to emulate adversarial rather than non-violent conflict resolution skills.

There are clear links between early abuse in childhood (especially child sexual abuse) and domestic violence in adulthood – for many of the women in our research, these experiences simply could not be disentangled.

The influence of gender inequality, gendered identities and gendered role expectations is geared towards promoting patriarchal values and seems unremitting in protecting male privilege and sense of entitlement and in creating the social and cultural conditions in which domestic violence flourishes.

Men and youth are impacted by violence too (though to a lesser extent) but they have no avenues to access support. Male victims of abuse by women are treated in a derisory manner by peers and professionals since they are expected to be in control. Furthermore there are few social spaces available for men to challenge cultural expectations and pressure to behave in dominant ways.

Within these overarching themes, we have identified 21 key lessons from the research, we summarise these next.

TWENTY-ONE LESSONS

1. Experiencing multiple forms of abusive behaviours

Women are rarely subject to one form of abuse alone. Most of the women in this study were subject to multiple kinds of abusive behaviours, sometimes simultaneously and sometimes sequentially, sometimes planned and sometimes spontaneous. Women were not able to predict what form the next attack upon them would take. Abuse was neither one thing nor different categories of things; women told us that abuse was whatever the perpetrator determined it would be in a specific time and context and dependent upon what weapons he could access. For some women the weapons used against them were characteristics of their own identity or circumstance. For example, the belly of a pregnant woman selected by a perpetrator as an area of particular vulnerability to inflict maximum harm, or shutting down forms of communication for a blind woman in order to increase her social isolation.

Recommendations:

There is need to increase education and public awareness programmes that explain the multiple forms of domestic abuse and the links between these.

Professionals need to be trained to identify potential indicators of domestic violence and to be supported by managers in being proactive in intervening.

Therapeutic, escape and support interventions for victims need to take account of the continuum and multiplicity of forms of abuse.

2. A continuum of abuse experiences over the lifespan

Women subjected to domestic violence in adulthood are likely to have been subjected to abuse as children, especially child sexual abuse – a continuum of abuse experiences over the lifespan. Women linked being sexually, physically and emotionally abused when they were children with the violence they were subjected to as adults. They wondered whether these later experiences of domestic violence had been in part ‘scripted’ because of the lack of support and recognition of their needs as children which had eroded self-esteem and influenced the relationship choices they made.

Recommendations:

Therapeutic and empowerment-based approaches for women should provide opportunities to address early childhood experiences of abuse.

Interventions targeted to children subject to abuse should recognise the importance of these experiences for future behaviours and relationship choices and build resilience-enhancing capacity into their programmes.

3. Socialisation into and the normalisation of violence

There was strong evidence that continuous oppression and violence are very difficult to exit. Chronic exposure to abuse raises questions about the effects of long-term socialisation into victimhood, just as the long-term socialisation into the normalisation of violence among perpetrators is the centre of much debate.

Recommendations:

By the time a report is made to the police or the situation brought to the attention of a person in authority, women are likely to have exhausted all other options for dealing with the problem and the violence may have escalated to a dangerous level. Professionals must recognise that their response at this point is crucial and all cases of domestic violence brought to their attention should be considered as urgent until and unless this is proven not to be the case. Reports made to the police should be followed by periodic visits to the woman where there is a strong likelihood of ongoing risk.

There is a clear need for stronger multi-agency working and strategies that help women escape violence and over the longer term, support women in addressing the ways in which abuse has eroded agency and self-esteem.

Given the prevalence of family and community violence, early childhood and primary school curricula should include a focus on children’s mental health and wellbeing which addresses the internalisation of exposure to violence and negative gender attitudes.

4. The cyclical nature of relationship violence

This continuum of abuse experiences is not only a problem for individual women, it also reflects the cyclical nature of relationship violence from generation to generation. Many women who have faced abuse in adult relationships have come from families in which violence was prevalent. Survivors recalled, as children, witnessing their mothers being beaten and in some cases described being beaten or raped in front of their own children.

Recommendations:

In assessing the impact of violence against women, there is need to also consider the impact on 'secondary' victims, i.e. the effects of violence on those who witness it, especially children and young people.

Girls who grow up in violent homes are more likely to become victims of domestic violence in later life, while boys who witness their fathers and other males perpetrating violence against their mothers have an increased risk of becoming perpetrators. Prevention programmes based in schools which address the attitudes that contribute to the development of these behaviours should be a fundamental part of a government's strategy to tackling the problem.

Governments should also consider 'joined-up' policy and programming which address domestic violence in the context of structural violence, community violence and family violence. As Allen (2011) argues, what is needed is a 'long process of social and economic reform accompanied by participatory education ... to develop social relationships between men and women based on mutuality and respect', (pg. 53).

5. Pregnancy does not stop abuse

In respect of pregnant women, the message from the research is clear: pregnancy does not stop abuse, neither does having a young baby. We found evidence that in some cases domestic violence increased during pregnancy and only in one case did it lessen. Several women reported that violence was directed at their abdomen or genital area to inflict damage not only on the woman but also on the child she was carrying. Some perpetrators aimed away from the woman's stomach when beating her, but did not stop. Once domestic violence existed in a relationship, the general finding was that it did not cease during pregnancy and in some relationships seems to have been the catalyst for an escalation of violence. This posed high risks to maternal outcomes and to the unborn child, including premature birth, miscarriage, serious injury, abnormalities and death.

Recommendations:

Health professionals should be trained and equipped with the tools to effectively identify signs of abuse and to know what action to take to help prevent harm to the woman and the unborn baby.

Pregnant women should be routinely screened for domestic violence during ante-natal and other health checks. Screening should occur at the first prenatal visit, at least once per trimester and at the postpartum check-up. Where this intervention has been introduced, there is strong evidence that it is a cost-effective way of identifying abuse and signposting women to available help and support.

Domestic violence during pregnancy is a major threat not only to the life and wellbeing of the woman, but also to her child. There is a need for health and child care services to examine how they might work together to provide protection before the child is born and also during infancy since these are periods of increased risk for children born into violent homes.

Pregnant women may find it more difficult than other women to leave a violent relationship for both physical and emotional reasons. Leaving the father of the baby one is carrying is exceptionally hard especially if the woman and her family have invested emotionally in the idea of family life and if the woman does not have independent economic means. Social services need to be cognizant of these challenges in designing interventions.

6. Women with disabilities: intersecting factors

Intersection of physical and sexual abuse among women with disabilities was a recurrent theme. Although women from all groups reported accounts of sexual violence, negative attitudes to their impairment left women with disabilities with a reduced sense of self and their partners with an increased sense that sex was theirs for the taking. Where physical mobility was an issue, this made it easier for the perpetrator to use his physical strength to overpower the women physically and force them into non-consensual sex. With reduced opportunities for earning an independent income, economic dependency was compounded for some women with disabilities by physical dependency related to their care needs and emotional dependency that had grown out of long-term abuse.

Recommendations:

Policy on domestic violence needs to pay specific attention to the needs of women who may be especially vulnerable or marginalized, such as women with disabilities. Generic policy is unlikely to address the particular ways in which disabled women are made vulnerable.

Economic and poverty reduction policies need also to consider the ways in which poverty reduces women's choices for escaping violence.

Specialised training is needed for those working with disabled people to be able to identify indicators of abuse at an early stage and to understand the multiplying effects of disablism and violence.

Court procedures should ensure that specific attention is paid to the needs of disabled women - providing befrienders, mobility access, non-legal advocates and sign language interpreters (as appropriate) for women pursuing domestic violence cases through the courts.

Discrimination and disablism can lead to low self-worth which in turn can affect a person's ability to take action when boundaries have been crossed, for example when personal care leads to the violation of the personal. Strengthening wellbeing, positive self-regard and enhancing resilience are key to empowering victims in this situation. They are also important ingredients in prevention and should be built into education programmes from early childhood onwards. This is especially important for disabled children who have increased risk themselves of being abused.

7. Women living with HIV: gendered and structural forms of violence

Women living with HIV were not only victims of their partners' violence, they were victims of the violence of stigma and discrimination at the societal and structural level that affects many persons living with HIV. However, that they experienced particular forms of harm based on the intersection of these factors within the context of gender and male domination was clear. This compounded the domestic violence they faced in their intimate

partner relationships in specific ways and increased their vulnerability to ongoing abuse. Some women explained that they often chose to put up with battering, rather than face the upheaval of finding a new mate, having to disclose their HIV status and risk rejection again. Having people know about one's status was one of the major fears expressed by women living with HIV. Some perpetrators used the woman's HIV status as a psychological weapon with which to harm her, threatening disclosure or actually disclosing to friends and encouraging ridicule and fuelling feelings of shame.

Recommendations:

Health professionals providing services to women living with HIV are uniquely placed to identify issues of domestic violence. This is because the woman does not have to fear that reporting abuse in this environment may lead to disclosure of HIV status (since this is already known). The importance of this cannot be overestimated since threatening to disclose status is used as a weapon to control and intimidate women by some perpetrators of violence. HIV screening, counselling and treatment services should therefore routinely provide opportunities for women living with HIV to report domestic violence and should also ensure effective referral systems so that they can access appropriate services.

As Allen highlights however, greater collaboration between sectors 'should ensure that referral does not cause additional trauma, and that confidentiality is upheld' (2011, p. 54). Breaching confidentiality about DV places women in considerable danger and breaching confidentiality about HIV status compounds the problems women face in multiple ways. The biggest fear HIV positive women may face in telling someone about the violence they experience and the impact this has on managing HIV is the fear of how this information might be used. For some, this will echo the threat of disclosure their partner holds over them. The misuse of information in working with victims of domestic violence is so serious that we consider this a form of institutional abuse. These issues should be addressed through joint-training, joint protocols and procedures and effective management. When breaches occur, there is also need for effective penalties levied against those responsible.

Staff working with persons living with HIV should be trained to identify the ways in which HIV can be both a consequence of sexual violence and also a contributing factor to physical violence and economic abuse so that they can signpost women towards the right services.

Anti-stigma HIV-AIDS public education programmes should address the ways in which stigma functions as a powerful silencer of victims and actually helps to hide the behaviours of perpetrators of domestic violence.

8. Women in same sex relationships: structural and sociocultural factors

Among the women in this study who were lesbians, which included some participants from privileged circumstances, we had the opportunity to see how they manage the vulnerabilities that come with being within a same-sex relationship in a wider context in which homosexuality is considered unacceptable and unlawful. Though several of these women experienced abuse in their relationships and issues of power and control came to the surface, they were not exposed to the types of male violence that heterosexual women in the study were subjected to. By and large, they were not trapped by a lack of economic

independence and they did not have children who needed their protection and support. However, state-sanctioned emotional abuse in the form of discrimination, inequalities in the laws of protection, being rejected by church, community and family and the risk of stranger violence impacted them in significant ways and reduced their opportunities to access support when facing intimate partner violence.

Recommendations:

*The exclusion of people in same-sex relationships from domestic violence legislation, though discriminatory of itself in respect of individuals, sends a message at the macro level that violence against lesbians (and gay men for that matter) is not a matter to be taken seriously. This fuels homophobic attacks and discrimination on the basis of sexual orientation. Governments must ensure not only that all people are treated equally under the law **but** that the law is actually designed to protect **all** people from violence equally.*

Organisations that provide services for battered women should consider reaching out to the lesbian and transgender community to explore ways of working collaboratively to ensure a more inclusive approach. The women in same-sex relationships in this study had fewer places to turn to for help than other women as they were often shunned by family, community and church and civil society organisations therefore have a crucial role in providing support.

9. Increasing sensitivity, empathy and understanding

The effects of violence on both women and children were as described in other studies with the most marked outcomes being the onset of emotional hopelessness, fatigue, and depression and for children, the impact of witnessing the brutalising of their mothers. Over time, it was evident that some women began to comply with the systems of control they lived within by modifying their behaviour, slowly giving up control in order to survive and avoid further victimisation. This was particularly the case for disabled women whose personal autonomy was deliberately reduced. This made it all the more difficult for women to escape violent relationships.

Recommendations:

There is need for training aimed at increasing sensitivity, empathy and understanding of domestic violence victims among professionals. This is especially the case in respect of the reasons why women stay. Chronic abuse generates multiple barriers to escaping violence; professionals need to appreciate that effective support should include a range of short, medium and long term interventions that can help women with immediate problems and also over time.

Therapeutic and empowerment-based interventions need to address the ways in which victims become so worn down they can end up complying with the controlling behaviours of perpetrators. Complicity can be a coping or survival mechanism however it contributes to intergenerational violence since it teaches children that one has to put up with violence.

10. Women stay because they cannot leave

Women were trapped in violent relationships by factors that mirrored the characteristics of abuse: psychological terrorising, fear and force, and threats of recrimination. Economic factors emerged as a key reason for not being able to get out of the abusive relationship. Most of the women in the study had little economic security and did not feel they would be able to provide for themselves and their families if they left the abusive home. Hidden homelessness (the lack of a stable home or risk of *potential* homelessness should a woman leave an abusive partner) was another reason for staying. Disabled women and women living with HIV were particularly impacted by economic dependency. Some women who had escaped were subject to stalking, threats of being killed and in one case a woman was raped by her ex-partner in retaliation for leaving him.

Recommendations:

A combined approach to policy on domestic violence, policy on poverty reduction and policy on gender equality is necessary to address women's economic dependency as a factor that traps women in violent relationships.

Civil society organisations, education institutions and churches all have a role to play in providing education programmes which aim to challenge cultural/gender stereotypes that promote expectations (from both men and women) that the man, as the provider is dominant and the female is subservient, in favour of gender roles that are more equal.

*There is a need for the police to work with other government and civil society organisations to develop strategies for keeping women safe **after** they have left a violent partner. Where violence has been long-standing, it may not come to an end because of a conviction or court order. In the small communities of the Caribbean, this therefore means that **extra** vigilance and support is needed.*

11. Emotional dysregulation, substance abuse and desensitization to aggression

Contributing factors to violence include the perpetrator's inability to control or manage his emotions, his need to exercise control over his partner, jealousy and drug and alcohol misuse. However, these were interconnected in that drug and alcohol misuse fuelled jealousy, jealousy increased emotional insecurity, and the inability to regulate emotions led to the need to assert even more repressive controls.

Recommendations:

Learning to regulate one's emotions is a function of emotional intelligence that can be affected by early childhood experiences of neglect and trauma and/or poor attachment relationships. Treatment programmes for perpetrators and those in need of anger management support should expand their focus from cognitive behavioural approaches to include methods that help people to address the impact of unresolved early childhood problems.

There is strong evidence from this and other research (e.g. Le Franc et al 2008), that adversarial relations is a common element of the dynamics of family life and intimate partner relationships. These types of interactions can de-sensitise people to the ways in which aggression becomes patterned as normal and are also a noted feature of domestic violence. Developing

conflict resolution and mediation skills is increasingly available in Caribbean contexts for dealing with civil court matters however, these methods of communication should also be incorporated into parenting programmes, relationship counselling and family support interventions.

Alcohol misuse (and to a lesser extent, drug misuse) contribute to domestic violence because they increase emotional insecurities, undermine self-regulation and act as a dis-inhibitor of behaviours. Drug and alcohol misuse are correlated with a range of other very serious social and health problems and governments should develop comprehensive public health strategies that engage with civil society organisations and churches to develop education and support programmes to reduce alcohol consumption. Serious consideration should be given to adopting similar methods to the reduction of tobacco use which combine public health education, interventions to support cessation of smoking, legislation and policy and most importantly, have garnered public support.

Programmes for perpetrators of violence should include access to alcohol and drug use reduction services.

12. Teaching men to be men and women to be acquiescent

The need for men to exercise control was also a key finding in the research with male participants. Men described this as being part of the culture of being a man which created social expectations about how, as males, they should behave. Combined with high levels of exposure to violence within families and communities, this was one of the key ways by which violent behaviours were learnt and became normalised.

Recommendations:

It is absolutely vital that boys, youth and men are exposed to versions of masculinity that do not subscribe to violence, domination and submission of females. It is equally essential that men take a stand against the propagation of negative views about women.

Women and girls are also influenced by these same gender socialisation processes; indeed for gender stereotypes to persist, the acquiescence of all players is needed and approaches that engage the whole of society in conversations, programmes and interventions geared to changing attitudes is needed.

What is needed is nothing short of a re-education/re-socialisation process that is initiated by governments in collaboration with education institutions, community, civil society and faith-based organisations and sustained over decades.

13. Positive fathering experiences; a critical need of children

The findings provide insights into the nature of communities as protective agents and the important role that families can play in helping women escape violence. While sometimes acting as supportive and nurturing spaces of refuge and strength, we also heard that some communities protect habits and behaviours that are harmful. This was true of families too. Many of the women in the study described the response of family members to their abuse

as one of denial, victim blame and rejection. Mothers were most frequently mentioned; however, the absence of mention of fathers may be accounted for by the fact that there is a high prevalence of single-headed female households in both Grenada and Barbados and the fathers may simply not have been a part of the wider family network.

Recommendations:

Faith-based and civil society organisations have a particularly valuable role to play in creating healthy communities and families and can do much through community-based interventions.

It must be recognised however, that communities that suffer from high levels of poverty, crime, violence, poor housing and with reduced access to economic opportunities require government investment to repair the fracturing of relationships that such environments generate. Communities and families exposed to persistent poverty and violence will have eroded capacity for recognising domestic violence and taking action to stop it.

Passive, absent or disengaged fathers represent a lost resource for children and families especially in terms of child protection and support. Beginning with child birth, through early years, health checks and education there is need for comprehensive coordinated programmes that encourage positive fathering in the lives of children.

14. Little confidence in professionals

In both Barbados and Grenada, there are significant strides being made in the response of the police to domestic violence. In the Ni3 research, however, some women did not believe that involving the police was a good strategy and thought that that this could make their situation worse. Negative responses to help from government agencies was not only confined to the police. Disabled women reported challenges in accessing support, there were major concerns about breaches in confidentiality by professionals and the criminal justice and social service systems were decried as ineffective. For women who had been sexually abused as children, the lack of justice then was a major reason for their inability to believe that they could expect justice as victims of domestic violence.

Recommendations:

The police service has a great deal of work to do if it is to engender the trust of victims. While training of police officers has improved regarding domestic violence and there are stronger, procedures, policies and laws in place, there is need for a greater police public relations role in challenging negative male attitudes.

There is need for more collaborative, interagency work involving the police, social workers, social services and health professionals to explore proactive strategies for prevention and to improve responses to violence in the home. This may require legislation which requires government agencies to work together, shared protocols, shared resources and inter-professional training.

There is need for more training concerning confidentiality and direct and serious penalties for when it is breached.

Dealing with domestic violence requires clear policy, protocols and procedures that are widely understood by the professionals who implement them and who in turn can be held accountable for systemic failings in protecting women from violence and accessing justice.

15. Involving survivors in the design of interventions

In respect of help-seeking behaviours, in almost all cases, reliance upon professional help was negligible. However, it is worthy of note that most respondents in Grenada named their agency as their primary go-to location, and in Barbados, most named their church community. Women provided evidence of resilience and exceptional courage. There was a wealth of advice offered by the women in this study to women living in situations of violence. It was at once compassionate and non-judgmental, and at the same time crystal clear about needing to walk away from abusive relationships, as a matter of life or death. Additionally, many women were very assertive about developing their own self-agency, about education around the issues, and also about social confidence.

Recommendations:

Learning from agencies and churches that already have effective programmes in place in order to develop models of best practice that can be more widely replicated is a cost effective use of resources that utilises local expertise and strengths.

Survivors of domestic violence are active in women's organisations and in services for battered women. Other organisations and churches should invite survivors to meet with relevant committees to design and develop interventions that are most likely to be helpful to women fleeing violence.

16. Perceptions of domestic violence

Regarding the perspectives of males: almost all men identified physical abuse and to a lesser extent psychological abuse as the sole identifiers of domestic violence. They did not regard sexual abuse or economic forms of control as domestic violence. This perhaps provides insights into the extent to which sexual entitlement is considered by some to be a right to be claimed as masculine identities are formed. Further if specific family roles and rules of behaviour within a family indicate that the man is head of the household and should control the finances, then it is unsurprising that economic abuse would go unrecognised.

Recommendations:

This finding raises crucial questions about the way values about male sexual entitlement and female sexual availability are transmitted throughout society, the commoditisation of sex and the lack of penalties for the violation of sexual rights.

Criminal justice systems need to be tightened in terms of the efficacy, fairness and timely execution of laws relating to sexual violence however there is also need for rehabilitative educational programmes and restorative justice approaches (for crimes that are appropriate). This is because punishment without education is unlikely to change the attitudes and behaviours that contribute to harmful sexual behaviour.

Alongside effective criminal justice systems, much more is needed by way of education, public awareness and prevention programmes. Schools and parents have an important role to play in teaching children about healthy sexual development, child sexual abuse and sexual rights yet strategies such as these are unlikely to be effective if societies give implicit sanction to the notion of sexual conquest as a feature of being male and sexual submissiveness as a feature of being female. These processes seem to be affirmed through sub-cultures and peer pressure/expectations.

Peer-to-peer interventions that tackle sexual rights and sex expectations for both males and females, adults and children are needed. Though faith-based organisations, community and youth organisations could lead such interventions, churches need to ensure that the content of such programmes are not conflated with moral messages about sexual abstinence. This is a different issue and would not lead to the changes in attitudes about sexual entitlement that are needed.

17. Women commit abuse too

Our findings suggest that women are possibly as affected as men by the socialisation processes and gender-role expectations in families in which violence is common. They are likely to be impacted not only in learning how to be victims, but also in learning how to be perpetrators of violence (particularly to children) and as the bearers, together with males, from one generation to another of values and behaviours that promote adversarial relations. However, it must always be recognised that even where adversarial relationships exist and where women perpetrate violence too, this is not a gender-neutral issue - women are far more likely than men to be seriously injured, maimed or killed by their partners than the other way around and are subject to violence in ways that men are not.

Recommendations:

There is need to recognise and provide support to male victims of domestic violence; this requires recognition that women can be violent too, but the forms of violence they inflict are often different to those perpetrated by males. While males are not likely to be maimed, injured or killed as a consequence of domestic violence against them (these are real risks for women), they should be encouraged to report abuse and have a right to be taken seriously.

All organisations and professionals working to prevent domestic violence must understand that if women have difficulty reporting domestic violence, there are social barriers that can make it even more difficult for men. Violence against men is often minimised or trivialised by professionals while peer pressure and patriarchal values dictate that no man should allow himself to be subject to abuse at the hands of a woman. The implicit message in these responses actually encourages male violence and is part of the problem in the perpetuation of gender stereotypes and attitudes. Civil society organisations should provide spaces for men and youth to talk about abuse against them in ways that affirm positive 'maleness' and which do not link being a victim with implicit messages of emasculation.

There is need for men-to-men support programmes that address violence against men recognising that there are differences from violence against females. For example, the prevalence of sexual violence perpetrated by women against men is understood to be very low in the Caribbean, however the opposite is not true. Furthermore, men have access to greater levels of economic power and are therefore not at risk of economic forms of abuse to the same extent as women.

18. Changing dominant perceptions of what it means to be a man

Men used the term 'culture' to describe the sets of expectations and behaviours that were inculcated in them as males as they grew up. Boys were told "be tough don't cry" and "you must be able to defend yourself". Being tough and aggressive and repressing emotions were seen as cultural markers of masculinity. Yet men also described having the need to express their feelings but the options for doing so were very limited since the cultural messages that regard this as inappropriate were not only transmitted through families but were also reinforced by peers.

Recommendations:

*Changing dominant perceptions of what it means to be a man in Caribbean societies to perspectives that embrace nurturing, empathic and equality principles can only be achieved by men. There is a role for **all** men, regardless of their role or status in society in taking up the mantle and leading by example in this regard.*

There is also need for education programmes – from early years through to higher education which challenge the notion of the tough, aggressive male.

Parenting programmes are primarily concerned with child-rearing methods however they should also include content which encourages the raising of boys to be boys, not to be 'not girls'.

19. Linking domestic violence, family violence and violence against children

A common thread across all male participants was the belief that women contribute to domestic violence in particular ways: child-rearing, relationship conflict, infidelity and perceived provocation. For example it was remarked that the physical punishment and verbal abuse meted out by mothers to children might be a boy's first exposure to violence and that these experiences combined with societal expectations about the role and behaviour of men contributed to the extent of violence in society.

Recommendation:

Women are identified in this, and other studies, as having a role in the perpetuation of violence in families. This is not only because they may be abusive to their male partners but as primary caregivers, they are often the ones inflicting physical punishment (and physical abuse) to children and in this way pass down messages about the acceptability of violence. Because violence against women is such a serious problem, child abuse is often regarded as a detraction from the problem. There is urgent need for governments to face the unpalatable truths about the links between all forms of violence in the home and to provide parenting and education

programmes that can help mothers and fathers rear children without the use of violence.

20. Understanding men's concerns

Some of the older men in the study expressed the belief that women's advancement (economic, educational and emancipatory) undermined their position as men. This speaks to the primacy of patriarchal values and suggests a view that the dominance of the male cannot be sustained if women are empowered, are independent and are competing with men on an equal basis. Linked to this, men believed that the increasing financial hardship many men are facing and the cultural expectation that males should be able to provide for their families was a source of frustration which contributes to domestic violence.

Recommendation:

Many men we engaged with believe that terms such as gender-based violence and gender equality are concerned only with women and that men who suffer economic and other forms of disadvantage have no spokespersons to protect their rights. It is clear that there is a growing number of men and youth who hold on to the idea of male dominance for status and self-esteem purposes. This group of men are at risk of becoming disengaged from the processes of social change. There is need therefore for governments and civil society organisations to start a new public dialogue to address their concerns while simultaneously enlisting them as agents of change.

21. Male-centred interventions

Men offered constructive suggestions for interventions that could make a difference. In a social and cultural context in which men are not encouraged to express their fears and emotions, it was surprising that counselling was most commonly cited. Among the range of counselling options discussed, men to men approaches were considered to be the most helpful. Other interventions centred on strengthening parenting, community and education-based programmes and building strategies for self-regulation and resilience. Central to these strategies was the engagement of men and youth as change agents within their own communities.

Recommendation:

Men-to-men, father-son and youth-to-youth approaches alongside professional counselling and perpetrator treatment programmes represent the most positive of opportunities for changing men's attitudes and behaviours. However these should be available not only on conviction of domestic violence but also as an early intervention preventive measure. There is therefore need for widespread government investment (possibly in partnership with the corporate sector) in training civil society, youth, education and faith-based organisations in the development, implementation and evaluation of such interventions and making these widely available across communities.

2. INTRODUCTION

I think my strategy for this is I'm at a place now where I'm continuing to educate myself and I do hope that he gets the help that he needs, but I'm at a place where if I have to wait to save myself, I will. That's the place where I am. At this stage of my life now, it's all about me. I realize that I deserve better. I deserve to be respected; to be treated as an equal partner and I deserve to be the priority in a man's life. In any relationship that I should have. And I'm just tired of being made a punching bag by somebody when all I've done is love you. (Marsha, Research Participant).

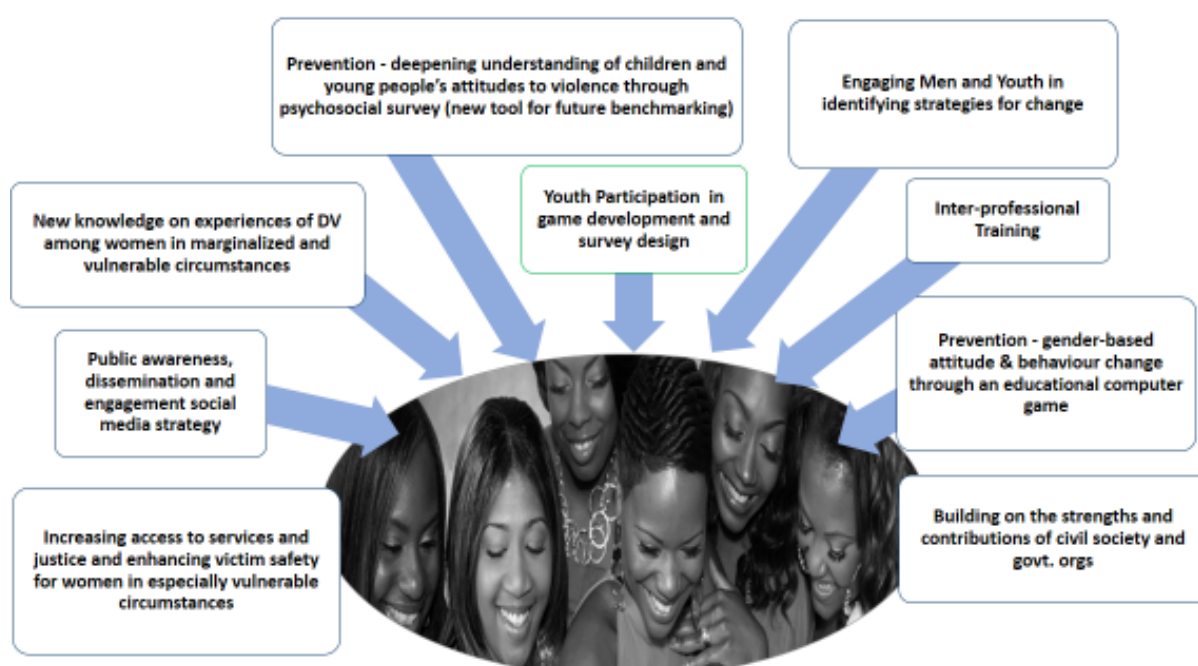
Alhabib, Nur and Jones (2010) suggest that violence against women has reached epidemic proportions. This is confirmed by the World Health Organisation which estimates that at least one in three women and girls will experience physical or sexual violence in their lifetime (WHO, 2013). This is the report of research conducted under the auspices of the **None in Three (Ni3)** project, a European Union-funded initiative for the prevention of domestic violence in the Caribbean and whose title reflects a commitment to changing this global statistic.

Domestic violence infringes the basic right to security of the individual and affects society as a whole – it impacts on demography, education and health systems, the economy, political participation and the overall security of a country. Domestic violence is a universal problem which affects all parts of the social fabric; it transcends ethnic, gender, religious, generational and economic lines. In Barbados and the Eastern Caribbean, beyond the ratification of a number of international instruments, domestic violence is widely recognised as a persistent challenge. On average, more than one in three women in the Caribbean experience gender-based violence in their lifetime; child sexual abuse is also a concern. The causes behind domestic violence in Barbados and the Eastern Caribbean are complex and deeply entrenched in cultural and behavioural norms. The prevention of domestic violence is vital if protection rights are to be effectively safeguarded. To this end, a sustainable and community driven approach -involving civil society and the various stakeholders - is crucial in effecting changes in cultural attitudes towards domestic violence. Early and continuous education about gender based violence and a focus on the prosecution and rehabilitation of perpetrators are both necessary to address the problem at its root. In addition, it is important that the relevant legal framework - and accompanying measures - is fortified and effectively enforced, so that the safety of victims and their families is adequately provided for. A co-ordinated approach between the various stakeholders is important to allow public and private mitigation and response mechanisms toward both protective and restorative safety nets (European Instrument for Democracy and Human Rights (EIDHR), 'Towards a Future Free from Domestic Violence', Guidelines for grant applicants 2014).

This statement provides the context for the None in Three project which is being implemented by a team of Caribbean and UK experts, headed by Professor Adele Jones from the University of

Huddersfield, UK. Developed in partnership with the Sweet Water Foundation, Grenada, Ni3 has a two-year life span (2016-2018) but is action oriented and therefore expected to deliver outputs and interventions that have long-term sustainable impact. The project is being implemented in Grenada and Barbados but aims to provide lessons that will be widely applicable across the region and internationally.

In line with its systems-oriented philosophy, Ni3 is designed to complement existing programmes in Barbados and Grenada, utilises interdisciplinary and inter-professional approaches and involves a multi-stakeholder partnership of civil society and government agencies working at multiple levels: legislative, policy, programmatic and advocacy.



None in Three: A Systems-oriented Approach

None in Three aims to:

1. Increase access to justice and services for women in especially vulnerable or marginalised circumstances and who experience domestic violence (we have focused on women who are disabled, women living with HIV, pregnant women and women in same-sex relationships) by conducting new research about their needs and translating the findings into practice and policy briefings and training programmes
2. Engage with men and youth about what needs to be done to prevent domestic violence perpetration (through focus groups, interviews and stakeholder consultation)
3. Contribute to the prevention of violence by creating a computer game to use in schools as a means of reducing negative attitudes developed in childhood and which fuel violence in later relationships

FIVE STRANDS OF ACTION

None in Three involves five strands of action:

1. **Strand one** - new research with especially vulnerable women (those living with HIV, pregnant women, women who are disabled, same-sex relationships)
2. **Strand two** - engagement with men and youth to learn from their perspectives. Though the majority of victims are female, it is important to acknowledge violence to males and to explore men's views about its causes and what can be done; they too are also victims
3. **Strand three** - based on the findings from strands one and two, training for key stakeholders and front-line staff is being developed and will be made widely available
4. **Strand four** - the creation of computer games as an education tool to reduce negative attitudes, aggressive and violent behaviours and to empower potential victims. Linked to this, the development of a robust scientific instrument for measuring game exposure change and a survey among education populations to provide the evidence base on attitudes and experiences of young people concerning DV
5. **Strand five** - a Social Media Campaign to increase awareness and to engage the public in becoming spokespersons against domestic violence.

This is the report of research carried out under strands one and two of the project. This was qualitative research (see research design) conducted between April and July 2016 with 109 men and women from Grenada and Barbados.

Terminology

In this report we primarily use 'domestic violence' (sometimes abbreviated to DV), since this is the most commonly used term in the Caribbean; however, we also refer to gender-based violence, interpersonal violence, relationship abuse and domestic abuse (physical and/or sexual abuse). Each of these terms lends itself to specific meanings. For example, domestic abuse seeks to draw attention to the range of non-violent controlling and destructive behaviours that are characteristic of psychological, emotional and financial abuse. The word 'domestic' clearly implies violence in the domestic sphere (i.e. home) while 'interpersonal' places the emphasis on the relationship as the site of the problem, rather than the private spaces in which violence takes place. Gender-based violence is a broader term which alludes to the myriad ways in which gender relations and gender inequalities contribute to violence. Though we often use these terms interchangeably, it is important to draw attention to their nuanced meanings.

We have written elsewhere (Jones et al., 2014, p.13) that it is more positive to use the term 'survivor' than 'victim'.

'Survivor' is an empowering, active term which implies resilience and strength in the face of adversity. It also suggests that it is possible to overcome the effects of abuse and to move on with one's life. 'Victim' on the other hand is a passive term which seems to 'fix' a person in a state of victimhood and suggests that he or she has little power to change the outcome of their lives and may therefore be vulnerable to further abuse.

However it was very clear from our engagement with the women in the study that many considered themselves to be victims of domestic violence, not survivors. For some this was because they were still in relationships in which they were being victimised, but for others the effects of violence they had been subjected to over their lifetime meant that they were vulnerable to being re-victimised and did not regard themselves as having come through. In other words, 'survivor' seemed to suggest a destination point at which women had not arrived. In recognition of the ongoing states of victimhood that domestic violence can generate, we therefore use both survivor *and* victim.

Where possible we do not use the term ‘abuser’ (unless quoting directly from an interview in which this term was used) and instead prefer the term ‘perpetrator’. Perpetrator refers to someone who has perpetrated violence against women and implicit here is the exercise of choice and agency in committing acts of harm. This is important for two reasons. Firstly, it firmly places the responsibility for the behaviour in the hands of the person committing it and negates the idea that violence is somehow intrinsic to masculinity and that the man has little choice over his actions (e.g. ‘the man can’t help it’, ‘he lost control’, ‘he was provoked’, ‘it’s part of being a man’ etc.). Secondly, it chips away at the notion that violence is inevitable. In line with the Ni3 message, if someone chooses to act in violent ways then, equally, they can choose not to do so. For this reason, our design specifically sought to include men who had been exposed to violence in the home themselves but who reject the idea that violence is acceptable, or normal, and who choose non-violence in their interactions with their partners.

RESEARCH LOCATION – BARBADOS AND GRENADA



Barbados is the most easterly isle of the Caribbean. It is approximately 21 miles long and 14 miles wide. It covers an area of 166 square miles and has an estimated population of 290,604 (CIA World FactBook, 2015). Geographically it is situated 13.10N, 59.32W.

(<http://www.mapsofworld.com/barbados/facts.html>).

In 2014, Barbados had a Human Development Index of 0.785 and is ranked as 57 in that list of countries by the UNDP. The life expectancy for females is 78 and for men 73.2 years from birth. <http://hdr.undp.org/en/countries/profiles/BRB>

The literacy rate in Barbados is 99.7%. Poverty affects around 13.9% of the population and is mostly concentrated around the urban areas. Female headed households represent nearly 60% of poor households nationally.

<http://www.bb.undp.org/content/barbados/en/home/countryinfo/barbados.html>

The following is a breakdown of the population:

- 15-24 years: 13.35% (male 19,323/female 19,461)
- 25-54 years: 44.62% (male 64,604/female 65,069)
- 55-64 years: 12.87% (male 17,483/female 19,907)
- 65 years and over: 10.88% (male 12,596/female 19,008) (2015 est.)

<https://www.cia.gov/library/publications/the-world-factbook/geos/bb.html>

In 2011, the Minister of Social Care, Constituency Empowerment and Community Development indicated that domestic violence in Barbados had reached national proportions. This was reiterated by the United Nations' resident co-ordinator who said that studies carried out in Barbados indicated that 30% of women experience physical abuse in intimate relationships and women accounted for 91% of victims/survivors, while there was an incidence of 9% of male victims at the end of 2009. <http://www.nationnews.com/nationnews/news/36356/domestic-violence-scurge>

According to *The Human Rights Report - Barbados* (2013), violence and abuse against women continued to be significant social problems. The Bureau of Gender Affairs cited a lack of specific information and lack of mechanisms for collecting and evaluating data on domestic violence as major barriers to confronting gender-based violence.



Grenada consists of the main island of Grenada and a number of other smaller islands, namely Carriacou, Petit Martinique, Diamond Island, Ronde Island, Caille Island, Large Island, Salive Island, and Frigate Island. Most of the country's population live on the main island of Grenada. Grenada is located to the northwest of Trinidad and Tobago, northeast of Venezuela, and southwest of Saint Vincent and the Grenadines. The geographic coordinates of St George are 12° 3' North latitude and 61° 45' West longitude.

<http://www.mapsofworld.com/grenada/>. In 2014, Grenada had a Human Development Index of 0.75 and was ranked 79 in the list of countries by the UNDP. The life expectancy for females is 75.9 years and for males 71 years from birth. <http://hdr.undp.org/en/countries/profiles/GRD>

The following is a breakdown of the population:

- 15-24 years: 16.02% (male 8,830/female 8,906)
- 25-54 years: 40.35% (male 22,891/female 21,771)
- 55-64 years: 9.65% (male 5,482/female 5,204)
- 65 years and over: 9.62% (male 4,888/female 5,766) (2015 est.)

<https://www.cia.gov/library/publications/the-world-factbook/geos/gj.html>

According to the *Human Rights Report - Grenada* (2012), violence against women remains a serious and pervasive problem. In 2011, The Central Statistical Office (CSO) reported 462 cases of domestic violence, 388 against women and 74 against men. The report added that domestic violence

remained under-reported as many women feared retribution, stigma or further violence and many depended financially on their perpetrators. It is interesting to note that the law criminalises spousal rape in Grenada. (<https://www.youtube.com/watch?v=szulHUFcX6I>).

