



**The Commonwealth of The Bahamas
Ministry of Social Services and Community Development**

Strategic Plan to Address Gender-Based Violence

AUGUST 2015

Written by

The National Task Force For Gender-Based Violence

Jointly delivered by

**Chairperson: Justice Rubie M. Nottage (Ret.) and
Deputy Chairpersons: Dr. Sandra Dean-Patterson and Dr. Robin Roberts**

The Realities of Gender-Based Violence

Gender-based violence is a crime.

Gender-based violence kills our men, women and children.

Gender-based violence destroys our families and our social fabric

Studies show that:

- Unchecked gender-based violence not only escalates, but manifests itself in many other different ways;**
- Children who are abused become desensitized to violence, and are more likely to carry weapons to school or social events;**
- Violence within the family, particularly against women and children, has been an “open secret” in The Bahamas for many years**

**Our crime problem will not be solved if we do not solve the
problem of gender-based violence.**

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Foreword

In July 2012, the Government agreed that The Commonwealth of The Bahamas should participate in the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) *Strengthening State Accountability and Community Action for Ending Violence against Women* Project, which has been implemented in some ten countries in the Caribbean. Its aim is to end gender-based violence (GBV) through strengthened and responsive state and civil action.

In July 2013, The Government of The Bahamas launched a National Task Force to oversee the development, implementation and coordination of a national strategic plan to address gender based-violence.

This document, the Strategic Plan to Address Gender-Based Violence in The Bahamas, represents a blending of these two initiatives and is a testament to the commitment, dedication and volunteerism of a small group of persons who make up the National Task Force on Gender Based Violence in The Bahamas. They were guided by Chairperson, Justice Rubie Nottage, (Retired) and Deputy Chairpersons, Dr. Sandra Dean-Patterson, Consultant in the Ministry of Social Services and Community Development and Director of The Bahamas Crisis Centre and Dr. Robin Roberts, Director and Senior Lecturer, University of the West Indies (UWI) School of Clinical Medicine and Research (Bahamas) and Consultant Urologist in the Ministry of Health. Many, many countless volunteer hours were devoted to this document by the Chairperson and Deputy Chairpersons and they and other members of the Task Force are deserving of the highest commendations for their diligence and perseverance in pulling this report together.

The document clearly defines gender-based violence and the scope and depth of the problem. It provides the rationale and approach for the development of a national strategy to address gender-based violence, lays out the structure for a GBV Authority and lists the ten programmes to be addressed in the first year of the establishment of the GBV Authority.

This landmark report will serve as a major resource for many in The Bahamas as well as regional and international entities. It was very well received by the Cabinet of The Bahamas and expectations are high for its early implementation and the positive impact that it will have in addressing gender-based violence in The Bahamas.

The Hon. Melanie S. Griffin, M.P.,
Minister of Social Services and Community Development
Ministry of Social Services and Community Development
July 16, 2015

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Special thanks are extended to The Rt. Hon. Perry G. Christie, Prime Minister; The Hon. Bernard Nottage, Minister of National Security; The Hon. Melanie Griffin, Minister of Social Services & Community Development; The Hon. Z.C. Allyson Maynard Gibson, Attorney General, Minister of Legal Affairs; The Hon. Jerome Fitzgerald, Minister of Education, Science and Technology; The Hon. Perry Gomez, Minister of Health; The Hon. Daniel Johnson, Ministry of Youth, Sports and Culture; Barbara Burrows, Permanent Secretary; Christine Campbell, First Assistant Secretary; Melvelyn Symonette, Senior Assistant Secretary; Leila Greene, Consultant in the Ministry of Social Services and Community Development; Terrance Fountain, Epidemiologist; Aneesah Abdullah, Administrative Assistant, and the Ministry of Social Services and Community Development staff.

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List of Abbreviations

ACCP	Association of Caribbean Commissioners of Police	GA	General Assembly
ACE	Adverse Childhood Experiences	GBSV	Gender-based Sexual Violence
A/E	Accident and Emergency Department	GBV	Gender-based Violence
AME	African Methodist Episcopalian	GDP	Gross Domestic Product
APA	American Psychological Association	GIU	General Investigation Unit
BDPfA	Beijing Declaration and Platform for Action	HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
BLCS	Bahamas Living Conditions Survey	ICCPR	International Covenant on Civil and Political Rights
CAFRA	Caribbean Association for Feminist Research and Action	IMN	Information Management Network
CariMAN	Caribbean Men Action Network	IMS	Information Management System
CAU	Criminal Assault Unit	IO	Indictable Offence
CCAC	Community Counselling and Assessment Centre	IOM	International Organization for Migration
CDC	The Center for Disease Control	IPU	Inter-Parliamentary Union
CDU	Central Detective Unit	IPV	Intimate Partner Violence
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women	IRC	International Rescue Committee
CNE	Continuing Nursing Education	KABP	Knowledge, Attitude, Behaviour and Practice
CME	Continuing Medical Education	KAP	Knowledge, Attitude and Practice
COB	The College of The Bahamas	MDG	Millennium Development Goal
CPA	The Child Protection Act, 2007	MHA	The Mental Health Act, 1969
CPC	Criminal Procedure Code, 1968	MIS	Management Information System
CRPD	Convention on the Rights of Persons with Disabilities	MOEST	Ministry of Education, Science & Technology
CSI	Crime Scene Investigator	MOU	Memorandum of Understanding
CSO	Civil Society Organization	MOYSC	Ministry of Youth, Sports & Culture
CSW	Commission on the Status of Women	MSSCD	Ministry of Social Services and Community Development
DVPOA	Domestic Violence (Protection Orders) Act, 2007	NCPC	The National Child Protection Council
EA	Evidence Act, 1996	NEMA	National Emergency Management Agency
ECLAC	Economic Commission for Latin America and the Caribbean	NGO	Non-Governmental Organization
EIGE	European Institute of Gender Equality	PACE	Providing Access to Continued Education Programme
FLHE	Family Life and Health Education	PHA	Public Hospitals Authority
FLO	Family Liaison Officer	PSM	Per Square Mile
FLU	Family Liaison Unit	PTA	Parent Teacher Association

List of Abbreviations Cont'd

PWD	Persons with Disabilities	TPPSA	Trafficking-in-Persons (Prevention and Suppression) Act, 2008
PWDA	Persons with Disabilities (Equal Opportunity) Act, 2014	UNAIDS	United Nations Joint Programme on HIV/AIDS
RBDF	The Royal Bahamas Defence Force	UNFPA	United Nations Population Fund
RBPF	The Royal Bahamas Police Force	UNHCR	United Nations High Commission for Refugees
SAFE	Sexual Assault Follow-Up Evaluation Unit	UOB	University of The Bahamas
SAECK	Sexual Assault Evidence Collection Kit	UPR	Universal Periodic Review
SCAN	Suspected Child Abuse and Neglect Unit	USI	Unlawful Sexual Intercourse
SDG	Sustainable Development Goal	UWI	University of the West Indies
SJS	Swift Justice System	UWI/SCMR	University of the West Indies, School of Clinical Medicine & Research
SOA	The Sexual Offences Act, 1991	VAW	Violence against Women
SOU	Sexual Offence Unit	VBI	Voluntary Bill of Indictment
SSS	Scientific Support Services	WCU	Witness Care Unit
TF-CBT	Trauma-Focused Cognitive Behavioral Therapy	WHO	World Health Organization
TIP	Trafficking-in-Persons	WWD	Women with Disabilities



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Strategic Plan to Address Gender-Based Violence

EXECUTIVE SUMMARY

JULY 2015

Written by

The National Task Force For Gender-Based Violence

Jointly delivered by

**Chairperson: Justice Rubie M. Nottage (Ret.),
Deputy Chairpersons: Dr. Sandra Dean-Patterson and Dr. Robin Roberts**

Our Mission:

To develop effective and comprehensive systems, programmes and services for the management and elimination of Gender-based violence (GBV) in The Commonwealth of The Bahamas.