The Grenada Domestic Violence (DV) Unit was established in 2003 and is a Division under the Ministry of Social Development, Housing and Community Development. Its purpose is to address the increasing social problem of DV in the country. Some of the primary objectives are to: 1) heighten public awareness of domestic violence and 2) provide educational programmes nationwide on the root causes of DV, its effects on individuals and families with an emphasis on prevention. These activities and programmes are designed to interact with communities with respect to public awareness, education, community outreach, counselling and relationship-building. http://www.gov.gd/ministries/social_development.html

Barbados and Grenada were the countries selected for participation in the Ni3 project; however this is not because the problem is more entrenched in these countries than others. Right across the Caribbean, domestic violence has been the most central plank on which women's organisations have fought to eliminate gender inequality (Clark, 1998). The CARICOM's women's desk has developed model legislation addressing domestic violence and sexual offences. Consequently, to date, many countries of the Caribbean have used these models to revise and improve existing laws pertaining to said topics (CARICOM 1997, 2011).

2. RESEARCH DESIGN

Domestic violence is a sensitive topic about which there is often definitional variation. The definition we have used for this research aligns with the following:

Threatening, controlling, coercive behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender or sexual orientation) by a current or former intimate partner or family member (Department of Health, Social Services and Public Safety and Department of Justice, 2013).

In order to increase understanding of the needs of victims and perpetrators, a qualitative approach was adopted so as to pay attention to personal experiences, perceptions and meanings of violence as these processes occur in real life situations. During stakeholder consultations, as we prepared for the implementation of None in Three, agencies highlighted existing research on domestic violence in Barbados and Grenada. They asked that we *build on* (rather than duplicate) current knowledge by addressing specific gaps on the needs of women in especially marginalised circumstances, and on the perspectives of men and youth. A review of the literature caused us to turn our attention to five groups of women in particular: women living with HIV, women with disabilities, women who experienced domestic violence while pregnant, women in same-sex relationships and women who were trafficked. Our interest lay in exploring the intersection of *these* experiences with the experience of domestic violence and how this affects access to services and justice. There were other groups we could have included too: women in prison, women with mental health problems, migrant women, women with learning disabilities, women who are addicted to drugs and alcohol, homeless women, and transgendered women. There was, of course, simply no way that we could include all of these groups and a consensus approach was used to select which sections of our communities of women we would focus on.

While we made no assumptions about the treatment of women from the groups selected, the review of the literature suggested that they were more likely than women in the general population to be subject to a range of social values and attitudes that could provide additional challenges in escaping violence. We used a somewhat crude and superficial social valorisation approach to help us select women for the study:

- *Stigmatised* – women living with HIV
- *Vulnerable-ised* – women with disabilities
- *Normalised* – pregnant women
- *Marginalised* – women in same-sex relationships
- *Invisible-ised* – trafficked women

We are cognisant of the fact that women in these categories might face none of these ‘isation’ processes or that they might face multiple, simultaneous and intersecting forms of oppression that could mean, for example, being both stigmatised *and* invisible. Furthermore, an early concern we all felt was that the use of terms such as ‘marginal’ risked pathologising and othering women, while describing women as vulnerable or invisible was frankly downright presumptive and potentially demeaning. However, using a social constructivist lens, the phrasing of these terms as verbs enables us to convey (we hope) that it is not individual identity or circumstance that is the source of stigma or vulnerability and it is not a woman’s individual characteristics that lead to her being perceived as other than ‘normal’, marginal or invisible. Rather, these effects are created through structural inequalities and social interactions that draw on beliefs, values and attitudes to generate meaning and social consensus to benchmark the ‘regular’ (aka normal) woman. None of the women in this study would be considered by societal norms to be women in regular circumstances. Though being pregnant is a normative marker of womanhood in the Caribbean, being physically brutalised during pregnancy would hardly be considered a regular or normal experience. Though same-sex relationships are as regular and unremarkable as other types of relationships, in the Caribbean they are not sanctioned by the state and women in same-sex relationships who face intimate partner violence therefore have fewer protections under the law than ‘regular’ women. Our point then is that it is not one’s sexual orientation that is the issue, it is how lesbianism is socially construed and the behaviours and actions that follow from this that lead to marginalisation. And, on the other hand, it is not being pregnant that is the issue, indeed motherhood has been said to epitomise notions of female normality in Caribbean societies. It is *because* of the assumptions that underpin constructions of motherhood (and fatherhood) that pregnant women’s experiences of domestic violence might be missed. In carrying out the research, we met health workers who said how thankful they were that someone was attempting to lift the lid off this problem but we also met others who could not imagine there even *was* a problem. If violence against women is anathema, then violence against pregnant women was said to be particularly hard to countenance, as one of our researchers said “it seems counter-intuitive to ask about violence when a woman is carrying a new life”.

In sum, our crude categorisation was simply to help us unearth what else needs to be known about domestic violence among women in diverse and marginalised circumstances. Though all the women in the study self-identified according to one of the categories we listed, many of them eschewed labels that, according to their perceptions, carry pejorative associations in the Caribbean (e.g. lesbian; living with HIV) or, that are associated with dependency and vulnerability (as expressed by some women with disabilities). For these reasons, we describe the women who participated in the study collectively as ‘women in particular circumstances’. We are aware that though this term is less troubling than others, it generates the ridiculous idea that there can be a ‘general’ circumstance in which domestic violence takes place and while we are a little defeated by the limits of language, this clearly is not our intention.

Nevertheless, our knowledge of the social strata of Caribbean societies confirms that there *are* distinct and differential issues affecting, say, a woman who is living with HIV from a woman who is pregnant; and that domestic violence may be more or less hidden because of factors related to her specific circumstances. These challenges arise not because of who she is as an individual but because of how society treats her or because of the meanings and representations imposed upon her. This is notwithstanding the fact that women subject to domestic violence may be in more than one of the categories we listed. In fact, there were three participants who were both HIV positive *and* pregnant when they experienced domestic violence and many of the women with disabilities were mothers and some had experienced violence during their pregnancies.

As data gathering commenced, we decided not to continue with the research with 'trafficked women'. Gathering data on domestic violence is a risky endeavour, for women as well as the researchers; however trying to conduct research with women who were trafficked proved to be exceptionally dangerous. Women we approached were never far enough away from their 'handlers' (pimps) to be safe in talking to us. One woman told her handler about the study - he responded by threatening the researcher and the two attacks on her property which occurred within days of this, were arguably attributed to him. Particularly alarming was the offer by another handler to source women for the study (at a fee) and to introduce us to other handlers who could do the same. The irony and risks here will not be lost to the reader - it seemed that we could involve women who had been trafficked in our research only if we were willing to become a part of the network of exploitation and another source of income for their handlers (making us pimps too!). In our tentative initial enquiries, the women who were approached were either mortally afraid of talking to us or else were arguably so steeped in a cycle of dependence, drug addiction and violence that it seemed they no longer had individual will to act. Everything these women did had to be reported to their handler and approved by him. We are aware from other literature on the topic that women are often used by pimps to recruit other women into their networks of exploitation. We had no way of discerning which women represented a risk to the researchers (also women) and in the small island states of Grenada and Barbados, there was nothing we could do to protect either the women who agreed to become participants (and who were at risk of being informed upon by another woman) or the researchers who were highly visible and easily identifiable. It was suggested that we might elicit the help of the police in providing protection but this was considered perhaps the most dangerous option of all. Women who are trafficked are often coerced into illegal activities, it is why they are trafficked. It is unlikely they would be considered as victims by the police and there is no amnesty under Caribbean law for victims of trafficking anyway - they would face prosecution. Women trafficked from other countries are undocumented, without legal rights of residence and are therefore at risk of deportation as well as prosecution. Involving the police would potentially increase the difficulties these women face and since the women also provide a direct line to the people who trafficked them, we may have placed not only them but also their families in considerable danger. We conducted a careful assessment of risks and came to the conclusion that we would endanger women if we persisted with this group of women and put the researcher at real risk of harm too.

Research Design

The research design was a cross-sectional qualitative study - data collected at one time-point using semi-structured interviews and focus groups with purposively selected participants (see appendix). Criteria for selection were determined by the research questions we sought to answer and the analytic approach used was inductive latent and thematic.

...a thematic analysis at the latent level goes beyond the semantic content of the data, and starts to identify or examine the underlying ideas, assumptions, and conceptualisations -

and ideologies - that are theorised as shaping or informing the semantic content of the data (Braun & Clarke, 2006 p.13).

The conceptual framework underpinning the design was informed by four factors:

1. Expertise of the social, legal, policy and cultural context (the research leaders have researched and published extensively on the topic of gender-based violence in the region and have provided consultancy, training and programme development support to Caribbean governments, international development agencies, professionals and civil society organisations)
2. Excellent local knowledge - the researchers were nationals of the countries in which the study was conducted and have appropriate linguistic skills, cultural, geographical, political and demographic knowledge and were in touch with contemporary realities and the impact of current social stressors on populations
3. Theories on causation of domestic violence
4. A narrative literature review of issues affecting women in especially marginalised circumstances, the impact of domestic violence on children and young people, and factors that contribute to abuse behaviours <https://hhs.hud.ac.uk/noneinthree/information.html>

It is important to ensure that qualitative research is credible and does not stray into the anecdotal. To avoid this we adopted the quality framework proposed by De Witt and Ploeg (2006) which calls for 'balanced integration, openness, concreteness, resonance and actualization' (p.224). This was given effect in several ways:

1. Authentication of claims made through the use of NVivo software
2. Close supervision of the research process
3. Consistent application of researchers' briefing guidance
4. Ensuring the data generated are dependable and that findings are derived directly and only from the data
5. Differentiation between the voices of the research participant and the researcher
6. Documentation and audit trail of procedures adopted
7. Meticulous data management procedures

This research used convenience, purposive, non-probability sampling techniques in order to identify particular groups of people whose circumstances were relevant to the research questions. This approach was necessary given the sensitivity of the issue explored and the potential risks to participants of more open recruitment methods.

Interviews with Women

The primary research questions were derived from a preliminary literature review which suggests that women from the included groups may be exposed to additional challenges alongside the experience of domestic violence. The research questions we sought to answer were:

1. How do women (in each particular grouping) define domestic violence
2. What particular factors, unique to their circumstances, produce *additional risks or challenges* for women affected by domestic violence
3. What are women's views about the reasons for increased risks
4. What are the effects upon them
5. What are the effects on their families
6. Are professionals and agencies working with women who face domestic violence, cognisant of the additional risks and challenges presented by these particular circumstances

7. What strengths, resilience and strategies do women in these particular circumstances draw on in managing/reducing/preventing or escaping risk of violence
8. Who helps them
9. What help do they need
10. What might escalate or de-escalate domestic violence rates in Barbados/Grenada

Identifying women from the specified groups was extremely difficult and was only achieved because of the tenacity of the researchers and the excellent relationships they had forged with key gatekeepers and organisations. Access was primarily achieved with the support of agencies, government departments and snowballing, while other methods (advertisements in a local newspaper and fliers placed in strategic locations) were less effective. Forty-nine women who met the following criteria for inclusion were interviewed:

- Aged 16 years or above
- Self-identified as a victim or survivor of domestic violence
- Self-identified with one or more of the specified groups

Focus Groups with Men and Youth

In addition to interviews with women, we also wanted to gather information on the views of men and youth. We were interested in hearing from males who had been convicted for acts of domestic violence and who had had the opportunity to reflect on their behaviour through involvement in a batterer's programme. Two government-sponsored programmes assisted us: Partners for Peace Programme (Barbados) and the Man to Man programme (Grenada). We also wanted to hear from men and youth who, despite exposure to violence themselves, have chosen non-violence in their relationships with others. The primary research questions we sought to address were:

1. How do men define domestic violence
2. What are their thoughts about its prevalence, causes and effects
3. How has living with domestic violence affected them
4. How has living with domestic violence affected their families
5. What situations/circumstances contribute to men being violent (e.g., social, cultural, economic)
6. What is the impact of these situations on men
7. What strategies do men use to deal with these particular circumstances and pressures
8. What strengths, resilience and other strategies (not mentioned before) do men in these particular circumstances draw on in managing/reducing/preventing or escaping risk of violence
9. What can escalate and de-escalate domestic violence rates in Barbados/Grenada
10. Who helps men
11. What help do they need

Our plan was to conduct four focus groups with men and youth (aged 16-25 years) in each country and, again, the support of our partner organisations was crucial. Some men preferred to be interviewed individually and this was respected. In total, 60 men and youth who met the following criteria for inclusion participated in the study:

- Group 1 (or individual interviews) - men who have participated in a batterer's prevention programme (*It was important that participants had reached a point in their programme where they were accepting responsibility for their behaviour rather than blaming women*)
- Group 2 (or individual interviews) - young men 16-25 years who have been identified as having involvement or risk of involvement in offences of a violent nature

Group 3 (or individual interviews) - men 25 years or older who have experienced violence themselves but are against violence in interpersonal relationships.

Group 4 (or individual interviews) - young men 16-25 years who have experienced violence themselves but are against violence in interpersonal relationships.

Ethics

The research plan and all related documents were approved by the University of Huddersfield Research and Ethics Panel for the School of Human and Health Sciences. Permissions were obtained from all participating agencies and the research was conducted with strict adherence to the None in Three ethics protocol (see appendix). Our duty of care to participants was assured by providing them with clear information about the purpose of the study, putting in place stringent measures to protect confidentiality, secure data management, informed consent and the establishment of National Response Teams in each country (volunteer counsellors and psychologists) who were available to provide post-research counselling to any participant in need. An ethics audit was carried out throughout the process to ensure compliance with the high ethical principles and standards we had set for ourselves.

Data Analysis

Interviews and focus groups were digitally recorded and transcribed. Thematic analysis was carried out based on a-priori themes drawn from the literature review and research questions. The NVivo software programme (v10) was used for coding in order to identify and report patterns across groups of participants and across both countries.

To check content validity in the form of coding density and look for negative cases (Gibbs, 2014), text searches were carried out on key terms such as “suicide” and checked for their coding density. However, given the nature of these qualitative accounts lexical searches cannot be reduced to their frequency counts and must always be analysed very closely in the context of the surrounding text and whether the women were talking about their own experience or that of their families.

As in a grounded theory approach, constant comparison between cases has enriched analysis by pointing to some negative cases where women described their various coping strategies and how they had developed resilience despite their hardships and levels of abuse they endured. A series of Boolean searches was performed to further look for overlaps and contrasts in their accounts (AND/OR etc.). More complex matrix queries based on node attributes were limited by the demographic information available on participants but have helped to highlight valuable segments of the transcripts for further thematic analysis and inclusion in this report.

Limitations

There are several limitations to this research. The first is that with the exception of women in same-sex relationships, all the other female participants were recruited through snowballing methods and convenience sampling with the help of agencies that were offering them support because of domestic violence. Domestic violence is widely under-reported and many women do not seek help from external agencies until or unless the violence has become a serious threat or has been going on for a long time. This means that the stories of domestic violence that have surfaced in this study most likely reflect the extreme end of the problem and we have therefore been unable to fully capture the slow drip of the effects of accumulated or escalating violence or indeed of less extreme acts of physical violence. This said, to some extent this is countered by the inclusion of participants who are lesbians. These women in same-sex relationships were subject to violence by other women (although several had experienced violence at the hands of a male in their early lives). However, in none of the cases reported was physical abuse of the scale and destruction of that reported by heterosexual women. Issues of control, domination and psychological/emotional abuse were significant elements of these women’s experiences and

although physical violence was often present in the accounts, being subjected to physical subjugation and sexual violence was not. In fact, as we comment in the section of the report that deals with these findings, women in same-sex relationships are less likely to be exposed to violence than other women.

A second limitation is that we have not explored the impact of female violence on male victims. This was not one of the aims of the EU programme under which the project is funded but as Ni3 has evolved, stakeholders have implored us to consider men's experiences too. We have attempted to address this gap in the work on strand five of the project and it is integrated into our survey of the experiences of children and youth (strand three) but this was not part of the original research design and resource/time constraints prevented the inclusion of male victims in the qualitative research. Other research in the Caribbean has however signalled the need for greater recognition of the role of women in cultures of violence and for exploring the links between different forms of violence (Jones and Trotman Jemmott, 2009; Jones et al., 2014; Le Franc, Samms-Vaughan et al., 2008). Le Franc, Samms-Vaughan et al. (2008) conducted a survey of interpersonal violence (IPV) among 3,401 young people (15-30 years) in three Caribbean countries: Barbados, Jamaica and Trinidad and Tobago. The Revised Conflict Tactics Scales (CTS2) and other behavioural instruments were used to assess the level and characteristics of violence and results reported as follows.

Approximately three-quarters of all respondents (ranging from 63.1 to 72.5% for men, and from 65.1 to 83.1% for women) reported being a victim of some form of violence, with the violent act most commonly perpetrated by a partner within a relationship (59.0% on male victims and 66.7% on female victims). Among women, Jamaica reported the highest level of any form of violence; among males, Barbados reported the lowest levels of any kind of violence. There was no statistically significant difference by gender or by country in the prevalence of *physical* violence. However, women reported significantly less physical violence from *strangers or acquaintances* than did the men (34% less). After adjusting for age, women were 1.2 times (20%) more likely than men to be victims of *any* violence. Women were 1.6 times more likely than men to be victims of *sexual coercion*. Barbados and Trinidad and Tobago had similar levels of sexual coercion, whereas Jamaica had significantly higher levels of sexual coercion. Women were 4 times more likely than men to be victims of *sexual coercion from strangers and acquaintances*. *Within relationships, levels of psychological aggression were high, with no significant gender differences in levels experienced*. More than 70% of both men and women in Barbados had experienced psychologically aggressive behavior towards them in a past or current relationship. Large proportions of both men and women also reported that they had *perpetrated psychological aggression against partners*. In Barbados, 75% of women and 77% of men reported this. Around half of all respondents reported being victims of *physical violence in relationships*, with no significant differences by gender for the three countries as a whole. In Barbados, the prevalence of physical violence victimhood within relationships was 50% for women and 45% for men. A notable finding was that significantly *more women than men reported being perpetrators of physical violence within relationships*: in Barbados, 54% of women and 49% of men. Within relationships, it was only in the domain of *sexual coercion* that women experienced significantly more violence as victims than men: 53% for women versus 40% for men in Barbados. There was no significant gender difference in reporting as *perpetrators* of sexual violence. (The Inter-American Commission of Women (CIM/ OAS), 2009, p.25)

Le Franc and her colleagues showed that exposure to violence was high among *both* young men and women and given similarities across the region in terms of historical, economic and socio-cultural factors, these findings are likely to reflect the reality for other Caribbean countries too. The Le Franc study of 2008 mirrors research in North America that was conducted over four decades

ago. This US survey, involving a sample of 2,146 adults, revealed that 11.6% of men and 12% of women reported experiencing some form of domestic violence (Dutton & White, 2013) and led to the notion of gender symmetry, i.e. the idea that females may perpetrate domestic violence at roughly the same rates as males. One of the limitations of surveys such as these, however, is that they are unable to explore meanings or conceptualisations of violence. They therefore fail to account for gendered socialisation processes and differential lived experiences which can lead to males perceiving aggression as normative and females being more likely to attribute meanings of violence, even concerning their own actions (Baxendale, Cross & Johnston, 2012), factors which affect results. Furthermore, as Le Franc et al. point out, gender-related reporting bias, with women more likely to report perpetrating or being victims of certain forms of violence can also affect research findings. Though we accept that it is important to pay attention to all victims of relationship abuse regardless of gender, we do not hold with the notion of gender symmetry since the research evidence that shows that overall women are more likely to be victims of domestic violence than men is overwhelming. We are mindful too, that studies on female perpetrators often fail to adequately explore the extent to which this reveals women's tendency to violence, acts of retaliation or of self-defence. Nevertheless, we concur with Le Franc et al. and other researchers which point to the overly antagonistic dynamic common within many interpersonal relationships in the Caribbean (including parent-child relationships) and to which women surely contribute. Le Franc et al. explain this as: 'the existence of a universal culture of adversarial relationships, in a global environment permissive of the expression of violent solutions' (Le Franc, Samms-Vaughan et al., 2008). These are important debates and since our research on the perspectives of men and youth does not extend to identifying male victims, we again regret that funding constraints contributed to this missed opportunity.

Finally, as with all qualitative research, there are limitations arising from definitional, methodological and sampling issues. We were careful to build measures into the research process to mitigate against these but we were also limited by the extremely sensitive nature of the problem and this we could do nothing about. Getting women to talk to us at all about experiences that they find acutely distressing or getting men to talk about attitudes that contribute to the problem required us to tread very gently and to ensure that we did no harm. Some weeks after one interview with a young disabled woman, she disappeared from her home, leaving a suicide note for her family. She was found safe and well (physically, at least) a couple of days later and admitted to hospital for psychiatric assessment. Was her distress due to her pre-existing mental health condition, to a relationship characterised by physical and emotional abuse, or had participation in the research triggered her despair? As with all of our participants, we had offered her free counselling but this could only have benefitted her after the fact and we do not know whether participation in the study had caused her harm or not. Regardless of the answer, this was a salutary lesson to us that the caution we exercised in limiting our questioning was the right approach. Encouraging the telling of the narrative from the woman's perspective, only probing for clarity where information was offered, as well as respecting the silences, was our adopted sensitive approach. Women's tears and the rage deeply saddened the researchers but hopefully left most women feeling supported.

The Presentation of Findings

We present the findings of the research by focusing first on the experiences of women and then we report our findings on the perspectives of men and youth. In each section the demographic data are presented first and then each of the themes is reported. We have not produced a separate literature review, choosing instead to allow the data to determine the review of literature, akin to a grounded theory approach. We then weave the literature into the discussion. We discuss common findings across all four groups of women and then highlight issues that were specific to pregnant women, disabled women, women living with HIV and women in same-sex relationships. For

reasons of safety and in line with our ethics protocol, the identities of the women have been protected and the names used are pseudonyms chosen by the women themselves. Some women did not want to use false names and in these instances we have identified them by category rather than use their real names (e.g. woman living with HIV) or have given them no name at all.

3. WOMEN IN PARTICULAR CIRCUMSTANCES

Demographic Summary

A total of 49 women participated in the study, 27 from Barbados and 22 from Grenada. In addition to the four groups as defined above, three women were both pregnant and HIV positive.

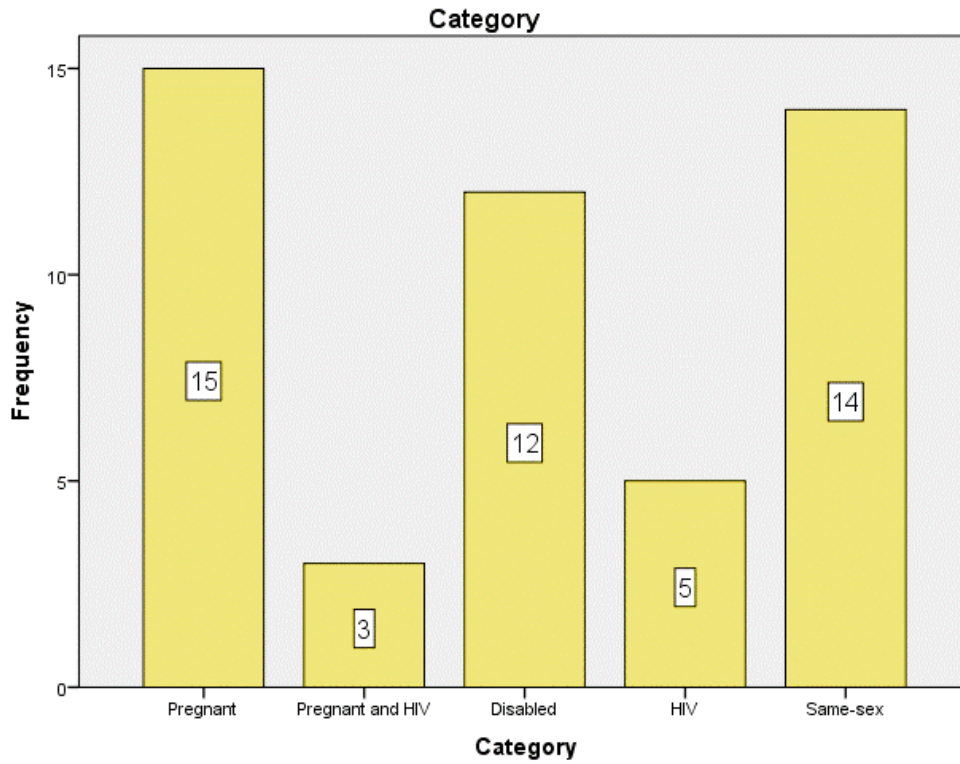


Chart 1. Distribution of participants across the groups

Age

The largest age category of participants were those aged between 16 and 25 (14), while distribution varied across the groups as illustrated in the chart below.

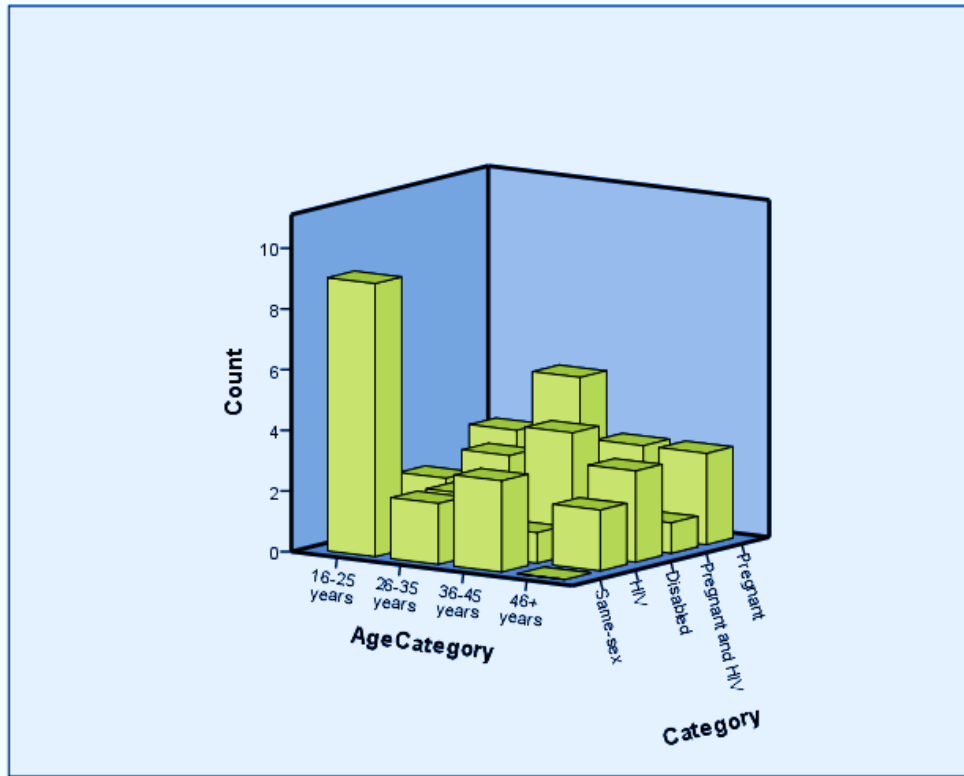


Chart 2 Age groups by category

Economic status

Women’s descriptions of their economic circumstances showed that the participants were mostly living below the average subsistence level. Sampling limitations (purposive and convenience rather than representative) meant that we recruited participants from agencies that primarily provide services to poorer women and we were therefore unable to capture data from women from higher income backgrounds. The exception to this were the 14 women in same-sex relationships who were more likely to have an average income than any other group. Of the pregnant participants, 80% can be considered to be in the low income category.

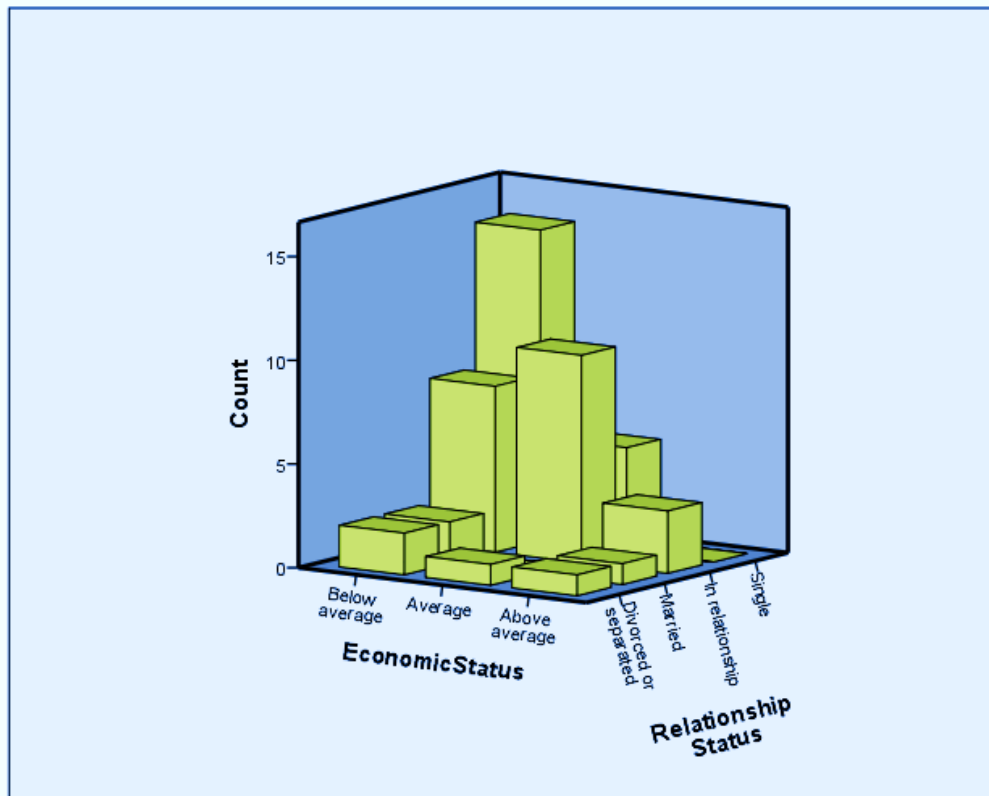


Chart 3. Economic circumstances

Marital status

The majority of participants in the study described themselves as being in a relationship (21); however, almost as many women said they were single (20). Many women were able to participate in the study only because they had been able to escape the relationship in which they were abused and this accounts for the large number of single women in the study. However, unmarried women with boyfriends also described themselves as single and the category ‘visiting relationship’ was not widely recognised.

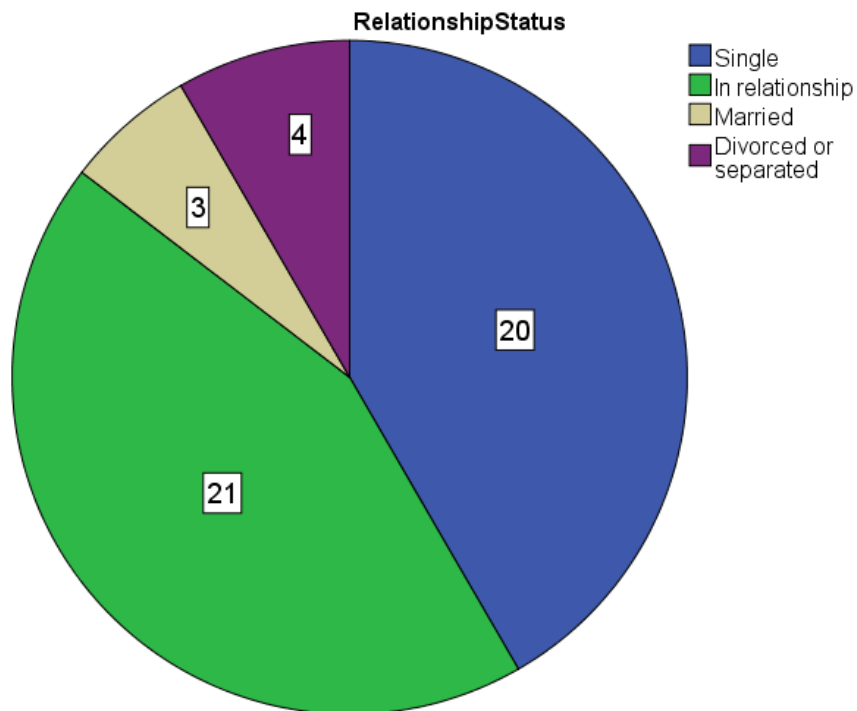


Chart 4. Relationship status

Parenting status

The majority of women had children although 18 did not and five women had five children or more. Across the different groups, those in same-sex relationships were unsurprisingly most likely to be without children, whereas a considerable number of pregnant women (7) already had 3-4 children.

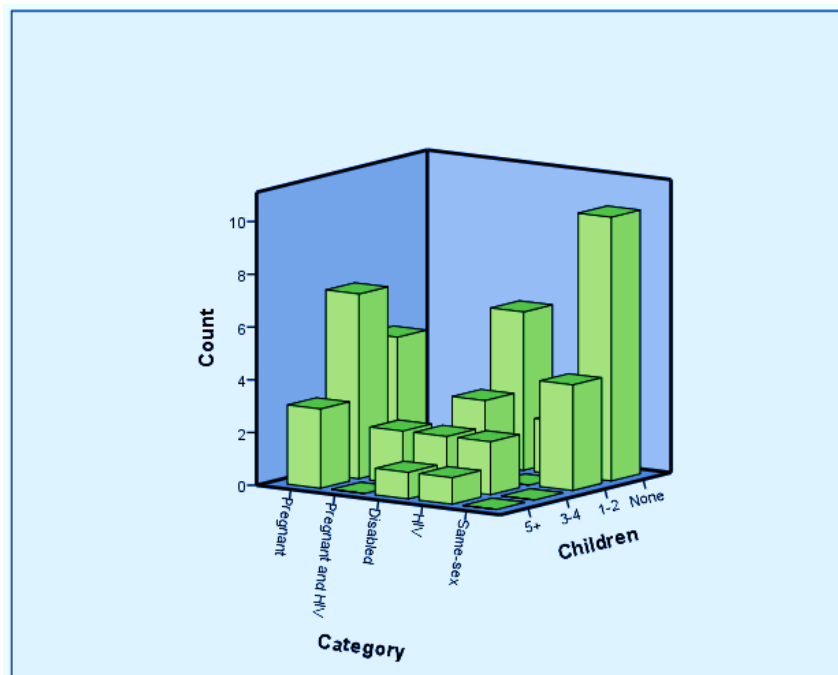


Chart 5. Number of children by category

EXPERIENCES OF DOMESTIC VIOLENCE

Women in the study described many different forms of abuse and though two women described being subjected to psychological violence only (which mostly took the form of verbal abuse, demeaning comments or obscene language) for other women, mental abuse coexisted with physical and/or sexual violence.



In her book *Surviving Sexual Violence*, Liz Kelly's seminal feminist analysis of male sexual violence and women's survival, she defines sexual violence as:

Any physical, visual, verbal or sexual act that is experienced by the woman or girl, at the time or later, as a threat, invasion or assault that has the effect of hurting her or degrading her and/or takes away her ability to control intimate contact (Kelly, 1988, p.41).

There are many more contemporary definitions of sexual abuse, but this early analysis speaks to several of the dimensions of sexual violence as a feature of domestic violence that were revealed in the Ni3 research. What is particularly interesting is that Kelly speaks to affects 'at the time or later'. Several women in this study spoke of historic sexual violence (and sometimes physical abuse) - as a child, adolescent and/or as an adult. One of the defining features of the twenty-first century response to sexual violence is the clamour for justice and recognition of historic cases of child sexual abuse and as a consequence, the widespread recounting by adults of their childhood abuse

at the hands of parents, public figures, organised groups of men (sometimes women too), religious leaders and within institutions. Though such cases have made headline news in the USA, the UK and some other income-rich countries, the lack of a headline does not indicate the lack of historic abuse in other countries, or the need for recognition and justice for its victims. Child sexual abuse is both ubiquitous and historic - in every country.

In the Ni3 research, the memories of child sexual abuse seem to have persisted for women who had been subjected to this although the extent to which this impacted them varied depending on other positive or negative related occurrences over time. For some of the women who recounted these stories, this may have been an opportunity for them to *headline* their own historic abuse. Regardless, these recollections were not among our research questions, we did not plan to probe and search for early childhood sexual abuse, although it is of no surprise that it surfaced. What is extremely important is that all of the women who recalled sexual abuse as children believed that these earlier experiences were intricately connected to their current experiences of domestic violence (this is discussed in more depth later in the report). For some women, domestic abuse seemed to them to be a continuation of childhood sexual abuse, especially when it involved sexual violence. As we explored the links between domestic violence and pregnancy, two of the women in the study reported instances of sexual violence they had experienced as adolescent girls which resulted in pregnancy, while for others, being pregnant had been a contributory factor in them being sexually violated.

Some men used their penis as an organ of terror, sometimes alongside another weapon. Invoking fear and terror through threats - often against children - was another weapon used.

He pulled a knife to my throat and forced me in the car, and took me to a cane field and made me strip off my clothes and start to beat me. He drove from there to the gas station and I was crying in the car, and I could not get my clothes. I was in the car naked and he would not let me get my clothes. He drove to ... (location) and he start beating me again, then he raped me.

Rape in this instance seems to be about the use of physical strength, the man's sense of his 'right' as a male to dominate and control and his perceived 'ownership' of the woman, who was unable to retaliate or defend herself. This woman's abuse was accompanied by the constant fear of being murdered by her partner. The night she was raped this threat was articulated against her and her unborn child accompanied by the chilling refrain "no other man can have you."

But that night he came into the house to kill me he had on gloves and everything and a mask. I always used to be praying that he would not kill me. He grab me by my throat and pull me up. He was a bodybuilder, at that time, and push me up against the wall, I was pregnant at that time and then he cuff me in my stomach. He said you don't deserve no child and I am killing you tonight. You don't want me and no other man can have you. I want you and I will only get you and you will dead tonight (sic).

Sexual violation linked to pregnancy was also a part of Chop's experiences of domestic violence:

Once he took his finger and put it in my private parts and tell me that he will rip the child from inside me. That was a tough one! (Chop)

Several women talked about the psychological effects of being stalked and feeling as if they were constantly under surveillance.

Yes, every move I make. I would be in the house and I would hear his voice. He would be at work and I would hear his voice. Then I moved and went with him and it was constant. Then I would be at work and he would call and say there is a man downstairs, do you know this

man? I would say 'boy I am at work, how the hell would I know who is there? Then it was physical, if I am at window in a short pants (we lived upstairs) and a van pass by, we fight.

For Ali, even temporary escape from abuse was made impossible, as she was unable to seek medical treatment without him tracking her every move and maintaining a constant threat to her very life:

He wouldn't give me money to the doctor I had to rely on the clinic. When I went to clinic he would go with me. He was always there I could not run...It was hard to leave when he is always there. If I had to go out he would tag along. He built a fear in me. When you go through those situations you know he is capable of killing. (Ali)

WHEN VIOLENCE *REALLY* IS A LIFESPAN ISSUE

Unsurprisingly, we found that almost no form of violence existed in isolation from other forms. But some participants lived with an overload. Furthermore, for women from each category, there were many who recounted experiences of violence stemming from childhood to adulthood. Some women described their childhood experiences of abuse as the foundation for a range of intersecting harms including, in the example below, physical, mental and sexual abuse from childhood, early unwanted pregnancy and a continuing cycle of abuses even as she sought to escape.