Our Core Values and Guiding Principles:

This strategy incorporates three core principles and priorities for eradicating gender-based violence.

I. Prevention of the occurrence of gender-based violence in The Bahamas by promoting a strong multidisciplinary community and social environment that maintains zero-tolerance for GBV.

II. Protection from GBV by identifying, providing and strengthening services for the comprehensive management of victims and perpetrators of GBV.

III. Accountability to ensure that perpetrators are brought to justice by strengthening the legal and judicial systems, and when possible, to rehabilitate and support them to becoming productive citizens in the community.

Our Vision:

To eliminate GBV from our society completely by working together to maintain a zero-tolerance for GBV.

The Mandate

As a result of the escalating incidence and deaths due to gender-based violence (GBV), In July of 2013, the Government of The Bahamas took steps to commence a timely initiative to transform the country into a Bahamas free from GBV through the establishment of a Ministerial Oversight Committee and a National Task Force to “oversee the development, implementation and coordination of a national strategic plan to address GBV”. The stated Mandate of the National Task Force was to define the problem, analyze all factors involved, generate a strategic plan of action with an intent to reduce and hopefully eradicate gender-based violence (GBV).

The Task Force focused on:

(a) **the victim** – relieving personal pain and suffering. It recognised the interplay with the victim’s relationships and the community, and the influencing elements of the action plan to intervene. This holistic approach lends to the well-being of the individual, and to healthy families and communities, and

(b) **the perpetrator** – recognizing the need to make perpetrators accountable, and to address interventions to restore them to productive citizens.

The Task Force adopted as its slogan, “***Up the Awareness, Better the Access, Push the Justice: Lets End the Violence in The Bahamas***, and its symbol, “***a warm and compassionate heart and caring hands***”.



The Process, Rationale and Approach

The National Task Force identified several sub-committees to assess and report on the situation with respect to GBV, for both victims and perpetrators.

- Criminal Justice System
- Medical and Psycho-Social
- Communications
- Services for Survivors, Perpetrators and Families

- Surveillance/Data Collection/Information Management
- Family Island Advocacy
- Education and Training

The specific goals of each subcommittee were to:

- Ensure a victim-centered response to gender-based violence and access to community resources
- Hold offenders accountable
- Ensure all communities, including underserved Family Island populations, affected by GBV have a voice and access to culturally appropriate responses
- Promote a collective position on awareness of GBV as a community problem with a community responsibility to prevent GBV.

The task force had the input of a number of consultants under the auspices of by the Ministry of Social Services and Community Development. The Consultants were funded through a grant from UN Women and were assigned specific tasks:

- To develop a National Assessment of Actions on Ending Violence Against Women in The Bahamas
- To review the Policing of Sexual Offences.
- To review the Prosecution of Sexual Offences
- To develop Human Rights Based Response Protocols on Gender-based Violence

This “National Strategy for the Eradication of GBV” symbolizes the challenge taken up by the Bahamian society as a whole, jointly and in a coordinated and cross-cutting manner to achieve a society free of GBV. The participation of the different representatives, institutional and social bodies in the approval of the Strategy reinforces the pursuit of collaboration and unified action in the achievement of a multi-sectoral Action Plan.

The Current Status of GBV in The Bahamas

1. Disease Burden in The Bahamas: GBV is endemic in our communities and constitutes a major public health issue in our country. 45 women were killed as a result of intimate partner violence in the period 2005 to 2010.

Three of the top ten recorded rape rates in the world occur in the Caribbean. The Bahamas leads the Caribbean followed by St. Vincent & The Grenadines and Jamaica. The high incidence of sexual violence in some Caribbean countries is of particular concern as it is important to note that most incidents of rape and child sexual abuse are often not reported to state authorities. The 2007 World Bank and UNODC report “Crime,

Violence, and Development: Trends, Costs, and Policy Options in the Caribbean” suggests that since rape is greatly under-reported globally, when a high incidence of rape is identified from official statistics (most often drawn from police records) this usually represents a serious problem¹.

Annual police reports document 9,045 assault female victims in 5 years from 2008 to 2012. Embedded in these reports are numerous intimate partner violence cases of a non-sexual nature; an indication of the extent of the problem.

While women are predominantly the victims of GBV, the burden is borne by all risk groups inclusive of the socioeconomic stratum, age, ethnicity, and geography. The impact analysis, inclusive of services delivered for GBV, loss of absenteeism, work productivity and lost lives has yet to be compiled and documented in the Bahamas; in the USA it is a projected cost of \$8.3 billion. The emotional and psychosocial impact of this endemic violence in our archipelago is incalculable.

Each of the Task Force’s committees, in reporting on the current status of GBV in the Bahamas, stated uniformly that there is urgent need for a central organization or agency, (the “GBV Authority”), to undertake the responsibility and be accountable for the national thrust to eradicate GBV. GBV is a public health issue that mandates a national response.

2. Assessment of the Legal/Judicial Sector: In addressing the Criminal Justice System in the context of GBV, the Task Force reviewed the various items of both International Conventions and Domestic Legislation that addressed issues of GBV, all of which are set out in the main body of the Strategic Plan. The general consensus is that there is a need for legislative amendments to current legislation including the Domestic Violence (Protection Orders) Act, the Sexual Offences Act, the Penal Code and the Mental Health Act.

Essential to the amendment of our laws is the need to ensure access to justice for both victims and perpetrators through the introduction of a National Legal Aid Programme to assist victims or perpetrators of gender-based violence in traversing the legal system. Finally, appropriate training and sensitization of all personnel within the legal/judicial system to the causes of GBV is of utmost importance.

3. Assessment of the Policing Sector: The Policing sector reported an urgent need for police officers in the field who require greater exposure to information and training regarding GBV and sexual assaults on a more consistent basis. It is recommended that the proposed central GBV authority seek to partner with the College of The Bahamas

¹ The 2007 World Bank and UNODC report “Crime, Violence, and Development: Trends, Costs, and Policy Options in the Caribbean” See more at: <http://caribbean.unwomen.org/en/our-work/ending-violence-against-women/advocacy-brief#sthash.6X00sqa7.dpuf>

(COB) and University of the West Indies (UWI) and/or International Law Enforcement facilities to implement distance learning (on-line) courses which will provide instruction in the police response to GBV.

4. Assessment of the Psycho-Social Sector: Currently in The Bahamas, many formal and informal psycho-social support services seek to address the impact of GBV on survivors, their families, and perpetrators. These services would include any organized service, programme or experience that seeks to positively address or alleviate harm, suffering, and the effect or outcome of GBV:

- The Ministry of Social Services and Community Development has identified the reduction of the prevalence of intimate partner violence as a priority objective through intervention, treatment and education. This Ministry, through its proposed Department of Family and Gender Affairs, aims to identify and co-ordinate with all social partners, programmes that will foster a deeper sense of community and define and educate children on gender roles.
- The Ministry of Health has identified domestic violence, sexual violence and child abuse as priority areas to be addressed through the following programmes: School and Adolescent Health; Injury Prevention; SCAN; SAFE Unit and the Public Health Clinics. In the Public Hospital Authority clients are seen in the Accident and Emergency Departments of the two government tertiary care hospitals, and the Community Mental Health Counseling Centre.
- The Ministry of National Security has responded by strengthening community policing in urban renewal centers, establishing a Sexual Offences Unit, and Victim Support Unit in the Crime Prevention Unit. More recently the Ministry provided the housing of the Bahamas Crisis Centre following the loss of the Knowles House Building on the grounds of the Princess Margaret Hospital (PMH).
- GBV has also been identified as high priority by several non-governmental organizations (NGOs) such as the Bahamas Crisis Centre, CariMAN, the Centre for Pastoral Life by the Catholic Diocese, Links, the Salvation Army, Great Commission Ministry, and most recently, the African Methodist Episcopal Church (AME). All of these receive financial assistance from the Bahamas Government.