It started from childhood with my mother's husband. He was an abuser, he did not only abuse me physically he abused me mentally. He was not my father and I knew that, he came around my mother when I was three years old. Well my mum put it in my head, that I would finally have a dad and I thought that was ok, but it did not work out like that. I was molested by him first when I was 14 years old (long pause, tears). I told my mum and she did not believe me, but I grew over that. I forgave my mum and I also forgave him. It started from there. Then I got pregnant and had a baby when I was 14 years old. I had my baby at 15 years old, things were not so good, and they put me out. So that was how it started. Then I went by the cousins and they were abusive.

Considering this story as illustrative of others in the demographic, there is an indication that cycles of continuous oppression and violence are very difficult to exit. This chronic exposure to abuse has raised many questions for us about the effects of long-term socialisation into victimhood, just as the long-term socialisation into the normalisation of violence among perpetrators is the centre of much debate. Below we present Olivia's experiences as a case example of the continuum of abuse across the lifespan.

Olivia

What I do know is that it is a cycle, I really do know that. That a lot of times when you grow up in that type of environment you find yourself in it as an adult. I don't know why. But I know it's not fair that you live your childhood and teenage years in that type of fear and as an adult you have to go through it again.

Olivia suffered physical and mental abuse at the hands of her father as did her mother.

I guess I grew up with DV. There was not that fancy name to it at the time. I only knew that my father used to beat my mother and if we cried he would beat us too. ...It came to the point that you actually got used to it.

Throughout her childhood, feelings of being unloved were fuelled arguably, by the fact that her father denied paternity and as a result Olivia felt she suffered more than her other five siblings. In her opinion her progressive visual impairment throughout childhood also made her more vulnerable to abuse. Her father despite seeing himself as a Christian remained abusive.

He called himself a Christian and it was like we could not talk too hard in the house. We could not laugh, we could not use the phone... You were always not supposed to do this or that.

Her mother left the abusive home on several occasions but always returned. Olivia as a young child could not understand this.

My mother would leave then she would go back you know. I was the second last child. So my younger sister and I would always be dragged back. At one point in time I actually hated my mother because I could not understand why she kept going back.

There was also the pain of the public humiliation with the Police's regular involvement. When the restraining order expired, things returned to a pattern of continuing abuse.

Very often dad would behave bad, beat mother, police come. He would leave, go somewhere live for a little while or she would leave. I remember once my younger sister decided to go with my father and I could not understand why. He moved to a house further up the gap and yet he would come up there every night and torment mum... I don't know if they [her siblings] saw things the way I did. In fact I could say he had his favourites. He used to tell me I was not his. He did not like me. He said it to my face. So I felt we had a different relationship with him than the others.

The catalogue of domestic abuse was extensive affecting the whole family dynamics.

He actually hit her in her head with a bottle and I would never forget the Police. It was a Saturday morning; the Police came as usual and I remember we had to run out – 'cos that was the norm-running out and everybody in the district coming out and it used to be so embarrassing... When you sit and think about it you realize I have been through that (DV)... after he hit her there was a restraining order and he was gone for as long as the time was allotted. As soon as the time was over he came and was outside... begging her to let him come back home. I remember I stop speaking to mum for about one month cause she was thinking about it and let him come back... he died soon after.

I remember one night she actually slept in the church, her and another church sister. Then another night he was quarrelling, she was under the bed and he came and dragged her out. He was not living there but would come and cause all kinds of confusion and havoc (Olivia gets emotional and teary). At times you felt almost invisible. When he got on his drunk episodes or leave home, or have another woman, my mum was not working at the time, he would stop supporting the household. Many days I went to school without lunch money so much so that my Deputy Principal had to arrange for me to get lunch. But many days I went to school without lunch or anything. When I left school I could still get around. It was reading fine print that was a problem. I used to love to read and I realized it was getting bad at the bus stop and not being able to read bus signs... I was not seeing as well as I did so at times I would not see him (her father) coming. I remember I had a rain coat... I had it outside soaking, as I was going to wash it, I did not see him coming. He hit me and beat me all in my ears, they were cut. I could not go to school for a while after that. I could not get away fast enough. ... I don't think I knew the word vulnerable at the time but that is what it was. I felt like nobody loved me.

As a consequence of all of these experiences- mental and physical abuse at the hands of her father and growing up with the pain of seeing her mother's constant abuse and having to deal with the conflicting emotions of loving and hating her parents, Olivia resolved that she would never put up with abuse by a man when she became an adult. The one abusive attack by her husband two years ago, a time when their relationship was very strained, caught her by surprise.

Next thing I know I was in the bed and he was choking me. He cuff me in my eye. I mean just so. Just so, I did not expect it. But let me tell you, after that I was sooooo scared, because I tell myself I don't know what he capable of doing. 'Cause if he could just do something like that out of the blue, you don't know when he will strike. It was very hard for a good while after... It was an eye opener for me.

Olivia vowed to take action if it happened again and was determined that her daughter should not face similar experiences. However, her account below indicates that there may already be difficulties in the emotional relationship between the daughter and her father.

Next morning he came and said don't leave. I don't want it to finish like this. I could not answer him. I think maybe at that time it would have been good to get a professional to come in and air it out. 'Cos I don't think it was resolved even though he said sorry. Don't know where it came from or that he was capable of doing it. We have a relationship where he is angry and does not say anything. He come in and does not speak at all. I hate the tension. It really plays on your mind. He is so good at it. To me that is emotional abuse... My daughter is seven. My husband and I don't have any kids together. Her dad died right before she was born. She never knew her dad. At one-year-old I met my husband he is the only father that she knows. She calls him dad. But he does not act like a daddy. OK. They don't have conversations. Whenever he opens his mouth to her it is to say 'don't do this or don't do that'. Which brings me right back to what I grew up with and that is an issue a big issue... I have told myself I will not let my daughter go through what I went through in that kind of environment. It is not good for children because it has repercussions down the line and I don't want that for my children...

I honestly don't know if I could leave him. I don't know. What I do know is that it is a cycle, I really do know that. That a lot of times when you grow up in that type of environment you find yourself in it as an adult. I don't know why. But I know it's not fair that you live your childhood and teenage years in that type of fear and as an adult you have to go through it again. ...I don't think that people realize that it can affect their children. Sometimes even more cause they are young and have to live with it. A woman may have an abusive relationship and they may move on, but the children are stuck in what happened before. I don't think enough is being done for the children.

.... My father was so violent you had to call the police regularly. They would come and take away his cutlass. It was so traumatic he would sit at the back door and sharpen and sharpen his cutlass and mumble. ...As is said I felt that nobody loved me. I felt so much alone. We could not have friends, I could not go anywhere, no phone, only at school sometimes. I could talk to the Deputy Principal he was there for me. I guess that helped a lot.

Olivia's case highlights the pain of emotional abuse, she also demonstrates a high level of resilience. Whilst she hated going to church as a child (sometimes they had to go three times on a Saturday), as an adult she states that one of her coping strategies is her belief in God from whom she derives spiritual strength and guidance in times of difficulties.

The voices of the women in this research provide insights that help to illuminate quantitative studies on the cyclical nature of relationship violence. That many women who have faced abuse in adult relationships have come from families in which abuse was prevalent was confirmed by most

of the women. For many participants, domestic violence was not a one-off isolated event, but reflected a chronic pattern of repeat experiences of abuse that they had been exposed to over time. Brown Sugar, a thirty-nine-year-old married, but separated woman, with three sons (two under the age of 18 and one aged 22) explained that her first abusive encounter was sexual abuse which happened when she was 10 or 12. This was at the hands of a teenager who was a close family friend, so close that her mother referred to him as her son. Katrina, a twenty-six-year-old single mum with two children under the age of 10, when recounting the graphic nature of her abuse whilst pregnant (she was pulled violently through a car window while standing at a bus stop, taken to a secluded place and beaten) felt it was important to point out that her abusive experiences began in childhood when from the age of ten she was molested by her mother's brother. She also recalled her mother being verbally abusive and dismissive at her disclosure of the abuse and that support from her family had been negligible throughout her life. As with Katrina's situation, some women questioned whether their later experiences of domestic violence as adult women had been in part 'scripted' because of the lack of support and recognition of their needs as children. This was the case for Lisa whose experience of sexual exploitation had resulted in pregnancy.

I was 15 years old and about to get the baby [give birth]... the Ministry of Education came and said that the young lady needs to go back to school, she needs to finish her education. She (her mother) said no, this young lady is not leaving here she is dealing with 'that in there'; so the man wanted to know what was 'that in there'. When he saw the baby on the bed he said ok, so you are not going to send her back to school and she (the mother) said no, she has to take care of that, that is hers. So I did not get the education I was to have. I was really hindered from it (sic). So after that I just came along looking for love in all the wrong places. That is how all of the children come along after that... there was abuse in all my children fathers relationships.
(Lisa)

At the time of the interview, Lisa was thirty-eight years old, a single mum with eight children. She too recounted being fondled by her uncle - from about the age of six; she also said she had been raped and bugged at about age 10 by her sister's boyfriend and at age 14, had run away with a man of 20 years of age to whom she became pregnant. From being raped as a child, sexually exploited as an adolescent, Lisa had gone on to experience domestic violence in every one of her intimate adult relationships. She was acutely aware that her childhood abuse led to her early sexualisation and although bears no responsibility for the violence she suffered, wondered whether her inability to value herself outside of being sexually available to men was a contributory factor in some of her relationship choices. She was also very anguished and deeply concerned that she had got no justice for the sexual abuse she suffered when she was a child as this was hushed up and ignored. She was upset that she was not able to complete her education and that because of the abusive men she had known, her children too have been exposed to violence. She worried whether her children would view violence as normal and themselves become subjected to it as adults. In Lisa's case we see heightened vulnerability to abuse from childhood, related to the experiences of neglect and violence she described. We know that early experiences of violence can lead to great emotional neediness and low self-esteem, which in turn undermine the ability to set boundaries (Schröttle & Glammeier, 2013).

THE NORMALISATION OF SEXUAL RELATIONS WITH CHILDREN

The normalisation of sexual relations with children was a constant theme in our findings - an undercurrent to domestic violence in many of the women's narratives. We heard that parents, like communities, while protective and conservative in some aspects, may simultaneously be lax in regards to their children having under-age sex. As we report later, in interviews with 60 men and youth, only one identified sexual abuse as a form of domestic violence. Taken together with the findings on the extent of coercive or exploitative sex experienced by many survivors of domestic violence, questions about the normalisation and social acceptance of this behaviour require urgent attention.

As we report later, in our research with men and youth, sexual abuse was not identified by males as a form of domestic violence. We can only speculate on why 59 out of the 60 males that participated in the study failed to recognise this form of violence against women. Taken together with the findings on the extent of exploitative sex and sexual abuse in childhood experienced by the women interviewed, views about sexual entitlement as an everyday and taken-for-granted feature of masculinity must have a part to play.

We must wonder too, about the impact of early childhood experiences of abuse (physical *and* sexual) on both women *and* men as a social, psychological and behavioural precursor to violence within adult relationships. In their qualitative longitudinal study of 160 young people (73% female, 69% ethnic minorities) with confirmed experiences of sexual abuse as children, Feiring, Simon, Cleland, and Barrett (2013) found that stigmatisation and re-traumatisation from CSA can promote anger and violence within relationships in adolescence and adulthood. Furthermore research by Milletich et al. (2010) and Franklin and Kercher (2012) showed that girls witnessing domestic violence and controlling behaviour within the family were more vulnerable to experiences of domestic violence in later life. Boys experiencing similar home circumstances however, were found by Laporte et al. (2011) to be more likely to become the perpetrator of violence within their relationships. Alongside studies such as these, there is also research that links aggression to empathic capacity and which show that exposure to violence may actually reduce empathy (Krahé & Möller, 2010). This issue is explored through strand four of the Ni3 project.

In the case illustration below, Asia reveals how she was socialised into believing that adults having sex with children was normal. Had she been asked whether such behaviour should be classified as child sexual abuse or sexual violence, she would probably have not agreed. This was sex that did not hurt, was sanctioned by parents and community and was apparently without negative repercussion. Her early initiation into sexual submissiveness and the notion of recreational sex as being without consequence was however to have a profound effect on her behaviour as an adult, with disastrous consequences.

Asia

I started having sex from the time I was about nine. But nobody considered that violence. Only today, we have awareness that it is considered abuse. Though in my community, the fact of what other people call it, they couldn't care less. No police come up there. Ever. Unless they live there. And then they just protect the crimes. But we don't have much crime. Just drinking and fighting amongst ourselves. And yes we have a lot of grown men having sex with young girls. It's normal. I don't know any young girls who did not have sex with men. It was normal. And if you can imagine this, it did not hurt us.

Interviewer: So this is why you say it was not violence, because it did not seem to hurt you?

Not seem to hurt us. It did not hurt us.

Interviewer: Okay. Well, go on.

So when we got older and started coming into town, we got a lot of attention from other men. Because we were not on the scene before, if you know what I mean. We were like, rare. And when we finished with high school and sometimes we could overnight with family living in town, then we got attention from foreigners too. I got a lot... My parents were very strict. I guess you might find it funny. They never kept us from having as much sex as we wanted when we were children, but once we left the mountain they were very protective.

...So, we were very much in love by that time. Really. We loved each other a lot. We wanted to stay together. But he had to go away. So he wanted to take me with him. But my parents would never allow me to go and live with somebody without marrying them. So he married me. I was happy, really. I loved him. I really did. He was very kind. And he worked very hard. [Asia's husband was working long shifts and she became so lonely that she began having sex with people she met at her college].

... Well, I started having sex with other people. People would come on to me, you know... It wasn't anything to me. Just to kill the boredom. I loved my husband very much. I never told him. I just had sex for fun.... But next thing, I got pregnant ...That was when everything went downhill.

Interviewer: How so?

Well my husband was very excited.... So we started having check-ups for me at the hospital... But guess what. My God. They told me I had HIV

Narrating domestic abuse as a sort of continuum - abuse from childhood into adulthood, coupled with recollections of abuse as a child, was upsetting for the women and often the interviewer. Lisa and the other women who had experienced abuse in childhood raised questions for themselves about whether the wider contexts of violence in which they had grown and been socialised within had in some way 'pre-disposed' them to become victims in later life. These reflections were particularly acute when children were caught up in the domestic violence situations their mothers faced. In the circumstances below the interviewee has a flashback about witnessing the rape of her mother while describing her own rape in front of her young daughter.

He started abusing me, physically he would beat and hit. Then sexually where he would come home at night and rape me in front of our daughter.

Interviewer: How old was she?

She was three and she would be up. It was like seeing a cycle of my mother when I was a child and that really hurt me. Then he would come in and try to bugger me and if he does not get through with that he would just force his penis in my mouth and push it down my throat till I vomit or gag.

EFFECTS OF DOMESTIC VIOLENCE

Control, fear, suicidality and anger

The women in the Ni3 study (with the exception of women in same-sex relationships) had been subject to various forms of control and intimidation by men, including coercion, isolation, economic abuse and attribution of blame. Over time, it was evident that some women began to comply by modifying their behaviour, slowly giving up control in order to survive and avoid further victimisation. This is described as 'control theory' (Bostock et al., 2002, cited in Fife & Schragger, 2012) and the most harmful form of intimidation, according to control theorists is when the victim is kept in isolation, away from the public sphere and is unable to escape from victimisation because of the lack of social support. This was particularly noted among women with disabilities whose personal autonomy was reduced, as is illustrated by Gentle's story. Gentle was sometimes locked indoors whilst her partner went to work, yet on the occasions when the keys were left behind, she had been so conditioned by the threat of violence and the potential consequences of not being there when he returned that she was too fearful to leave. Without exception, women described

the effects of violence on themselves, their families and their partners as devastating. Low self-esteem, which we readily associate with victimhood, was only the scratching of the surface.

At some point in my life I had such low self-esteem that I didn't really set a standard that would enable me to choose men wisely.

Where there was physical violence, it was not only dangerous and often life-threatening, but the onset of emotional hopelessness, fatigue, and depression was clear in the tone of the interviews.

It evolved into too much fighting. Fighting, fighting until you get too tired of it. Today it was good, tomorrow it's bad. You get tired of it. I got tired and I left. I called my friend and asked him to send me some money and I went back to (names another country). He followed me back, but I had enough.

So we were always fighting, you see? And not just a little fighting; it was fighting almost to the death. It was extremely toxic.

Participants also described feelings of extreme shame, isolation, and suicidality.

I tried to leave him too but my parents would not take me back. They were ashamed. Though my mother would send me things on the sly. And my father would send me things on the sly too. Both of them. I know they care for me. But they are more shamed. And I cannot go back to his country without him either. So I am stuck here. I have to take this. Until I get up the courage to kill myself.

We found victims marginalised and afraid. Some, in lieu of suicide, instigated a total removal from community, with significant repercussions in their ability to work, parent, or self-care.

I shutdown from everything, I did not want to be a wife, a mother, I did not want to be anything. I just shut down and I went on drugs.

In contrast, Brown Sugar described her faith and being part of the church community as helping her cope with suicidal thoughts, demonstrating how women could feel isolated but at the same time continue to live according to the social norms of their community.

I just told myself that I am a survivor and I go to church. Believing in God, that is the most important thing. I always believe in church, I do not believe in suicide and things like that. Certain things I don't believe in because I know the Bible and that is why I really ask God right?, what I am being forced to do, it's not that I really want to do it, I would not like him to turn up and I am not ready.

For those who tried to remain socially active and engaged with life's normal processes, they struggled with issues of trust and forming healthy adult relationships:

I did not trust people....If you were getting too close I believed that you had a motive. Even with my illness, I did not go to any programmes, any counselling, nothing, I just had an issue trusting people.

Sabrina a twenty-eight-year-old divorcee with no children, explained how domestic violence affected her mental health and wellbeing. This included feeling battered, angry, desperate, having her whole self-esteem destroyed and not knowing if she could trust anyone again.

I was angry, I feel frustrated, sometimes I get depressed. Sometimes I would just sit down and cry for no reason. It's just when I started to think back about what happened...a whole lot of mixed emotions I get....Honestly, I will be honest. A couple of times I wanted to

commit suicide. But I thought about how it would affect my mother and I said I didn't want to put her through that kind of pain.

She was of the opinion that others often felt this way:

I believe that's why a lot of young ladies...when they go through abuse they look to commit suicide because there isn't anybody that really understands your pain.

Suicidal ideation is cited here to illustrate the pervasive feeling of helplessness so frequently expressed by the women. More often this desperation was countered by thinking of others and shielding supportive family members from the knowledge of their abuse. Chop's story of the effects of domestic violence illustrates this.

Because I was going to commit suicide so they talk to me and tell me well I have kids and you know. I think back on what they tell me and that ease my mind a bit. They were like when you kill yourself who will your kids be with and you leaving them behind to suffer! I thank them for that!... But for women, they don't have the support, nobody wants to be around us because of the madman that we have in our lives. They are telling themselves if he kills her he will kill me too. They don't want to be around our abused women (Chop).

Chop refers to a lack of support for women. This was particularly the case for women abused from childhood, when no one had believed their stories and, consequently, they had been given no assistance to deal with the trauma. Sandy was an exception and when exposed to violence, her boyfriend's mother would act as a shield between Sandy and her son - shielding Sandy and the unborn child from severe beatings. Sandy said that she could not do anything because she was 'big pregnant' and all she wanted to do was to protect her baby. The neighbours would sometimes hide her when he was looking for her to beat her, in addition, his mother would be 'taking the blows instead.' In her first relationship Sandy endured a range of abuse. She endured the physical (biting, kicking, hitting) verbal and mental abuse at the hands of this boyfriend. She was beaten while she was pregnant. The second relationship was also an abusive one. The last boyfriend hit her once as she recalls and that was it for her, she left him and went home to her mother. Suicidal thoughts were countered by women thinking of the welfare of others, despite the extent of abuse they lived with. Among pregnant women, it was mainly the welfare of their unborn child and other children and in the case of other women, concerns for family members and children.

It is like, well it is him that is bringing in the food. Well if I leave who will take care of them children (Aye).

If I had told my family what he was doing to me they would have gone and beat him up and I did not want them getting into any trouble. I had to tell them that I fell and hit my face (Kathy).

Suicide is an extreme form of self-harm and reflects the internalisation of trauma. Some women, especially those who had been exposed to violence from childhood and throughout their lives talked about the externalising of violence. Katrina, sexually violated from the age of two and subjected to multiple forms of violence as she grew up, demonstrates incredible resilience but also the potential for retaliatory violence of an equally extreme form.

Katrina

I was molested from 2 years to 9 years old by my mother's brother. It was a generational thing because his father did it to my mother and he continued on that trait. I felt hopeless in that situation too, when it first happened to me at two years, you know little children do not speak that clearly, but I remember and I remember plainly my first words were 'mummy uncle M... interfere

with me'. I could remember being called a whore and a slut and being told that I want killing, at two years old. So if you at two years hear that, ok, things die down for a while then he started back. If you tell somebody in the beginning and nobody believed you who will you tell again?

So it went from that to tolerating it and it happening night after night and he was such a sick pervert. He used to take my nightgowns and dresses that I used to wear as a child and ejaculate in them and keep them in a bag as his trophies. Quite frankly I really pick up an anger out of this world, I was so angry at 9 years old, all I wanted to do was kill. When I broke off that knife in his ribs, I told him to explain to them how you get that there. Those were the last words I said before, I mean he really broke my spirit to a point where he used to threaten me and tell me he would kill me if I told anybody. So repeating those words, the same child father would tell me the same thing, those words would just humble me and I believed I could not say anything. I was fearful but then a rage would build up in me it was uncontrollable. But with my uncle now, I had to start reaching out, I could not bear it anymore. I wanted him dead, I did not want to see him there, I did not want to be nowhere in that house.

Interviewer: He lived in the same house?

Yes I lived with my grandmother, because my mother lived in the country. She married her husband and it was closer to where I was going to school. I honestly believe that he did not only do it to me, but that he also did it to my brother. Then my brother started to do it to me and I just got so angry. As a little child I know that even though it was happening to me it was happening to me for a reason. So my constant prayer was that don't let him do it to anybody else. If he got to do it only to me don't let him do it to anybody else. I don't know how my cousins and the other siblings would feel. If I am the only one to bear it, then let me bear it. That was a hard thing for me as a child.

...Truthfully speaking I went on a downward path from there. My anger was all consuming, every thought that I had was to kill him, not only to kill him, you know you go to school with boys, they are troublesome, even a simple touch on my hand I would beat the daylights out of him. I was very angry I did not like boys they could not talk to me. As a boy I saw you as a threat after being molested by a man. Every man from then onwards looked like a threat. So I was angry and violent and used to fight a lot. Then when that was not enough, they took me away from my mother.

Interviewer: So it was reported and investigated?

Yes. My mother moved me from there but I still had to go back there, it was still traumatic for me. Even being in the house was traumatic for me, I would get panic attack and my mother did not understand. So I reached out to my father's side of the family and I told them because I just did not want to be there. I just wanted to be away that I could recuperate. But they took me away from my mother, and my father's family was not even good with it either, there it was verbal abuse, telling me that my mother was no good, that I will turn out just like she was. So I was not getting help from either side. So now I was getting emotional abuse and verbal abuse, it was not helping me. So when I started going to secondary school I was very destructive. You could not tell me anything, you could not approach me, yes I was quiet but I was one of the most difficult children to deal with, because when you say something to trigger me I would just go off. I would throw about chairs, I would run teachers out of the class, being there was no healing, no counselling, nobody was doing anything, then still being traumatized of the night terrors of how he used to come to me at nights and all of that. There was no healing there to help in the situation there, no healing at all. So I found myself, and a lot of people would not understand this, but it curves the type of relationships that

you get into as you mature. It was really rough. Because I became so violent at school they took me from my mothers and placed me in child care.

Interviewer: So you were placed in a home?

Yes... I was not there long because I walked out of the home, because the Aunties were really something serious. They used to tell you a whole lot of crap and talk down to you.

Interviewer: How old were you when you walked out?

I was 16 years.

Interviewer: You were raped while at the home?

Yes where it was situated, there was a park outside of the home and we would venture outside. I had friends I would talk to outside, yea, it was not always the right kind of crowd to be around but I remember this girl, I went with her this evening, she was going by this shop to meet somebody and we were waiting on this body, which I found strange that she was just there waiting, and when the body appeared she left, and when I attempted to go, I was supposed to stay with this person, I was like I am not staying here with you, I don't know you. She actually set it up for him to do whatever and..... (long pause, sniffing)

Interviewer: Was she also in the home with you?

No I met her from catching the bus and going to school. At that time I was very revengeful so it did not go well for her at all. I held her in the back of my mind because I never used to forget what people did to me.

Interviewer: So she organised this meeting with this guy and he raped you?

Yes but it did not go to pretty for her with my anger. Whenever I saw her I beat her. I almost killed her I almost cut her throat with a saw. Because I was saying, how could you claim to be friend to someone and do something like that? I don't even know what she got out of it, I was put in a situation where I was used and you don't do things like that people. That's why I don't understand how people can in this day and age, put a woman out there to be a prostitute and you are benefitting from it; that enrages me to an entirely different level. I don't know how people can do it.

Interviewer: What happened to your Uncle after it was reported?

Right now I am just glad that I don't see him anymore, yes I have learned forgiveness, I have become a Christian and I don't have as much anger issues as I had before but I really don't want to see him. I don't know if my reaction would be to smile and say I forgive you or start on fresh (get violent). I have no idea where he is what he is doing nor do I care.

Interviewer: So you left the home at 16 and went back to your mum where she was involved in an abusive relationship.

Yes and I could not take it anymore... They always used to be arguing, he would hit my mother and then come and tell me. I had looked up to him as a father, because my father was never around, he would come and tell me, "don't mind your mother, she is telling lies. I did not hit her and this and that". But as I got older I could see for myself all of that went clear out of my head. This one night when I broke his hand, because I had enough, I was sleeping because my mother went out, I think she went to karaoke or something like that. He asked me where she was and I said I don't know and he said alright, alright you all don't know where she is, wait until she gets in here. I went to sleep

the next thing I know, my big brother is waking me and saying, come and do something, come and do something, he is in there beating mummy. I said but you are older than me, you do something. He said he did not know what to do. Well I used to sleep with a knife, the blade alone was 11 inches under my pillow, that night I grabbed the knife and something said to me put down the knife and take up the hockey stick. I remember it every night because I could have killed him and gone to jail, but I took up the hockey stick and I gone, he did not even see the hockey stick. When I got there he had my mother choking and my brother choking. I said let go my mother and let go my brother, you don't have to hit her. He told me to mind my business and go back to sleep. I had a little sister and a little brother, he was about 6 years and she was about 3 years, and I did not want to wake them up. So I remember saying to him calmly let go my mother and brother. He let go my brother and he shoved me so my retaliation came in, you would not release my mother, and then you hit me too. I drove the hockey stick down through his collar bone and then I would not stop hitting him until he ran under the bed and the last thing I was able to glance of him as he slid under the bed was his hand, I stood on his hand and beat him on the shoulder blade until I could not stop hitting him, my mother and brother had to pull me off. So with all of that after the police came, he told the police that he want me put out, that he wants all of us put out the house. It came to a big noise, he went to the doctor the next day and the doctor told him that his hand was broken, because he could not move it. He thought it was just dislocated but it was broken it was in a sling. My mother too, she was a very abusive woman, she used to beat us with whatever she could get her hands on, broken broom sticks, etc. and pound our fingers with hammers. All of that she would tell you, respect the man, you are in his house, and I would say but I never told him anything. So how could I respect him if he keeps beating you, he should apologise to you, she said that I should respect him because I was in his house. I said you know what, I had enough of this, that is his and your business and I picked up and left the house. From there I was from one person to the next and sometimes I would just find myself back at my mother. Then the cycle would start all over again until I got sick of being there and I would just pick up and leave again.

EFFECTS ON CHILDREN

The women who had children all expressed concerns about the effects domestic violence may have had upon them. The father of Rebecca's children had been so violent that she had been forced to go into hiding many times to keep her children away from him. Her son had questioned her - 'Why can't my dad come here and collect us like other people fathers does do? When he was 15 years old she explained to him what had happened.

I sat him down and told him. He said 'mummy my daddy did that to you? I can't believe that he did that to you. I don't like my father I hate him'. I said no, no. That happened between the two of us. Your relationship with your father has nothing to do with that and I want you to have a different outlook.

However Rebecca's daughter, who was older and had witnessed much of the violence, was severely affected.

She would tell them (her brothers) all the time that she hates their father and when she gets old enough she would kill him. I used to tell her not to tell them that. And she grow up with that. The lifestyle that my daughter is living now, I sometimes wonder if it is because of seeing all of that (violence). My daughter was a top athlete and now she is on drugs, she has tattoos. She goes all over, here and there, sleeping here and there and not coming home.

Below, Lisa gives an account of trying to shield her family from the effects of violence while Rebecca described how witnessing the abuse had affected her daughter:

I would say it was mostly the beating. It was devastating at times. You know you got a girl child, the man is not the father of the child and she seeing these things happening to you. It was hard, it was really hard. (Rebecca)

The relationship with her son however was affected in a different way, with him using the father's abusive behaviour as a threat, which made it even more difficult for her to keep other family members from getting involved against her will:

One day I was taking something from the little boy and he (little boy) said to me 'you better not hit me or I am going to tell my father and let him make you cry'. And my mother said "what?" That is how things really got out and my mother knew then that something was happening. Other than that I really kept everything to myself. Because sometimes you feel so ashamed, you get into a relationship with someone you really trusted that everything would have gone all smooth and good and then things turn out like that. And you really and truthfully want to hide it from your family. You don't want your family to find out. So it was really hard. (Lisa)

However, reflecting on her experience later, she had also clearly developed more resilience and felt that the abusive relationship had made her become more protective of her son:

My Son is 17 now, and everybody says that I am more protective of him, I feel it's because of what I went through I am more protective.

TRAPPED IN VIOLENT SITUATIONS

Within the many narratives captured, it was clear that women recognised when they were in situations of ongoing risk. These women endured abuse because they felt they had no way of escaping the relationship or had very limited options. Lisa, whose abuse throughout childhood by different family members was documented earlier, speaks about some of the psychological effects of verbal abuse and how it affected her sense of self-worth and this in turn made her believe that she was worthy of nothing else.

There was also verbal abuse as well, they used to curse me. They would tell me how dirty I was, that I was nothing and would never be nothing, those types of things. I actually accepted those words because coming up from a child my mother always said that I would be nothing. So I actually accepted it. So thinking that I was older now that my life would be better, but it was never better.

Feelings of shame and self-blame also fall into the category of psychological barriers. Women said they felt ashamed to tell family members or others about the abuse and simply tried again and again to make their relationships work (*sticking it out*).

I just felt ashamed of it...too ashamed to go to anybody. I didn't know how to speak to anybody about it...I didn't want people to look at me bad. So I just lived with it. (Kim)

Another psychological barrier to leaving was the desire to believe that the violence was a one-off event, that it could be justified or explained away, or that it actually signalled to the woman her partner's love.

We had a pretty much very good relationship, but there were times, because of his addiction to drugs, when he became angry he would hit. He would hit me. He would become violent for simple things. Like, he didn't like hot food and if the food were hot he

would be mad. It happened only on a few occasions and I justified it because I felt that overall he was good, we had a good relationship, he just has a problem. You know? And that's how I justified it, thinking he wasn't that bad because he treated me very well. He was always there for me. It's just on those few occasions when he needed a fix when he would get angry and it's just those few incidences. But it happened and ... um... I said, you know he loves me. I know he loves me. He is not hitting me because he doesn't love me. I know he loves me. (Marsha)

Economic factors emerged as a key reason for not being able to get out of the abusive relationship and were sometimes described as forms of abuse of themselves. Most of the women in the study had little financial and economic security and consequently did not feel they would be able to provide for themselves and their families if they left their partner. Rebecca was one woman for whom financial dependency had meant she was unable to leave the abusive relationship. However when she finally left, she faced stalking and threats of being killed. One night she went to collect her son from his father's home (her ex-partner) and as she was preparing to leave, he attacked her. She was raped in retaliation for daring to end the relationship - *He said that I just could not walk out of his life like that.*

Some of the women talked about staying in the abusive relationship because they thought having a father around was better for their children or because they were desperate to make things work.

My husband was the first abuse that hit home to me...so many things I did to stick and stick (to make the relationship work) and still eventually it did not work. Then I ended up with a mad fellow who is lazy as tail, and now this (Brown Sugar)

Paradoxically, these women also talked about the negative effects of violence on their children's wellbeing. Several described entrapment as feeling as if they were between a rock and a hard place - concern for their children propelling them to leave but economic dependence on the perpetrator for the children's material needs forcing them to stay.

Feelings and self-blame and shame also functioned as a barrier to leaving in some cases.

Because I just felt ashamed of it...too ashamed to go to anybody. I didn't know how to speak to anybody about it to say...people...I didn't want people to look at me bad. So I just live with it (Kim).

CAUSAL/CONTRIBUTING FACTORS

Across the board, several factors showed up as precursors or sequential to incidents of violence.

Jealousy, Possession and Control

One of the major contributing factors to domestic violence according to the accounts of women, was the perpetrator's inability to control or manage his emotions and his need to exercise control over her. Jealousy was identified as a catalyst for violence by many women, but the bigger problem seemed to be the man's need for control and domination which but was sometimes fuelled by jealousy.

Then I would be at work and he would call and say there is a man downstairs, do you know this man? I would say 'boy I am at work, how the hell would I know who is there? Then it was physical, if I am at window in a short pants (we lived upstairs) and a van pass by, we fight.

The domestic violence started when I met a man and the jealousy thing came in. I don't know, I am not a worthless woman, or screw around a lot but I like to flirt a lot. I am friendly, I don't see anything in speaking, but most of the men they had a problem with that. So he beat me, my child father was the worst of it, 'cos I got the bruises to prove it.

Women were acutely aware of the perpetrator's apparent need to control them and their unwillingness to submit to control being offered as justification for violence. Participants in the study recognised this as a distortion in thinking and a failure by the man to take responsibility for his actions.

They got this thing that they want to control you and when they can't it's a problem. I tried to understand it, but I don't need to understand it, because you did not make a woman, you should not hit a woman because you did not make her. (Katrina)

I think that when you're in a domestic violence relationship, you have to look very carefully at what is causing the problem. What's causing the person to behave the way they are and what they need to work on. Because a lot of the time, people tend to make you feel that you are responsible for what you are doing but it's not my fault. He hit me because he has his own issues and I'm not supposed to be a punching bag for anybody. (Marsha)

Jealousy combined with other factors too, such as economic dependency. Kim believed that women were partly responsible for their over-reliance on men for material support.

Women too like to depend on men for things. So that's where the problem occurs because you are in a relationship, your partner may not be helping out. You will go to another person for help and that's when everything does thing (sic) because your boyfriend find out, get jealous, tell himself he can't deal with it, take your life (sic). (Kim)

Alcohol and Drugs

Fourteen of the women in the study named alcohol and drug use as contributing factors to domestic violence. During her first relationship Sandy was beaten while she was pregnant and later became addicted to drugs in her second relationship. It was in this relationship that her boyfriend 'pimped her'. He refused to work, sent her out prostituting to pay for drugs and buy food and he would beat her often. Sandy's first recollection of violence however was being sexually abused by two older men when she was about 11 years old. One was a neighbour and the other was a family friend who would sometimes pick her up from school. She noted that one man abused her for approximately one week, while the other continued for a number of years. She said it was during the abuse that she learned '*many of the tricks of her trade*' which she performed when she became a prostitute and that being forced to have sex as a child contributed to her '*selling her body*' later in life. The abuse during Sandy's second relationship was compounded by the death of her young daughter, this caused her to run away and she took up smoking crack, only stopping when she had her second child, her son. Sandy stated that she '*smoked and smoked and smoked and smoked and blocked out everything*'.

Some of the references to drugs however referred to how the abuse intensified, especially for women with disabilities, when their partners were under the influence of alcohol, leaving them particularly vulnerable:

He took a knife and he cut off my clothing. I was helpless as he was under his alcohol influence and he had sex with me that night. (Aye)

And as an alcoholic and later on I realise he was on drugs too. But he would have everything all over the place and I couldn't function and he would leave me for hours without helping me to prepare lunch and they would be times when he was out of work and he wouldn't be

looking for anything. So we would go for days without, lacking and I would be really frustrated and devastated wondering where my next meal will come from. (Liz)

In Marsha's case (Marsha above, saw no excuse whatsoever for DV) it was her father's alcoholism and absence from home that posed a major contributing factor to her experience of domestic violence, as she describes a lack of support and parental guidance in times of crisis:

I was also saying that the first thing which really hindered me is the fact that my father was pretty much absent from the home. He was in my life and but he was not in the home, and the rare times that I saw him he was drunk. He was drunk, but still there were times I felt I needed a father figure to guide me. Not just a father figure but my father to guide me and to help me make certain decisions. My mother did her best but I needed my father and he just wasn't there.

Later on, it was her boyfriend's drug dependency which fuelled the violence:

We had a pretty much very good relationship, but there were times, because of his addiction to drugs, when he became angry he would hit. He would hit me. He would become violent for simple things. Like, he didn't like hot food and if the food were hot he would be mad... Normally if he didn't need a fix or anything, he wouldn't put his hands on me, but it was those times.

Jealousy and controlling behaviours were also increased when alcohol was involved:

The jealousy increased, because he was drinking a lot. The last thing he did was to take me and the baby in a cane-field and threatened to kill us. He was strangling me with the baby in my hands...Its just on those few occasions when he needed a fix when he would get angry and it's just those few incidences.

Hidden Homelessness

Homelessness as the term is commonly understood was not a major finding of the study. However *hidden* homelessness, by which we mean that the lack of a stable home or circumstances in which a woman faced *potential* homelessness if she should leave an abusive partner, was a key feature in many of the women's narratives.

And then I got sick and depressed...like three months. Then I found myself moving from place to place because I didn't have my sisters anymore because they forgot about me. So I found myself moving from friends' houses to others and I ended up in a situation I never really thought I could have been. Very vulnerable. I never thought I could run back to anyone like that so easily, but any little attention, or love, or whatever you want to call it. I needed it. Yeah. So he used the situation because I was getting weaker and he used it...He hit. And I'd hit back.

The quote from Katrina, in which she explains her response to the question 'why do you stay?', speaks for many of the women in the study:

You would hear people talking about these types of situations but sometimes you just don't know what to do until you are in them yourself. People would say if you know that he is doing that then why you stay? For me the excuse was never because I love him but because I have nowhere else to go. I find that men take that as an advantage, when they know that they have a hold over you. When they know that you have nowhere else to go they take that as advantage over you (Katrina)

One woman had escaped to a shelter but her whereabouts were disclosed to her partner by a member of her family who was a police officer. She returned to the violent relationship because she had nowhere else to go.

The people who were running the safe house because they found it was not safe for the women staying there so they told me to leave. I then found myself right back there because I had nowhere else to go.

FAMILY AND COMMUNITY SUPPORT

Some of our interviews provided great insights into the nature of communities as protective agents and the important role that families can play in helping women escape violence. While sometimes acting as supportive and nurturing spaces of refuge and strength, we also heard that some communities protect habits and behaviours that we interpret as harmful. This was true of families, too. Many of the women in the study described the response of family members to their abuse as one of denial, victim blame and rejection. Mothers were most frequently mentioned: *Me and my mother were not getting along, I had nowhere else to go but to move back there.* However, the absence of mention of fathers may be accounted for by the fact that there is a high prevalence of single-headed female households in both Grenada and Barbados and the fathers may simply not have been a part of the wider family network.

When my mother found out that I was pregnant she locked me outside and I was sitting on the step because she would not open the door. She knew I would work from 2 – 11pm so by the time I got home it would be close to 12 pm and she refused to open the door. He had dropped me home that night because my belly was big and I was sitting on the step and she would not answer the door. So he said he could not deal with this anymore. He said he did not like the fact that his child was in my guts and I sitting on a door step to catch a cold. That is how I ended up by him. (Katrina)

One woman described her confusion in that her mother persistently denied that her daughter was raped yet took her to the doctor. Despite the fact that the sexual assault was medically confirmed, the mother still refused to accept this. Adding further to the confusion, her mother was willing to accept a private settlement to avoid the case being taken to court yet still refused to acknowledge an offence had taken place. Of note in this example, is the collusion between two women: the victim's mother and the perpetrator's mother in silencing the rape of another woman.

When I told my mother that he raped me... she did not believe me. Up to this day, even though she took me to the doctor the next day. The doctor said this little girl has been bugged and raped and there has to be some type of satisfaction. The doctor did not call the police because she said she would deal with it. Eventually the guy's mother paid my mother \$4,000.00 (about 2,000 USD) and that matter went under the bridge.

For Katrina, the lack of family support meant that she put up with a violent situation for far too long. By the time she found the courage and strength to leave, she felt that to stay any longer would either result in her death or in her killing the perpetrator.

He has been bullying me. It's just a long unruly story. With him and all the fighting and he showing up at my work place and all the crap it's not something I would wish on anybody else. Really and truly it took me a long time before I got bold enough to say I had enough, even though I had to go and sleep on my mother's floor. I have a father who is not in my life, I have family I don't really speak to them because of the sexual abuse I went through as

a child so they alienate me. I don't have much people to rely on in terms of family, so it is hard. I had to endure all the abuse. It was not only physical but verbal and degrading (crying) so I made up in my mind that, that after I was talking to him from the time I was 17 years until I had my son at 21 I just left, I picked up and left. I could not do it anymore. I have a mentality that it is either I kill you or you kill me. I am not spending another night and you put your hands on me because I am not that kind of person. (Katrina)

ROLE OF THE POLICE AND GOVERNMENT SUPPORT SERVICES

We note that in both Barbados and Grenada, there are significant strides being made in the response of the police to domestic violence. In the Ni3 research, however, women did not believe that involving the police was a good strategy and thought that that this could make their situation worse.

I am not confident in the police department because even though they might have the information, and some of them might have been exposed to trainings, they do not enforce it. I am not confident whatsoever. Not even zero point one percent. I've had an experience where there was an incident with the same young man I told you about, and he threatened me because I came home late. That time I called the cops right away because I knew I was in danger. And you know what the police said? He said "Oh gosh man, why all you don't go and work out all you business nah? Just reason out!" That was not the police business to say that. I said "I called you because he threatened me. He threatened my life!" But when the police came they actually put my life in further jeopardy. Because when they left, he had it out with me. The police came and put my life in jeopardy. I'm sorry. I do not feel confident in the police system and the social justice system... When it comes to domestic violence I do not. A lot of people hesitate to come forward. (Marsha)

Most women simply did not trust the police. In one example, it had been a police officer who had revealed the whereabouts of a woman who had gone into hiding: *...he had family who was a policeman, so he found his way into finding out where I was, and used to park around there.* In giving advice about escaping abuse, another woman talks of the need for trust - trusting instincts, trusting friends, trusting that someone eventually will hear one's story and help, but she also makes it clear that trust does not in her view, extend to the police.

I would say to trust the instinct that you have about the beginning signs of abuse. And hopefully if you have that circle, tell somebody within the circle. If they aren't listening, go further. Not the police. Somebody who knows you that you can trust. Human relations, connections, and access to friends.

THE POLICE

Most women did not have confidence in calling the police and several described how this had made their situations much worse. It is important to note, however, that by the time the police were called, on the occasions that this happened, this was usually as a last resort. There is an important lesson here – by the time the police are called to an incident, the violence may have escalated, be of an extremely serious nature and may present a grave risk to the safety of others, including children. This indicates the need for an urgent response. There

When the police were called, this was usually as a last resort and by which time the violence was extremely serious or had been going on for a long time, as illustrated by Pinky.

And I ran but when I ran it was like a dead end because the...how the house is situated, it came that it's the kitchen and there's no door that side. So then the only thing was ...a knife was on the table and I took it up to defend myself and I stab him which took seven stitches and then he moved out, but then he came back like about a month after he moved out and then it would still be the constant fights ...the constant fights and then I moved out from there and my brother was going away so he asked me to stay in his house. But he did go with me and then we still would be fighting and the last one was when we was fighting and he pelt the knife to stab me and it barely miss my daughter so then I called the police to get him to move out from the house because I said I cannot not take it anymore. (Pinky)

I've never called the police on him. My family has. I've been upset with them for it because I'm one person who believes that redress is not always about calling the police. I think the police is always a last option. (Marsha)

Despite these negative responses regarding the role of the police, there were some women who believed that calling them was the best thing to do.

First thing is to call the police. We as women like to give frighten stabs or throw hot water and next thing you are in jail. So call the cops and when they come ask them to remove this person. Then you might need to go to your church because church people are nice people too. You will find some of them that you can talk to.

End the relationship. Call the police. Get help. (Kim)

He sends a lot of obscene messages and threats on my cell phone. Sometimes we fight in front of the child and she would put herself in between us. The police often tell us this is not good for the child. (Vee)

It is also important to point out that negative responses to help from government agencies was not only confined to the police. We report later on about the challenges some disabled women had in getting agency support and there were some alarming stories about the failings of the criminal justice system. A major issue reported was the lack of confidentiality of professionals which placed women at risk of further violence. For women who had been sexually abused as children, the lack of justice was a major reason in their inability to believe that they could expect justice as victims of domestic violence. Katrina talks below about the rage she carries as a consequence of her rape as a child, exacerbated by the failings of the justice system.

It went to Court and then the judicial system of this country sucks. It took about 8-9 years to get to the Supreme Court where they finally decided to do a ruling and I was like, I have been traumatized enough by this. I would not have minded if the case would have been tried and dealt with in two – three weeks. But all these years I have to be coming back to court giving the same testimony, over and over. NO, I said I had enough, I don't care what you do with him, whether you send him. I just can't do it anymore, because the mere sight of him used to set me in a rage. That I just used to attack him, so they could not keep me in the same space as him at no given time. So I said to them, I cannot do this, you all took too long and further more I thought the case was over, because I was not hearing anything more, I was not getting call to court. So it was frustrating for me, yes I want to see justice done, I wanted him to be locked away for the rest of his life, where he could not do this to anybody again, however that was not the case.

There were also huge concerns for women about the risk of breaches in confidentiality. Asked whether she would access support services, Marsha replied:

Absolutely not. Absolutely not. I have a huge problem with access to support services... especially for domestic violence. I find that a number of things need to be strengthened. There is need for confidentiality. People know too much people. And they go home and talk about it. They do not respect people's privacy. (Marsha)

STRENGTHS, RESILIENCE AND COPING

In respect of help-seeking behaviours, in almost all cases, reliance upon professional help was negligible. However, it is worthy of note that most respondents in Grenada named their agency as their primary go-to location, and in Barbados, most named their church community. All participants who availed themselves of psychological counselling due to violence against them, reported this was valuable.

Yes all that stuff that I told you was bottled up inside until I got here. When I came here M (Counsellor) was so pleasant. When I walked into her office I cried. She said don't cry whatever the problem, whatever you are going through, he (God) is bigger than it is. She made me feel like, oh I love her so much. She made me feel like I knew her all my life and I could tell her anything. In less than five minutes I told her everything, and then I went to the groups and I was able to talk in the groups. That kind of made me see it's not that bad after all to trust people. I don't have that trust issue anymore, or I would not be here.

When I walked into the office... there was just something about her. If the police were to come, I know that whatever she says to them would be the truth. That is how she is and I don't hide things from her. I can call her at all times and get the right answer. She has never put me wrong and then the network that I had with all of them. I was like, I did not know that they had such nice people. It was like finally I can dump all of that garbage and live and not be afraid of walking.

Interviewer: ok...alright....if you could do one thing to reduce domestic violence what would it be?

I would say I would put counselling in place to help see the couple through it. (Donna)

There was a wealth of advice offered to women living in situations of violence. It was at once compassionate and non-judgmental, and at the same time crystal clear about needing to walk away from abusive relationships, as a matter of life or death. Additionally, most women were very assertive about developing their own self-agency, about education around the issues, and also about social confidence. Most participants advised against going to the police if they were hurt, because of police inadequacies or unwillingness to handle the issues. However, they strongly advocated for the work of supportive NGOs, and close networks of family and friends. Equally unfortunately, some advocated for taking up violent retaliations in return.

One of the things that he did, he gave me an allowance at the end of the week but because of the addiction, he would come back and make a fuss. He wanted the rest of the money and I would refuse to give him because I had the children to support and all of that so I refused to give him the money, and I started becoming stronger against him. One day he wanted to hit me for the money and I took a piece of two-by-four and I gave him some good licks with the two-by-four and he never put his hands on me again. He apologized and he never put his hands on me again.

I would fight. I am a fighter, I would fight you. And that is the problem, I know I cannot beat a man. I would get a knife and get you out of my house. That is the first thing. Leave my house if you don't leave my house, then I am leaving.

My girlfriend who went to school with me, her name is C. I remember he curse her, insult her and she told him, "I am not Rebecca. I would be a different woman for you to deal with, I would beat you but she won't beat you".

Others however advised that women should not resort to violence and that by sharing their experiences with others and seeking help, they would find the inner strength to carry on. Rebecca describes this in relation to her own life.

You know remembering what you went through and stuff like that, it hurts a lot. But God also says that vengeance is his not ours. I told my children if I was a different person, they say that women are always being killed in Domestic Violence, he would be one man who would be dead. I don't know if they have groups, but when I spoke to the lady at the police who interviewed me, I find that sometimes you don't want to share, you don't want people to know that you went through certain things. But I find sometimes when you share it, it does lift something off you, like a great burden. Yea you want to cry but eventually you know that you can take a deep breath and that you can make it through another day. I remember having a tower of strength through it all. (Rebecca)

All in all, responses demonstrated that great courage and self-awareness often comes out of the struggle.

What makes it so sick is that we claim we love these people. That is the sickness of it, we claim we love these people even after they have done these things to us. Why do we stay? Because we say we love them. Sometimes you blame yourself, sometimes I blame myself. Sometimes you say you deserve it, but I know different, no woman deserves it, to be beaten, to be ridiculed.

I'm all about empowerment and I'm all about, you know, I'm in school and I'm doing things with my life that I want to do, and he needs to be in a place where he realizes there are things about him that he need to work on, you know?

Education and Last Name. Your last name determines. It is absolutely education level, family, where I grew up, all of that. I can't imagine what it would be like for someone without these things. All of these things. If you even took one thing out of the mix, it wouldn't be the same. We need agency, education, last name. All of it.

EMPOWERMENT

In relationships I would like all women to know this that you don't deserve to be abused by men in no form. That you are special and you don't have to stay in it. You can leave. Love is special and it does not hurt like that.

The minute the red flag comes up I am out of there. Look at me I am 56 years old, what do I have being beaten up at this age.

I would tell the women who are experiencing domestic violence, do not cover up the violence like I did. Our children need their mothers. During the violence, a baby can be injured or killed. I think God had a purpose for my child, because I could have lost her when my cervix was torn. ...focus on your baby and get out. Facing reality helps us. and our

PREGNANT WOMEN

In this section of the report we report on some of the specific issues faced by women who experienced violence during pregnancy. We have included pregnant women in this study not because women face more abuse during pregnancy but remembering the global statistic that 1 in 3 women are abused at some time in their life (WHO, 2010), pregnancy can be a time of heightened vulnerability.

In one study (physical abuse only) of new mothers across 16 states within the United States of America, prevalence rates of domestic violence perpetrated against pregnant women were identified; 7.2% before pregnancy, 5.3% during pregnancy, and 8.7% around the time of pregnancy (either during the pregnancy or the 12 months preceding it or both - at a 95% CI, 8.3–9.1) (Saltzman, Johnson, Gilbert & Goodwin, 2003). This multi-ethnic study shows, however, that many predictive risk factors associated with domestic violence occur regardless of pregnancy status: “intimate partner abuse is more likely to occur in women - regardless of pregnancy status - who are young, separated, or divorced, or who have low incomes” (Saltzman, Johnson, Gilbert & Goodwin, 2003, p.40). This profile is supported by the Taillieu et al. (2015) study where “In fully adjusted models, younger age, separated or divorced marital status, as well as partners’ patriarchal domination, destruction of property, and drinking were significant predictors of pregnancy violence” (p.5670). There is also an association between domestic violence and its links to other (structural) difficulties such as housing instability - frequent moves and poor facilities (Pavao, Alvarez, Baumrind, Induni & Kimerling, 2007).

Identifying predictive risk factors is critical for appropriate intervention. It is noteworthy from a policy and reproductive health perspective that in the Scribano et al. (2013) study, women who reported experiencing domestic abuse in the 12 months after delivery were more likely to have another pregnancy within 24 months as compared to similar women who reported no domestic abuse after delivery. This supports previous studies linking domestic abuse with a higher risk for unintended pregnancies and a reduced likelihood of using a preferred method of birth control. Williams, Larsen and McCloskey (2008 p.1382) concluded that “Women experiencing physical and emotional abuse were more likely to report not using their preferred method of contraception in the past 12 months compared with non-abused women.” Many theories have been advanced for this including deliberate repeated impregnation by the man as a form of maintaining control over the woman. Such control is described variously as “birth control sabotage” (Thiel de Bocanegra, Rostovtseva, Khera & Godhwani, 2010), “reproductive coercion” (Miller, 2010), and “pregnancy coercion” (Miller, Decker, McCauley, Tancredi, Levenson, Waldman, et al., 2010). Women too may view pregnancy as a means of inserting a degree of control over her situation:

Some women in abusive relationships may believe that becoming pregnant will make their partner more sympathetic and less likely to abuse them. Pregnancy however, may create a false sense of security and can lead to just the opposite effect because the sexually jealous man (one who frequently checks up on their partner, accuses her of spending too much time with others, and stops her from engaging in activities with others) may see the pregnancy not as a result of his own doing, but as evidence of his worst fears coming true (Burch & Gallup Jr, 2004 p.246).

As the Ni3 research and other quantitative studies show, however, when women are subjected to domestic violence in their intimate partner relationships, pregnancy is unlikely to improve the situation and may make it worse.

After eliminating some commonly used words from the frequency count (e.g. “get”, “like”, “just”), some of the most frequently used terms by the pregnant women include “abuse” (253), “pregnant”

He always there (sic), I can't move. Even if I go to town to buy ... he would go and get it for me or tag along. When I was pregnant it was worse. (Ali)

Another woman said her movements were closely monitored because her husband feared that other men would find her desirable due to her good looks while another was beaten because she was paid a compliment by a male neighbour on the nice smell of her washing as she was hanging it out to dry. Perceptions of his partner's attractiveness to others may fuel a man's feelings of insecurity and increase the risk of abuse to a woman but domestic violence is not about attractiveness or desirability at all and as our findings across all groups of women consistently show, domestic violence is about power and control.

Twelve (12) of the 14 women in the Ni3 pregnant group reported that pregnancy was the catalyst for violence or was used by the man as an excuse to commit violence:

I believe being pregnant was the problem. We used to have our little ups and downs but I find as I got pregnant everything got worse

We quarrelled once in a while, but when I got pregnant he started physically abusing me.

...he slapped me because he was vex because I was pregnant.

The major abuse took place at about six or seven months pregnant. He held me in my throat and I urinated myself out of fear (sic).

The beatings were worse when I was not pregnant. He would break bottle in my head... Pelt me... (throw things at me). Choke me out. Bang my head on door/wall. All these kinda things. When I was pregnant he would more aim for my face. Once he cuff me in my belly.

The above quotes illustrate the level of control exercised by the perpetrator, aiming for the face and other parts of the body - including 'cuffing' the woman's belly in the last example. We have often heard the explanation that domestic violence is caused by a loss of control. As these women's experiences show, many times the perpetrator will take particular care about when he hits a woman, where and with what level of violence. This does not indicate a lack of control, but the opposite - abuse that is targeted, deliberate and calculated, causing various degrees of harm, serious injury and chronic fear. These experiences occur in climates of coercion, intimidation and threats which are usually manifested over time and can be sustained for the duration of the relationship (see later discussion on duration of abuse). Such fear based systems of domination within relationships speaks to the inherent complexity of the problem and in these situations, a man who claims he "lost control" may really be saying that he has lost control of intentionality, which is a different and altogether more chilling prospect. Intentionality (we discuss this again later) is described by Kimmel (2002) as behaviour and instrumental actions used "to control or subdue and to reproduce subordination" (Kimmel, 2002 p.1342). This suggests that to arrest domestic violence, in addition to understanding the needs of victims, we need to get 'into the heads' of the perpetrator - to better understand what drives their behaviours and also to better understand the contexts within which they live that contribute to the belief that control and violence are part of the masculine mandate (see Part Three).

The Effects of Domestic Violence on Pregnancy

Domestic violence affects the whole family. These effects are deeply interlinked as seen in the discussion which follows below. Of the 18 pregnant women, 15 described at least some instances of personal experiences of abuse or some effects of domestic violence on themselves, while 14 spoke about the effects on their families. Brown Sugar made at least seven situated references of physical abuse, verbal abuse, and emotional abuse. She would often fight back except, she says, when pregnant - *All I was trying to do was not let my belly get hit hard. I did not bother to fight because I was carrying her.* Stress from the violence was linked to the baby's movements in utero and early labour *...when I act up, she would act up also...I went into the hospital in an early labour because of stress.* Ali, another woman said she was aware of feeling especially vulnerable during pregnancy, not only for her baby but for herself too – *...depending where he hit me that could cause me to die or the baby to die.* Juxtaposed against these feelings were reports on the wonder of and joy at having a life growing inside them, although the violence made the pregnancy a stressful and unenjoyable experience. Protection of the unborn baby, by shielding the pregnant abdomen, was an overriding concern.

The NVIVO summary findings of the theme 'effects of domestic violence on self' revealed differing examples of abuse, with instances being cited by 15 women in the pregnant category. Three of these women also fitted the HIV category. NVIVO coding queries revealed 92 references overall, with women like Chop, Rebecca, Ali and Lisa all speaking about these effects in over 10 instances. Various examples of these are cited below, indicating the diverse, longstanding nature and severity of the effects of domestic violence on the women.

He wasn't happy I was pregnant because as I got pregnant he started moving funny and strange... He gave me money to throw [abort] the child and I told him I was not doing it. He always used to beat me, he never stopped beating me, especially the last pregnancy. He always used to beat me, beat me, beat me and sometime when he beat me he would come back and kneel down and say sorry.

When I was pregnant he beat me up. He chopped me (on face). He used to bang up my head on the wall and stuff (Chop).

I kept quiet most of the time, I did not ask him questions nor talked to him much, because I did not want to make him upset...The abuse started very slowly. I noticed little signs. He pushed me and cuffed me, then told me to shut up, even though I did nothing... One day he gave me a blow in my temple and I fell to the ground (Gentle).

These women who experienced domestic violence during pregnancy shared past feelings of entrapment, constant fear of one kind or another, intrusive flashbacks and in the case of one interviewee, suicidal thoughts.

The major abuse took place at about six or seven months pregnant. He held me in my throat and I urinated myself (sic) out of fear (Gentle).

PREGNANCY IS NOT A PROTECTIVE FACTOR

The message from the research is clear: pregnancy does not stop abuse, neither does having a young baby. In the Ni3 study there was some evidence that domestic abuse increased during pregnancy and only in one case did it lessen. Several women reported that violence was directed at their abdomens or genital area. Once domestic violence existed in a relationship, the general finding is that it did not cease during pregnancy and in some relationships pregnancy seems to have been the catalyst for violence. Some studies suggest that a third of domestic violence actually begins during pregnancy and that it can get worse over the nine months.

I am uncomfortable being outside past dark and sometimes when I am walking I have to keep on turning around. I expect to see him; is like I sleeping and I jump out of sleep because I am expecting to see him. I am dreaming that he is still fighting with me (Ali).

Gentle, a thirty three year old single mum with a 3 ½ year old daughter confirms what other pregnant women said about trying to make things work despite the abuse:

I was pregnant with my partner's child and I did not want to be a single mum. I was hoping to follow the footsteps of my mum and dad. They were married and grew us up (sic) the way that a family should grow. I stayed long..., because I was trying to see if things would work. She stated: I experienced psychological, emotional and physical abuse.

Gentle's abuse began when she was four months pregnant and escalated at six to seven months. She too shielded her abdomen "so that he didn't hurt the baby." Her behaviour in her current relationship is one of caution. She states that she is making this relationship more about the spiritual than the sexual although it was clear from most accounts that women had no control over whether their partners became abusive. Furthermore, staying in the relationship for the children was not a good strategy and did not change the man's behaviour. This is illustrated by Brown Sugar who at the time of the study was living in fear from her partner and was clearly aware that the risks she faced also extended to her children: "I fear for myself, I fear for my daughter, I fear for my children."

The effects of violence on the unborn child

Where exposure to domestic violence during pregnancy is concerned, there are elevated risks to maternal outcomes and to the unborn child. The use of alcohol, other drugs and tobacco, often used by women as a means of dealing with domestic violence, can affect the health of the woman and make pregnancy outcomes the poorer for mother and unborn child (Bailey & Daugherty, 2007). Another example of elevated risk to both, is that associated with underutilisation of prenatal care which in turn is associated with domestic violence (Cha & Masho, 2014). Poor antenatal care, or low take-up of antenatal services, can lead to a failure in the early detection of risks to the foetus and delays in interventions to improve inter-uterine and maternal health; for example, in cases where deficiencies in blood iron levels exist. A study by Young, Trotman and Thame (2007) argue the benefits of good prenatal care. This study, of 425 women attending the antenatal clinic at the University Hospital (University of The West Indies), Jamaica, was not specifically concerned with domestic violence; however, its conclusion that adequate antenatal care is crucial to maternal and infant health is widely relevant and particular to women who face domestic violence during pregnancy. The study showed better pregnancy outcomes, especially for adolescent mothers (those 19 years and younger in the study) who used antenatal services, with a decrease in the incidence of preterm delivery and of low birth weight babies. In this study by Young et al., 29 adolescent mothers were in the 14-16 age category. The age of sexual consent is 16 in Jamaica as it is in many other Caribbean countries, yet the high rate of pregnancies in the under 16 population of adolescent girls (a consequence of sexual exploitation (Jones et al., 2015)) has yet to receive the attention it demands whether at the level of public health policy, child rights policy or criminal justice policy. It should be noted that the region has the unenviable reputation for being ranked

ANTE-NATAL SERVICES: A TRICK NOT TO BE MISSED

The benefits of antenatal care accrue to all pregnant women and given the prevalence of domestic violence, it is reasonable to assume that some women attending antenatal services are in all likelihood, experiencing some form of domestic violence during their pregnancy. We should conclude from this that antenatal services may provide one of the most valuable sites for detecting signs of domestic violence and for accessing women to support. This is especially important in the case of adolescents whose

third in the world for teen pregnancies; set alongside this are equally alarming rates of violence to women and girls with various long term health challenges and socio-economic consequences.

When I became pregnant in school everything changed for me. Everything changed for me. So then I started thinking differently, because you know as a teenage mother ...you are so stigmatized and discriminated against and people tend to judge you when they do not know the circumstances of how you became pregnant, so I faced all of that and my life started going downhill from then. It was too much. I just felt like there was no way out for me and I couldn't do better, and I just practically stayed in a rut and then you know not being able to graduate, and seeing my friends graduate from high school affected me so much that I just stayed living a mediocre life. I thought well that's it. Even though I tried to go back to school, it took a toll on me I just couldn't. (Woman living with HIV)

Sexual violence leading to pregnancy, early unwanted pregnancy among young teens and violence during pregnancy are connected issues that call for a cohesive approach to policy formulation and greater attention to providing routes out of violence during pregnancy. Violence during pregnancy is associated with a range of risks, which tend to be additive in nature. There are the aforementioned risks of pre-term delivery and low birth weight (Young, Trotman, & Thame, 2007; Shah & Shah, 2010; Meuleners, Lee, Janssen & Fraser, 2011). In an Australian study of risks to pregnant women hospitalised for domestic abuse, it was shown that there was nearly double the risk for adverse maternal complications as compared to the control group and the overall risk for adverse foetal complications was increased two-fold (Meuleners et al., 2011). Further, there is an increased risk of intrauterine growth restriction linked to violence in pregnancy (Silverman, Decker, Reed & Raj, 2006; Meuleners et al., 2011). The Silverman et al. (2006) study analysed data from 118,579 births in 26 U.S. states and confirmed that women experiencing domestic violence from a partner during pregnancy were at risk for multiple poor maternal outcomes such as high blood pressure, kidney infection or urinary tract infection and preterm delivery of a low-birth weight infant (needing intensive care). The risks to the unborn child continue after birth where there are associations with a range of reduced health, developmental and behavioural challenges (McMahon, Huang, Boxer & Postmus, 2011).

The women in the study were acutely aware that domestic violence posed huge risks to them and to their unborn child and used whatever strategies they could to shield their stomachs from the blows. Some women, however, reported tragic stories of loss:

They rush me down in town and did an ultrasound and while there I was going and coming (not always conscious of what was happening). I heard the nurse say the baby died. Rushed me in theatre and did a surgery there. I was one/two months pregnant. I was in hospital in for a while.

The cuff that he gave me, I lost the baby.

The reproductive and maternal health consequences associated with domestic violence among pregnant women have been identified by Black (2011, pp.430-431) and are summarised in the table below.

Reproductive System	Adverse Pregnancy Outcomes
Chronic pelvic pain	Abortion
Genital injuries	Increased abortion rate
Hysterectomy	Multiple induced abortions
Lack of sexual pleasure	Delayed prenatal care
Sexual dysfunction	Foetal death
Painful intercourse	Foetal loss (miscarriage, spontaneous abortion)

Painful menses	Interference with contraception
Pelvic inflammatory disease	Low birth weight
Poor sexual health	Neonatal death
Sexually transmitted infections	Preterm delivery
Vaginal bleeding	Premature labour
	Premature rupture of membranes
	Unintended pregnancy

Dependency and feeling trapped

Feeling trapped during or because of a pregnancy and having few or no options to get out of the abuse was a recurring theme. Nine women spoke of several ways in which they felt that being pregnant made it more difficult to leave an abusive relationship. These included having no housing alternative: *people would say ...then why do you stay? ... because I have nowhere else to go* (Katrina), financial dependency, emotional dependency and in one example, physically being locked indoors: *He knew I wanted to leave so he locked me in the house and went to work with the keys* (Gentle).

For Rossini, a 23-year-old single mother with four children ranging in age from six years to three months and abused in all her pregnancies, feeling trapped was how she described the psychological effects of emotional abuse and constant harassment even in public places (and even when she no longer lived in the same household as her perpetrator).

He wouldn't give me things to eat so I was always hungry. He was upset when I got pregnant. He thought it was my fault. A few days he left me with the children alone with nothing. It was the neighbours who had to help me with food. After he would say, "I glad you are pregnant, you cannot go nowhere."... He never used to provide me with money the way he should. My children were all born underweight.

For others such as Kim and Lisa there were disempowered feelings connected with the abusive environment.

I just used to feel like I had a burden on my back that I couldn't get off... like something got hold of me that I can't get away from (Kim)

You know there were so many times that I just wanted to run away and leave my children with him, but I knew they would be dead as well (Lisa)

I can't go anywhere. If I go anywhere he would have persons watching me" (Chop)

He always there, I can't move. Even if I go to town to buy panty shields/ pads, he would go and get it for me or tag along. When I was pregnant it was worst (Ali).

In some instances women mentioned that lack of family support and being young had both been factors for enduring the abuse - *During the first pregnancy I was younger and I endured the abuse. I stayed* (Rebecca); but finally leaving as they got a little older: *...from the time I was 17 years old until I had my son at 21; I picked up and left. I could not do it anymore* (Katrina).

Pregnancy led to even greater economic dependence than at other times and some women described being subjected to deliberate economic hardship as a form of violence and control. Different survival strategies often had to be adopted.

...you can't expect to get me pregnant and leave me hungry! ...He would tear up my clothes and push me outside all hours of the night. I used to sleep in the rain while pregnant with

my first son for him. I used to go hungry for weeks I wouldn't say hungry because I would go in the garden behind. I used to get mango, sourop and I would drink water.

WOMEN WITH DISABILITIES

In-depth qualitative interviews were conducted with 12 disabled women. It is important to point out from the outset that women with disabilities were not viewed as a homogeneous group in this research. We acknowledge their differing abilities and that there are substantial differences in individual experience according to age, socio-economic and other demographic realities. These were not fully captured in this research, but would undoubtedly have emerged were it not for time and resource limitations. Our focus was *not* on the nature of a woman's impairment but on the ways in which disablism affected their experiences of domestic violence. We established no inclusion criterion relating to disability; it was sufficient that the women who participated self-defined as being a woman with a disability and someone who was also a survivor (or victim) of domestic violence. Sometimes the nature of the disability was a key feature in the woman's narrative - in these cases and with the permission of the woman we make specific reference to this. For other women, disability was regarded as more of a compounding factor at the structural level. The discriminatory treatment which faces women with disabilities is usually based on a social and instrumental categorisation, often a collective shared thread of disempowering experiences (Foster & Sandel, 2010). Stigmatisation can further lead to their disempowerment, devaluing, lack of opportunities and access to meaningful services. Not surprisingly, as with many other undervalued minority groups, there is ample room for exploitation and abuse based around intersecting factors such as socioeconomic status, gender and disability.

Research commissioned by Women's Aid (2007) shows the following:

- 50% of women with disabilities have experienced domestic abuse compared with 25% of non-disabled women.
- They are twice as likely to be assaulted or raped as non-disabled women.
- Both men and women with a limiting illness or disabilities are more likely to experience intimate partner violence.
- Women with disabilities are likely to have to endure it for longer because appropriate support is not available.

Another study of women who access mental health services reported that between 50% and 60% had experienced domestic violence, and up to 20% were currently being abused (<http://www.domesticviolencelondon.nhs.uk/1-what-is-domestic-violence-/21-domestic-abuse-perpetrated-against-people-with-disabilities.html>).

Within the Ni3 study, at least 52 coded NVIVO references within the sample of women with disabilities provided evidence of the prevalence and scale of domestic violence they experienced. Within this the effects of domestic violence on self were discussed, with each woman sharing examples at least three times during the interview. Kathy, hearing impaired since the age of five, was one of these women. Aged forty-one at the time of the interview with two children over the age of 20 and three under the age of 16, she made reference at least eight times to the injurious effects of domestic violence on herself. These included stabbing in the neck, breaking her hand and forced sex.

Many times he forced me to have sex.

with physical impairments. One example is the interviewee who was locked in the house with no means of escape: *"I would try to get out to go home and he had all the house lock up. I trying to get out and cannot get out and nobody could hear me"*. Another challenge women often faced was that people treated them as less credible because of their disability:

When I told him that I would expose him and tell everyone that he is abusing me he told me that he would tell everyone I am mad. This was the beginning of the campaign to make everyone believe I was mad since the stroke.

You know in court I am portrayed as someone who just does things. They look at my physical disability and deduce I am vulnerable/irrational.

...it did make me feel worse because people think I don't know or they think I'm foolish. They think it's easy for the deaf.

The intersection of physical and sexual abuse among women with disabilities was a recurrent theme. Although women from all groups reported accounts of sexual violence, negative attitudes to their disability left women with a reduced sense of self and their partners with an increased sense that sex was theirs for the taking:

I felt trapped in every way and I was devastated and all such like and one point I felt I would commit suicide.

Some women reported being harassed to have sex in return for financial support. Overwhelming feelings of feeling trapped were voiced and this was exacerbated because these women were often poor, had reduced opportunity for earning an independent income (because of their disability) and had to rely heavily on partners for housing, food and mobility:

I felt it was very difficult to leave. I had to rely on him to drive me everywhere, take me everywhere... I lost my independence that kept me safe before

My children had to struggle to go school...

Limited mobility made it easier for the perpetrator to use his physical strength to overpower the women physically in one way or another and force them into non-consensual sex. Sabrina aged 28, who has a muscular disorder and uses a wheelchair, describes not only the impact on her capacity to resist or escape but also how she struggled with non-recognition of the abuse by friends and family.

So I was on the bed lying down. And...my body isn't in the best of health and with my medication the doctor told me I am not going to crave to have sex. So he forced himself on me.

Interviewer: You said that it was only verbal abuse.

Yes. It wasn't...he never...he never hit me but the part when he forced himself on me...but...you know everybody would say well that is your husband so you know they won't look at it like it's abuse.

Interviewer: But you felt it was abuse.

Yes. Because it wasn't...I tell myself if I say no it should be no. And plus too with my disability he should know better.

Pudding, aged 45 years without children and also with a physical disability that affects her mobility, was regularly tied up, abused and locked in her own home:

Interviewer: You said he would also tie you up?

Yes, he would tie me up to the bed and have sex with me when I was tied up.

Interviewer: How did you get away?

I contacted one of his friends and he came and opened up the house and I get way. I went back home... he used to keep me locked up in the house and we would fight.

The international research shows that women with disabilities experience psychological, physical, and sexual violence and abuse by different perpetrators two to three times more frequently than women in the general population (Schrötte & Glammeier, 2013). Furthermore, the risk of victimisation through intimate partner violence is increased two- to threefold when women have experienced violence in childhood and youth.

Two of the disabled women who explained that feelings of desperation could lead to thoughts of suicide each offered a different perspective; 44-year-old Liz is blind and 60-year-old Prophet is physically disabled and uses a wheelchair. Neither have children. Prophet explained that what has driven her to suicidal thoughts is not only the domestic violence she experienced but the poor and unhelpful attitude of some staff members towards her as a disabled woman when she sought housing and economic help from government agencies.

Prophet: But my thing about... officers, some of them don't have any empathy... I don't know about how the [name of agency] operates, but the woman carry me long so bad [treated me very unkindly]. I tell she (sic) my lady I sorry but you don't have to get on like that. There's no need. Everybody does have a day.... That's why a lot of people does commit suicide, you know because of the reaction of people...

Liz found that religion was a major source of support.

I felt trapped in every way and I was devastated and all such like and at one point I felt I would commit suicide.

Interviewer: So what stopped you from committing suicide?

Because I talked to another Reverend who baptised me into the ... faith.

Women with disabilities, like women who were subject to violence during pregnancy and women living with HIV, spoke of having to depend on the perpetrator for financial, housing and other forms of assistance. However, some disabled women were especially vulnerable in this regard because the perpetrator exploited their disability. Furthermore, material dependency was compounded for some disabled women by psychological dependency that had grown out of long-term abuse. This is illustrated in Pearl's story below. Pearl, a young woman with a profound physical disability experienced sexual abuse as a child and also as an adult, this resulted in pregnancy and an abortion. This abuse by one who gave unrelenting care and attention, based on Pearl's physical dependency, coexisting with pervasive paternal abuse.

Pearl

Pearl, aged 20 years, is the youngest of three siblings and lives at home with her parents. She has a physical disability and is unable to walk. She does not have a wheelchair and is completely dependent on her father for her mobility needs – she crawls around at home but he carries her everywhere outside. Pearl's father assumed responsibility for her personal care and her mobility (in place of her mother) as soon as she became too heavy for her mother to carry. Her father who she referred to in the interview as "daddy" changed his job to give him the flexibility needed for Pearl's care. As the interview proceeded, what followed was a disturbing account of Pearl being subject to alleged routine sexual abuse by her father from a very young age to the present day – this happens alongside the routine daily assistance he provides with personal care such as bathing. Pearl's portrayal and use of words conveyed what appears to be the development of a parasitic-like sexual exploitation by her father who uses his position of trust to abuse his daughter as part of the daily 'care' he provides. Pearl's enforced dependency due to her physical disability which was magnified

by her developmental needs as a child, has graduated over the years to total reliance on her father for the economic, health and personal care needs she has as a young woman. In the absence of State assistance or other meaningful service intervention (Pearl declined a counselling referral), Pearl is confined to a routine of dependent domesticity which includes abuse and the pretence by daughter and father that “it (the sexual abuse) *never happened*” even in the face of her admission in the interview that this was still ongoing.

In sharing her story of abuse, Pearl confirmed that she knew the study was about domestic violence and sought assurance that the conversation was confidential. However she clarified - “*well it was not domestic violence exactly...It was sexual abuse*”; Pearl continued “*Somebody used to rape me...My father.*” The irony that it was her father who had brought Pearl to be interviewed as part of this project on domestic violence, and that it was him who collected her when it had finished only added to this disturbing narrative.

Pearl said that her first recollection of the sexual abuse was in the night as she was sitting doing her homework. The sexual abuse started in primary school and has continued to the present day. Her father would stealthily approach her during the night. Pearl was proud of the fact that despite her circumstances she excelled at secondary school doing better academically than her older siblings.

Interviewer: ...Would you like me to arrange counselling available for you? How can we help you?
Help? Help is to carry me around. That is all.

As Pearl continued with her story, she revealed that she had become pregnant with her father’s child and then suffered an enforced abortion – physical and psychological dependency, entrapment and rights violations had plotted her life so completely that she seemed not to appreciate that she had a right to an existence outside of this reality.

Well, he used to come in the room when I sitting down studying on the desk. He pick me up easy easy, like how he always pick me up my whole life. Then he sit down. Then he put me down in his lap...he push himself inside me and rape me. He never talk. He never say one word. But I know was he (sic). And he know I know. Because I never say one word too. Mammy sleeping right over the wall (in the next room). Next morning, is he to carry me in the bath, is he carry me to sit down for breakfast, he to carry me in the car, he to carry me every God spoken place. What will I do without daddy?

Interviewer: May I ask when this began? And how long has it been going on?
Well I cannot remember. Since primary school.

Interviewer: And when did it end?
End?

Interviewer: Is it still going on?
Well I got pregnant. Daddy feel (sic) my belly swelling when he come to pick me up. But I didn’t say anything. My belly start to swell. Only he notice (sic). Then he took me to a doctor in town. I hear him telling the doctor about my whole life getting destroy (sic). The doctor gave me an operation. Then. No belly.

Interviewer: Are you aware that you were given an abortion without your consent?
Yes. I am only grateful. Can you imagine?

Interviewer: I see. So the sexual abuse stopped then?
He uses protection.

In this interview Pearl further speaks of a suggestion by a relative who advises that her future would be brighter if she were able to emigrate. Then she would be able to access mobility

equipment to increase her independence and possibly eventual employment which she was highly unlikely to achieve in her home country. Pearl however said

But I don't feel to go and fight up there with all that. Home is fine for me.

What about sex with Daddy?

Ent Mammy getting it too? I don't see anybody trying to send her [away].