Notwithstanding the availability of these services, a gap analysis of the services provided revealed a number of areas of concern if the country is to fulfill its commitment to provide comprehensive quality services. These include:

1. The lack of a national protocol for the comprehensive management of Gender-based Violence
2. Limited shelters for victims

3. Limited availability of providers and intervention services after 5pm when the majority of the cases will occur
4. Limited coverage of all services in New Providence, almost non-existent in the Family Islands.
5. **Assessment of the Medical/Health Sector:** In modern medicine, there is a paradigm shift in the health service delivery of GBV. The condition has evolved from the traditional biological approach of treating bodily injuries incurred within the intimate partners relationship, to include all psychosocial determinants and to view this disease management from the primary, secondary and tertiary prevention perspective.

The GBV Task Force findings reveal that primary prevention programmes with regards to education and awareness are limited, public announcements are infrequent, inconsistent and without any defined marketing or health promotion strategic plan with evaluable outcomes. Across the health continuum in both public and private sectors, care providers of GBV victims have limited curriculum content in their training programmes on GBV awareness, education and care. There are no requirements for continuing professional development on GBV and certification in GBV care.

In secondary and tertiary care services, for victims of GBV, current protocols are inadequate, antiquated, insensitive and not patient centered. There is limited assurance and safeguards that patients are channeled through the right processes; the commitment and habit to best practices protocols are sub-standard. The SCAN and SAFE units are to be applauded for their diligence and care in the treatment of our children and adult victims of GBV, but socioeconomic issues in follow-up care negates the successes of long-term outcomes. In summary there is a lack of a national, coordinated and integrated plan for the health care system to respond effectively to the needs of the victims of GBV, their families and communities.

6. Cross-cutting Measures: Coordination of GBV Services, Information and Research: GBV coordination has been a fragmented, non-synchronous initiative without government oversight and a national strategic plan to curb or eradicate this increasing public health concern. The community action groups have attempted to fill this void, advocating for policies, legislation, enforcement and protection and providing services. With limited resources and essentially voluntary services and activism, their impact and effectiveness on curbing GBV are measurable primarily on an individual basis, with limited and minimum community and national inroads.

Acknowledging that at best estimates, only a third of victims who are assaulted report the crime to the authorities - data collection, compiling, storage and reporting on GBV in the

Bahamas have major challenges. Human resource personnel are deficient in skills, knowledge and competencies of information management systems; computer systems need upgrading and information on GBV matters need to be made assessable, available and disseminated in a timely manner. Information and Research drives quality improvement in care delivery systems but what can't be measured, cannot be managed.

Recommendations:

1: Multi-Sectoral Coordination:

- **To achieve an effective integrated and coordinated response to situations of gender-based violence and to ensure that quality services are available and accessible to all.**

Achieving this goal will require that there be established a GBV Authority or Secretariat whose organizational structure and mandate will facilitate the continuance of the strategic initiative outlined in this Report and to plan, implement and evaluate expected and realized outcomes.

The Secretariat will evidence a National Multi-Sectoral Public-Private Partnership whose frame of reference will be the compendium of GBV legislation, namely The GBV Act and other Acts relating to GBV & Sexual Violence.

2: Institutional Strengthening:

- **In the Judicial and Security Services Sector,**
 - to ensure an effective, integrated and coordinated criminal justice system that can prevent the escalation of and respond to GBV; and
 - secondly to develop an integrated national protection system able to prevent and respond to GBV;
 - to ensure training in GBV for the judiciary and policing sectors

- **In the Psycho-Social and Health Services Sector,**
 - to establish new, and strengthen existing, service delivery facilities;
 - to establish a national protocol in which certain basic requirements, including a Victim's Advocate, must be met by all GBV providers who interact with victims or perpetrators of GBV.
 - to establish services and programmes that hold perpetrators accountable

3: Advocacy and Awareness:

- **In the Advocacy and Awareness Sector,**
 - to ensure that there is a consistent and ongoing commitment to gender-based violence prevention; and,
 - To bring about attitudinal change by encouraging intolerance to gender-based violence, and by ensuring members of society understand its dimensions and manifestations, and play their part in preventing it.

Public awareness of the incidence of GBV, as well as the community based interventions, is a must for fostering evidence-based decision-making. The various institutions working in this area must also recognize the need to articulate a comprehensive national social communication strategy to avoid duplication of resources and possible conflict in the messages and the target populations being served.

4: Education and Training:

- **In the Education and Training Sector,**
 - to ensure sustained high quality services for GBV victims in the public and private sectors; and,
 - To prevent gender-based violence by providing children, young people and at-risk groups with education and support, and by identifying precursors and signs of violence early;

As educational training and prevention programmes are limited, and need revision, it is essential that GBV providers are required to undertake formal training and credentialing programmes in GBV and abuse. The GBV Secretariat will be responsible for the education and training of GBV service providers and for facilitating their accreditation as appropriate.

There is also a need for a better understanding of the concept of gender-based violence, and how gender influences and determines gender-based violence.

The Health and Family Life Education programme in the schools have yet to be evaluated for any measure of efficiency and effectiveness in the GBV message and shaping and framing a behavior of our youth for non-GBV violence, gender equality, respect and tolerance.

5: Research and Surveillance:

- **to strengthen the generation and exchange of information and alliances at the institutional, national and regional level.**

As a consequence of the lack of any single agency or national focal point charged with the responsibility of the coordination of GBV activities, the efforts of the government and community at large lack any focal point for the collection of information on patterns and trends in GBV and merging it into a comprehensive report.

Related to this is the lack of any networks and/or groups or organizations that regularly review or report on patterns and trends as well as factors that contribute to GBV. Such

GBV information networks hold stakeholders accountable as well as draw on best practices to strengthen individual programmes. This is particularly important given the current legal environment regarding data confidentiality and what is being proposed for freedom of information in The Bahamas.

Along with the creation of a national coordinating agency, this network will assist in the development or strengthening of, writing multi-sectoral and inter-agency procedures, protocols, practices, and reporting forms. Such a response would then mandate the establishment and ongoing maintenance of a directory of organizations providing GBV-related services.

6: Coordination of activities of civil society and other stake-holders – Cross-cutting issues:

- **to ensure that approaches to gender-based violence prevention and interventions are culturally relevant and effective for: Persons With Disabilities; Lesbian, Gay Communities; Family Islands; Migrants; Children and the Elderly.**

To date, the Government's responsibilities and actions in defining GBV policies, statutes and enforcement and protection services have been mandated and directed by international conventions and treaties rather than planned initiatives and processes through public participation.

The need for a more efficient mechanism for the development of policies and initiatives towards prevention and control of GBV, together with a national coordinated and integrated plan for the health care system to respond effectively to the needs of the victims of this public health concern of GBV, has never been greater. Cross-cutting interventions geared towards prevention education, treatment, rehabilitation and institutional strengthening, as well as the integration of the NGO sector into the realm of activities, will prove to be most effective in addressing all aspects of GBV that now face the nation.