Here Pearl's apparent defiant stance appears to be speaking to the imagined difficulty of such a big and even unwelcomed change. Moreover she is comparing future improvements in another country to her present circumstances, to what she knows, what is tangible and real. Her reality though, is that her father provides her with the daily personal care and mobility assistance she needs and she pays for this through sexual and rights violations that started when she was very young and persist to the present day. By aligning her sexual abuse with the sexual relationship between her mother and father, she appears to accept and normalise her abuse as part of the deal. Her lot, she suggests, is no different from her mother's - her mother is not being sent away, so why should she? Pearl's situation is complicated by total physical and psychological dependency on the person who sexually abuses her and a dysfunctional attachment to this person; over time this will have contributed to the erosion of self-will and self-worth (evident in her presentation). Despite Pearl's apparent acceptance of her present reality, her participation in this study was a clear sign that she regards her situation as one of domestic violence by her father and although she refused the offer of counselling, one can only hope that speaking out against the abuse will be the first step in her being empowered to leave or to seek support.

VICTIM EMPATHY

it is clear that interventions which disrupt pathologies of violence and begin to generate masculinities based on acceptance of responsibility and the nurturing of sensitivity and empathy may go a long way to improving the lives of women and children, and of men too.

Pearl's father clearly did not believe that his daughter's best interests were served by her having a baby (although he had no place interfering with her reproductive rights unilaterally) but presumably does not feel the same way about his positional (as her father) and exploitative abuse which caused the pregnancy in the first place, or the psychological effects of coercing her into having an abortion. We have not interviewed the men who abused the women who participated in the study, but it seems from many of the accounts we have heard, that as with Pearl's father, they seemed able to dissociate the trauma caused by their violent actions and in some instances even justified it because of the material support they were providing. We are left wondering whether the lack of empathy for the women they victimised was a consequence of becoming inured to the effects of violence because of long-term exposure of the men themselves to cultures of violence. Different kinds of research are needed to answer this question but it is nevertheless clear that interventions which disrupt these pathologies of violence and begin to generate masculinities based on acceptance of responsibility and the nurturing of sensitivity and empathy may go a long way to improving the lives of women and children, and of men too.

Returning to Pearl, it may be the case that her father arranged the abortion to protect himself from revelations and questions about who was the father. Regardless of his motives, his sexual and psychological abuse of this young disabled woman, made possible because of her dependency upon him, provides the most compelling of reasons for the enforcement of full economic, social and human rights for all women and, especially, for disabled women. There is at least one other person complicit in Pearl's case – the doctor who performed the abortion (there may be others too). Abortion in the Caribbean is illegal except for the most stringent of health reasons –

compliance with the abortion request was not only a missed opportunity to ensure that Pearl's father be held to account for his actions, it demonstrates the weaknesses in the health and criminal justice systems that fail to hold medical personnel to account too. The Ni3 study is about improving access to justice to those women least able to get it – Pearl's case, though the story is of only one woman, is compelling evidence of the ways in which structural disadvantage, patriarchal systems of domination and gender inequality combine to disempower women trapped in abusive relationships. In much popular discourse on domestic violence, the question 'why doesn't she leave?' is never far from the surface. Directed at the woman, the question completely misses the point. For instance, as we see from Pearl's case, long-term exposure to violence may actually reduce the capacity for emotional growth and development necessary to exercise free will. However, there is no single reason why women do not leave a violent partner, rather this is due to a complex interplay of psychological, economic, physical, cultural, social and familial factors that provide barriers at different levels. Women can *and do* chip away at these barriers and we choose this interpretation as a means of understanding Pearl's decision to participate in the project. Some women escape altogether, but without a more systemic approach to tackling the wider environmental issues implicated in domestic violence, many women are simply unable to leave.

Resilience and Sources of Help

Moving out of the situation was not an option for many women with disabilities because of their dependence on their partners for the basic necessities of daily living such as housing and food. However, they were not powerless and demonstrated a range of help-seeking strategies, including drawing on innate strengths and their faith:

God helped me, I does ask God for guidance and strength. I ask for walking a little better and I talk to God.

Some women sought help from the Church but there were times when the patriarchal system simply closed ranks to protect the perpetrator:

Since my disclosure it is interesting, my husband as the abuser continues to go higher and higher in the Church and I get ostracized because I spoke the truth. Maybe it is not ok to tell.

For several of the women mothering was also a source of resilience:

'Yes, I am blind but I take care of my children, you won't believe that I am blind'.

Women with disabilities said they simply required respect, non-judgemental understanding and empathic assistance but that this was often lacking, not only from public agencies but sometimes from friends and family too. Feelings of entrapment, helplessness and alienation can ensue which have a dramatic effect on the self and daily living. On the other hand, the support of family and friends can be the key to escaping violence. Pudding, a 45-year-old disabled woman, confirmed this. She has a supportive relationship with her mother with whom she now lives after leaving a controlling abusive relationship.

DOMESTIC VIOLENCE PERPETRATED AGAINST WOMEN LIVING WITH HIV

In the interviews with women with HIV, some of the key words most frequently used included "knows" (102, often concerning knowledge of their condition), other "people" (63, the centrality of other people's behaviours towards the new status), "relationships" (54), "abuse" (36) and "violence" (33).

community. They were terrified for anybody to find out. So I was stuck living a foreign life in this country of mine.

My husband started entertaining a lot. I think some of the women who came were sexual partners of his. And he started insulting me in public. Like, he would make a big fuss about not using the same glass or fork at the dinner table. Everybody would hear him and you could see what they were thinking. I asked him, please don't say that in front of the guests, they will think I have some terrible disease. And he would say well you DO have a terrible disease. It was as if he wouldn't say it outright, but the terrible hints and double meanings. Guests in my own house would gossip about me right in front of me. Every time. It was so humiliating. I asked him, please divorce me. Please just let me go. But he didn't want to. He said he liked having me around.

...then they start telling me don't use the hotel toilet. Don't drink in the hotel glass. These things like that. Like how you talk to people who have cold, you know. They scorn me because my son sick. (Woman living with HIV whose son is also HIV positive)

Everywhere I go people chatting. Calling me names. Abusing me. The sewing work I get its not from my village, they don't set foot in my house.

...all where I go, market, church, all about, they calling my name and chatting and abusement (making derogatory comments).

These examples also speak to systemic nature of violence, with reference to the 'Individual – Relationship – Community – Society' paradigm described by Heise, Ellsberg and Gottemoeller (1999, p.8). Women living with HIV were not only victims of their partners' violence, they were victims of the violence of stigma and discrimination at the societal and structural level that affects many persons living with HIV. However, that they experienced particular forms of harm based on the intersection of these factors within the context of gender and male domination was clear.

My husband never looked at me the same again. Although I think he always loved me. But he could never see me the same again.

Then he started having sex with me again but only anally. Very hard. Very rough. Like an animal. Like a punishment.

Hale and Vazquez (2011), in recognition of the structural disadvantages that cause harm to women living with HIV, propose a definition of violence that explicitly includes this:

Violence against positive women is any act, structure or process in which power is exerted in such a way as to cause physical, sexual, psychological, financial or legal harm to women living with HIV (Hale & Vazquez, 2011, p.1).

Drawing on interviews with women living with HIV in 14 countries, Luciano (2013) suggests that women's vulnerability to HIV and its consequences may be increased by the lack of institutional

THE VIOLENCE OF STIGMA AND DISCRIMINATION

Addressing violence against women living with HIV without taking into account the wider context in which this violence takes place will only limit the extent to which our solutions will address the issue. Favouring expediency over complexity can only give short-term gains. It is vital that work to address violence against women living with HIV is linked to work to build and strengthen communities. One cannot work without the other. Hale & Vazquez, 2011, 28)

responses and support to women experiencing violence. Violence within families and communities is normalised, and women internalise this attitude. Fear of violence can influence women's decisions regarding disclosing their status, accessing services, changing their place of residence, accessing education for their children, participating in the labour market, and in interpersonal relationships with relatives, partners, and neighbours (Hale & Vazquez, 2011; Luciano, 2013).

In considering violence against women living with HIV, the evidence suggests that in addition to the types of violence described in the Declaration on the Elimination of Violence against Women, the Beijing Platform for Action and the Women Won't Wait campaign, HIV positive women are also exposed to a whole series of other types of violence. Often, these are framed as 'stigma and discrimination', or lack of respect for human rights, and only rarely are they referred to as violence against women. (In fact, this is true even when they are clearly within the definitions of violence against women given above, as is the case with forced sterilisation of HIV positive women, for example.) Shunning; eviction; barring women from seeing their children; maltreatment by service providers; police violence, abuse and extortion; loss of livelihoods ... these are all avoidable, unnecessary, and result in direct and tangible harm to HIV positive women. But violence against women living with HIV also takes a more indirect form. The use of discriminatory language; legislation and policy which is developed without using the lenses of gender and HIV status; clinical trials which do not adequately respect women's autonomy, humanity and rights; the dominance of Western scientific understandings of 'evidence'; institutional failure to understand the realities of HIV positive women's experiences and create supportive environments -these are equally damaging, and create a structural and cultural climate in which violence against women living with HIV is accepted, to the extent that it is not even recognised for what it is (Hale & Vazquez, 2011, p.14).

The participants in the Ni3 study would concur with the views of Hale and Vazquez, the psychological trauma they described as persons living with HIV was often difficult to disentangle from that inflicted by domestic violence: fear, abandonment, death fright, death wish or suicidality, plummeting morale, depression, and so on. They were also challenged by the premature death of loved ones due to AIDS related illnesses, by the unsupportable burden of relentless health care and for women who acquired the virus as a consequence of rape, the lack of access to justice was especially hard to bear.

Well I am totally alone. I do not dare to have a boyfriend and have to tell him. Everybody would find out and everybody would know. Then my life would be over. That means I will never be married and have children and live a normal life. So basically I am just alone and I may as well be dead already. The man who raped me, he killed me. That is the violence I want to complain about. He raped me and he killed me. I am now a walking corpse. That is extremely violent to me.

There were also women in the study who remained positive and resilient and had learned to live with HIV.

Like I said I was never a sickly person. I see people with lesions and things on their skin and I sympathise with them. But I am telling you I have been undetectable right through. It's not as if I am dying.

In this research, several of the women who had contracted HIV identified commercial sexual exploitation and sex-work among both local and foreign men as the source of the virus. That sex for trade is part and parcel of the tourism and local economy and therefore an endemic aspect of Caribbean life, is borne out by Cabezas (2009) and Kempadoo (2009) and is part of the wider context in which violence against women living with HIV takes place.

Addressing violence against women living with HIV without taking into account the wider context in which this violence takes place will only limit the extent to which our solutions will address the issue. Favouring expediency over complexity can only give short-term gains. It is vital that work to address violence against women living with HIV is linked to work to build and strengthen communities. One cannot work without the other (Hale & Vazquez, 2011, p.28).

In the interview below, a woman (Miss Mama) describes how her son became infected with the virus as a consequence of sexual exploitation by tourists. Though not directly related to the aims of the study, we felt it important to include this account because it illustrates the pervasive and multiple ways in which violence is perpetrated.

Miss Mama

This son of mine is the youngest. I always had him under my foot. A whole life time of coming around me in the hotel work. Tourists and so on. He got exposed to a lot of different people and different ideas.

Maybe that is what took him. Since he was about twelve years old, people started telling me that he is funny. You know. Girlish. Feminine. I guess maybe he caught it from those tourists.

Interviewer: That is not a catching thing Miss Mama. But anyway, go ahead please.

Well I am sure he caught it from them. Where else he learn that men getting up close on other men? We don't have that here.

Interviewer: Miss, there are a lot of gay men here, and everywhere. But go ahead.

Yes well he started to have sex with tourists since he was about fourteen. You don't think his wood could set yet (reference to her son's physical immaturity), but there he was. Who doing who what, I don't know.

Interviewer: How did you know?

Because they used to give him things for it. You know that child is a pretty boy. He is a good looking child like his father. Tourists used to watch him since small. Then they started giving him, you know, like bathing suits. Swimming trunks. When they going back they will leave him shirts. They used to give me too. When we clean the room, they used to leave back their shampoo and sun cream and those things. Some snacks. But for my son they used to call him to make sure he know they leaving it for him. That is how it started. Then other ones used to give him when they just reach, you know, not when they going. So he used to spend time with them. That is after school when he come to meet me to go up home. I told him, better don't stay around the tourists like that you will cause me to lose my job. But he used to like them. They used to give him little money like tips. But that was big tips. I didn't want to complain because it was good pocket change for him to go to school. But next thing I notice he coming home with Nike shoes on his foot. You know how expensive that is? And then he start to change. He change in his personality. As he got older, tourist friends used to tell their friends when they go back home, I think. Because in the hotel, guests used to check in and ask for him by name. He had got a little after-school job carrying suitcases, stuff like that. But next thing you know, he's about 17 by this time, he start getting headaches and fevers and tired, tired, tired all the time. When I take him to doctor, they test him. He came out with HIV.

Resilience

One of the effects of violence in the home is to push victims to assert resistance and independence by forming their own packs or tribes, so to speak, where mutual goals and supports can be forged. So urgent is the need for like-minded abiding and escape from dysfunctional situations, that one woman was able to reclaim her HIV positive status as precisely that, a positive status.

Well those friends were a rock. As they went through it before me. They were my total comfort. I ended up leaving the apartment I was renting with other girls and went to live in the boys' place. They took me in. I felt safe with them discussing our illness what to do about it and so on. Also they took me to conferences and workshops about health education, human sexuality, and so on... It was almost as if having HIV gave me access to a kind of life I never had before. One person was talking at the workshop who said that sometimes illnesses come to help you focus on what is really important in life. So I had a new sense of purpose then. Sort of a new spiritual view. Do you know what I mean?

WOMEN IN SAME-SEX RELATIONSHIPS

Although we speak of the many forms of domestic violence as existing on a continuum which swings between the invisible and the very graphic, most people think of acts of violence in terms of severe battering incidents which involve great physical or sexual force. Sensationalised images of bruised and bloody faces in social media have contributed to this perspective as the poster-symbol for violence at home. However, the women represented in this section of the report, who are in same-sex relationships, represent both ends of the spectrum and several shades of grey in between. Along with the types of violence which leave visible scars, the women primarily spoke of the kind that is much more obscured though equally as real. While subtle, these invisible forms (social isolation or psychological abuse, for example) may be equally brutal in terms of their traumatising effects. As Kamala Kempadoo notes, 'studies of same-sex relations, transactional sex...and sex tourism suggest...a far greater complexity which demands more elaborate and complicated understandings of sexuality' (Kempadoo, 2009, p.4).

The data collected here clearly illustrate a systemic structural and cultural violence as well as direct violence (Hale & Vazquez, 2011). One of the participants, a self-identified lesbian, recalled having her hair forcibly cut off by her parents when she was young, ironically in order to reduce her attractiveness to boys.

He slapped me. And punched me. Like proper. And he slapped me on the next face. And he cut my hair. He cut it. To an inch. At first I told him he wasn't going to cut my hair with that machine, because he was being rough, and I told him you're going to hurt me. So my Mum went and got the scissors. My mother had to do the cutting while he held my hair, dragging me up and down.

In a third example, this time concerning physical fighting, one woman in a same-sex relationship described the violent behaviour of another same-sex couple in this way:

She said she couldn't take it anymore. She got up and hit her partner (who is very slim) in her face. She said the slap was so hard her partner dropped right down on the floor with a loud noise... At this point Laura said she got scared because she knows that she gave her a hard blow. She said she got down on the floor with her and started to shake her to see if she was ok. At one point she said she swore she had hit her partner so hard she had dropped

VIOLENCE AGAINST WOMEN IS ENABLED TO GROW BECAUSE OF SPECIFIC SOCIAL CONDITIONS

We do clearly see that structured and cultural factors enable and sustain the conditions under which violence against women can manifest and grow, not just unchecked, but protected.

down dead. After shaking her she started to mumble so she said “thank God I ain’t kill this idiot”.

This research has helped bring many other nuances of domestic violence to light, dispelling the misperception that sexuality in the Caribbean is always to be linked to force, to violence, to children, to infections and to economic imperatives (Kempadoo, 2009). And, although we speak of domestic violence as occurring to one in three women across the board, the truth is that we are often restricted to collecting data only from impoverished communities. This may be because people of means (in any culture) tend to handle their personal emergencies outside of the public eye. Women in both categories discussed here repeatedly said that they would never go to the police or through the legal system in cases of abuse, whether because of the fear of discrimination or because they had other, more preferable means of resolving their issues. They therefore would never show up in regular data.

Lesbian, Gay, Bisexual and Transgender (LGBT) individuals living in the Caribbean have had a long struggle for acceptance and equal rights within society. Many countries have laws against “buggery/sodomy”, “gross indecency,” or homosexual behaviour. Socio-cultural and religious taboos in many countries deny the existence of LGBT individuals and discourage any tolerance for their diverse sexual orientations and gender identities, regarding them as a threat to deep-rooted social norms of heterosexism and heteronormativity. LGBT people, including LGBT youth, undergo significant levels of stigma and discrimination and in extreme cases, acts of violence, which sometimes result in death. For the health and wellbeing of these young people, activists must work to end homophobia and transphobia in the region (Melles & Nelson, 2010).

The lack of equal rights for lesbians (and for gay men too) is reflected in the fact that domestic violence legislation in the region does not recognise their relationships and therefore does not apply to intimate partner violence that exists within them (although general laws on violence *do still* apply). The accounts of women in same-sex relationships (many women preferred this term to being described as lesbian) indicated that they had to keep their sexual orientation ‘under the radar’ and this involved denouncing the term lesbian. One interviewee, Laura, said she has never identified herself as a lesbian even though she is living with a woman. She said she never told her mother she was a lesbian (didn’t say anything about her father) but she said only last week her mother called her and told her that *people saying she got a woman living there at her house and they are living as man and woman and she don’t know what she thinking that she with a woman*. At this point, Laura said she became angry at having to hide her sexuality; she said she didn’t know what got into her but she told her mother:

Mummy I can’t believe that is what you call me for. You would rather me with a man that breaking in my ass gine (going) and coming but not with somebody who love me and cherish me. (Laura)

Laura said she got even angrier when her mother said “*I aint want nothing to do with you if what I hear is true and you living with a woman*”. These challenges apart, women in same-sex relationships suggested they were generally able to live with *relatively* more ease in Grenada and Barbados than the literature describes in the treatment of lesbians in other parts of the Caribbean.

There used to be a lot of violence issues against lesbians before I came out. They were banned from this club and that club. But why? It’s no longer like that ... There is more acceptance.

However, in the same way that many Caribbean writers point to misogynist lyrics in Calypso, Soca and other popular music, so also do they point to the anti-gay ‘murder music’ that is especially popular within Jamaica but also around the region, and which encourages violence against the LGBT community (Melles & Nelson, 2010). The wider context in which violence against women is

socially sanctioned is therefore all the more troubling for lesbians especially given their sexual orientation means that violence they may be subject to may not be taken seriously. Having to live under the radar is not a position that is respectful of human rights but those women and men who challenge such discrimination place themselves at risk. Melles and Nelson tell us that Gay rights activists are not safe (whether homosexual or heterosexual themselves). Brian Williamson, founder of the Jamaica Forum for Lesbians, All-Sexuals and Gays (JFLAG) was murdered in his home in 2004. His death was referred to as a robbery despite a “jubilant crowd” outside his home (Melles & Nelson, 2010). With reference to Grenada, while the country is not known for a high number of anti-gay attacks, there have been reports of homophobic discrimination in employment, housing and healthcare as well as verbal and physical assaults. However, the level of homophobia and unfamiliarity with the system of reporting abuse discouraged persons who had experienced victimisation from coming forward to the police (Tomlinson, 2015). These structural and socio-cultural manifestations of violence against homosexuals (Heise, Ellsberg & Gottemoeller, 1999) draws us to conclude that violence of some form may be a part of the experience of living in same-sex relationships for some women in the Caribbean. However, Kempadoo (2009) points out that the absence of males within women’s relationships actually means that lesbians may be *less* likely to be subject to intimate partner violence than other women. Furthermore, since many lesbians do not have children, they are also less likely to be trapped in destructive paternity struggles.

Despite the claim that homosexuality is unnatural to the Caribbean, same-sex relations have been noted in anthropological studies since the 1930s. In the past two decades a number of studies have appeared that foreground these relations.... [which] exist at one remove from the paradigm which traps them in abusive relationships with baby daddies. Same-sex female couples are greatly relieved of this cycle of violence, as many simply do not subscribe to the notion that children are necessary. (Kempadoo, 2009, p.5).

Kempadoo may be correct in asserting that lesbian and transgendered women are less likely to experience the male violence that affects so many heterosexual women. But this does not mean they will escape the violence that women may perpetrate against one another or the wider societal violence already discussed. The women in the Ni3 study described some of the effects of domestic and sexual violence in terms that we know may be associated with serious and debilitating mental health complexes. In these cases, victims are themselves perplexed and tormented by their own symptoms of harm-seeking behaviours, in which they also court violence against themselves from their partners.

I wanted to be hit. It didn't feel complete if I wasn't hit... I know I need help. I know it's wrong, but I wanted them to hit me.

One time my current girl friend and I were talking and she was saying that no one has ever put a hand on her. She was older than me by about 11 years. She fantasized about it. She wanted me to hit her. And one day she grabbed my Mum's chain and she bust it up. I hit her. I hit her about two or three times. And it upset me. I said look at what you've done. But she truly deliberately provoked me and wanted me to hit her. She said so.

In our research, we asked each respondent to discuss how confidently she felt she could access justice for herself if she had suffered violence, and if her same-sex status were known. One respondent said:

I've heard that ... the police come and laugh off the situation and say they should arrest the two women. And they leave...I would go to my private doctor. She already knows.

This ‘laughing off the situation’, is an example of the subtle yet insidious ways in which violence against women is sustained. When victims of violence cannot trust the compassionate intervention of the state (police, law, court system), and cannot trust the authority of religion...and cannot trust

the elders in their own families or communities, then a collective and insidious hopelessness or value-lessness sets in. This affects all aspects of community and relationship.

Wherever justice is uncertain, human beings fall into isolation, which of course is the aim and purpose of the dictator....Where love stops, power begins, and violence, and terror.
(Jung, 1957)

Among the women in this study who were lesbians, which included some participants from privileged circumstances, we had the opportunity to see how they manage the vulnerabilities that come with being within a same-sex relationship in a wider context in which homosexuality is considered unacceptable and unlawful. Though several of these women experienced abuse in their relationships and issues of power and control came to the surface, they were not exposed to the types of male violence that heterosexual women in the study were subjected to. By and large, they were not trapped by a lack of economic independence and they did not have children who needed their protection and support. However, state-sanctioned emotional abuse in the form of discrimination, inequalities in the laws of protection, being rejected by church, community and family and the risk of stranger violence impacted them in significant ways and reduced their opportunities to access support when facing intimate partner violence.

4. THE PERSPECTIVES OF MEN AND YOUTH

De Shong and Haynes (2016) in their most recent work, suggest that as 'engagement with men continues on the issue of intimate partner violence, men's participation as activists and as participants in prevention, intervention, awareness raising and 'batterer' rehabilitation programmes creates a new political landscape, which must be negotiated and navigated' (p.86). They add, whereas some men recognise the issue of unequal gender relations that contribute to the imbalanced rates of victimisation and morbidity with respect to women, others relate this to what they consider to be the excessive attention given to women's issues as opposed to men's. This latter group is of the opinion that they are hidden victims, and everything tilts in the favour of women. De Shong and Haynes argue that there is a need for collaborative work at times, work which is inclusive of both men and women apart from the separate and specific. The Ni3 project is established on the principle of inclusivity and for this reason engaged in research to obtain the perspectives of men and youth.

Demographic Summary

A total of 60 men (age 26+) and young men (16-25) (referred to throughout as 'youth') participated in the study, 23 from Barbados and 37 from Grenada. There were 37 men and 23 youth in total from both countries. In Barbados, 14 men and 9 youth participated and in Grenada, 23 men and 14 youth. Their participation was in the form of focus groups and individual interviews. The men and youth were from two specified groups: offenders (men and youth who had been convicted of violence against women) and non-offenders (men and youth from the general public and who had no conviction of violence). There were 11 offenders in total from both countries: four men in Barbados and two in Grenada; three youth in Barbados (young offenders but not for a gender based offence) and two in Grenada. There were 45 non-offenders from both countries: 10 men in Barbados and 17 in Grenada; six youth in Barbados and 12 in Grenada.

There were more participants in the non-offenders category for both men and youth as opposed to the offenders' category in both countries although equal numbers were sought. This reflects the challenges of recruiting men and youth perpetrators of domestic violence to participate in the research. There are several possible reasons for this but perhaps the most likely is the concerns men may have had about being identified as offenders. Several men agreed to participate but simply did not turn up at the designated time and place and for those perpetrators that did take part, there were major concerns about what the research would be used for and what steps we would take to ensure confidentiality. We recognise that different methods may be needed to recruit perpetrators of domestic violence but are appreciative of the contribution made by those men and youth in this category who did take part. Our intention, in including men who had been convicted of domestic violence as well as those who had not, was to see what differences there might be in perspectives depending on whether one had engaged in a psychosocial treatment programme (as all the offenders had). Our analysis, however, revealed very few differences and apart from the tables on definitions of domestic violence, we do not separate the findings – this would have simply produced duplication. We also wondered whether older men (26 and above) might have differing views from youth (18-26) and again, although there were some differences (older men tended to have more conservative views about gender roles than younger men and younger men offered different coping strategies, such as the use of marijuana) overall there were very few differences. In the appendix, we include a table that shows where there was variation in themes but in presenting the findings, we have merged the groups except in cases in which differences occurred.

MEN'S VIEWS ON DEFINITIONS OF DOMESTIC VIOLENCE

Our interviews and focus groups with men and youth began with asking them to rank behaviours related to domestic violence in order of priority, urgency, or severity and who the most likely perpetrator/victim was. This information was used as a catalyst for further discussion but was also tabulated against four categories of domestic violence: physical, emotional/psychological, financial and sexual.

Type of Abuse	Insert V					Most likely victim Male or Female (M or F)	Most likely perpetrator Male or Female (M or F)
	not violence	minor violence	moderate violence	serious violence	very serious violence		
Yelling at or humiliating in public							
Throwing things							
Demanding sex from your partner when s/he doesn't want it							
Threatening to hit							
Threatening to withdraw financial support							
Destroying objects that belong to the partner							
Not paying for household expenses							
Pushing or shoving							
Slapping							
Blows with the fist, on any part of the body except the head, that don't leave a scar							
Beating up with bruises or swelling							
Saying constantly that your partner is stupid or worthless							
Controlling your partner's activities (work, visits, friends, cell calls)							
Blows with a fist to the head							
Blows during pregnancy							
Beating up with wounds or fractures							
Threats with a gun or knife							
Other – please specify							

Adapted from 'A Practical Guide for Researchers and Activists'
(https://www.path.org/publications/files/GBV_rvaw_ch9.pdf p.138)

Table 1: Men- Non-Offenders Definition of DV

	A : Financial	B : Physical	C : Psychological	D : Sexual
1 : A-GM-NOFF	0	0	0	0
2 : B-MGM-NOFF	1	1	1	1
3 : C-NOFF	0	1	1	0

4 : D-GM-NOFF	0	2	1	0
5 : E-GM-NOFF	0	0	1	0
6 : F-G-NOFF	0	1	1	0
7 : G-G-NOFF	0	0	0	0
8 : H-G-NOFF	0	1	0	0
9 : I-FGB-NOFF	1	2	2	0
10 : J-GY-NOFF	0	0	0	0
11 : K-GM-NOFF	0	1	1	0
12 : L-G-NOFF	0	1	0	0
13 : M-GM-NOFF	0	1	1	0

Figure 1: Definition of Domestic Violence- Non-Offenders

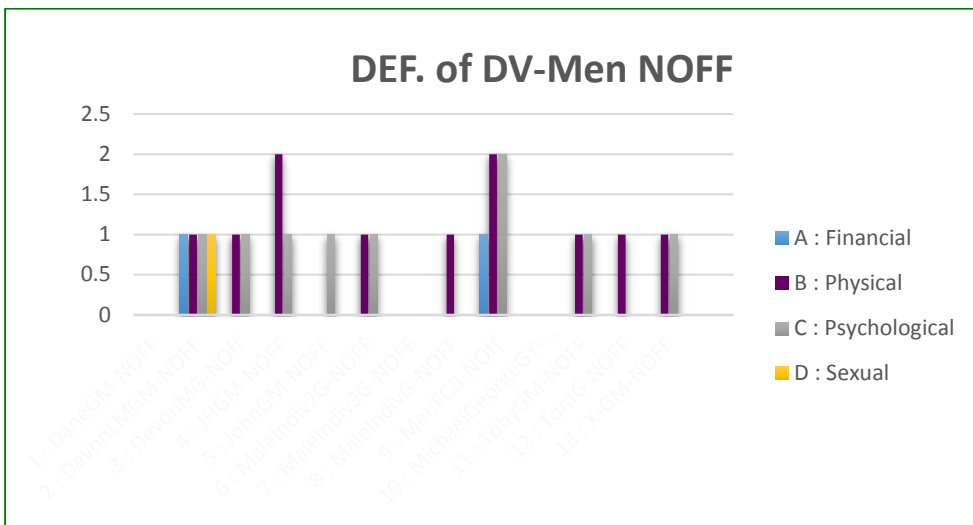
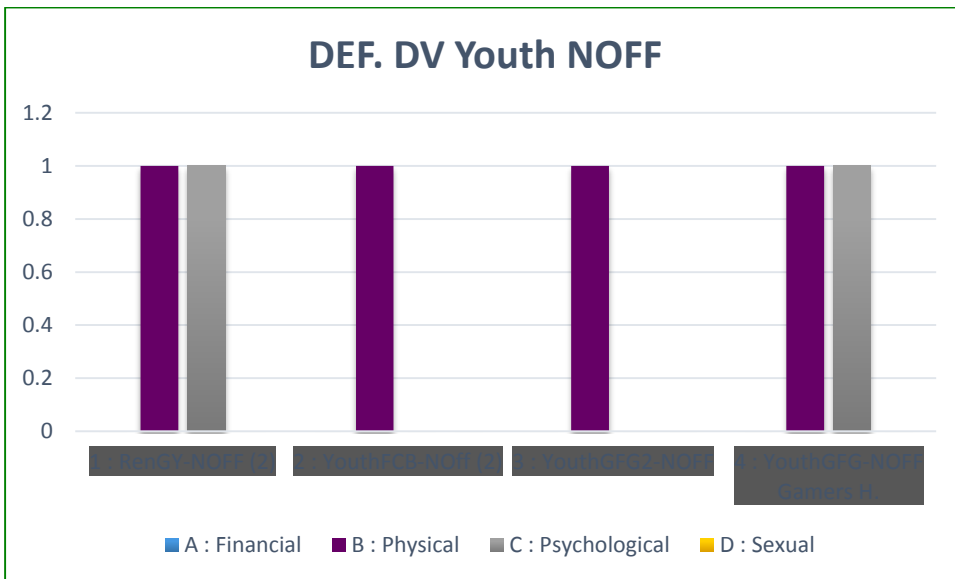


Table 2: Youth Non-Offenders Definition of Domestic violence

	A : Financial	B : Physical	C : Psychological	D : Sexual
1 : A-GY-NOFF	0	1	1	0
2 : YouthFCB-NOFF	0	1	0	0
3 : YouthGFG2-NOFF	0	1	0	0
4 : YouthGFG-NOFF Gamers H.	0	1	1	0

Figure 2: Youth Definition of Domestic Violence- Non-Offenders (NOFF)



The Youth non-offenders also saw DV as involving physical and psychological abuse. None mentioned sexual or financial forms of harm as domestic violence.

The above graphs show that the definition of DV by youths was mainly physical followed by psychological. None spoke of sexual or financial forms of harm. The following excerpts show that the youth non-offenders had a clear idea about the physical and psychological aspect of DV. It is interesting that one youth stated that the physical aspect must be visible. Thus, it seems that there still needs to be more education as to what really is domestic violence.

With my Mother it was fighting, hitting. Angry, violent hitting with hands and feet.

...the most common form of domestic violence I've heard about is basically a husband beating his wife and causing or inflicting damage to her skin that is noticeable to others.

...to me gender base violence, well domestic violence is basically is the ermm verbal or physical, let's say, verbal lashing or physical lashing basically on a spouse of child in the household basically.

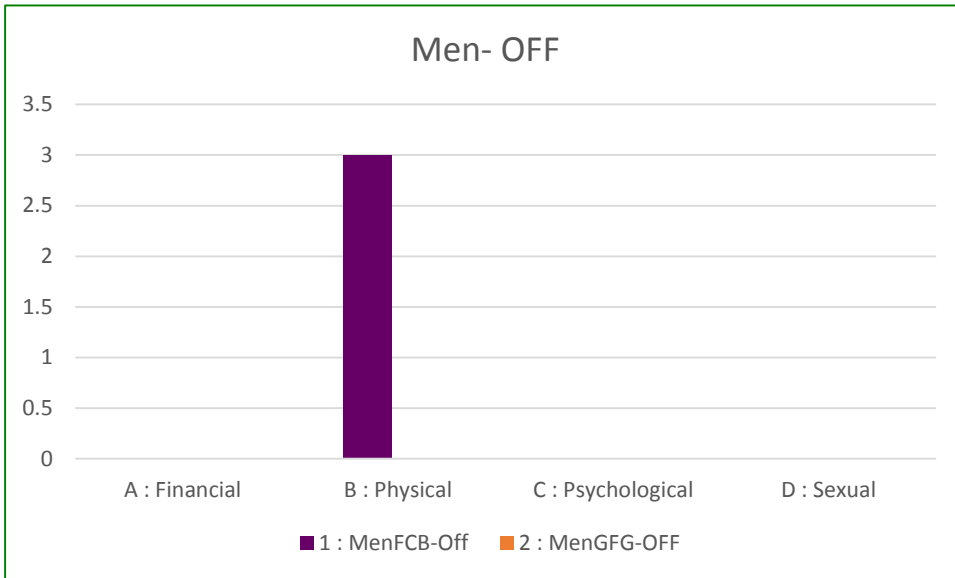
I believe domestic violence is, from what I know, any violent act physical, emotional and psychological that happen in the household

All of the male participants in the Ni3 research seemed to be more aware of the physical and psychological aspects of domestic violence as opposed to the financial and sexual aspects. This could suggest a need for education about how domestic violence is defined and what it entails. However, those men who were convicted offenders of domestic violence and had therefore participated in a psycho-social treatment and education group have had the opportunity to learn and reflect on the definitions of domestic violence yet these men had an even narrower view of domestic violence. Compared to all other groups of men and youth in the study, men who had been convicted of domestic violence seemed not to be cognisant of the fact that alongside physical abuse, there are other forms of domination and violence: financial, psychological and sexual abuse. This may reflect the fact that their conviction will undoubtedly have been for physical violence and information about the other forms of controlling behaviours men exercise over women are therefore likely to have been of less importance. It is a matter of concern, however, that the men in the study who had been through a treatment programme did not identify the range of behaviours classified as domestic violence.

Table 3: Definition of Domestic Violence- Offenders

	A : Financial	B : Physical	C : Psychological	D : Sexual
1 : MenFCB-Off	0	3	0	0
2 : MenGFG- OFF	0	0	0	0

Figure 3: Definition of Domestic Violence- Offenders (OFF)



The above charts for male offenders show that their definition of domestic violence only included physical harm. Given the small sample of offenders in the study, by itself this finding may not raise many questions but set alongside the finding that of all the men and youth in the study, only one out of 60, identified that sexual abuse was domestic violence, this is particularly important.

These findings raise questions about the ways in which male perceptions of domestic violence are linked to dominant social and cultural norms rooted in the family. While the home is seen as a place of safety, comfort and warmth, it is also within this context that women experience violence by being raped, kicked, beaten and threatened (Stout & McPhail, 1998). The family is also the first environment where gender roles and expectations are transmitted and where patterns of gender-based violence are developed and rationalised (McCue, 2008; Barnett, 2005). Gibbons (2015) adds that the interface between family and society provides a feedback loop of social and cultural acceptance of family violence and strengthens perceptions learnt within the family. So, the family is the place for enacting violence and is also the space in which values on the acceptability of violence are transmitted across family members and rendered 'normal' or unremarkable. The convergence of place and space shifts one's outlook of the family from a place of safety to a place of danger and from a context of nurturance to a context of nightmare (Moltz, 1992) as happened to many of the women in the study. Both men and youth defined domestic violence as seen in Figure 1 and Figure 2, as being physical and psychological. They did not view the term as including sexual violence or financial control. This suggests learnt gender-roles and expectations as mentioned by McCue (2008) and Barnett (2005). Important to note here is that people do not have to experience violence (directly, as the target) in order to learn how to be violent. Karugahe and Jones (forthcoming) explain:

Bandura's social learning theory posits three regulatory systems that control behaviour. Firstly, the antecedent inducements greatly influence the time and response of behaviour. Secondly, response feedback also serves an important function where reinforcements mean behaviour is likely to re-occur. Thirdly, the role of cognitive functioning, where some people may easily be angered by the sight or thought of individuals with whom they have had hostile encounters. This memory of acting aggressively or violently is acquired through a learning process. In fact, Bandura (1979) argued that such behaviours can be predicted and controlled by studying the social context of performers and cues for such behaviours. This is because Bandura believed that behaviours are learned "inadvertently" or on "purpose" through experiences and also through observation; therefore, this learning process is essential in understanding the process by which individuals engage in aggression (Bandura, 1973, p.44). More so, social learning theory recognises how modelling influences learning

IF VIOLENCE IS LEARNED THEN DO WOMEN LEARN IT

If the particular family roles, rules and manner of functioning within a family context indicate that it is a man's right to have sex with his partner then this can influence males growing up in that environment to believe this too. They may also think that the man, being the head of the household, controls the finances. Socialisation and social learning in tandem with gender-roles and expectations can create a great impact in the lives of males with respect to domestic violence. What this analysis suggests is that where women are also exposed to social learning within a context of family violence, then they are impacted too and not only in learning how to be victims, but in learning how to be perpetrators of violence (particularly to children) and as the bearers,

aggressive behaviours largely through repetition and symbolic reinforcement; in this case modelling was specific through family examples (Bandura, 1973; Siegel, 2000; Tedeschi and Felson, 1994 cited in Browne and Hebert, 1997). Therefore, according to social learning theory, people learn violent behaviour from observing aggressive role models. In support of this argument, Roy (cited in Browne and Hebert, 1997) has stated that four out of five abusive men (n=4000) were reported by their partners as observing their mothers as victims and/or were a victim of child abuse themselves (Karugahe and Jones, forthcoming). In other words, vicarious experience is a powerful and effective learning tool.

If the particular family roles, rules and manner of functioning within a family context indicate that it is a man's right to have sex with his partner then, according to Karugahe and Jones, this can influence males growing up in that environment to believe this too. They may also think that the man, being the head of the household, controls the finances. Socialisation and social learning in tandem with gender roles and expectations can create a great impact in the lives of males with respect to domestic violence. What this analysis suggests is that where women are also exposed to social learning within a context of family violence, then they are impacted too and not only in learning how to be victims, but in learning how to be perpetrators of violence (particularly to children) and as the bearers, together with males, from one generation to another of values and behaviours that promote adversarial relations.