National Strategic Plan: Implementation Strategy

Ever cognizant that the eradication of gender-based violence is a public health issue which threatens to disrupt the social fabric of our society, the Task Force concluded that an implementation strategy was vital to initiate, propel and sustain the strategic plan. Not to do so, the fear that the strategic plan might have only a "shelf item existence", could become a reality. While the strategic plan addresses where we are and possibly why and defines where we want to go; how we are to get there surfaces as the greatest challenge for the Task Force.

The Task Force appreciated also the urgency to implement our recommendations. Hence, the implementation strategy was designed to meet these two objectives: an immediate start with short and long term goals underpinned for sustainability, durability and propelled by the buy-in from the community because of its ownership and active participation.

(i). Immediate Implementation Action: “The Ten Low Hanging Fruit”

These programmes are identified as practical, doable, measurable and all public health prevention-based initiatives, to be undertaken by a mix of Government agencies and credible community organizations.

1. Focus on the Family: The Creation of a Unified Family Court System
2. GBV Prevention: a National Community Awareness Programme
3. Focus on Male/Female Programmes: The Creation of a Department of Family and Gender Affairs
4. Focus on Male Mentoring: A CariMAN Project
5. Reclaiming our Boys Project
6. Family Island Co-ordination Councils Set-up
7. Sexual Assault Response Team Project
8. A National Early Intervention Programme for Children Exposed to Violence: A Crisis Center Project:
9. Programmes for GBV Perpetrators
10. Domestic Violence Fatality Team Project

(ii) Short Term implementation: Establishing a Statutory GBV Authority. This is projected for completion within 6 Months. The Task Force submits that the viability, success and sustainability of the GBV strategic plan is the establishment of the GBV Authority. The institution is designed as a three-tiered organization with the oversight of the Minister of Social Services and Community Development.



- **The GBV Community Council:** This community level membership encompasses two entities: a Federation of community organizations and a GBV Community

Council comprised of the representatives of each of the membership of the Federation. The Federation includes all community-based organizations whose primary mission and vision strategies encompass a gender-based, violence free agenda, driven by mutual respect, our physical and psychological wellbeing and gender equality. The Department of Family and Gender Affairs has responsibility for the oversight of the community's GBV Council and Federation. Through its Council Representative, the Federation membership submits projects to be funded by the GBV Board. The community organizations' contribution and participation via the Community Council would be the driving force to create and execute the GBV intervention programmes.

- **GBV Secretariat:** The middle tier is the GBV Secretariat. This newly formed government agency is comprised of a full time staff of technical experts with skills, knowledge and competencies in grant writing, programme design and management, information systems and advocacy. The GBV Secretariat will provide to the Federation organizations and Community Council members, the technical assistance in programme design, writing, budgeting, implementation and evaluation.
- **The Board of the GBV Authority:** The third tier of the GBV is the Board that will have the responsibility of providing governance and funding for the community based projects submitted by the Federation members. The Board membership includes the GBV Foundation representative, the Cabinet ministerial designates of the ministries which have a substantive portfolio in GBV affairs namely, Health; Social Services and Community Development; National Security; Education, Science and Technology; The Attorney General's Office; and Youth, Sports and Culture. Board membership will include also representatives from the Secretariat and the community based, GBV Council.

(iii) Long Term implementation: The Community-Driven GBV Programmes.

The community-based organizations registered in the Federation and represented on the GBV Community Council are charged to create and provide GBV programmes to be funded for their respective organizations to execute. The community organizations will submit GBV programmes to be assessed and evaluated by the Secretariat, who in turn will recommend to the Board to fund the programmes.

The GBV Authority functions with a bottom-up design from inception. This dynamic process provides for sustainability and durability in the implementation of the GBV Strategic plan.

Summary: The GBV Task Force remains focused on the bold statement that GBV is a public health issue that mandates a national response. It is natural for the government to take the lead in governance and policy development. The framework to do so must

include all the Ministries currently involved and the community organizations that have taken a leadership role so far. The framework which the Task Force proposes in the establishment of a GBV Authority and Secretariat will ensure the coordination and integration of programmes for the seamless transition of care as victims and perpetrators are being provided both care and services. Finally, and paramount, the framework which establishes the GBV Authority will also bring about standardized data management and information services. Our archipelago is ideally suited for an electronic integrated medical records system, which only a central GBV authority can provide. This must be at the heart of the data management systems for GBV incidents and intervention – it is a basic truth that we can't manage what we can't measure, and we must do so accurately.



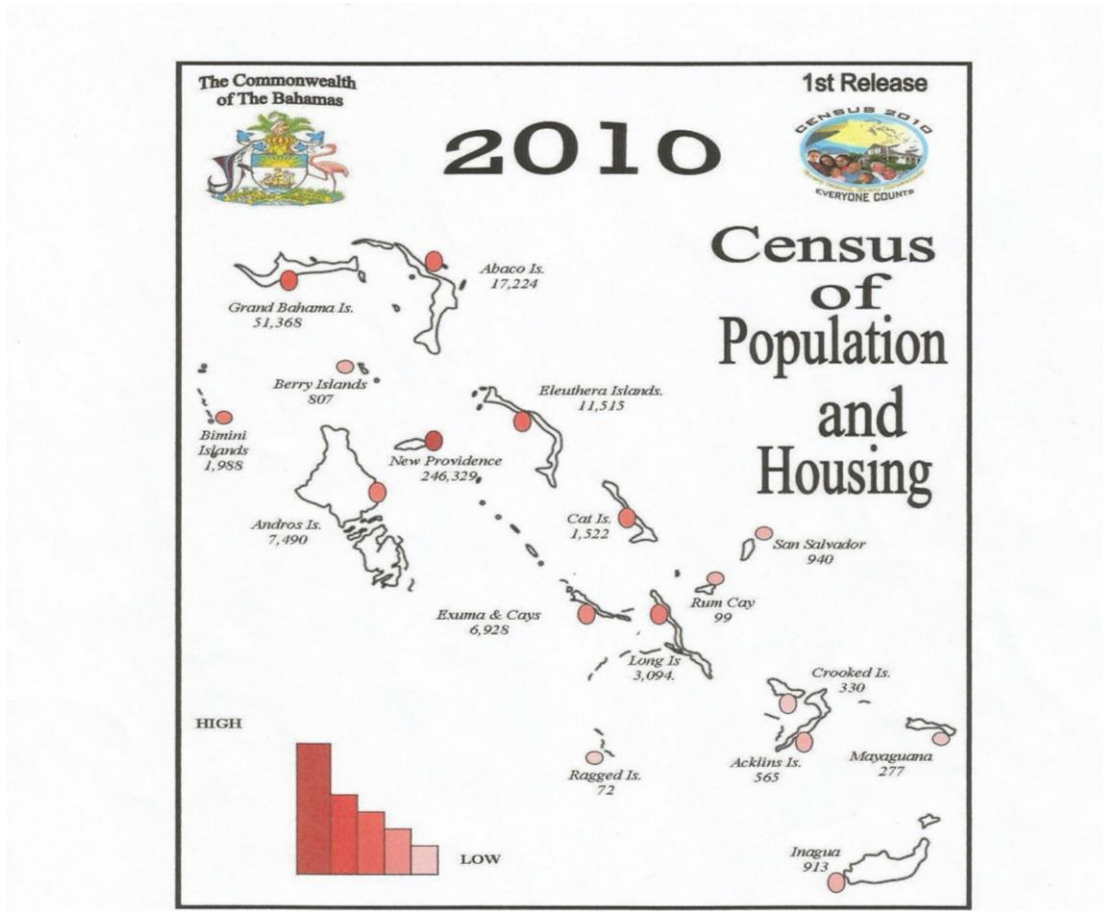
Up the Awareness,

Better the Access,

Push the Justice...