What this analysis *leaves out*, however, is how individual agency, resilience and resistance can disrupt the normative assumptions in violent families and provide capacity for choosing to act differently, i.e. in non-violent ways. One man's tuition on violence is another man's lesson on empathy and compassion, though teacher, classroom and instruction methods may be the same. This explains why not all people exposed to violence as children grow up to replicate violence as adults, as illustrated in this comment by one of the participants.

It is kind of difficult to really figure out what sometimes will influence somebody to be violent, because in any control group you can put persons in the room, expose them to the same variables and it will have different effects on each one of them, and not everyone is going to probably take it.

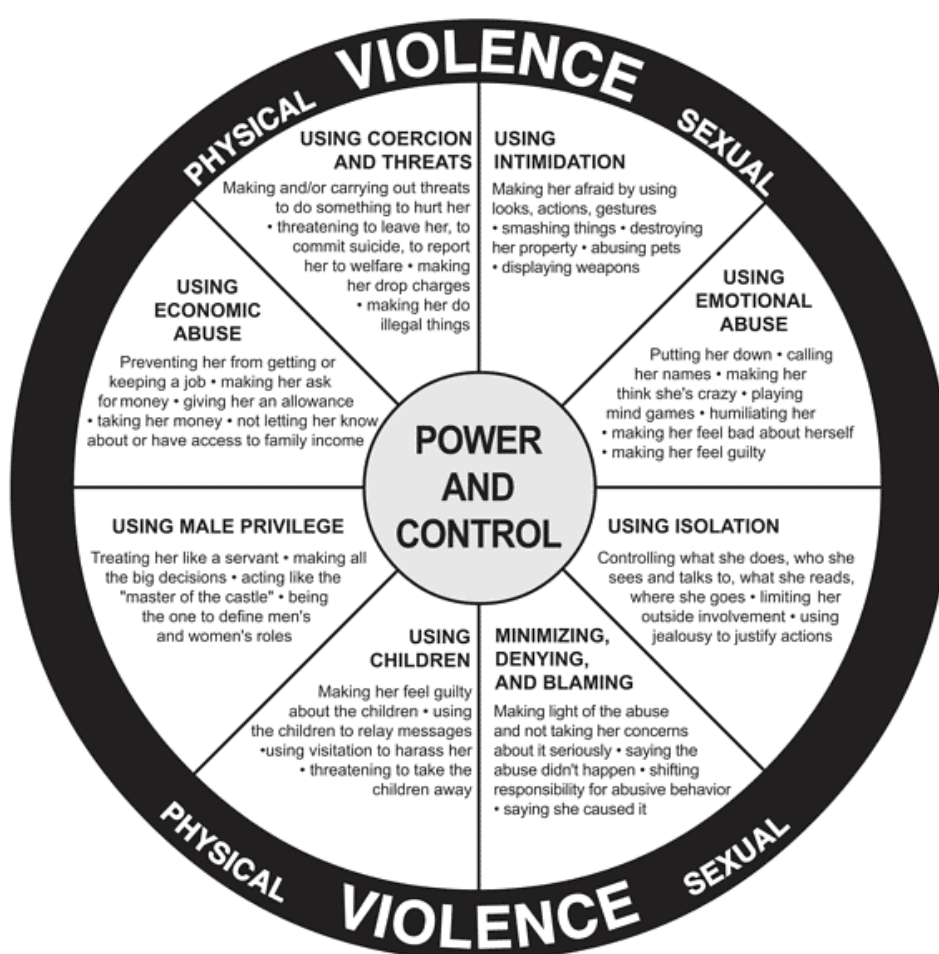
Many of the men in the Ni3 research had been exposed to family violence throughout their own childhoods but did not believe in its acceptability and were committed to helping men to find non-adversarial ways to deal with their frustration. This is discussed later.

POWER AND CONTROL

Our research has already identified the ways in which male positions of control and domination intersect with female positions of economic dependence and unequal access to resources to generate the environments in which domestic violence is made more likely. Control theory, common in sociological explanations, posits that 'domestic violence, including family conflicts, results from an individual desire to obtain but also maintain power and control within a relationship' (Fife & Schrager, 2012 cited in Karugahe & Jones, forthcoming). Such power is exerted by dominant members (usually males) often using threats, force or violence to gain compliance from less powerful members (usually women or children). Control theory is relevant to the Caribbean context where women's and children's rights are compromised at the expense of male status and privilege (Jones et al., 2015) and a woman's status is viewed as derivative or subservient (Bowman, 2003). Jewkes (2002) offers suggestions as to the potential causes of men's desire for power and control within the family. She suggests that it converges from two directions. One direction involves factors such as heavy alcohol consumption and the witnessing and experiencing of domestic violence as children (mother abused and beatings in childhood). This can lead to

violence in conflict, then to a culture of violence and on to intimate partner violence. The other direction contains more variables. Jewkes documents the following as the drivers for the building blocks that lead to DV, for example, perceptions of male superiority, low levels of education of women, few public roles for women, lack of family and social support for women and lack of economic power for women. These add to the low social status and power of women. Enforcement of hierarchical rules with punishment for transgressions can lead to distinct gender roles and male sexual entitlement both contributing to the culture of male superiority. Thus, the 'culture of violence' comes from one direction to meet 'male superiority' at another, resulting in intimate partner violence. Figure 4 – the Duluth Power and Control Wheel – a widely used framework for domestic violence interventions, illustrates how this power and control is utilised.

Figure 4: The Duluth Power and Control Wheel (www.theduluthmodel.org)



The power and control wheel (above) is one of the tools used as part of the Duluth Model to domestic violence. This identifies gender as a core construct in understanding violence against women and identifies eight domains through which males use their privileged position to abuse women (Heise et al., 1999).

The youth gave feedback on the power and control that some men extend to women and although as discussed earlier, financial abuse was not identified as domestic violence, they *did* suggest that women's lack of economic power made them vulnerable to abuse. Young men also said they think it is cultural for men to behave in this manner and they are just fulfilling what society expects of them. This is in keeping with Jewkes (2002), Stout and McPhail (1998) and Lindsay, McBride and Platt (1993).

I think the education gap between men and women, is where the problem stems from. The men will cheat and think the wives are cheating so falsely accuse them of these things but it's just their own insecurity. At least that's what I saw with my Dad. They feel like they're entitled to that person. They want them to control, it's like a power thing.

Especially if they're the main earner in the household, I see a lot of men doing that here. Being broke makes you vulnerable when you have to ask somebody for money you feel small and you're in a position to be taken advantage of.

Some of them think it's something ok to do because they see older people do it they think that's an example to follow.

It's very traditional and ingrained how men always want to rule and the people in charge want to conquer and to achieve. It is still part of the male culture.

They show their masculinity, or their macho-ness in a kind of a way... they're encouraged to be more aggressive towards things and situations, and about people and things, to assert their dominance.

CULTURE

Culture was mentioned by many of the men in the study. What is particularly interesting in setting this against the research with women though, is that culture was not mentioned at all by female participants even though similar questions were asked about the causes of domestic violence. Cultural explanations are common in the literature although this is a concept that tends to be discussed primarily in relation to research in non-Western settings (as we discuss below) and our hope is that the perspectives of men might provide some insights into precisely what it *is* about culture that is the problem and why this was picked up by men but not women.

Discourses of culture, the embedded, and often implicit or tacit beliefs about what is normal or acceptable behaviour or ideas in a particular reference group (Fook and Askeland 2007, p. 3) suffer from a dualism of objectivism and constructivism. On the one hand, the term is imbued with concretised notions of exotic artefact, behaviour or tradition and on the other, these 'objects' of culture are dependent upon subjective interpretation of meaning. When culture is served up as explanation for oppression or as justification for not intervening when women or children are at risk,

IT'S CULTURAL, OR IS IT?

Cultural explanations lead us to focus on socialisation processes and macro-level public re-education programmes, whereas psychological approaches are concerned more directly with the individual internalisation of experience and externalisation of effects. We argue against the isolation of cultural factors in explaining domestic violence, however the evidence from this research does not support the notion that psychological factors or, indeed, gender should be the primary basis of analysis either. Instead our findings call for the examination of how different forms of structural inequality and the internalisation of childhood experiences of violence (for perpetrators as well as victims- psychological factors) intersect with gender oppression to support the use of discourses of culture in sustaining violence as normative and in protecting claims to 'rights of dominance and control' (whoever holds them).

the ambiguity generated by this dualism is appropriated, inadvertently or not to suppress the needs of marginalised communities (Watt & Jones, 2015).

Applying Watt and Jones's critique of culture to our analysis leads us to assert our concern that there are dangers in the over-emphasis of cultural explanations for domestic violence. We are reminded that discourses of culture rarely feature in research on domestic violence in Western contexts, unless this research includes respondents from minority ethnic groups. It is as if culture is a feature only of the 'othered'. Our concern is that it provides a too ready and convenient stand on which to hang such a complex problem and closes down wider possibilities for intervention. Consider, for example, jealousy (referred to earlier as a finding in the research with women) which is often attributed, in non-Western contexts, to culturally-determined sets of behaviours and expectations (Speizer, 2010; Bowman, 2006). Contrast this with North America or the UK where jealousy as a factor in domestic violence is treated as a psychological issue (Margi, 2008; Karugahe & Jones, forthcoming). This is not to suggest that psychological approaches are more important or do not have their detractors, they do. Though many scholars argue that domestic violence is a consequence of underlying psychopathology and that psychological factors, such as lack of empathy and attachment disorders, contribute to a perpetrator's behaviour, other writers have suggested criticise psychological explanations for propagating the notion that domestic violence is a function of illness and is therefore not the responsibility of the individual (Bowen, 2011 cited in Karugahe & Jones, forthcoming).

Cultural explanations lead us to focus on socialisation processes and macro-level public re-education programmes, whereas psychological approaches are concerned more directly with the individual internalisation of experience and externalisation of effects. We argue against the isolation of cultural factors in explaining domestic violence, however the evidence from this research does not support the notion that psychological factors or, indeed, gender should be the primary basis of analysis either. Instead our findings call for the examination of how different forms of structural inequality and the internalisation of childhood experiences of violence (for perpetrators as well as victims- psychological factors) intersect with gender oppression to support the use of discourses of culture in sustaining violence as normative and in protecting claims to 'rights of dominance and control' (whoever holds them).

Well for me it's um proven that boys who grow up in a domestically violent home they tend to be affected on a psychological level meaning that when they get older and have relationships on of their own they tend to or they're highly expected to take part in the same acts as their father, uncles.

Our findings suggest that men used the term 'culture' to describe the sets of expectations and behaviours that were inculcated in them as males as they grew up. Boys were told "be tough don't cry" and "you must be able to defend yourself". Being tough and aggressive and repressing emotions were seen as cultural markers of masculinity. Yet men also described having the need to express their feelings but the options for doing so were very limited since the cultural messages that regard this as inappropriate were not only transmitted through families but were also reinforced by peers. Men it seems believed that women were to be treated in a certain manner and this manner is determined by cultural expectations.

I know that growing up they would normally say that men need to be toughened up, they need to be hardened, so you know, don't cry, you need to be able to defend yourself.

I would say that many of the times men have to know that they are able to share feelings, they are able to solve things with discussions, with that less violent approach.

...society itself really, especially society like ours do not provide the kind of mechanism for men to get themselves away from those kinds of tendencies.

I think that it gives them the belief that maybe women should be treated in a certain way, violently.

Well I think what happens is the young men they see these things happening and they think it's the norm, and that becomes part of their culture.

It was interesting that men seemed to view culture as something that existed outside of them; there seemed to be little recognition that they were an integral part of how cultural beliefs are created and perpetuated. It was as if they were assigned a pattern of behaviours and had no choice but to follow suit. However, their comments also revealed the exercise of choice and agency in how men express being male. In the first quote that follows, this participant suggests not only that men are socialised into specific forms of masculinity through child rearing (*how some of us were raised*), but these behaviours are reinforced through external influences (*and then the media also tend to perpetuate that style*) and by the pressure created by other males (*don't want to be considered the wimp*). Ultimately, however, there is still the exercise of choice (*you always wanna be that alpha male*) but choice is mediated by the perceived rewards that being a particular type of man brings, as illustrated in quotes two and three (*the alpha male gets the girl; to conquer and achieve*). Although, as one of the participants also makes clear, being fed and feeding stereotypes such as this requires the masking of many truths - *when we look in our reality that not always true*.

To express and if you think you don't want to be considered the wimp or the weaker, the weaker person, the weaker guy, you always wanna be that alpha male. So it's probably how some of us are reared, how we were raised and then the media also tend to perpetuate that style.

The alpha male gets the girl. The alpha male has all the friends and not necessarily, when we look in our reality that not always true.

It's very traditional and ingrained how men always want to rule and the people in charge want to conquer and to achieve. It is still part of the male culture".

Some of them think it's something ok to do because they see older people do it they think that's an example to follow.

...he grow up in that same cycle so, he ain't gonna make no big effort to break the cycle, stop the abuse, he just following it on all the time. 'Cos he might see these things young, and grow and start doing them...and tell himself that it's right.

The notion of 'alpha male', misappropriated from the study of zoology to describe the behaviours and expectations of some men in some contexts, is underpinned by the belief (affirmed through cultural and social processes) that males are inherently superior to females and that there are certain traits and behaviours considered appropriate for men and women. The alpha male expects his partner to adhere to her role and claims a position of dominance. In some instances, he will reinforce this through control, coercion or force (Pornari et al., 2013). However, not every man who aligns himself with this description is a perpetrator of domestic violence. If we bring together our findings on the impact of experiencing violence in the family home, with the socio-cultural expectations that influence masculine identities, gender inequalities and violence as learnt behaviour, we can see how these different dynamics could combine to increase the likelihood of some men becoming violent. Witnessing and experiencing abuse in childhood does not only lead to internalising aggressive norms and externalising behaviour, but also to a wide range of other internalising psychological and behavioural outcomes, such as anxiety, depression, low self-esteem, social withdrawal, post-traumatic stress, dissociation (Moylan et al., 2010). Researchers have discussed partner violence as learnt social behaviour for both men and women. They have linked this to social learning in the home and suggest this contributes to the intergenerational cycle of abuse. The sons of women who are beaten, are more likely to beat their intimate partners and may well have been beaten as children (Ellsberg et al., 1999; Abrahams et al., 1999). The daughters of women who are beaten are more likely to be beaten as adults (Hotelling & Sugarman, 1986). Men learn that the male role legitimises their use of violence and women learn that the female role is one of acquiescence and adjustment to accommodate the man's behaviour in a way that least disrupts the household

(Jewkes, 2002). This is not, however, the complete picture. The young men who took part in the study revealed some interesting insights about the adversarial nature of intimate partner relations in which the use of violence may be viewed as the prerogative of the male but may also be claimed as the prerogative of the female and who, in the descriptions painted, is not acquiescent at all. In line with the conclusions derived from a large survey of domestic violence in the Caribbean by Le Franc et al. (2008), the male is not only perpetrator but may be victim too and the female is not only victim but perpetrator too.

So, to place that with this, you have to be...that's why at no time, as I tell the officer the evening, 'why are you arresting me sir? I never struck my wife'. My wife push me in the corner and slapped all 'round me and I said, 'listen, why don't you stop that? You pushing me to the point that I would put a shot in you. I will not hit you with my hands.

However, it must always be recognised that even where adversarial relationships exist and where women perpetrate violence too, this is not a gender-neutral issue - women are far more likely than men to be seriously injured, maimed or killed by their partners than the other way around and as the first part of this report shows, are subject to violence in ways that men are not. The comment 'I win' in the quote below, suggests that if a man chooses to exert more violence in a given situation, he most probably can, as indeed is inferred in the quote above.

...they got some spiteful women that would look to give you back something.

Interviewer: so you retaliated? And who came off worse for the wear?
She, 'cos I win! [Uncontrollable laughter from group]

Incidentally, group laughter at expressions of violence (as in the example above) is indicative of the influence of peers among young people in affirming negative gender attitudes that contribute to domestic violence. For youth who have themselves been exposed to violence as children, peer pressure has been shown to predict violence among adolescents.

The young men in the study described observing relationships where violence by both man and woman was part of the theatre of human relations. We discuss this next.

Dogs barking is an everyday part of the landscape of many Caribbean neighbourhoods – guard dogs, stray dogs or pet dogs – they create the background noise to life. If a dog is not barking nearby, you will hear one in the distance. Unremarkable and so common as to not be worthy of mention. The dogs are always there and there's nothing one can do about them. The youth in the study regarded intimate partner violence as a norm in their communities, an everyday occurrence, as one young man said, like dogs barking.

That is lovers quarrel. That is just them. So to me, I know it's wrong, I would not involve in that, but it just became like a dog barking at me, that's how violence and fighting was after a while, no different than dogs barking. It's an everyday thing.

But its only so much I can do so if I see a big fight and by the morning they are fine. Whether they get stiches or what they are fine the next day. Quote, unquote, fine. Call it Intimate partner relationship and it's the same, like by the stand pipe a couple slap each other, or woman pelt a bottle and bus[t]she boyfriend head [causes an injury]. That is normal. That is love.

BLAME ATTRIBUTION, GENDER, MATRIARCHY AND PATRIARCHY

Both men and youth talked about the process of socialisation and how witnessing or experiencing violence as children would increase the chances of a person being violent in adulthood. Women, specifically mothers, were said to play a major role in the socialisation process since they have the primary responsibility for rearing children. Several men suggested that the physical punishment and verbal abuse meted out by mothers to

children might be a boy's first exposure to violence and that these experiences combined with societal expectations about the role and behaviour of men contributed to the extent of violence in society.

I feel that the biggest abusers, to me, are women..., and you hear some words and the women telling both boys and girls, cuff [punch, hit] the girls in their back, cuff the boys in their back, slap the boys longside their head ,do all sorts of, use all sorts of vernacular...so I use abuse...and then it becomes violent because then they cuff the children, the girls in their back and slap the boys that is violence... and that could be a problem not the men though, the men would like to stop the beating and do certain things but sometimes...the attitude of the women might add to it.

Most research on the topic of physical punishment of children concurs with this. Children subjected to aggression by parents, regardless as to whether this is to gain a desired effect of good discipline, teaches children to use aggression in order to gain compliance; re-enacted in later life, these same behaviours are seen as violence (Benda & Corwyn, 2002; Bandura, 1973).

“ya gun end up just like ya good fuh nutten father”, may not have been a physical abuse or physical violence, it was extraordinarily psychological, to the extent the some of the same boys who come up with that became the same so-called monsters quote unquote, that beating women.

Boys, they tend to follow as they see, so if they grow up in an environment with violence, if not thought about it they would think that it's the right thing to do.

...they probably need to grow up and display that same bit of anger or violence and towards other persons, later on in their lives.

Several men felt that fatherless children and children whose fathers were not relevant in their lives were vulnerable to becoming violent.

As a result of that fatherlessness and father figure absenteeism that what is happening certainly in relation to the boys and by extension, physical abuse, domestic violence, whatever you wanna call it, is being perpetrated as the result because the fellas, like any other animal in the animal kingdom, is gonna defend themselves when they feel threatened based on what they've come to learn.

This really speaks to the complexity of the problem. If boys are being reared in female-headed households (in some Caribbean countries, this accounts for over 40% of families) then what are the processes by which they become socialised into believing that male violence is normal and acceptable? If boys learn to become men by emulating other males, who are they emulating if their fathers are not present in their lives and what potential does positive fathering offer as an intervention for unlearning attitudes that promote violence? Furthermore, what other factors influence identity formation? Several men and youth mentioned that media and the portrayal of violence can influence the behaviour of boys. This came out strongly. Men believed that differing types of music and television shows were a great influence on children which in turn perpetrated DV.

I think there is a lot of influence from the music, television, most of the popular TV shows, Power Rangers or any one of them depicts violence, you have to fight, you have to, it's always a good guy a bad guy.

So the variables here, most times, could be things like being directly abused, the person as a victim of violence, may be just your peers, being around your peers, witnessing it, probably music, television, it is said that content do influence children growing up.

Even music the way the Jamaicans dance now you know, they sit on the ladies back ah mean, it's really portraying violence so they're influenced by those things, music and television and sadly parents live such busy lives nowadays children grow up literally in front television.

I would start with our media. Ermm, if you watch TV everything it's you know driving guys. You supposed to be brutish, you supposed to be hard and macho and all that bravado

One participant suggested that there was a growing market for home-grown and imported violence as a commodity. He argued for greater controls on what young people were exposed to.

We need to cut down on the nature of violent movies and the music we have on the airways and so forth, the games that we import and how we go about our daily lives, the different shows and so forth that we would have in the community and country at large.

A common thread across all the participants, both men and youth, offenders and non-offenders, were views that the attitudes of women as partners and as mothers played a major role in domestic violence. The attitudes that were discussed pertain to child-rearing, relationship conflict, infidelity and perceived provocation. Perpetrators have been found to hold hostile and negative beliefs about the opposite gender and to attribute blame for their own violence and other negative events to their partner's personality or behaviour (Henning et al., 2005). This is supported by Stuart et al. (2006), who state that perpetrators tend to externalise blame and often attribute the cause of their violence to poor self-control or emotional control, or other factors beyond their control, such as stress, anger, or their partner's characteristics.

The discourse generated within focus groups was very insightful since it seems to support the findings on the dominance of masculine identities based on patriarchal values. For example, some of the older men in the group expressed the belief that women's advancement (economic, educational and emancipatory) added to the problem. It seems as if the dominance of the male cannot be sustained if women are empowered, are independent and are competing with men on an equal basis. Women who are achievers disrupt the notion of the male as superior. One participant said that the women's movement contributes negatively to the situation and he believed an independent woman was a threat to her relationships since she then had choices about whether to stay.

...because of the women's movement, are moving away from the men and that could be a problem not the men though, the men would like to stop the beating and do certain things but sometimes...the attitude of the women might add to it.

...women are getting very...possession of things because, you know, they are at least observing, that they have just as much to compete against men and I think it is even creating a lot of problems in society with men and women, 'cos women think as soon as they got a degree or something that they could at least throw de man onside.

...women are...working for more money than men and the women are telling their children 'I don't want two idiots in the house', referring to the father. That's an insult! Alright? 'I don't want you like your old foolish father'. And so therefore they abusing, and therefore that could cause a man to retaliate because you have your pride and ego.

Research has shown that conflict arises when women challenge gender norms and society's view of 'good womanhood'. Women who tend to hold liberal views which reject the authority of men puts them at a greater risk for violence in relationships (Jewkes et al., 2002). Jewkes et al. add that the degree of this liberality with respect to women's roles and positions is positively correlated to education. Being educated empowers women and gives them the impetus to challenge the traditional sex roles and societal moulds that they have been prescribed. However, with this empowerment comes the risk of violence from their partners until a high enough level of agency is reached to enable them to seek protection. Subsequently, when transitioning from violent relationships, women may be at increased risk of DV (Counts et al., 1992).

In line with this analysis, for women in the Ni3 research, it was economic *dependency* that contributed to the problem whereas from the perspective of some of the men, it was economic *independency* that was a cause of stresses in a relationship that might lead to violence. It seemed important to men that women should be dependent upon them because being the provider was one way of displaying their role as men and exerting control. Where the male is subverted in this role by the woman seeking financial support from another male, this was considered to be a source of provocation.

Some women can't get the money they want for things, they might got [sic] another man to help pay the bills.

They were parts in time when they were about to break up, they um also had financial issues because my mum doesn't have a job um so my dad is the one bringing in the income so when they argue at times my mum stays a long time without any money um so there's nothing she could do to support the family at the time.

The flip side of this issue is that many men also face financial hardship and the cultural expectation that as men they should be able to provide for their families was identified as a source of frustration which contributes to DV.

So I think that the tensions, the whole fighting, the what's going on in our communities it's because of ermm, people not having access to proper jobs, not being able to feed their families, not being able to provide for their families, and that in and of itself can be frustrating.

Because of the lack of un/employment and other sort of illegal things taking place within the community that causes young people to act very arrogant and irresponsible.

Especially if they're the main earner in the household, I see a lot of men doing that here. Being broke makes you vulnerable when you have to ask somebody for money you feel small and you're in a position to be taken advantage of.

They would have children and they cannot financially provide for those children, they cannot financially provide for their family, extended family, or whoever and that breeds frustration you know when those things happening.

Many of the men seemed to believe that their masculine role and identity was undermined when women insulted them or belittled them and this was regarded as provocation to violence. In the quote that follows, women's growing recognition of their rights (illustrated by the phrase *but now*) is linked, in the perception of this participant, to the denial of sex, which he possibly considers to be *his* right (*the women taunt ya and withhold that from ya*).

But now women nag men now insultingly, women do not [sic] taunt men with what they got [pointing to the pelvic area - implying sex] because they felt that the man - he got alotta women he's a Castro - nowadays the women taunt ya and withhold that from ya. So therefore it's a different abuse, nagging and that sort of abuse.

Lindsay, McBride and Platt (1993) list 14 characteristics of abusive and violent men: controlling, lacking in assertiveness skills, repressed, undependable or over-responsible, overstimulated and chaotic, fearful of abandonment, unable to handle criticism, socially isolated, masked by façade, misogynistic, holding irrational beliefs, alienated, obsessive and having low-self-esteem (p.21). They further add that many perpetrators have the following belief system:

- The world is a dangerous place

- I will survive
- I can trust only myself
- I will get what I want when I want it
- I am doing nothing wrong
- I won't get caught
- If I get caught, I can talk myself out of the situation
- If I can't get out of it, the consequence will be light

This belief system conveys to the men a sense of entitlement and is reinforced by patriarchal cultural values and institutional structures: weak laws, professionals who do not take action, the religious leader who excuses the violence, the courts that look the other way and the families and friends who minimise the violence (Lindsay, McBride & Platt, 1993). Both the women and the men in the Ni3 research would also argue that when the police fail to respond to domestic violence, this too reinforces the sanctity of male entitlement as illustrated in this quote.

I mean if the policing system was different, if they took domestic violence as important as it is and with such... like I said if they take domestic violence as important and serious matter then that might have been an avenue out from an earlier point.

Although dated, cross-cultural research by Levinson (1989) suggests that societies with stronger ideologies of male dominance have more intimate partner violence than others. More recent studies concur (Jewkes, 2002). These ideologies permeate the strata of society and affect female autonomy and access to support systems. They also influence the implementation of laws, police, criminal justice systems, whether violence of women is criminalised and how serious violence against women is treated (Jewkes, 2002).

CONTRIBUTING FACTORS

The men mentioned that relationship conflict can lead to domestic violence. This is supported by other studies which show that the frequency of verbal disagreements and high levels of conflict in relationships are associated with physical violence (Jewkes et al., 2002; Hoffman et al., 1994; Stets, 1990). The differing forms of conflict associated with violence emerge when women challenge prescribed gender roles and male privilege. One aspect of male privilege that is often challenged by men is the social acceptance in the Caribbean of multiple partners.

It gets violent, really really violent...a situation where a man having probably two women in the same village and a man sleeping with a guy girlfriend in the same village it does get ugly. I've seen it already, I've seen it already.

Substance abuse was seen as a factor contributing to the problem; this was also identified by the female participants.

I think it as mostly influenced by alcohol, rum. I never see a sober man beat a woman yet, but as soon as they influence by alcohol they beat women and even if I believe, if the woman could beat the man, the woman would not retaliate she would just take the serious lashes.

This is personal experience; I'm dealing with my upbringing. I was raised in what you refer to as the university in Barbados, that is a rum shop situation. And my dad always got up his drinks, used to call my mum all kinda names, you know.

Men are encouraged to behave in violent ways because of the influence of alcohol and many other sorts of illegal substances that they take in their body.

If my mother got one man, she stick to one man. The alcohol is what had my father so.

Substance misuse is a contributory factor rather than a causal factor in domestic violence. However, it is a significant factor and is said to increase the prevalence of domestic violence in young adulthood two-fold (Melander et al., 2010). Researchers also point out, however, that substance abuse is often used as an excuse for battering (Livingston, 2011). Several men in the study agreed and believe that it is important to take responsibility for how one responds to the stressors in one's life.

We know that with in relationships you will have your conversations, have your arguments, but it's the way you choose to react with that.

Well, I'll tell them to keep the faith, don't be afraid and speak out and try to get the help that they need so we can put a stop to it.

INTERVENTIONS THAT CAN HELP

Counselling

In a social and cultural context in which men are not encouraged to express their fears and emotions, it was surprising that counselling was the most common intervention suggested to help men deal with violent behaviour.

If we have counselling that would help but I don't presently if we have counselling um or going through um talk to a psychiatrist and things like that if they recognize that they have a reasonable reason then these are some the things that would help.

The best way actually for men to deal with violence, in order to overcome it, is through the process of counselling.

They can always seek professional help from you know a psychologist you know to help them guide them unto a better path.

Well they can seek professional help from a psychologist also a counsellor which can help them later on in life.

If domestic violence affect your life seek a counsellor, seek a psychiatrist seek someone who will help, seek someone who has been through it and knows how to resolve it without any further form of violence.

Generally in the Caribbean seeking professional help can be seen as a sign of weakness and one of the challenges would be in getting men to access help. However, counselling through the Church was identified as one of the most appropriate routes to achieving this.

Starting with the word of God, first and foremost that may be one of the most definite priority that he needs to deal with his violent situation.

First and foremost I would say that he needs to actually take his situation in the house of prayer, as like to the pastors or other counsellors that are within the church organization.

If the person believe in prayers I think they can take it to the Lord in prayers, and the Lord will answer it and that person will be a better person if he is serious in what he is saying.

It's probably going to be difficult to go to get any bit of help, given that men always have this thing called pride, and even if they're violent they probably might tell themselves that hey, I'm acting out, so what. In my view the church probably is the only hope.

Those men who were convicted offenders of domestic violence and had participated in a counselling-based treatment programme, spoke highly about its benefits but considered that such programmes should be widely available (before things get to the court stage) and also involve women, especially where the woman is also a perpetrator of violence.

Well for starters they could go to a counselling group. As, as for me like what I did, the court send me to a counselling group which I really appreciate, because ah learn a lot for it. I learn how to control my anger when ah was really really very angry.

My belief, this programme Partnership for Peace...wonderful. Educated the men a lot but I think the women need to be educated too. My belief is when you have two perpetrators coming before the court, that both seek counselling; it does a great deal not only for the men but for the women too.

The youth were more cautious about the value of counselling. One young man who was a convicted perpetrator of DV agreed that counselling should be widely available but cautioned that it might not work for everyone.

I would say a little counselling too, but I'm really not too sure about no counselling too though, 'cos ya see that counselling ain't really do nothing for me though.

Men also thought that before entering a long-term relationship, couple counselling could help to prevent problems occurring in the first place.

You shouldn't just run into marriage just so, you should be counselled, you know. How you brought us back here, you should have people to come even to talk to.

She's still your common law wife and ... as you are willing to spend time together with a woman as a relationship, everybody don't view marriage the same, everybody don't want to be married, but as long as you are spending time with a woman as a significant other, you should seek counselling.

A lot of us when we meet a woman and she's nice looking, we go out, we gone Chefette, we gone to party, we having a ball... 'I gun marry you'. You never sit down and study what you feel about God, what you feel about money, these things you have to discuss before you get in that situation.

Pirog-Good and Stets-Kealey (1985) state that groupwork followed by counselling are the main methods of helping men. However, concerns have been raised about negative outcomes in groups of juvenile offenders since this can make it difficult to give individual treatment and group dynamics can be difficult to manage with resistant individuals (Murphy & Eckhardt 2005). Thus, a combination of both group and individual approaches are regarded as one of the most effective forms of intervention (Gondolf, 2002; Mederos, 2002).

Individual and group peer-counselling were identified by both men and youth as an important intervention. Men suggested that what was most helpful was being able to talk to other men about their experiences and challenges in relationships.

I mean our ideas might conflict sometimes but you know just from having a dialogue and sharing your thoughts and your experience with someone else would bring out different ideas you would probably, you would see ways to avoid these things and you know, help yourself.

And you know, for people... culprits of the violent behaviour and attitudes, they need to reach out and get help and it's our duty as citizen when we see these things happening offer help to someone. That would reach a long way, and, in avoiding lots of situations.

Young men agreed and suggested that those who had been able to withstand the pressures they faced without the use of violence could be mentors to other young people.

Being I is a bigger man now and he's my breddrin [brother], I would call him to a side and reason with him and talk to him and try to get him offa that vibe [out of violence], ya know what I mean?

Parenting and Family Strengthening

Both men and youth voiced the need for positive parenting as a means of imparting values of non-violence in children. Of note, men recognised that children could not choose the types of households they grew up in and where there are parenting deficiencies suggested that the church and the school should play a role in instilling values of respect and non-violence.

Well charity begins at home. I think it starts with every individual so, bringing up my children in the proper way of ensuring that you know, violence is not a part of their lives. So it wouldn't be part of their children's lives, and hopefully ermm, they would be able to influence their peers in the way they interact and behave with them, so.

People believe bring up a child is all about buying food, giving the child milk, and clothing, but rearing a child is much more than just financial.

I think the aspect of curtailing the violence, cutting it down. Ermm, starting from home. I think you know you start with your young ones, you start teaching them proper values, you start teaching them you know coping mechanisms to deal with situations when things come about.

As he said there maybe school, church I guess, that would help a lot in moulding you in how you behave and how you treat others, and what you expect, and I think that's the thing. Parenting is the thing.

I think parenting skills should be taught a lot to the young mothers. In fact, parenting skills should be taught at the secondary school level.

Some men seemed to think that lack of respect and indiscipline among young people was a contributing factor to the wider problems of violence in society. In the first quote that follows, the participant recognises the importance of using non-violent means of dealing with this while the second participant reminisces to a 'better time' when, ironically, violence was often the method used to teach children how to 'respect' others.

If my grandmother or my mother there and you don't speak, I can't be rude to you. I would get a slap in my face and when I come home and I complain or when you see my mother and you complain is more licks [beatings]. And the thing is that now wanna could curse, quarrel and there's no respect. So all of that plays to the breakdown in society.

The young, younger people now, they are, I think there are more rebellious you know. They do a lot of things and they can get away with it, and I can speak from the experience with say one of my sons. Being a man doesn't always have to use physical strength, that things could be discussed.

Other men believed that the issue of respect was not only a matter of teaching young people but that families' members needed to learn how to model respectful behaviours, regardless of age or gender and to develop the capacity for empathy.

If we treat women as if they were our daughters, as if to say they were our mothers, you know our favourite grandma or favourite sister or favourite cousin or aunt or whatnot, then it would be different.

We all have families, I wouldn't like you to do that to one of my family, so I should not want to do that to you. So if we learn to acknowledge these things and decide that we should respect each other we would avoid a lot of the problems.

Well to encourage people to respect their partners, respect the other members of their family; respect everyone in society for that matter. Get into dialogue. When something frustrate you don't clog up and

keep it to yourself and when you can handle it any more you decide to bust out and you know, make somebody a victim.

The importance of family was espoused by all the men and youth who believed that though families were the source of learnt violence, paradoxically they also offered the best possible opportunity for individuals to change. Family-based interventions were considered crucial to the reduction and prevention of DV. However, it was stated that families cannot operate in isolation, but need to be supported by interventions in schools, churches, and community and government organisations.

First of all I believe the church has a key role to play in influencing the minds of young boys especially those within the age group that are thinking about wanting to have relationship.

Well first things, stay away from drugs. There is a God, believe in God right, and try to live His will, right. Whichever religion you may be from, Hindu, Christian, Muslim, whatever. Do your worship it teaches you a culture of how to respect other people.

Education and Community Interventions

In addition to counselling and strengthening the role of the family, most participants expressed the view that education and community-based programmes could do much to reduce the prevalence of domestic violence and also to reduce community violence too.

I mean as you look at the news and you look around the community you can see tension all around and I think one of the reasons is that what they are having, lack of jobs, people are frustrated, I hate to say it, lack of proper education.

We should ensure that young boys and young girls get a complete education before they think in terms of bringing any children in the world.

What we can do is get them together and have a class for them and try to keep them out of the street, and teach them to read, who cannot write you teach them to write, and who is down try and pull them up.

There may be technology that could be used, since you have smartphones and stuff now where certain applications could be designed where a person could type, text or tap on some button to report something related to them being abused in some way.

It would boil down to education. The closest thing to a strategy would be education but you can't just know you should or should not do something. You have to be taught it, or see it.

Men believed strongly that the community had a huge part to play and one participant talked about strategies that mirror the public health prevention model – the creation of violence resistant communities.

So as you do stuff like, you start implementing programs, ermm, geared towards cutting it down, you know in medicine we talk about hardy immunity, you know, you change a little group here, you change a group there... that would be um well working with kids from very young um trying to see if you can reduce that sort of violence.

This approach was echoed by both men and youth, not just concerning the prevention of violence, but also with the rehabilitation of perpetrators. Central to these ideas was the involvement of men as change agents within their own communities.

We can have more outreach programmes dealing with the victims and the persons committing the acts, notthem to stop, but trying to rehabilitate them and giving them second chances. Prison is not all.

We go to church, we go to school and, there are erm, erm football clubs, sporting clubs you know, everything to bring that community spirit to keep people together in unity

By talking to your friends and people around the community about fighting and cursing.

By talking to the community, telling friends to walk away.

Resilience and Self-regulation

Men believed that there was much that could be achieved by activities that build resilience and self-esteem, bearing in mind that low self-esteem (a consequence of exposure to violence in the home) is also one of the attributes of many perpetrators of domestic violence.

Well, talk to someone, or they can simply find activities that would take them away from that thinking, like gardening or handiwork.

Me, I do a lot of things. I play music, I do art, I lift weights, I do martial arts, so I will encourage them to get into something like that.

There's many things you could do if for sports if you don't like sports, there's e-sports that gaming online you could get a career in that erm, you could exercise workout helps relieve stress and violence.

Activities that make one feel good about oneself

Importantly, men also believed that it was possible for those who were prone to being violent to learn how to regulate their emotions and that they had a responsibility to find the trigger that causes them to react and to take steps to deal with it. Developing the capacity to step back from volatile situations was one of the most important lessons men needed to learn whether *By walking away from fighting* or *By praying to the Lord and asking Him for help*.

Go one side and smoke a little spliff and cool down yaself.

Well some men use strategies such as counting or probably go in a corner by themselves and rethink the situation probably solve the situation by quietly sitting down instead of yelling or calling names instead of doing violent acts.

The trigger. If there is something specific that could be avoided, then get rid of it. Like if water makes you violent, well, you can't get rid of it you need water, but....you get my drift.

You can take a little walk to ya know...look to watch an inspirational video or something to keep pushing ya.

Footnote

In the introduction to this report, we reflected upon a missed opportunity and wondered, with the benefits of hindsight, whether we should have explored the experiences of male victims of female violence. This topic came up in our stakeholder consultations and was raised by some of the women in our study (retaliatory violence); however, beyond the fact that most men considered women were partly to blame for domestic violence, the issue of male victims was not raised at all by either men or youth. This is despite the fact that the entry exercise presented participants with the opportunity to discuss this. The themes of most importance to the men are those that have been presented here; male victims of female violence was simply not one of them. We acknowledge that such research is important and that different methods were needed to recruit participants whose experiences could provide insights into this issue. However, domestic violence in the Caribbean is primarily characterised by male perpetrators and female victims (Fran et al., 2008; Flood, 2008).