Let's End the Violence in The Bahamas!

1. Introduction



1.1 General Overview of The Bahamas

The Commonwealth of The Bahamas is an archipelago of some 700 islands at the cusp of the Caribbean Sea and the Atlantic ocean, extending from the South Florida peninsula to the island of Cuba. The island chain spans an area of 80,000 square miles with a total landmass of an estimated 5,382 square miles.

The 2010 census marks a population of approximately 350,000, of which 70.09% reside on the island of New Providence on which the nation's capital city, Nassau, is located. Grand Bahama Island in the north, with the second major city Freeport, has 14.62% of the population with approximately 16% of the population inhabiting the remaining islands of the archipelago, referred to as the Family Islands.²

² Department of Statistics. (2012). 2010 *Census of Population and Housing*. Retrieved from <http://statistics.bahamas.gov.bs/download/024494100.pdf>. See Appendix 1.

The island of New Providence, while accounting for only 1.5 % of the total land mass of the country, has a population density of 2635.4 people per square mile. Only four other islands or island groups have population densities greater than 50 people per square mile namely, Bimini (156.1), Grand Bahama (88.7), the Berry Islands (59.1), and Eleuthera (55.8). About 14 remaining islands are very sparsely populated, with most of the numerous cays and small islands being uninhabited.

The Bahamas has a high standard of living, rated by the World Bank as a high income country with GDP in excess of \$22,000 US per capita³. The unit of currency is the Bahamian Dollar (B\$), which is fixed to the US dollar at the rate of B\$1 = US\$1. Tourism, with an estimated expenditure in excess of 2 billion dollars US, is the principle industry in the country. It accounts for over 60% of the GDP (directly and indirectly) and over 70% of the employment market. Documenting over 5 million tourist arrivals per annum, the country is recorded as having the world's highest tourism destination on a per capita basis.

The Bahamas is branded globally too as an offshore financial center and such services constitute the second-most important sector of the Bahamian economy, accounting for up to 17% of GDP. Financial services include private and commercial banking, portfolio management, captive insurance, asset protection, foreign exchange transaction, administration, and establishment of trust company formation, mutual funds and securities transaction. The Central Bank of The Bahamas provides a dominant regulatory oversight of all monetary policies. Agriculture and fisheries industry, the third major industry, account for 5% of GDP.

The Bahamas is governed as a parliamentary democracy based on the Westminster/Whitehall model. It has been an independent unitary state within the British Commonwealth of Nations since July 1973. The Constitution provides for three branches of government:

- The Executive, which includes the Governor General, who represents Her Majesty the Queen, and the Cabinet of Ministers, headed by the Prime Minister;
- Parliament, which includes a bicameral legislature made up of an elected House of Representatives and an appointed Senate; and
- The Judiciary.

Government business is carried out by ministries and quasi-governmental institutions. While there is some level of local government in the Family islands, the work of these bodies is limited primarily to public works. Family Island administrators are appointed to facilitate the work and policies of the central government.

³ Trading Economics. (2015). *Bahamas Gross Domestic Product (GDP): 1960-2015*. Retrieved from <http://www.tradingeconomics.com/bahamas/gdp>

The country has a young population with 65% under the age of 25 years. There are major differences in the age composition by island as well. A larger percentage of persons aged 60 years and above and a lower percentage of persons younger than 40 years reside on the Family islands. This is a consequence of migration of working-age persons from the Family Islands to New Providence and Grand Bahama, seeking more and better economic opportunities.

Over the past 60 years, there has been a constant influx of non-documented, illegal immigrants from the Islands of Haiti that comprise currently an estimated 10% to 30% of the Bahamian population⁴. Studies suggest that these are economic migrants in search of employment opportunities and higher standards of living⁵. Hence, they tend to reside predominantly on those islands where they are able to find employment. English is the native and official language of the country, reflecting its British colonial heritage. With the increasing Haitian population, Creole is emerging as a second language.

The Bahamian Government allocates approximately 30% of the national recurrent budget to social sectors, with special emphasis on education, health, and housing⁶. The average household income in the country was estimated in 2011 at USD \$38,512 per year. However, households headed by males (\$43,147) earned considerably more than for those headed by females (\$31,109)⁷. The unemployment rate over the past 5 years has increased from 12.1% in 2009 to 14.3% in 2014⁸. However, this number masks the much higher rates observed in certain population sub-groups such as those 15-24 years, where the rate was estimated at 28%. Based on the 2013 Bahamas Living Conditions Survey (BLCS), 12.5% of the population of The Bahamas fell below the poverty line; higher than the national poverty rate of 9.3% observed in 2001.⁹

Given the above context, it is important to also note the high levels of single parent households (headed predominantly by females), high teenage pregnancy rates, high unemployment and poverty levels, all of which are socioeconomic elements which underpin and exacerbate GBV.

⁴ International Organization for Migration. (2014, August). *Bahamas: Facts and Figures*. Retrieved from <http://www.iom.int/cms/en/sites/iom/home/where-we-work/americas/central-and-north-america-and-th/bahamas.html>

⁵ McCartney J. (2013, June). The Nassau Guardian. *The Rise of the Haitian Population*. Retrieved from http://www.thenassauguardian.com/index.php?option=com_content&id=39885:the-rise-of-the-haitian-population&Itemid=37

⁶ Bahamas National Budget. (2014). *Summary of Agencies Recurrent Expenditure 2014/2015*. Retrieved from <http://www.bahamas.gov.bs/wps/wcm/connect/ea54701f-354f-4831-a042-96945fba1175/RecurrentSummary2014.pdf?MOD=AJPERES>

⁷ Department of Statistics. (2012). *Labour Force Report 2011. Distribution of Households, Household Income, Mean and Median Income by Sex of Head of Household: All Bahamas, New Providence and Grand Bahama: 2011*. P 63. Retrieved from <http://statistics.bahamas.gov.bs/download/086361700.pdf>

⁸ Department of Statistics. (2014). *The Labour Force and It's Components: 2012 – 2014 R*. Retrieved from <http://statistics.bahamas.gov.bs/download/065978900.pdf>

⁹ Department of Statistics. (2014). Household Expenditure Survey 2013. Retrieved from <http://statistics.bahamas.gov.bs/news.php?id=119&cmd=view>



GENDER BASED VIOLENCE IS A GLOBAL ISSUE

1.2. The Epidemiology of Gender-Based Violence

1.2.1. Definition of Gender-Based Violence

The European Institute of Gender Equality (EIGE) defines gender-based violence (GBV) as “violence that is directed against a person on the basis of gender. It constitutes a breach of the fundamental right to life, liberty, security, dignity, equality between women and men, non-discrimination and physical and mental integrity.” Most predominantly, “Gender-based violence reflects and reinforces inequalities between men and women.”

The terminology, gender-based violence and violence against women are often used interchangeably as most gender-based violence is inflicted by men on women and girls. The EIGE estimates that 20 to 25% of women in Europe have suffered physical violence and the number of women who have suffered from other forms of gender-based violence is much higher. Hence most references and discourse on GBV, particularly earlier literature texts and discussions, are directed to violence against women negating the realities that the violence is directed and perpetrated by all sexes and genders.

This is clearly noted in The Declaration on the Elimination of Violence against Women (VAW) adopted by the General Assembly (GA) in 1993, with reference to women only. It was the first international human rights instrument to explicitly address the issue of VAW.

It affirms that the phenomenon violates, impairs or nullifies women's human rights and their exercise of fundamental freedoms. According to Article 1 of the Declaration, Gender-Based Violence includes “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”

The Committee on the Elimination of Discrimination against Women general recommendation No 19 was even more specific and intensified their efforts to eliminate all forms of violence against women, defining GBV as “violence that is directed against a woman because she is a woman, or violence that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.” The Committee stated further “Gender-based violence, which impairs or nullifies the enjoyment by women of human rights and fundamental freedoms under general international law or under human rights conventions, is discrimination within the meaning of Article 1 of the Convention”

Additionally, the General Assembly Resolution on the Elimination of Domestic Violence against Women recognizes that “domestic violence can include economic deprivation and isolation and that such conduct may cause imminent harm to the safety, health or well-being of women”.

While these international articles and recommendations have served to guide states, a more comprehensive definition of GBV might be the following adaptation of that given in Chapter 1, Article 2 of the Convention of Belem Do Para:

“Gender-based violence is a violation of fundamental human rights and freedoms, based on the historically unequal power relations between women and men. It defines any act or conduct, based on gender, which causes death or physical, sexual or psychological harm or suffering to a person, whether in the public or private sphere, including physical, sexual and psychological violence.”

Notwithstanding the fact that it only addresses one aspect of GBV, The Bahamas Domestic Violence (Protection Orders) Act (ch 99A, para 2) defines domestic violence as follows:

“Domestic violence” includes physical, sexual, emotional or psychological or financial abuse committed by a person against a spouse, partner, child, or any other person who is a member of the household or dependent”.

In summary, GBV is an all-encompassing term defined as an act against human rights and ones' fundamental freedoms, an act of discrimination, an act of economic deprivation and isolation, an act causing physical, sexual or mental harm either by direct action or the threat that such action could occur, an act which fundamentally is inflicted on an individual because of their gender identification, by one of a more perceived gender dominance. In most cases the victim's gender is a female and the perpetrator, a male.

1.2.2. Forms of Gender-Based Violence

There are several classifications of GBV, but the prevailing one reflects content, where and by whom, with a focus on females as the more common victims.

1. Violence against women within the family
 - (a) Intimate partner violence (sexual and non-sexual)
 - (b) Harmful traditional practices

2. Violence against women in the community
 - (a) Femicide: the gender-based murder of a woman
 - (b) Sexual violence by non-partners
 - (c) Sexual harassment and violence in the workplace, educational institutions and in sport
 - (d) Trafficking in women

3. Violence against women perpetrated or condoned by the State
 - (a) Custodial violence against women
 - (b) Forced sterilization

4. Violence against women in armed conflict

5. Violence against women and multiple discrimination

While some forms of GBV can be classified even more simply by underlying clinical or biological status of the inflicting event, namely physical, psychological and sexual, be it actual or threatened, it highlights the difficulties of comparing and analyzing GBV related information, making it near difficult to compile and analyze data.

This cannot be solved without taking a new approach to the classification of GBV incident types. The International Rescue Committee (IRC), the UN Population Fund (UNFPA) and the UN High Commissioner for Refugees (UNHCR) have developed a new incident classification system strictly for the purposes of improving data collection and analysis. The system is focused on the specific act of violence; separate from the motivation behind it or the context in which it was perpetrated, defining eight core incident types, created for data collection and statistical analysis of gender-based violence (GBV)

This project however, adheres to the traditional dominant grouping of violence within the family and the community, which accounts for the mainstay of GBV in The Bahamas.

1.2.3. Causal and Risk Factors for VAW

Within the broad context of women's subordination, a number of specific causal factors for violence can be identified. These include individual or family behaviour patterns that result in a higher risk of violence, as well as structural causal factors such as the use of violence in conflict resolution, doctrines of privacy and state inaction.

1.2.3.1. Causal Factors for Gender-Based Violence

Even though violence is perpetrated by individuals and risk factors such as the witnessing of violence and use of alcohol are significant; also as significant are the socio-cultural context and belief systems that color power relations between men and women and the construction of masculinity and femininity. Traditionally boys are socialized to be dominant, aggressive and in control and girls socialized to be obedient, passive and submissive. While this rigidity in gender roles is changing, we only have to look at the increase in male on male violence in our daily media to make the connection between masculinity, aggression and dominance.

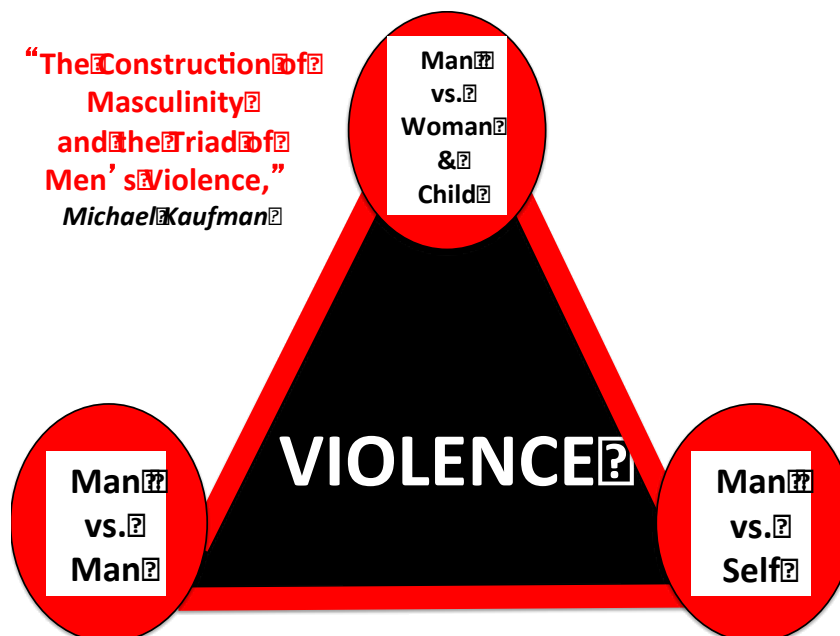
According to a 2006 study by the Secretary General of the United Nations, there is no region in the world, no country and no culture in which women's freedom from violence has been secured¹⁰. This report identifies one of the greatest challenges in ending gender-based violence as the "unravelling of harmful gender attitudes and roles deeply ingrained across the failure of societies and fostering the values of mutuality, respect and equality."

The recent change in the terminology "violence against women" to "gender-based violence" helps to place this violence as an expression of gendered power relations, of male control and female submission, and the extent to which masculinity has become invested in the occurrence of violence against men and women.

Kaufman's work on the triad of male violence puts the situation very well. According to him, men's violence against women does not occur in isolation, but is linked to men's violence against other men and the internalization of violence, and man's violence against himself. This triad of men's violence with each form of male violence helping to create the other forms occurs within an environment that nurtures violence and where violence or the threat of violence becomes a way to maintain power and control. Men's violence only against women is one corner of that triad, men's violence against men and against themselves make up the other two corners. Kaufman argues that we cannot successfully confront the first (i.e. VAW) without confronting the other two corners as they "feed on each other".¹¹

¹⁰ UNIFEM. (2003). "Not a minute more, ending violence against women (2003) (UN Publications sales No 05.111.F.2)

¹¹ Kaufman, M. (1987). *Beyond Patriarchy: Essays on Pleasure, power, and change*. Toronto: Oxford University Press.