Furthermore, it is widely understood that violence against women and girls is rooted in culturally enshrined gender norms about men's authority and use of violence to control women and girls, topics which the men in our research *did* identify with and with which they were willing to engage. Overall, men tend to have less knowledge and awareness of the extent, nature and impact of DV (Lorente, 2009); this was confirmed in the Ni3 research. Many men tended to minimise interpersonal violence as simply 'what people do in relationships'; only one out of 60 men identified sexual abuse as domestic violence and most men did not seem to recognise that behaviours that enforce women's lack of economic autonomy are also a form of control and domination. In the light of the gravity of domestic violence in the Caribbean, these findings offer new insights and may not have emerged had the focus of the investigation been on male victims.

5. CONCLUSION AND RECOMMENDATIONS

We have conducted in-depth qualitative research involving 109 participants (49 women and 60 men) from two Caribbean countries. Our methods of inquiry and our analytic approach were rigorous and underpinned by sound procedures and structures, including the use of NVivo analytic software.

The primary research questions were derived from a preliminary literature review which suggests that women from the included groups may be exposed to additional challenges alongside the experience of domestic violence. The research questions we sought to answer concerning women were:

11. How do women (in each particular grouping) define domestic violence
12. What particular factors, unique to their circumstances, produce *additional risks* or *challenges* for women affected by domestic violence
13. What are women's views about the reasons for increased risks
14. What are the effects upon them
15. What are the effects on their families
16. Are professionals and agencies working with women who face domestic violence, cognisant of the additional risks and challenges presented by these particular circumstances
17. What strengths, resilience and strategies do women in these particular circumstances draw on in managing/reducing/preventing or escaping risk of violence
18. Who helps them
19. What help do they need
20. What might escalate or de-escalate domestic violence rates

The primary research questions we sought to address with men were:

12. How do men define domestic violence
13. What are their thoughts about its prevalence, causes and effects
14. How has living with domestic violence affected them
15. How has living with domestic violence affected their families
16. What situations/circumstances contribute to men being violent (e.g., social, cultural, economic)
17. What is the impact of these situations on men
18. What strategies do men use to deal with these particular circumstances and pressures
19. What strengths, resilience and other strategies (not mentioned before) do men in these particular circumstances draw on in managing/reducing/preventing or escaping risk of violence
20. What can escalate and de-escalate domestic violence rates in Barbados/Grenada
21. Who helps men
22. What help do they need

We were guided in all decisions concerning recruitment and interviewing participants by a comprehensive ethics protocol (see appendix) and our primary consideration was our duty of care to those who took part in the research and the minimising of risk both to them and to those who conducted it. All the interviews were carried out by a multidisciplinary team of Caribbean researchers with extensive knowledge of gender and violence related issues and, most crucially, they were all experts in the socio-cultural contexts in which the study took place. In conducting this research, we have been reminded of other studies that suggest the presence of gender symmetry (that men and women are both perpetrators and victims of domestic violence in more or less equal numbers). In the introduction, we explain why the concept of gender symmetry is flawed and agree with Kimmel (2002) that there is need for 'a thorough analysis of gender and how gender identity and ideology—the cultural definitions of masculinity and femininity... [can] help to clarify these seemingly discordant claims (p.1334). We nevertheless believe it is extremely important in tackling domestic violence in

the Caribbean, to pay attention to the role of women in cultures of family violence more generally, especially in relation to the physical abuse of children, which is a neglected but important part of the debate. With regard to intimate partner violence, however, we adopt the position proposed by Kimmel (2002) which makes the case for moving on from surveys which quantify who reports hitting whom in the last 12 months (the basis of the concept of gender symmetry) (Tendler, 1999, cited by Kimmel, 2002, p.3333) to a contextual analytical approach. This enables researchers to identify who the primary aggressors are in repeat abuse between partners and who is most responsible for inflicting threatening, controlling, coercive and brutal behaviours within relationships in particular contexts (McCloskey & Sitaker, 2013). Our findings suggest several overarching themes that seem central to understanding domestic violence in the Caribbean:

Overarching Themes

There is a high degree of intentionality that lies behind much abuse. Domestic violence is rarely a one-off incident of aggression which happens as a consequence of loss of control and for the women in this study was more likely to reflect a continuum of violence and abuse.

From the evidence provided by women, perpetrators often plan how best to inflict harm; they make choices that suggest the acts of coercion, control and violence they inflict are intended and targeted. Where violence was regarded as being a consequence of the loss of control, this was primarily because of the influence of drugs or alcohol.

Violent behaviour (physical, sexual and emotional) as a feature of interpersonal relations can become embedded within family and community life and in this, women as well as men are implicated in that this becomes the primary means by which children learn to emulate adversarial rather than non-violent conflict resolution skills.

There are clear links between early abuse in childhood (especially child sexual abuse) and domestic violence in adulthood – for many of the women in our research, these experiences simply could not be disentangled.

The influence of gender inequality, gendered identities and gendered role expectations is geared towards promoting patriarchal values and seems unremitting in protecting male privilege and sense of entitlement and in creating the social and cultural conditions in which domestic violence flourishes.

Men and youth are impacted by violence too (though to a lesser extent) but they have no avenues to access support. Male victims of abuse by women are treated in a derisory manner by peers and professionals since they are expected to be in control. Furthermore there are few social spaces available for men to challenge cultural expectations and pressure to behave in dominant ways.

Within these overarching themes, we have identified 21 key lessons from the research, we summarise these next.

TWENTY-ONE LESSONS

1. Experiencing multiple forms of abusive behaviours

Women are rarely subject to one form of abuse alone. Most of the women in this study were subject to multiple kinds of abusive behaviours, sometimes simultaneously and sometimes sequentially, sometimes planned and sometimes spontaneous. Women were not able to predict what form the next attack upon them would take. Abuse was neither one thing nor different categories of things; women told us that abuse was whatever the perpetrator determined it would be in a specific time and context and dependent upon what weapons he could access. For some women the weapons used against them were characteristics of their own identity or circumstance. For example, the belly of a pregnant woman selected by a perpetrator as an area of particular vulnerability to inflict maximum harm, or shutting down forms of communication for a blind woman in order to increase her social isolation.

Recommendations:

There is need to increase education and public awareness programmes that explain the multiple forms of domestic abuse and the links between these.

Professionals need to be trained to identify potential indicators of domestic violence and to be supported by managers in being proactive in intervening.

Therapeutic, escape and support interventions for victims need to take account of the continuum and multiplicity of forms of abuse.

2. A continuum of abuse experiences over the lifespan

Women subjected to domestic violence in adulthood are likely to have been subjected to abuse as children, especially child sexual abuse – a continuum of abuse experiences over the lifespan. Women linked being sexually, physically and emotionally abused when they were children with the violence they were subjected to as adults. They wondered whether these later experiences of domestic violence had been in part ‘scripted’ because of the lack of support and recognition of their needs as children which had eroded self-esteem and influenced the relationship choices they made.

Recommendations:

Therapeutic and empowerment-based approaches for women should provide opportunities to address early childhood experiences of abuse.

Interventions targeted to children subject to abuse should recognise the importance of these experiences for future behaviours and relationship choices and build resilience-enhancing capacity into their programmes.

3. Socialisation into and the normalisation of violence

There was strong evidence that continuous oppression and violence are very difficult to exit. Chronic exposure to abuse raises questions about the effects of long-term socialisation into victimhood, just as the long-term socialisation into the normalisation of violence among perpetrators is the centre of much debate.

Recommendations:

By the time a report is made to the police or the situation brought to the attention of a person in authority, women are likely to have exhausted all other options for dealing

with the problem and the violence may have escalated to a dangerous level. Professionals must recognise that their response at this point is crucial and all cases of domestic violence brought to their attention should be considered as urgent until and unless this is proven not to be the case. Reports made to the police should be followed by periodic visits to the woman where there is a strong likelihood of ongoing risk.

There is a clear need for stronger multi-agency working and strategies that help women escape violence and over the longer term, support women in addressing the ways in which abuse has eroded agency and self-esteem.

Given the prevalence of family and community violence, early childhood and primary school curricula should include a focus on children's mental health and wellbeing which addresses the internalisation of exposure to violence and negative gender attitudes.

4. The cyclical nature of relationship violence

This continuum of abuse experiences is not only a problem for individual women, it also reflects the cyclical nature of relationship violence from generation to generation. Many women who have faced abuse in adult relationships have come from families in which violence was prevalent. Survivors recalled, as children, witnessing their mothers being beaten and in some cases described being beaten or raped in front of their own children.

Recommendations:

In assessing the impact of violence against women, there is need to also consider the impact on 'secondary' victims, i.e. the effects of violence on those who witness it, especially children and young people.

Girls who grow up in violent homes are more likely to become victims of domestic violence in later life, while boys who witness their fathers and other males perpetrating violence against their mothers have an increased risk of becoming perpetrators. Prevention programmes based in schools which address the attitudes that contribute to the development of these behaviours should be a fundamental part of a government's strategy to tackling the problem.

Governments should also consider 'joined-up' policy and programming which address domestic violence in the context of structural violence, community violence and family violence. As Allen (2011) argues, what is needed is a 'long process of social and economic reform accompanied by participatory education ... to develop social relationships between men and women based on mutuality and respect', (pg. 53).

5. Pregnancy does not stop abuse

In respect of pregnant women, the message from the research is clear: pregnancy does not stop abuse, neither does having a young baby. We found evidence that in some cases domestic violence increased during pregnancy and only in one case did it lessen. Several women reported that violence was directed at their abdomen or genital area to inflict damage not only on the woman but also on the child she was carrying. Some perpetrators aimed away from the woman's stomach when beating her, but did not stop. Once domestic violence existed in a relationship, the general finding was that it did not cease during pregnancy and in some relationships seems to have been the catalyst for an escalation of violence. This posed high risks to maternal outcomes and to the unborn child, including premature birth, miscarriage, serious injury, abnormalities and death.

Recommendations:

Health professionals should be trained and equipped with the tools to effectively identify signs of abuse and to know what action to take to help prevent harm to the woman and the unborn baby.

Pregnant women should be routinely screened for domestic violence during ante-natal and other health checks. Screening should occur at the first prenatal visit, at least once per trimester and at the postpartum check-up. Where this intervention has been introduced, there is strong evidence that it is a cost-effective way of identifying abuse and signposting women to available help and support.

Domestic violence during pregnancy is a major threat not only to the life and wellbeing of the woman, but also to her child. There is a need for health and child care services to examine how they might work together to provide protection before the child is born and also during infancy since these are periods of increased risk for children born into violent homes.

Pregnant women may find it more difficult than other women to leave a violent relationship for both physical and emotional reasons. Leaving the father of the baby one is carrying is exceptionally hard especially if the woman and her family have invested emotionally in the idea of family life and if the woman does not have independent economic means. Social services need to be cognizant of these challenges in designing interventions.

6. Women with disabilities: intersecting factors

Intersection of physical and sexual abuse among women with disabilities was a recurrent theme. Although women from all groups reported accounts of sexual violence, negative attitudes to their impairment left women with disabilities with a reduced sense of self and their partners with an increased sense that sex was theirs for the taking. Where physical mobility was an issue, this made it easier for the perpetrator to use his physical strength to overpower the women physically and force them into non-consensual sex. With reduced opportunities for earning an independent income, economic dependency was compounded for some women with disabilities by physical dependency related to their care needs and emotional dependency that had grown out of long-term abuse.

Recommendations:

Policy on domestic violence needs to pay specific attention to the needs of women who may be especially vulnerable or marginalized, such as women with disabilities. Generic policy is unlikely to address the particular ways in which disabled women are made vulnerable.

Economic and poverty reduction policies need also to consider the ways in which poverty reduces women's choices for escaping violence.

Specialised training is needed for those working with disabled people to be able to identify indicators of abuse at an early stage and to understand the multiplying effects of disablism and violence.

Court procedures should ensure that specific attention is paid to the needs of disabled women - providing befrienders, mobility access, non-legal advocates and sign language

interpreters (as appropriate) for women pursuing domestic violence cases through the courts.

Discrimination and disablism can lead to low self-worth which in turn can affect a person's ability to take action when boundaries have been crossed, for example when personal care leads to the violation of the personal. Strengthening wellbeing, positive self-regard and enhancing resilience are key to empowering victims in this situation. They are also important ingredients in prevention and should be built into education programmes from early childhood onwards. This is especially important for disabled children who have increased risk themselves of being abused.

7. Women living with HIV: gendered and structural forms of violence

Women living with HIV were not only victims of their partners' violence, they were victims of the violence of stigma and discrimination at the societal and structural level that affects many persons living with HIV. However, that they experienced particular forms of harm based on the intersection of these factors within the context of gender and male domination was clear. This compounded the domestic violence they faced in their intimate partner relationships in specific ways and increased their vulnerability to ongoing abuse. Some women explained that they often chose to put up with battering, rather than face the upheaval of finding a new mate, having to disclose their HIV status and risk rejection again. Having people know about one's status was one of the major fears expressed by women living with HIV. Some perpetrators used the woman's HIV status as a psychological weapon with which to harm her, threatening disclosure or actually disclosing to friends and encouraging ridicule and fuelling feelings of shame.

Recommendations:

Health professionals providing services to women living with HIV are uniquely placed to identify issues of domestic violence. This is because the woman does not have to fear that reporting abuse in this environment may lead to disclosure of HIV status (since this is already known). The importance of this cannot be overestimated since threatening to disclose status is used as a weapon to control and intimidate women by some perpetrators of violence. HIV screening, counselling and treatment services should therefore routinely provide opportunities for women living with HIV to report domestic violence and should also ensure effective referral systems so that they can access appropriate services.

As Allen highlights however, greater collaboration between sectors 'should ensure that referral does not cause additional trauma, and that confidentiality is upheld' (2011, p. 54). Breaching confidentiality about DV places women in considerable danger and breaching confidentiality about HIV status compounds the problems women face in multiple ways. The biggest fear HIV positive women may face in telling someone about the violence they experience and the impact this has on managing HIV is the fear of how this information might be used. For some, this will echo the threat of disclosure their partner holds over them. The misuse of information in working with victims of domestic violence is so serious that we consider this a form of institutional abuse. These issues should be addressed through joint-training, joint protocols and procedures and effective management. When breaches occur, there is also need for effective penalties levied against those responsible.

Staff working with persons living with HIV should be trained to identify the ways in which HIV can be both a consequence of sexual violence and also a contributing factor

to physical violence and economic abuse so that they can signpost women towards the right services.

Anti-stigma HIV-AIDS public education programmes should address the ways in which stigma functions as a powerful silencer of victims and actually helps to hide the behaviours of perpetrators of domestic violence.

8. Women in same sex relationships: structural and sociocultural factors

Among the women in this study who were lesbians, which included some participants from privileged circumstances, we had the opportunity to see how they manage the vulnerabilities that come with being within a same-sex relationship in a wider context in which homosexuality is considered unacceptable and unlawful. Though several of these women experienced abuse in their relationships and issues of power and control came to the surface, they were not exposed to the types of male violence that heterosexual women in the study were subjected to. By and large, they were not trapped by a lack of economic independence and they did not have children who needed their protection and support. However, state-sanctioned emotional abuse in the form of discrimination, inequalities in the laws of protection, being rejected by church, community and family and the risk of stranger violence impacted them in significant ways and reduced their opportunities to access support when facing intimate partner violence.

Recommendations:

*The exclusion of people in same-sex relationships from domestic violence legislation, though discriminatory of itself in respect of individuals, sends a message at the macro level that violence against lesbians (and gay men for that matter) is not a matter to be taken seriously. This fuels homophobic attacks and discrimination on the basis of sexual orientation. Governments must ensure not only that all people are treated equally under the law **but** that the law is actually designed to protect **all** people from violence equally.*

Organisations that provide services for battered women should consider reaching out to the lesbian and transgender community to explore ways of working collaboratively to ensure a more inclusive approach. The women in same-sex relationships in this study had fewer places to turn to for help than other women as they were often shunned by family, community and church and civil society organisations therefore have a crucial role in providing support.

9. Increasing sensitivity, empathy and understanding

The effects of violence on both women and children were as described in other studies with the most marked outcomes being the onset of emotional hopelessness, fatigue, and depression and for children, the impact of witnessing the brutalising of their mothers. Over time, it was evident that some women began to comply with the systems of control they lived within by modifying their behaviour, slowly giving up control in order to survive and avoid further victimisation. This was particularly the case for disabled women whose personal autonomy was deliberately reduced. This made it all the more difficult for women to escape violent relationships.

Recommendations:

There is need for training aimed at increasing sensitivity, empathy and understanding of domestic violence victims among professionals. This is especially the case in respect of the reasons why women stay. Chronic abuse generates multiple barriers to escaping

violence; professionals need to appreciate that effective support should include a range of short, medium and long term interventions that can help women with immediate problems and also over time.

Therapeutic and empowerment-based interventions need to address the ways in which victims become so worn down they can end up complying with the controlling behaviours of perpetrators. Complicity can be a coping or survival mechanism however it contributes to intergenerational violence since it teaches children that one has to put up with violence.

10. Women stay because they cannot leave

Women were trapped in violent relationships by factors that mirrored the characteristics of abuse: psychological terrorising, fear and force, and threats of recrimination. Economic factors emerged as a key reason for not being able to get out of the abusive relationship. Most of the women in the study had little economic security and did not feel they would be able to provide for themselves and their families if they left the abusive home. Hidden homelessness (the lack of a stable home or risk of *potential* homelessness should a woman leave an abusive partner) was another reason for staying. Disabled women and women living with HIV were particularly impacted by economic dependency. Some women who had escaped were subject to stalking, threats of being killed and in one case a woman was raped by her ex-partner in retaliation for leaving him.

Recommendations:

A combined approach to policy on domestic violence, policy on poverty reduction and policy on gender equality is necessary to address women's economic dependency as a factor that traps women in violent relationships.

Civil society organisations, education institutions and churches all have a role to play in providing education programmes which aim to challenge cultural/gender stereotypes that promote expectations (from both men and women) that the man, as the provider is dominant and the female is subservient, in favour of gender roles that are more equal.

*There is a need for the police to work with other government and civil society organisations to develop strategies for keeping women safe **after** they have left a violent partner. Where violence has been long-standing, it may not come to an end because of a conviction or court order. In the small communities of the Caribbean, this therefore means that **extra** vigilance and support is needed.*

11. Emotional dysregulation, substance abuse and desensitization to aggression

Contributing factors to violence include the perpetrator's inability to control or manage his emotions, his need to exercise control over his partner, jealousy and drug and alcohol misuse. However, these were interconnected in that drug and alcohol misuse fuelled jealousy, jealousy increased emotional insecurity, and the inability to regulate emotions led to the need to assert even more repressive controls.

Recommendations:

Learning to regulate one's emotions is a function of emotional intelligence that can be affected by early childhood experiences of neglect and trauma and/or poor attachment relationships. Treatment programmes for perpetrators and those in need of anger

management support should expand their focus from cognitive behavioural approaches to include methods that help people to address the impact of unresolved early childhood problems.

There is strong evidence from this and other research (e.g. Le Franc et al 2008), that adversarial relations is a common element of the dynamics of family life and intimate partner relationships. These types of interactions can de-sensitise people to the ways in which aggression becomes patterned as normal and are also a noted feature of domestic violence. Developing conflict resolution and mediation skills is increasingly available in Caribbean contexts for dealing with civil court matters however, these methods of communication should also be incorporated into parenting programmes, relationship counselling and family support interventions.

Alcohol misuse (and to a lesser extent, drug misuse) contribute to domestic violence because they increase emotional insecurities, undermine self-regulation and act as a dis-inhibitor of behaviours. Drug and alcohol misuse are correlated with a range of other very serious social and health problems and governments should develop comprehensive public health strategies that engage with civil society organisations and churches to develop education and support programmes to reduce alcohol consumption. Serious consideration should be given to adopting similar methods to the reduction of tobacco use which combine public health education, interventions to support cessation of smoking, legislation and policy and most importantly, have garnered public support.

Programmes for perpetrators of violence should include access to alcohol and drug use reduction services.

12. Teaching men to be men and women to be acquiescent

The need for men to exercise control was also a key finding in the research with male participants. Men described this as being part of the culture of being a man which created social expectations about how, as males, they should behave. Combined with high levels of exposure to violence within families and communities, this was one of the key ways by which violent behaviours were learnt and became normalised.

Recommendations:

It is absolutely vital that boys, youth and men are exposed to versions of masculinity that do not subscribe to violence, domination and submission of females. It is equally essential that men take a stand against the propagation of negative views about women.

Women and girls are also influenced by these same gender socialisation processes; indeed for gender stereotypes to persist, the acquiescence of all players is needed and approaches that engage the whole of society in conversations, programmes and interventions geared to changing attitudes is needed.

What is needed is nothing short of a re-education/re-socialisation process that is initiated by governments in collaboration with education institutions, community, civil society and faith-based organisations and sustained over decades.

13. Positive fathering experiences; a critical need of children

The findings provide insights into the nature of communities as protective agents and the important role that families can play in helping women escape violence. While sometimes acting as supportive and nurturing spaces of refuge and strength, we also heard that some communities protect habits and behaviours that are harmful. This was true of families too. Many of the women in the study described the response of family members to their abuse as one of denial, victim blame and rejection. Mothers were most frequently mentioned; however, the absence of mention of fathers may be accounted for by the fact that there is a high prevalence of single-headed female households in both Grenada and Barbados and the fathers may simply not have been a part of the wider family network.

Recommendations:

Faith-based and civil society organisations have a particularly valuable role to play in creating healthy communities and families and can do much through community-based interventions.

It must be recognised however, that communities that suffer from high levels of poverty, crime, violence, poor housing and with reduced access to economic opportunities require government investment to repair the fracturing of relationships that such environments generate. Communities and families exposed to persistent poverty and violence will have eroded capacity for recognising domestic violence and taking action to stop it.

Passive, absent or disengaged fathers represent a lost resource for children and families especially in terms of child protection and support. Beginning with child birth, through early years, health checks and education there is need for comprehensive coordinated programmes that encourage positive fathering in the lives of children.

14. Little confidence in professionals

In both Barbados and Grenada, there are significant strides being made in the response of the police to domestic violence. In the Ni3 research, however, some women did not believe that involving the police was a good strategy and thought that that this could make their situation worse. Negative responses to help from government agencies was not only confined to the police. Disabled women reported challenges in accessing support, there were major concerns about breaches in confidentiality by professionals and the criminal justice and social service systems were decried as ineffective. For women who had been sexually abused as children, the lack of justice then was a major reason for their inability to believe that they could expect justice as victims of domestic violence.

Recommendations:

The police service has a great deal of work to do if it is to engender the trust of victims. While training of police officers has improved regarding domestic violence and there are stronger, procedures, policies and laws in place, there is need for a greater police public relations role in challenging negative male attitudes.

There is need for more collaborative, interagency work involving the police, social workers, social services and health professionals to explore proactive strategies for prevention and to improve responses to violence in the home. This may require legislation which requires government agencies to work together, shared protocols, shared resources and inter-professional training.

There is need for more training concerning confidentiality and direct and serious penalties for when it is breached.

Dealing with domestic violence requires clear policy, protocols and procedures that are widely understood by the professionals who implement them and who in turn can be held accountable for systemic failings in protecting women from violence and accessing justice.

15. Involving survivors in the design of interventions

In respect of help-seeking behaviours, in almost all cases, reliance upon professional help was negligible. However, it is worthy of note that most respondents in Grenada named their agency as their primary go-to location, and in Barbados, most named their church community. Women provided evidence of resilience and exceptional courage. There was a wealth of advice offered by the women in this study to women living in situations of violence. It was at once compassionate and non-judgmental, and at the same time crystal clear about needing to walk away from abusive relationships, as a matter of life or death. Additionally, many women were very assertive about developing their own self-agency, about education around the issues, and also about social confidence.

Recommendations:

Learning from agencies and churches that already have effective programmes in place in order to develop models of best practice that can be more widely replicated is a cost effective use of resources that utilises local expertise and strengths.

Survivors of domestic violence are active in women's organisations and in services for battered women. Other organisations and churches should invite survivors to meet with relevant committees to design and develop interventions that are most likely to be helpful to women fleeing violence.

16. Perceptions of domestic violence

Regarding the perspectives of males: almost all men identified physical abuse and to a lesser extent psychological abuse as the sole identifiers of domestic violence. They did not regard sexual abuse or economic forms of control as domestic violence. This perhaps provides insights into the extent to which sexual entitlement is considered by some to be a right to be claimed as masculine identities are formed. Further if specific family roles and rules of behaviour within a family indicate that the man is head of the household and should control the finances, then it is unsurprising that economic abuse would go unrecognised.

Recommendations:

This finding raises crucial questions about the way values about male sexual entitlement and female sexual availability are transmitted throughout society, the commoditisation of sex and the lack of penalties for the violation of sexual rights.

Criminal justice systems need to be tightened in terms of the efficacy, fairness and timely execution of laws relating to sexual violence however there is also need for rehabilitative educational programmes and restorative justice approaches (for crimes that are appropriate). This is because punishment without education is unlikely to change the attitudes and behaviours that contribute to harmful sexual behaviour.

Alongside effective criminal justice systems, much more is needed by way of education, public awareness and prevention programmes. Schools and parents have an important role to play in teaching children about healthy sexual development, child sexual abuse and sexual rights yet strategies such as these are unlikely to be effective if societies give implicit sanction to the notion of sexual conquest as a feature of being male and sexual submissiveness as a feature of being female. These processes seem to be affirmed through sub-cultures and peer pressure/expectations.

Peer-to-peer interventions that tackle sexual rights and sex expectations for both males and females, adults and children are needed. Though faith-based organisations, community and youth organisations could lead such interventions, churches need to ensure that the content of such programmes are not be conflated with moral messages about sexual abstinence. This is a different issue and would not lead to the changes in attitudes about sexual entitlement that are needed.

17. Women commit abuse too

Our findings suggest that women are possibly as affected as men by the socialisation processes and gender-role expectations in families in which violence is common. They are likely to be impacted not only in learning how to be victims, but also in learning how to be perpetrators of violence (particularly to children) and as the bearers, together with males, from one generation to another of values and behaviours that promote adversarial relations. However, it must always be recognised that even where adversarial relationships exist and where women perpetrate violence too, this is not a gender-neutral issue - women are far more likely than men to be seriously injured, maimed or killed by their partners than the other way around and are subject to violence in ways that men are not.

Recommendations:

There is need to recognise and provide support to male victims of domestic violence; this requires recognition that women can be violent too, but the forms of violence they inflict are often different to those perpetrated by males. While males are not likely to be maimed, injured or killed as a consequence of domestic violence against them (these are real risks for women), they should be encouraged to report abuse and have a right to be taken seriously.

All organisations and professionals working to prevent domestic violence must understand that if women have difficulty reporting domestic violence, there are social barriers that can make it even more difficult for men. Violence against men is often minimised or trivialised by professionals while peer pressure and patriarchal values dictate that no man should allow himself to be subject to abuse at the hands of a woman. The implicit message in these responses actually encourages male violence and is part of the problem in the perpetuation of gender stereotypes and attitudes. Civil society organisations should provide spaces for men and youth to talk about abuse against them in ways that affirm positive 'maleness' and which do not link being a victim with implicit messages of emasculation.

There is need for men-to-men support programmes that address violence against men recognising that there are differences from violence against females. For example, the prevalence of sexual violence perpetrated by women against men is understood to be

very low in the Caribbean, however the opposite is not true. Furthermore, men have access to greater levels of economic power and are therefore not at risk of economic forms of abuse to the same extent as women.

18. Changing dominant perceptions of what it means to be a man

Men used the term 'culture' to describe the sets of expectations and behaviours that were inculcated in them as males as they grew up. Boys were told "be tough don't cry" and "you must be able to defend yourself". Being tough and aggressive and repressing emotions were seen as cultural markers of masculinity. Yet men also described having the need to express their feelings but the options for doing so were very limited since the cultural messages that regard this as inappropriate were not only transmitted through families but were also reinforced by peers.

Recommendations:

*Changing dominant perceptions of what it means to be a man in Caribbean societies to perspectives that embrace nurturing, empathic and equality principles can only be achieved by men. There is a role for **all** men, regardless of their role or status in society in taking up the mantle and leading by example in this regard.*

There is also need for education programmes – from early years through to higher education which challenge the notion of the tough, aggressive male.

Parenting programmes are primarily concerned with child-rearing methods however they should also include content which encourages the raising of boys to be boys, not to be 'not girls'.

19. Linking domestic violence, family violence and violence against children

A common thread across all male participants was the belief that women contribute to domestic violence in particular ways: child-rearing, relationship conflict, infidelity and perceived provocation. For example it was remarked that the physical punishment and verbal abuse meted out by mothers to children might be a boy's first exposure to violence and that these experiences combined with societal expectations about the role and behaviour of men contributed to the extent of violence in society.

Recommendation:

Women are identified in this, and other studies, as having a role in the perpetuation of violence in families. This is not only because they may be abusive to their male partners but as primary caregivers, they are often the ones inflicting physical punishment (and physical abuse) to children and in this way pass down messages about the acceptability of violence. Because violence against women is such a serious problem, child abuse is often regarded as a detraction from the problem. There is urgent need for governments to face the unpalatable truths about the links between all forms of violence in the home and to provide parenting and education programmes that can help mothers and fathers rear children without the use of violence.

20. Understanding men's concerns

Some of the older men in the study expressed the belief that women's advancement (economic, educational and emancipatory) undermined their position as men. This speaks to the primacy of patriarchal values and suggests a view that the dominance of the male cannot be sustained if women

are empowered, are independent and are competing with men on an equal basis. Linked to this, men believed that the increasing financial hardship many men are facing and the cultural expectation that males should be able to provide for their families was a source of frustration which contributes to domestic violence.

Recommendation:

Many men we engaged with believe that terms such as gender-based violence and gender equality are concerned only with women and that men who suffer economic and other forms of disadvantage have no spokespersons to protect their rights. It is clear that there is a growing number of men and youth who hold on to the idea of male dominance for status and self-esteem purposes. This group of men are at risk of becoming disengaged from the processes of social change. There is need therefore for governments and civil society organisations to start a new public dialogue to address their concerns while simultaneously enlisting them as agents of change.

21. Male-centred interventions

Men offered constructive suggestions for interventions that could make a difference. In a social and cultural context in which men are not encouraged to express their fears and emotions, it was surprising that counselling was most commonly cited. Among the range of counselling options discussed, men to men approaches were considered to be the most helpful. Other interventions centred on strengthening parenting, community and education-based programmes and building strategies for self-regulation and resilience. Central to these strategies was the engagement of men and youth as change agents within their own communities.

Recommendations:

Men-to-men, father-son and youth-to-youth approaches alongside professional counselling and perpetrator treatment programmes represent the most positive of opportunities for changing men's attitudes and behaviours. However these should be available not only on conviction of domestic violence but also as an early intervention preventive measure. There is therefore need for widespread government investment (possibly in partnership with the corporate sector) in training civil society, youth, education and faith-based organisations in the development, implementation and evaluation of such interventions and making these widely available across communities.

Men who had participated in treatment programmes argued for components that could involve their partners. Although it is important not to send a message that women are responsible for men's violence, we think this is worthy of consideration especially where the couple intends to remain together.

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APPENDIX 1

SIMILARITIES IN THEMES OF MEN AND YOUTH- NOFF AND OFF

KEY= **YELLOW SIMILARITIES IN THEMES FOR NOFF AND OFF**

LILAC SIMILARITIES BETWEEN MEN AND YOUTH NOFF AND OFF

MEN NOFF

ATTITUDES OF WOMEN

FATHERLESS CHILDREN AND FATHER ABSENTEEISM

CULTURE

RESPECT & VALUES

SUBSTANCE ABUSE

MEDIA

WITNESSING OF VIOLENCE

MEN OFF

ATTITUDES OF WOMEN

COUNSELLING

RESPECT AND VALUES

SITUATIONS OF WOMEN

MEDIA

CULTURE

YOUTH NOFF

POWER & CONTROL

“LOVE”

RESPECT & VALUES

CULTURE

WITNESSING OF DV

YOUTH OFF

WITNESSING OF DV

SUBSTANCE ABUSE

ATTITUDES OF WOMEN

MEN NOFF

SUBSTANCE ABUSE

ATTITUDES OF WOMEN

FINANCIAL

CULTURE

MEN OFF

COUNSELLING

YOUTH NOFF

FINANCIAL

ATTITUDES OF WOMEN

YOUTH OFF
COMMUNITY
EDUCATION
COUNSELLING
FAMILY
OTHER

MEN TO MEN APPROACHES

MEN OFF
COUNSELLING

YOUTH NOFF
YOUTH TO YOUTH APPROACHES

OTHER
COUNSELLING

EDUCATION

YOUTH OFF
OTHER

COUNSELLING
COMMUNITY



Preventing Domestic Violence

RESEARCHERS' BRIEFING PACK

1. QUALITATIVE RESEARCH DESIGN

Qualitative methodology is sensitive to unique personal experiences, perceptions, beliefs and meanings of individuals and is considered therefore to be the most appropriate approach for exploring the needs of victims and perpetrators of domestic violence. This aspect of the None in Three project is led by Professor Adele Jones, Dr Ena Trotman Jemmott and Dr Hazel Da Breo and carried out by a team of highly skilled Caribbean Researchers (<https://hhs.hud.ac.uk/noneinthree/project.html#Research-Team>).

The research design is a cross-sectional qualitative study - data is collected at one time-point using semi-structured interviews and focus groups with purposively selected participants. Criteria for selection are determined by the research questions we seek to answer and the analytic approach used will be Inductive latent Thematic Analysis.

Conceptual Framework

The conceptual framework underpinning the design is informed by four factors:

5. Extensive expertise of the social, legal, policy and cultural context (the research leaders have researched and published extensively on the topic of gender-based violence in the region and have provided consultancy, training and programme development support to Caribbean governments, international development agencies, professionals and civil society orgs.)
6. Excellent local knowledge – the researchers are nationals of the countries in which the study is conducted and have appropriate linguistic skills; cultural, geographical, political and demographic knowledge and are in touch with contemporary realities and the impact of current social stressors on populations
7. Theories on causation of domestic violence
8. A narrative literature review of issues affecting women in especially vulnerable circumstances, the impact of domestic violence on children and young people and , factors that contribute to abuse behaviours <https://hhs.hud.ac.uk/noneinthree/information.html>

Quality

It is important to ensure that qualitative research is credible and does not stray into the anecdotal. We will therefore adopt the quality framework proposed by De Witt and Ploeg (2006) which calls for 'balanced integration, openness, concreteness, resonance and actualization' (p.224). This will be given effect in several ways:

8. Authentication of claims made through the use of NVivo software
9. Close supervision of the research process
10. Consistent application of the guidance contained in this document to all research activities
11. Ensuring the data generated are dependable and that findings are derived directly and only from the data
12. Differentiation between the voices of the research participant and the researcher
13. Documentation and audit trail of procedures adopted
14. Meticulous data management procedures

Sampling

This research uses convenience, purposive, non-probability sampling techniques in order to identify particular groups of people whose circumstances are relevant to the social phenomenon being studied. This approach is particularly important given the sensitivity of the issue being explored and the potential to increase risk to participants who are recruited through other means.

The qualitative research for None in Three comprises semi-structured interviews with women and focus groups with men and youth. Interview and Focus Group Guides are included in the Appendix.

1.1 Interviews with women

In addition to face-to-face interviews, women should be offered the option of telephone interview or Skype interview (without video). **IMPORTANT-** If a woman chooses this option, researchers should never leave messages on women's cell phones or initiate email contact unless the woman gives assurance that this is safe for her. These 'innocent' behaviours can be a source of great risk to a woman who is being abused.

The aim is to interview 40 women survivors of domestic violence in each country. These women should be drawn from groups we identify as potentially being in particularly vulnerable circumstances:

- i. Women who are disabled
- ii. Women living with HIV
- iii. Women who are pregnant and have experienced or are at risk of domestic violence
- iv. Women who have been brought into the country to work in the entertainment or sex industry and may not have full legal rights
- v. Women in same sex relationships

Research questions

The primary research questions are derived from a preliminary literature review which suggest that women from these groups are exposed to specific forms of harm. The following take these into account and inform the prompt questions in the interview guide in the below appendix.

21. How do women (in each particular grouping) define domestic violence?
22. Do the women (in each particular grouping) consider that they are at increased risk of domestic violence because of their condition, if so how and why?
23. What particular factors, unique to their circumstances, produce *additional* risks or *challenges* for women affected by domestic violence?
24. What are women's views about the reasons for increased risks?
25. What are the effects upon them?
26. What are the effects on their families?

27. Are professionals and agencies working with women who face domestic violence, cognisant of the additional risks and challenges presented by these particular circumstances?
28. What strengths, resilience and strategies do women in these particular circumstances draw on in managing/reducing/preventing or escaping risk of violence?
29. Who helps them?
30. What help do they need?
31. What can escalate and de-escalate domestic violence rates in Barbados/Grenada?

Recruitment

We should aim to recruit eight women from each group, however this is not crucial and groups may be over/under-represented. Basic demographic data will be obtained from the women but there is no requirement to ensure representativeness for this aspect of the research. Sampling and recruitment is purposive based on the objectives of the research. Access to these women will be primarily through stakeholder agencies, government departments and snowballing. In relation to group iv, access is likely to present significant challenges. Creative methods (e.g. approaching night clubs or advertising should be considered).

Criteria for inclusion:

- Is a female aged 16 years or above (this is the legal age of sexual consent and will enable us to capture the experiences of adolescents)
- Self-identifies as a victim or survivor of domestic violence
- Self-identifies with one or more of the groups above
- Has an experience/s of domestic violence that is current, recent (in the last 12 months) or historic (older than 12 months)

1.2 Focus groups

We are aiming to conduct four focus groups with men and youth (aged 16-25 years) in each country as follows:

- i. Group 1 - men who are at least mid-way or have completed the Man to Man Programme (Grenada) or Partners of Peace Programme (Barbados).
- ii. Group 2 – youth (young men 16-25 years) who are known to have perpetrated violence or have been identified as being at risk of violent offending (contacted via the Probation service or juvenile detention facilities)
- iii. Group 3 - men (25 years +) who have been exposed to violence (e.g. in childhood or as victims) but who are not violent themselves
- iv. Group 4 - youth (young men 16-25 years) who have been exposed to violence (e.g. in childhood or as victims) but who are not violent themselves

Research questions

The primary research questions the focus groups aim to address are as follows (they also feature in the focus group guide in the appendix):

1. How do men define domestic violence
2. What are their thoughts about its prevalence, causes and effects

3. How has living with domestic violence affected them
4. How has living with domestic violence affected their families
5. What situations/circumstances contribute to men being violent (e.g., social, cultural, economic)
6. What is the impact of these situations on men
7. What strategies do men use to deal with these particular circumstances and pressures
8. What strengths, resilience and other strategies (not mentioned before) do men in these particular circumstances draw on in managing/reducing/preventing or escaping risk of violence
9. What can escalate and de-escalate domestic violence rates in Barbados/Grenada
10. Who helps men?
11. What help do they need?

Criteria for inclusion:

- i. Group 1 – comprises men who have participated in a batterers prevention programme (*It is important that participants have reached a point in their programme where they are accepting responsibility for their behaviour rather than blaming women and should therefore be mid-way or have completed the programme*).
- ii. Group 2- comprises young men 16-25 years who have been identified as having involvement or risk of involvement in offences of a violent nature
- iii. Group 3- comprises men 25 years or older who have experienced violence themselves but are against violence in interpersonal relationships.
- iv. Group 4- comprises young men, 16-25 years who have experienced violence themselves but are against violence in interpersonal relationships.