Of particular relevance to the Caribbean in general, and The Bahamas in particular, is the work of Eudene Barriteau who locates the origin of dysfunctional male/female relationships in the disjunction or conflict between the ideological and material relations of genders.¹² The male’s role as provider is shaken by the new role of today’s woman who can now access more rewarding and financially remunerative types of employment; whereas in earlier days, the material and ideological relations of gender supported and reinforced the dominant status of men and the subordinate status of women, the situation in today’s Bahamas is very different. The material gains and understanding of their roles by women over the last 3 decades have not been accompanied by similar ideological gains. Belief systems that legitimate man’s right to control, dominate, and to use intimidation, coercion, threats, and force have deep roots in the Caribbean in general according to Brown and Chevannes.¹³ And these belief systems remain intact among many men and women in today’s Bahamas.

This was reflected in a recent Bahamian survey of high school students in which 37.7% of male respondents and 12.3% of female respondents agreed that men should discipline their female partners¹⁴. It is reflected also in the current backlash emanating from the constitutional amendment on gender equality and anxieties that seem to have been awakened among some sections of society.

¹² Barriteau, Eudene (2003) “Theorizing Ruptures in gender systems and the Project of Mediocrity in 20th Century Caribbean”, in *Culture of Gender and Sexuality in the Caribbean* (ed) Linden Lewis Gainesville University Press of Florida.

¹³ Brown, J. and Chevannes, B. (1998) “Why Man Stay So” University of the West Indies.

¹⁴ Nicolls, D., Russell-Smith, C., Dean-Patterson, S., Deveaux-Stuart, L. D., Gibson-Mobley, I., Williams, E. J., Pinder-Darling, A., & Fielding, W. J. (2014). Attitudes of high school students regarding intimate relationships regarding intimate relationships and gender norms in New Providence, The Bahamas. *The International Journal of Bahamian Studies*, 20(1), 38-51. <http://dx.doi.org/10.15362/ijbs.v20i1>.

Belief systems that support the “Jezebel Syndrome”¹⁵ and the notion of “fresh girls that lead men on” contribute to the community attitudes that tolerate and legitimize men’s violence and negatively influence the handling of reports of GBV. According to Barrington Brennen, when rigid, inflexible religious beliefs are combined with rigid, inflexible family beliefs and practice, the outcome is always violence – physical or nonphysical.¹⁶ According to a WHO assessment on intimate partner violence and HIV/AIDS “Men use violence against women as a way of disciplining women for transgressions of traditional female roles that associate masculinity with dominance, toughness, male authority in the home, and threats to male authority.”¹⁷

Religious and legal doctrines protecting the privacy of the home and family have been used to justify the failure of the State and society to intervene when violence is committed against women in the family. The culture of holding the privacy of the home in such high esteem, in both law and practice, contributes to impunity for violence against women at the hands of family members.¹⁸ Audrey Roberts points to the way in which gender intersects the public and private spheres. In the private sphere, masculinity is synonymous with individuality and femininity is synonymous with domesticity. Loyalty and cooperation are also in the private sphere. Domination of women expressed through intimate partner violence is intended to ensure women’s subordination.¹⁹

While the development of international law in the last two decades has extended the government’s human rights obligations in the family arena and governments have put in place laws and policies in line with these obligations, enforcement remains a challenge. Social norms and legal culture often protect privacy and male dominance within the family at the expense of the safety of women and children. The difficulty with, and ultimate failure in, the attempt in 2009 to amend the Sexual Offences Act in order to criminalize marital rape in The Bahamas, exemplifies this point.

The backlog in the criminal justice system is reflective of the failure to address sexual offences in a timely manner and results in impunity for acts of gender-based violence.

1.2.3.2. Risk Factors for Gender-Based Violence

Based on the current literature, a number of factors have been shown to be correlated with, or are considered risk factors for, certain forms of gender-based violence²⁰. Among these are social and economic status, individual histories of exposure to violence, and individual types of behaviour. Studies conducted mostly in developed countries have

¹⁵ The Jezebel Syndrome is a local cultural reference to women who entrap men into sexual immorality by lies and deceit.

¹⁶ Brennen, B. (May 2005). A deadly formula for violence. [The Nassau Guardian](#).

¹⁷ World Health Organization “Intimate Partner Violence & HIV/AIDS “ WHO information bulletin series #1 available at <http://www.who.int/gender/violence/en/vawinformationbrief.pdf>

¹⁸ Thomas, D. and Beasley, M. D. Domestic violence as a human rights issue, *Albany Law Review*, Vol. 58 (1994-1995).

¹⁹ Roberts, A. (2014). A national assessment of actions on ending violence against women in The Bahamas.

²⁰ Heise, L. (1998). Violence against women: An integrated, ecological framework. New York, St. Martin’s Press: New York.

focused primarily on intimate partner violence, childhood sexual abuse and sexual assault and rape by strangers and known persons point to a recurring set of factors correlated statistically with GBV at the levels of the individual, family, community, society and the State.²¹

At the level of the individual, factors that are associated with both the perpetrators and victims of violence include: youth; a history of abuse as a child; witnessing relationship violence in the home; the frequent use of alcohol and drugs; low educational or economic status; and membership in marginalized and excluded communities.²² Childhood experiences of violence in the home reinforce for both men and women the normative nature of violence, thus increasing the likelihood of male perpetration and female acceptance of abuse. David Allen's work on the power of shame and the hurt trail for the individual and its contribution to domestic violence must be noted.²³ Alcohol and substance abuse contribute to intimate partner violence by reducing inhibitions and providing rationalizations or excuses for the behaviour.

At the level of the couple and family, risks may vary based on male or female control of wealth and decision-making authority within the family; a history of relationship conflict; and significant interpersonal disparities in economic, educational or employment status. Approaches to conflict resolution, within couples and interpersonal skills are factors in determining whether that conflict escalates into violence.²⁴

At the level of the community, factors that may also contribute to an increase in the risk of GBV include: women's isolation and lack of social support; community attitudes that tolerate and legitimize male violence; and high levels of social and economic disempowerment, including poverty.²⁵

With regards to poverty, researchers have consistently found that poor women are at increased risk of intimate partner violence and sexual violence, including rape. The effects of poverty and economic inequality are mediated through their effect on levels of conflict over resources, women's ability to leave relationships, and men's ability to perceive themselves as successful men. This correlation between poverty and VAW points to the need for changes in policies and practices in order to respect, protect and fulfill women's economic and social rights. Emphasis must thus move beyond interventions at the individual level to address the structural factors that contribute to VAW, including gender-based discrimination in access to resources and services and the denial of women's economic and social rights.²⁶

²¹ Harway, M. and O'Neil, J., Eds. What causes men's violence against women (Thousand Oaks, Sage Publications, 1999); Heise, L. Violence against women: An integrated, ecological framework (New York, St. Martin's Press, 1998);

²² Heise, L., Ellsberg, M. and Gottemoeller, M. Ending violence against women, Population Reports, vol. 27, No. 11 (1999), pp. 8-38;

²³ Allen, D. F. (2014). Shame

²⁴ UN Nations, 2006. Ending violence against women: from words to action.

²⁵ Jewkes, R., Intimate Partner Violence: Causes and Prevention, Lancet, vol. 359 (2002), pp. 1423-1429.

²⁶ UN Nations 2006. Ending violence against women: from words to action.