Recruitment

Groups 1 and 2 should be recruited via relevant organisations. Groups 3 and 4 *should* be reflective of diversity in terms of socio economic status, age, urban/rural habitat, occupation (we will not be seeking representation of sexual orientation in this aspect of the research, given the risks involved in ‘outing’). Ways of achieving diversity are by recruiting participants from generic settings such as sports clubs, Churches or social gatherings, community colleges, social media, rather than through employment routes.

Data analysis

All interviews and focus groups should be digitally recorded and transcribed by the researchers. Digital recordings must be sent to the Project Administrator for secure storage on a shared drive set up for the purpose. This will ensure that data is backed up (for verification and audit purposes). Thematic analysis will be carried out based on a-priori themes and NVivo software analysis in order to identify and report patters across groups of participants and across both countries. The analysis will follow the general procedures as described by Braun and Clarke (2006) in the adapted table below.

Phase	Description of the Process
Familiarization	Transcribe data, read and re-reading the data, noting down initial ideas
Generate initial codes	Code interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code
Search for themes	Collate the codes into potential themes, gathering all data relevant to each potential theme

Review themes	Check if the themes work in relation to the coded extracts (level 1) and the entire data set (level 2), generating a thematic 'map' of the analysis
Define and name themes	Conduct ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme
Produce the report	A further opportunity for analysis. Select compelling quotations to illustrate findings, relate back to the research questions and literature, produce the report of finding

Data management

- i. If possible, all interviews and focus group discussions to be digitally recorded.
- ii. If this is not possible, field notes should be taken and written up to allow the aforementioned analysis by the senior researchers.
- iii. Recordings should be transcribed at the soonest opportunity, with a 'master' copy available to draw on if needed.
- iv. Any identifying information should be anonymised
- v. All data should be password protected
- vi. A systematic approach to version control during data analysis and data back-up should be adopted.
- vii. Any hard data obtained should kept in locked storage
- viii. Hard data sets should be copied and sent to the project administrator by courier

2. ETHICAL PRINCIPLES

- 2.1 The conduct of the research will be based on clear ethical standards which will assure confidentiality, privacy, anonymity and informed consent. All research assistants will receive training in the research methodologies to be employed in the project. This training will also address ethical issues and stress the need to maintain strictest respect for confidentiality
- 2.2 Ethical adequacy of the research will also be assured through ensuring that the research outcomes are geared towards policy reform and that the participants are not exposed to detriment or harm
- 2.3 The project will be carried out in accordance with the University's Research Ethics Guidance as outlined in the website extract below:

RESEARCH: Honesty and Misconduct

Introduction
...Research misconduct is often easier to recognise than to define but two broad categories can be distinguished. The first involves fabrication or falsification of research results; the second arises where there is plagiarism, misquoting or misappropriation of the work of others. It also includes, for example, the unethical use of material provided in a privileged way for review or assessment.

Research misconduct involving plagiarism, piracy or falsifying results is a form of dishonesty which is viewed by the University as a serious offence...

8.2 Good practice, ethics and plagiarism in research

(i) Principles of good practice

In the conduct of all research, the University expects the following general principles to be understood and observed.

Honesty

At the heart of all research, regardless of discipline, is the need for researchers to be honest in respect of their own actions in research and in their responses to the actions of others. This applies to the whole range of work, including experimental design, generating and analysing data, publishing results and acknowledging the direct and indirect contributions of colleagues, collaborators and others. All researchers must refrain from plagiarism, piracy or the fabrication of results. In the case of employees, committing any of these actions is regarded as a serious disciplinary offence.

Openness

While recognising the need for researchers to protect intellectual property rights (ipr), confidentiality agreements etc, the University expects researchers to be as open as possible in discussing their work with others and with the public. Once results have been published and where appropriate, the University expects researchers to make available relevant data and materials to others, on request.

Guidance from professional bodies

Where available, the University expects researchers to observe the standards of good practice set out in guidelines published by relevant societies and professional bodies.

(ii) Leadership and co-operation in research groups

The University is committed to ensure that a climate is created which allows research to be conducted in accordance with good practice. Within a research group, responsibility lies with the group leader who should create a research environment of mutual co-operation. They must also ensure that appropriate direction of research and supervision of researchers are provided.

(iii) A critical approach to research results

Researchers should always be prepared to question the outcome of their research. While acknowledging the pressures - of time and resources - under which researchers often have to work, the University expects research results to be checked before being made public.

(iv) Documenting results and storing primary data

Throughout their work, the University requires researchers to keep clear and accurate records of the procedures followed and of the results obtained, including interim results. This is necessary not only as a means of demonstrating proper research practice but also in case questions are subsequently asked about either the conduct of the research or the results obtained. For similar reasons, data generated in the course of research must be kept securely in paper or electronic form, as appropriate. The University expects data to be securely held for a period of five years after the completion of a research project.

(v) Publishing results

It is expected that research results are published in an appropriate form, usually papers in refereed journals. This has long been widely accepted as the best system for research results to be reviewed - through the refereeing process - and made available to the community for verification or replication... The University expects anyone listed as an author on a paper to accept personal responsibility for ensuring that they are familiar with the contents of the paper and that they can identify their contributions to it. The practice of honorary authorship is unacceptable.

(vi) Acknowledging the role of collaborators and other participants

In all aspects of research, the contributions of formal collaborators and all others who directly assist or indirectly support the research must be properly acknowledged. This applies to any circumstances in which statements about the research are made, including provision of information about the nature and process of the research and in publishing the outcome. Failure to acknowledge the contribution of others is regarded as unprofessional conduct. Conversely, collaborators and other contributors carry their share of the responsibility for the research and its outcome.

2.4 The proposal will be subject to approval by the Institution's Ethics Committee. Specific ethical guidelines to be applied will be as follows:

- i. The aims and objectives of the research will be clearly explained to all participants and stakeholders
- ii. All interview respondents will remain anonymous – actual names and other means of individual identification will not be used and each person will be allocated an ID number
- iii. Focus group participants will be advised of the need to protect confidentiality and that individual experiences of abuse should not be disclosed within the group setting
- iv. Focus group participants wishing to share personal experiences about abuse will be given the opportunity to do so in private and referred for counselling/other support as appropriate
- v. Data will be kept confidential in a secured and locked location. Each Research Assistant will be asked to sign an undertaking to this effect and that when field work is complete the data sets will be transferred to the operational office for the project where they will be kept in a locked cabinet.
- vi. The data will only be seen by members of the research team
- vii. The project will not provide financial inducements to participants although travel costs and any other expenses incurred by participants will be met
- viii. Due to the sensitive subject of the research, and the possibility that during interviews, topics may be brought up that cause psychological distress or trauma (child abuse or domestic violence), National Response Teams will be identified comprising statutory specialists (social workers, police, therapists other government personnel) and trusted organizations (shelters, homes, health clinics, NGO's, appropriate support groups, women's empowerment organizations, etc) and individual specialists (social workers, counsellors, government staff etc.). These teams will be briefed about the research and will be asked to provide support/interventions for research participants who have experienced abuse or are at risk
- ix. Where focus groups are held with young people in institutions, participants will be asked to self-select for inclusion in the study based on a briefing from the researchers. Where appropriate the consent of parents/ guardians will also be sought. In addition to the general consent form, participants will be asked to confirm that no coercion or inducements were involved in their decision to participate
- x. Informed Consent - all participants in the project (e.g., interviewees, survey informants, practitioners, agency representatives) will be asked to sign a consent form and will be informed:
 - Of the nature of the research (goals and objectives, etc.)
 - Of the research methodology to be used
 - Of any risks or benefits
 - Of their right not to participate, not to answer any questions, and/or to terminate participation at any time without prejudice
 - Of their right to anonymity and confidentiality
 - That in the interests of safeguarding children, any information revealed in the course of the project that indicates risk of abuse will be passed to the relevant authorities in line with country safeguarding protocols

3. INFORMED CONSENT

The project will allow for any of the following methods of obtaining informed consent:

- 3.1 Informed consent form: an informed consent form will be provided for use by the researchers. This will detail the principles outlined above and require the participants' signature.
- 3.2 In instances in which written communication is not appropriate (for example with people with visual impairments or with people with literacy challenges) researchers will read the information contained in the consent form and ask the participant to sign.
- 3.3 Participants who do not wish to sign can have their consent recorded by the researcher

4. ETHICS AND CHILDREN'S RIGHTS

- 4.1 Owing to the sensitive nature of the study and the potential for actual cases of sexual abuse to be disclosed, commitment to confidentiality must be balanced by the primary need to safeguard participants' welfare first and foremost. Additionally, professional judgement and discretion must be exercised in consideration of their welfare needs, beyond the implementation of the study.
- 4.2 These issues will be addressed in the training for Research Assistants
- 4.3 Guidelines regarding confidentiality, information sharing and duty of care to participants will be made available to all members of the research team.
- 4.4 The project will *not* involve interviews with children and young people under the age of 16 years however it is possible that in the course of the study, information regarding children at risk of abuse will be revealed. Furthermore, it is likely that some young people may wish to discuss experiences of past abuse. It is therefore important to identify the ways in which the project will seek to safeguard children, to uphold children's rights and to support young people through any traumatic disclosures.
- 4.5 Safeguarding Children and Young People - At all times the safeguarding of the well-being of children will be paramount. Given the context of research confidentiality which requires that names of individuals are not obtained, individual follow-up will require the consent of the person concerned. Participants with knowledge about children at risk will be empowered and supported in disclosing the information to professionals within the National Response Teams who have statutory child protection responsibility.
- 4.6 Where appropriate, young people participating in the project will be advised to share information with relevant authorities and helping agencies, in the interest of their own safety.
- 4.7 Information about how to access the help of the National Response Teams will be provided to all participants
- 4.8 The researchers will ensure that young people are not harmed through participation in the research by providing a safe research environment for focus groups, through training for researchers on how to respond appropriately to distress and disclosures of trauma and abuse and by organising de-briefing sessions.
- 4.9 Youth-appropriate information will be produced detailing the aims of the research, how long the focus group sessions or completion of survey questionnaire will take, where they will take place and contact details for the research team. This information sheet will also include a statement explaining participant's rights as follows - We respect your rights:
 - To take time to decide whether to help us
 - To refuse to take part
 - To refuse to answer questions
 - To withdraw from this project at any time
 - We will keep notes and tapes from the groups in a safe lockable place
 - When we talk about the research or write reports, we will change people's names so that they remain anonymous.
- 4.10 The reporting of any allegations regarding actual sexual abuse shall be in accordance with the child protection policy and legislative framework of the specific country in which the research is taking place and will be assessed not only in terms of the immediate support needs for the survivor but also, the perpetrator's potential risk to others.
- 4.11 Concerns in respect of potential or identified risk to children will be passed to the respective country child protection agencies who will determine what action should be taken.

5. RISK ANALYSIS AND MANAGEMENT PLAN

Brief description of activity: research field work – interviews, community survey and focus groups				
Location: Barbados, Grenada, Assessment by: Adele Jones, Ena Trotman Jemmott, Hazel Da Breo Assessment date: March 2016 People at risk: Research Assistants				
Hazards identified	Risks to health and safety	Measures to manage the risk effectively	Action	
			Who	When
Travel and working in remote areas	Isolation	Must carry authorisation, ID and cell phone at all times	RA	During fieldwork
	Fear	Within-country travel must be with regard to personal safety. Only the following forms of transport permitted: own transport, friends, relatives, authorised car rental companies or authorised taxi's	RA	Ongoing monitoring and vigilance required
	Increased possibility of personal harm or injury			
	Increased risk of theft of personal goods	Must notify the PI they are reporting to of their whereabouts at all times during fieldwork	RA	
		Must only go to locations pre-agreed with PI and to agencies where authorisation has been obtained	RA PI	
		Must be mindful of and take responsibility for assessing risk for personal safety within any given situation. I.e. if allocated an area considered unsafe, alternatives must be secured	RA	
		Must conduct interviews, survey and focus groups in daylight hours		
	Must not carry valuables during fieldwork	RA		
		PI to follow up all stages of fieldwork through daily email/phone contact	RA	
			PI	
Invitations into people's homes	Reduces opportunity for staying safe, may	Must not enter private homes	RA	

	present unknown risks or compromise RA			
Female RAs working with young men	Increased risk of sexist, or abusive or inappropriate behaviour		<p>Guidance and training to be provided</p> <p>Focus group, interviews and surveys must be held in appropriate (public) settings</p> <p>Where there are any obvious signs of alcohol or drug use among participants, then the research process should be ended immediately</p> <p>Abusive language or behaviour must lead to the immediate termination of research process</p>	<p>PI</p> <p>RA</p> <p>RA</p> <p>RA</p>
Participants request ongoing contact	Inappropriate crossing of professional boundaries		Should not divulge personal contact details	RA
Researching sensitive topics	Distress or disclosure of abuse from participants		<p>Training</p> <p>Establishment of National Response Teams</p> <p>Should not engage in counselling or giving advice but must refer to the National Response Teams (NRTs)</p> <p>If the RA is distressed in carrying out the study they should debrief with the PI at the soonest opportunity, make use of peer support and may also access counselling through the NRTs</p>	<p>PI</p> <p>PI</p> <p>RA</p> <p>RA</p> <p>PI</p>
Over exposure to computer work (data entry & analysis, lit searches)	Eye strain, neck/headache Wrist strain		Repeated breaks – self monitoring	RA
Risk Assessment review to be carried out by Adele Jones, Ena Trotman Jemmott and Hazel Da Breo before the commencement of the fieldwork				

6. GENERAL GUIDANCE FOR CONDUCTING INTERVIEWS AND FOCUS GROUPS

This section gives general guidance on how to conduct interviews and focus groups.

Selecting participants

Approach potential participants in any appropriate manner (e.g. in person, by telephone or email, fliers, posters). Briefly describe the research, including aims, expected outcomes and research methods (interview,

focus group). Ask if they are interested and have any questions. Give them an Information Sheet and provide researcher contact details.

Hard-to-access individuals, or those consulted because of particular experiences may have to be contacted through others, such as managers of agencies. In such cases, explain the research to the 'gatekeepers', to reassure them and so they know who you are trying to access and why.

Focus groups should comprise between four- 10 people.

Who selects? Participants should be self-referring although agencies may also refer. Selection should aim to ensure diversity (e.g. socio economic status, education, employment status, age, urban-rural) and participants must meet the minimum criteria.

External ethical approval. Some organisations may have formal ethical approval procedures for you to follow. In such cases check how long these procedures take and build in time to follow them. Ensure that you get written confirmation of approval once it is given.

Preparation

Check practical arrangements with participants one or more weeks before interviews or focus groups take place. These arrangements should include dates, times and locations of interviews. They should also identify any particular participant needs (including mobility, dietary and audio-visual needs) and how these can be catered for.

Provide more detailed information about the interview to participants, including the aim of the research, the role they can play and assurances about confidentiality and how to withdraw. Give them an opportunity to ask questions.

Easily accessible locations and times where participants feel at ease can help the discussion. If necessary, discuss with participants where would be appropriate for them.

Appropriate locations. Consultation locations should be quiet and private, and should be visited by researchers before the consultation. Check what facilities it has (such as flipchart and pens, enough tables and chairs cups for drinks, tea or coffee-making facilities and whether there are nearby toilets). Any recording equipment should be tested to ensure there is no background noise that will interfere with transcribing. Consider whether the participants will feel at ease in the proposed location – places they already know may be better, or alternatively they may prefer a neutral space.

Food? Food can help people relax, which is important in focus groups where participants don't know each other. It is also important to provide food, drinks and breaks in extended interviews or those that take place during mealtimes. In both cases, ensure that food is appropriate for participants and that there is sufficient cutlery and crockery available.

The interview

Arrive early, to prepare the space and to be there to greet participants when they arrive.

Bring: Consent forms

Information sheets

Flipchart and pens (if using)

Notebook for researchers

Recorders (audio or video), with a spare if possible

Spare batteries (if using recording equipment)

Blank tapes or memory cards (if using recording equipment)

Details of support groups and helplines

Water or water jugs

Water glasses/cups

Food, plates and cutlery (if providing food)
Tea, coffee, milk, sugar and cups (if providing hot drinks)

Arrange the interview space and any waiting area. Have a chair for each person, laid out in a circle or round a table, so that everyone can see everyone else. Water should be easily available before and during the consultation, particularly to stop people's throats going dry. Toilets should be easily accessible. Food or other drinks (if provided) should be available before or after the interview, to avoid it distracting participants or muffling their voices.

Check any recording equipment (audio or visual), including how background noise is affecting it on the day.

Welcome all participants (and anyone accompanying them) warmly and try to make them feel relaxed.

Explain housekeeping arrangements, such as where the toilets are, and answer any questions people they have.

Introductions. Researchers should introduce themselves and their roles in the project, then ask participants to introduce themselves (if a focus group) - by pseudonym if they wish

Researchers explain purpose of the None in Three project, including the focus on resilience and strengths of persons affected by domestic violence.

Give out information sheet

Explain participants' rights in relation to the interview, notably that they do not have to take part in the research, that they can refuse to answer any questions if they wish, that they can decide to withdraw from the research if they wish and that none of the above decisions would have any negative consequences.

Provide time for questions.

Give consent forms to participants to sign.

Using recording equipment- Check it can pick up everyone's voice well enough for transcription. Ask everyone to speak briefly ("hello, my name is..." is enough) and then play back the recording. This is particularly important in a focus group where there are many voices coming from different directions. Ask participants to turn off mobile phones.

Taking notes- Ensure there is sufficient space for writing and explain that will be taking notes during the focus group. If conducting an interview – notes should be taken immediately afterwards.

Explain role of researcher, which is to ask questions and listen to participant's answers. As researcher, you may try to clarify or reflect on what is said, or ask follow-up questions not on the original interview schedule, to develop the discussion or ensure you understand the point the participant was making.

Begin with easy questions that participants are happy answering, moving onto more detailed or difficult issues later.

How to ask questions. Active efforts must be made to minimise any possible distress caused by the research. Domestic violence is a sensitive and stigmatised issue, and women are often blamed for the violence they experience. All questions about violence and its consequences should be asked in a supportive and non-judgemental manner. In addition, care needs to be taken to ensure that the language of the questionnaire cannot be interpreted as being judgemental, blaming or stigmatizing

Explain ground rules for focus groups, which should include:

- *Respect*, particularly being polite, not talking over another person and giving everyone a chance to participate;
- *Confidentiality* (not repeating content of the meeting to anyone else);
- *Anonymity* (not giving examples in ways that reveal personal or confidential information to other group members)

Explain role of researcher, which is to ask questions but not participate in the discussion. However, researchers may try to clarify or reflect on what people have said to develop the discussion or ensure they understand the

point the participant was making. The researcher will also intervene if the discussion is being dominated by some participants or to move the discussion on.

Interactive sessions. Some participants answer better when being more interactive. One way of doing this is to ask people to write down or draw answers to questions on Post-it notes, with one response on each (they can use as many notes as they like). All the Post-it notes are then placed on a chart, with identical/similar answers from different people placed together. This can be useful for stimulating discussion about lots of issues covered by one question and for seeing which issues are important for many people. It can also allow quieter group participants to participate equally with those who dominate conversations. However, this format can take up lots of time and result in long discussions, so researchers may need to halt discussions to enable other questions to be asked.

Endings

Finish on time. Some participants will have other commitments and you may only have the venue for a fixed period of time.

Provide expenses, if applicable. Make sure you get originals or copies of any receipts/tickets people are claiming. If paying in cash, note down how much is being given out.

Provide support information (National Response Team information) for participants who may want it. This information, which could include telephone helpline numbers or details of organisations, should be easily accessible somewhere that people can take it without having to ask.

Provide researcher contact information in case participants want to clarify anything later or are uneasy about what they said in the consultation.

Wait behind in case any participants want to discuss anything with you in private. Do not look as if you want to leave or begin packing up until the participants have all left.

Label recording tapes, if used.

7. UNIVERSITY ETHICS APPROVAL

Ethical approval will be obtained from the School of Human and Health Sciences Research Ethics Panel before commencement of the research.

8. GOVERNMENT/AGENCY APPROVALS

In addition to approval from the University of Huddersfield, School of Human and Health Sciences Ethics Panel, *written* permissions must be obtained from all relevant government departments and agencies in the research countries, where such permissions are appropriate.

9. APPENDIX:

- i. Information for Women
- ii. Interview Guide for Women
- iii. Information for Men/Youth
- iv. Focus Group Guide for Men/Youth
- v. Ranking Exercise (for male focus groups)
- vi. Consent Form
- vii. National Response Team Information
- viii. Research Check List



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Preventing Domestic Violence

INFORMATION SHEET FOR WOMEN

We would like to invite you to take part in a research study on the needs of women who are affected by domestic violence and who are in particularly vulnerable circumstances. It is important that you understand why the research is being carried out and how you will be involved should you agree to take part.

What is the purpose of the study?

Although there is research on domestic violence, we do not know much about the dual challenges facing women experiencing domestic violence and who *are also* living in especially vulnerable circumstances. We want to improve services and access to justice for *all* women and this research will be used to train professionals and agencies to be able to respond more effectively to the needs of women.

Where is the research taking place?

The research is taking place in Barbados and Grenada although we hope its findings will be valuable for women across the Caribbean.

Who is conducting the research?

The research is part of the None in Three project, being implemented by the University of Huddersfield in the UK and the Sweet Water Foundation (in Grenada) (www.noneinthree.org). The person responsible for the research in Barbados is Dr Ena Trotman Jemmott (a local Psychologist) and in Grenada it is Dr Hazel Da Breo (a local Psychotherapist). Both Dr Trotman Jemmott and Dr Da Breo are specialists in preventing gender-based violence and have lots of research experience. It is likely that they will have other local experts working with them. The details of the full research team are at the end of this sheet.

Why have I been asked to take part?

You have been invited to take part in the study because you may be in a position to offer an insight into the challenges of women who face domestic violence. We are inviting survivors of domestic violence from several groups to take part: women with disabilities; women living with HIV; women who are pregnant; women brought into the country for the entertainment and/or other industry and who may not have full legal rights; women in same sex relationships. These circumstances may or may not apply to you, but if you are in agreement, we would still like to talk to you.

Do I have to take part?

No, it is up to you to decide whether or not to join the study and there will be no adverse consequences if you decide not to participate

What is required of me if I do take part?

If you agree, we will ask you to choose a false name – this is to protect your confidentiality and this is the only name that will appear on our records. We will not ask you for any other contact details, although you may contact us at any time. We would then ask you to read and sign the consent form (using your ‘new’ name).

We would then carry out an interview of between 45-90 minutes. The interview will be done in a place of your choosing which is safe and which offers privacy. We would like your consent to audio record the interview, this would only be used by the research team and means we can capture everything that is important. Once we have written up the interview, the recording will be destroyed. We will make sure that transcripts have identifiable information removed and are carefully stored in a locked storage cupboard or on encrypted computers. Audio recordings will also be stored securely using a password.

What are the possible advantages and disadvantages to taking part?

We hope that your participation may help to improve support and services in the future for women experiencing domestic violence. On a personal level, you may find it beneficial to be able to talk about your experiences but if you feel upset, the interview will be paused and you can take a break or you can withdraw from the study. If you think that participating in the study will put you or anyone you know at risk of harm, we would support you in seeking help and protection.

Will my taking part in this study be kept confidential?

Yes, all information gathered in this study will be kept confidential unless there is a possibility of harm occurring to yourself or others. If you reveal any information that suggests someone is at significant risk of harm, we will ask your permission to inform the appropriate authorities. Everyone in the study will be given contact details of counsellors – it is your choice whether to seek help. Your identity and confidentiality will be protected at all times. We may use quotations from your interview in publications but these will not be traceable back to you.

What will happen to the results of the research study?

A preliminary report of the research findings should be available within six months of completing the study. The report will be placed on the project website and if you wish you will be able to download this. We will use the research findings to design and deliver training to organisations, we will produce policy and practice guidance and we will write publications and present the findings at conferences. In this way we will be able to share your views with as many people as possible.

What if there is a problem?

If you have a concern about any aspect of this research, you should ask to speak to the researcher or Project Lead for your country. If the matter concerns them or if you so wish, you can contact the Project Director. All contact details are listed at the end.

What do I do next?

If you would like to take part in the study please contact Dr Ena Trotman Jemmott (if you are in Barbados) or Dr Hazel Da Breo (if you are in Grenada). Their details are listed below.

Further Questions?

If you are interested in taking part but have further questions please contact one of the research team.

None in Three Project Contact Details

Project Director: Professor Adele Jones a.d.jones@hud.ac.uk
Research Lead for Barbados: Dr Ena Trotman Jemmott E.Trotman@hud.ac.uk
Research Lead for Grenada: Dr Hazel Da Breo HDaBreo@hud.ac.uk

Website: <http://www.noneinthree.org/>



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Preventing Domestic Violence

INTERVIEW GUIDE FOR WOMEN

These questions are a general guideline for the interview.

Introduction

The researcher should establish rapport, explain the purpose of the study, and explain what will happen with the information. During this time, assurances of confidentiality and anonymity should be given. The participant is given the information sheet and is given the opportunity to ask questions and raise any concerns before consent is obtained. Ask the participant to choose a false name – this is how she should be referred to throughout the interview. Inform the participant of the likely duration of the interview, and ask if there is any objection to recording the interview.

Demographic information

Please tell me something about yourself:

1. Your age
2. Whether you are employed and if so, what work you do
3. Marital status
4. Whether you are currently in a long term, short term or other type of relationship
5. Whether you have children and if so their ages and gender
6. How you would describe your economic circumstances (I consider myself to be financially well off; I earn enough to meet the needs of my family; I struggle to get by; I would say my economic circumstances are above/below or just average)
7. How would you describe your housing and other social needs situation?

Domestic violence

Please tell me about your experiences of domestic violence (prompt questions: what type of abuse did you experience; when did you recognise it was abuse; how long did the abuse go on for; who was it that abused you; were there times when things improved, or got worse – what do you think the reasons were; how has it affected your physical/mental well-being ; how has it affected your feelings about yourself; how has it affected your family; has it affected your ability to provide for the family, go to work or

otherwise function normally, if so how; how has it affected your relationships with others; has religion or any other guiding principles helped you?)

Additional vulnerabilities

In what ways did living with HIV (or “having a disability”; or “being pregnant”; or “being in a same sex relationship” or “being in the country without legal papers”) affect:

1. Your experiences of domestic violence and the risks you faced
2. Your ability to cope with domestic violence (explore strengths, resilience and strategies as well as challenges)
3. Your ability to leave the situation
4. Decisions you made about whether to seek help and where to go

Disclosure and help-seeking

1. Have you ever discussed your problems with others and how did they respond?
2. Was there more that you would have liked them to do - what sort of things would have helped?
3. What kinds of help were most useful to you?
4. How might services be more responsive to the needs of women in similar situations?
5. Looking back at your situation, what advice would you give another woman who has just started to have these sorts of problems?

Ending

The researcher should turn off the recorder and spend the final few minutes of the interview checking whether the participant would like to say anything off record, how she is feeling, whether she would like support in accessing any help. Remind her that she will be able to read the report on the project website. Give the participant the National Response Team information and thank her. Settle any travel expenses.



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Preventing Domestic Violence

INFORMATION SHEET FOR MEN AND YOUTH

We would like to invite you to take part in a research study to increase our understanding of domestic violence. It is important that you understand why the research is being carried out and how you will be involved should you agree to take part.

What is the purpose of the study?

There is a lot of research on domestic violence yet we do not know much about the experiences or perspectives of men and youth in the Caribbean and Barbados / Grenada in particular. Although women are more likely to be victims than men, we know that men are affected by domestic violence too, either because they have been a victim or, because they have harmed someone. We also recognise that many men, even if they have grown up witnessing violence are not violent at all. We believe that only by talking with men can we gain their perspectives on the causes of violence, the kinds of strategies men use to prevent violence and what forms of action they think are needed to reduce domestic violence in our societies. We will use this information to provide training for professionals and agencies and to promote better services for victims and perpetrators.

Where is the research taking place?

The research is taking place in Barbados and Grenada although we hope its findings will be valuable across the Caribbean.

Who is conducting the research?

The research is part of the None in Three project, being implemented by the University of Huddersfield in the UK and the Sweet Water Foundation (in Grenada) (www.noneinthree.org).

The person responsible for the research in Barbados is Dr Ena Trotman Jemmott (a local Psychologist) and in Grenada it is Dr Hazel Da Breo (a local Psychotherapist). Both Dr Trotman Jemmott and Dr Da Breo are specialists in preventing gender-based violence and have lots of research experience. It is likely that they will have other local experts working with them. The details of the full research team are at the end of this sheet.

Why have I been asked to take part?

You have been invited to take part in the study because we believe you may be in a position to offer an insight into how men view domestic violence, its causes and effects, the specific strengths and challenges they face in preventing domestic violence and ideas about what can be done. These circumstances may or may not apply to you, but if you are in agreement, we would still like to talk to you.

Do I have to take part?

No, it is up to you to decide whether or not to join the study and there will be no adverse consequences if you decide not to participate

What is required of me if I do take part?

If you agree, we will ask you to choose a false name – this is to protect your confidentiality and this is the only name that will appear on our records. We will not ask you for any other contact details, although you may contact us at any time. We would then ask you to read and sign the consent form (using your ‘new’ name). We would invite you to take part in a focus group discussion which will last approximately 45-90 minutes. We will be audio recording the discussion (unless you object), this would only be used by the research team and means we can capture everything that is important. Once we have written up the discussion, the recording will be destroyed. We will make sure that transcripts have identifiable information removed and are carefully stored in a locked storage cupboard or on encrypted computers. Audio recordings will also be stored securely using a password.

What are the possible advantages and disadvantages to taking part?

We hope that your participation may help to improve support and services in the future in the prevention of domestic violence. On a personal level, you may find it beneficial to be able to talk about your experiences but if you feel upset, you can take a break or withdraw from the group.

Will my taking part in this study be kept confidential?

Yes, all information gathered in this study will be kept confidential unless there is a possibility of harm occurring to yourself or others. In the possibility of harm, we will ask your permission to inform the appropriate authorities. Everyone in the study will be given contact details of counsellors – it is your choice whether to seek help. Your identity and confidentiality will be protected at all times. All the members of the group will be asked to respect each other’s confidentiality, but we would make you aware that we cannot control what others say outside of the group. We may use quotations from the discussion in publications but these will not be traceable back to any individual.

What will happen to the results of the research study?

A preliminary report of the research findings should be available within six months of completing the study. The report will be placed on the project website and if you wish you will be able to download this. We will use the research findings to design and deliver training to organisations, we will produce policy and practice guidance and we will write publications and present the findings at conferences. In this way we will be able to share your views with as many people as possible.

What if there is a problem?

If you have a concern about any aspect of this research, you should ask to speak to the researcher or Project Lead for your country. If the matter concerns them or if you so wish, you can contact the Project Director. All contact details are listed at the end.

What do I do next?

If you would like to take part in the study please contact Dr Ena Trotman Jemmott (if you are in Barbados) or Dr Hazel Da Breo (if you are in Grenada). Their details are listed below.

Further Questions?

If you are interested in taking part but have further questions please contact one of the research team.

None in Three Project Contact Details

Project Director: Professor Adele Jones a.d.jones@hud.ac.uk
Research Lead for Barbados: Dr Ena Trotman Jemmott E.Trotman@hud.ac.uk
Research Lead for Grenada: Dr Hazel Da Breo HDaBreo@hud.ac.uk
Website: <http://www.noneinthree.org/>



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Preventing Domestic Violence

FOCUS GROUPS WITH MEN AND YOUTH

Introduction

Introduce facilitator and explain purpose of focus group: "This group is part of the None in Three Project on preventing domestic violence and our hope is that it will help us to better understand the needs and views of men and youth who have lived with violence. Your responses will be very useful to us as we complete this project, and we are grateful to you for participating. Each of you has important information to share, we encourage everyone to participate, and to allow others time to talk".

Provide everyone with an information sheet and provide the opportunity for questions. Ask participants to choose a fake name, write it down in order to always use this in the discussion. Ask participants to sign the consent form. Go over the rules about confidentiality and respect. Double check permission to audiotape.

Beginning

Ask participants to introduce themselves. You may wish to include an 'ice-breaker' exercise to get the discussion started – using the ranking exercise (see next sheet) would be an appropriate exercise to facilitate discussion. Consider getting each man (but no compulsion) to complete this to help get things going.

Discussion

1. Defining domestic violence – ranking exercise
2. How common would you say domestic violence is in the communities that you have grown up in?
3. Can you give some examples of domestic violence that you know about?
4. In what specific ways are boys and men affected by growing up with domestic violence?
5. In what ways do you think that men are encouraged to behave in violent ways?
6. How do men avoid becoming violent, what strategies do they use to prevent violence to others if they are aware of it?

7. If a man or youth was concerned about his own violent tendencies and wanted help, what kind of response and services would make a difference?
8. If a man or youth was a victim of domestic violence, what kind of help would make a difference and where would he get this?
9. How has growing up with violence affected your life, if this is your experience?
10. How has it affected your family?
11. Was there anything that could have been done to help you escape or change the violence you were exposed to?
12. Looking back at your situation, what advice would you give to other young men who seem to have a tendency towards violence?
13. Our societies are said to be getting more violent, do you think this is the case and if so, a) what do you think the reasons are; b) what aspects of the problem urgently need tackling (you can refer to the ranking exercise); what should be done?

Ending

It would be good to end with a positive closing exercise. For example:

- *'If you could do one thing to reduce domestic violence, what would it be', or,*
- *'Thinking about someone you know who is a victim of domestic violence, what message would you like to pass on to him/her' or,*
- *'In one sentence, why is a future free of domestic violence important to you'?*

Thank everyone for their participation and make sure each person is given a National Response Team information sheet. Settle travelling expenses.

RANKING EXERCISE

Ranking is a useful technique to help participants prioritise problems and solutions. The researcher gives participants a series of categories and asks them to rank them in order of priority, urgency, or severity. This is then used as the basis of discussion for action needed. In the adaptation below, we have also included the possibility of men as victims.

	Type of Abuse	Insert v					Most likely victim Male or Female (M or F)	Most likely perpetrator Male or Female (M or F)
		not violence	minor violence	moderate violence	serious violence	very serious violence		
1.	Yelling at or humiliating in public							
2.	Throwing things							
3.	Demanding sex from your partner when s/he doesn't want it							
4.	Threatening to hit							
5.	Threatening to withdraw financial support							
6.	Destroying objects that belong to the partner							
7.	Not paying for household expenses							
8.	Denying visits to and, or from own children							
9.	Pushing or shoving							
10.	Slapping							
11.	Blows with the fist, on any part of the body except the head, that don't leave a scar							
12.	Beating up with bruises or swelling							
13.	Saying constantly that your partner is stupid or worthless							
14.	Controlling your partner's activities (work, visits, friends, cell calls)							
15.	Blows with a fist to the head							
16.	Blows during pregnancy							
17.	Beating up with wounds or fractures							
18.	Threats with a gun or knife							
19.	Other – please specify							

Adapted from 'A Practical Guide for Researchers and Activists' (p138, https://www.path.org/publications/files/GBV_rvaw_ch9.pdf)



Preventing Domestic Violence

RESEARCH CONSENT FORM

1. I confirm that I have been given the information sheet for the None in Three research. I understand the purpose and nature of the study, have had the opportunity to ask questions and have had these answered to my satisfaction.
2. I agree to take part in the study. I know that my participation is voluntary and that I have the right to withdraw at any time without giving any reason and without facing any adverse consequences.
3. I understand that the study is confidential and my real name **will not** be used at any stage.
4. I understand that I can refuse to answer any questions.
5. I give permission for interviews/focus group discussions to be audio-recorded and transcribed
6. If I am uncomfortable with the session being recorded, I can ask for the recording to be stopped at any time.
7. If I am distressed as a result of taking part in the study, I will be given help to access counselling or support from an appropriate agency.
8. I agree to inform the researcher if I am unsafe because of my participation in the research.
9. I give permission for anonymised quotes to be used in any publications.
10. I understand that all information gathered in this study will be kept confidential unless there is a possibility of harm occurring to a child or other vulnerable person. In the event of the possibility of harm, I give permission for appropriate authorities to be informed.

Name of participant

Date

Signature

Name of researcher

Date

Signature

None in Three Project Contact Details

Project Director: Professor Adele Jones a.d.jones@hud.ac.uk

Research Lead for Barbados: Dr Ena Trotman Jemmott E.Trotman@hud.ac.uk

Research Lead for Grenada: Dr Hazel Da Breo HDaBreo@hud.ac.uk

Website: <http://www.noneinthree.org/>



Preventing Domestic Violence

NATIONAL RESPONSE TEAM

Are you having difficulty dealing with the issues raised by this study?

We believe that you, like us are committed to ending domestic violence and to ensuring the safety of those who are vulnerable or at risk of being harmed – in fact, this is probably the reason that you agreed to take part in this study. However answering our questions may have raised fears for vulnerable people that you know (such as children) or else reminded you of distressing personal experiences.

If your concern is for children who may be at risk of violence or have been abused **you can do something now!**

If you need help to work through your own feelings about domestic violence **you can do something now!**

Men often find it especially difficult to talk about domestic violence – if you are a man and want support to handle how this study has affected you, **you can do something now!**

A Response Team has been established in your country. These are trained counsellors who have volunteered their services to support this project. They have agreed that they can be contacted in case you wish to report your concerns or if you need to help yourself.

Names	Professional role	Tel #	Email address

In case of need, please call any member from the above list. If the matter concerns an urgent threat of violence, you must call your local police station. You can also access help by going onto the None in Three website www.noneinthree.org.

None in Three Project Contact Details

Project Director: Professor Adele Jones a.d.jones@hud.ac.uk

Research Lead for Barbados: Dr Ena Trotman Jemmott E.Trotman@hud.ac.uk

Research Lead for Grenada: Dr Hazel Da Breo HDaBreo@hud.ac.uk

Website: <http://www.noneinthree.org/>



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Preventing Domestic Violence

RESEARCH CHECK LIST

Item	Requirement	v
Qualifications & experience	Researchers have appropriate qualifications and experienced of researching sensitive issues	
Methods	Researchers understand the methods to be used and are fully acquainted with the interview/focus group guides. They have adequate numbers of guides and ranking exercise sheets	
Ethics	Researchers understand their responsibility to ensure proper ethical procedures and to minimise any risks to themselves	
Equipment	Researchers are familiar with using the digital recorder. The recorder is in good working order and additional batteries have been provided	
Field notes	In the event that recording is not possible, researchers know how to take field notes and have a note book for the purpose	
Information sheets	Researchers have adequate supplies of information sheets	
Consent forms	Researchers have adequate supplies of consent forms	
NRT	Researchers have adequate supplies of National Response Team information sheets	
Venues	Appropriate venues for interviews/focus groups have been arranged	
Petty cash	Researchers have adequate petty cash to cover refreshments, participant travel expenses and miscellaneous items	
Receipting	Researchers are aware of need to receipt all expenses and have a receipt book for the purpose	
Data management	Researchers are aware of the need to back up digital recordings and transcriptions. Confirmation is given that laptops used for the project are password protected and field notes will be kept in locked storage	
Debriefing	Arrangements are in place to avoid secondary traumatisation (e.g. self-care discussions have taken place, de-briefing sessions planned, counselling services made available)	