At the level of society, gender roles that entrench male dominance and female subordination may also contribute to GBV, as well as the tolerance of violence as a means of conflict resolution.²⁷

At the level of the State, inadequate laws and policies for the prevention and punishment of violence and limited awareness and sensitivity on the part of law enforcement officials, courts and social service providers may also contribute to GBV.²⁸

Not to be overlooked is the critical role that government plays in the development and maintenance of gender roles and power relations. Government inaction leaves in place discriminatory laws and policies that undermine women's rights, disempowers women and constitutes lack of compliance with human rights obligations.

These analyses point to power disparities based on discrimination and inequalities as the underlying determinants of GBV. As a leading researcher on domestic violence noted, although such violence "is greatest in relationships and communities where the use of violence in many situations is the norm, notably when witnessed in childhood, *it is substantially a product of gender inequality and the lesser status of women compared with men in society.*"²⁹

1.2.4. Special Populations

1.2.4.1. Family Islands:

The eradication of gender-based violence in our Family Islands is inevitably shaped by the archipelagic nature of the commonwealth, consisting of 29 islands and 661 cays, the demographics of the various Family Island communities and the geographic layout of these communities made up of several relatively large townships, small settlements and pockets of residents separated by long distance. The census report provides a breakdown of population by Family Island. Over 70% of the population lives on New Providence, 15% on Grand Bahama, with the remaining population distributed throughout the remaining islands. The 2010 Census Report on Population & Housing gives detailed information on the size of the total population of each island.³⁰

The challenge of the geography is to:

- a. Obtain information on the incidence of violence in families and in the wider community
- b. The provision of services to all victims in a timely manner and intervention for perpetrators

²⁷ UN Nations 2006. Ending violence against women: from words to action.

²⁸ UN Nations 2006. Ending violence against women: from words to action.

²⁹ Jewkes, R. "Editorials: Preventing Domestic Violence", British Medical Journal, vol. 324 (2002), pp. 253-254 (italics added, footnote omitted), available at <http://bmj.bmjournals.com/cgi/content/full/324/7332/253>.

³⁰ See Appendix 2.

c. The engagement of government agencies

These are small and closed communities with some resistance to the outsider. The work to combat GBV has to be carried out with a great deal of sensitivity and appreciation for local social conditions. Confidentiality is a major concern and the highest degree of professionalism will have to be on display while working with residents, partners, and stakeholders.

On the plus side, all of the communities are serviced by a network of health, social services, schools, local administrators, police and strong religious and political leaders. Local government administrators, who are also magistrates, provide an array of government services and along with the police force have a strong presence on each island.

Members of Parliament representing these communities are fully cognizant of the social and economic concerns of their citizens and should be strong partners in raising awareness of gender-based violence and lobbying for additional resources and services.

Transportation between the islands and the capital, Nassau, is by boat and airplane; and although relatively costly, is consistent and regular on a daily or twice-weekly basis. Residents of the Family Islands travel often and this allows them ready access to information.

The church is ubiquitous and is represented by the three largest denominations in the country – Catholic, Anglican, and Baptist. Church attendance is high and the churches offer a variety of programmes and services for members of all ages.

School attendance up to the secondary level is mandatory for all children in the country. In the Family Islands, children are bussed to schools where necessary and in the smaller communities attend all-age schools. Some of the schools provide extracurricular activities in sports, music and civics including a family life education programme.

A variety of NGOs, including Rotary and Kiwanis Clubs and the Cancer Society, are active in the larger population centres in Grand Bahama, Abaco, Exuma, Eleuthra, and Andros.

These features of Family Island life have allowed these communities, large and small, to enjoy a relatively good quality of life.

However, as a consequence of the limited available resources to respond to gender-based issues in the Family Islands, victims and families, in many cases, are left without recourse to intervention, adjudication, protection and resolution. What may be a relatively minor incident can escalate into a more serious outcome for victims.

The Way Forward

1. Community Support

The police force, Family Island administrators and schools represent the strongest and most resilient organizations and the support of these groups will be crucial in carrying out the initiatives of the task force. Also of importance is the development of a strong community voice among NGOs and church groups to raise awareness on prevention measures and provide leadership in small communities.

2. Programmes and Services

A coordinating mechanism, in the form of a Family Coordination Council, in each district is recommended so as to provide a comprehensive integrated system of services and response for victims. The Council would coordinate the work of the administrator, the police, healthcare professionals, and the community's 'first responder'/victim's advocate with respect to GBV.

1.2.4.2. Migrant Populations:

A. Migrant Women

Migrant women make up another vulnerable group to gender-based violence. This group includes migrant women from many countries and also many different racial, social, economic, and religious backgrounds. Migrant women may be classified into various categories relating to the factors compelling migration, the purpose of migration and accompanying tenure of stay, the vulnerability to risk and abuse, their immigration status, and their eligibility for citizenship.

Many of these women are unaware of available support systems and often lack knowledge of their rights. The lack of resources sometimes presents huge problems. Complicating this is their lack of family support, threats of separation from their children and also threats of losing their immigration status.

The three main areas of concern for this diverse group of women include:-:

1. Violence within the home:-

This is especially problematic when children are involved. The lack of financial resources, fear of separation from the children, in addition to the shame and embarrassment to admit to the abuse, immobilize many migrant women who continue to suffer in silence. Some report being locked in homes and living under intimidation and fear of extreme violence.

2. Violence in the workplace:-

Many migrant women are employed as domestic workers or in other minimum wage jobs. Documents held by their employers and long working hours and poor working conditions are not uncommon. Sexual harassment can occur but it

appears that silence and endurance are the preferred measures as the women fear the loss of jobs and often see no options.

3. Violence within State institutions:-

The potential for abuse of women in state-based facilities, such as the Detention Centre, that house migrant women cannot be disregarded. In addition to the Detention Centre, the Department of Immigration also operates a separate facility for children and their mothers and unaccompanied minors who are being detained as illegal immigrants. The Department of Social Services serves as the focal point for receiving complaints of abuse and is empowered to look after the welfare of detainees.

B. Haitian Migrants

Preliminary results from the 2013 Household Survey revealed obvious differences in standards of living among residents from different nationalities. More specifically, living conditions are significantly worse for Haitian migrants who represent 7.5% of the total population, than for people of any other nationality. The proportion of migrants in the total population of the country is 12.3%. While most (around 78.3%) of the migrants from Canada, United Kingdom and the United States belong to the richest 40% of the population, migrants from Haiti are over-represented among the poorest population. Almost half of them (49.7%) are part of the poorest 20%, while about three out of four Haitians belong to the poorest 40% of the population of the country - many of whom are undocumented and living as squatters in isolated, enclave communities throughout the Bahamian archipelago.³¹

While the Royal Bahamas Police Force (RBPF) reports finding no significant systemic difference noted in the response to complaints of sexual offences in the Haitian communities, these cases are more difficult to identify, investigate and manage. This is due in part to the following reasons:

- A language barrier
- Victims and their families are sometimes difficult to locate due to the dense population of the 'shanty towns' in which they live.
- A concerted effort is made to hide, defend or protect the perpetrator of such offences, especially if he is the breadwinner.
- Relatives or neighbors are suspicious of government officials, including social workers. They are reluctant to cooperate because they fear coming to the attention of the Immigration authorities.

³¹ Report of 2013 Bahamas Household Expenditure Survey Leopoldo Tornarolli; Department of Statistics (2003) Report of the 2001 Bahamas living conditions survey". Ministry of Finance Nassau Bahamas.

The Task Force on gender-based violence commissioned a brief study to examine the prevalence of gender-based violence, and more specifically, violence against women among Haitians living in Nassau.³² A total of sixteen independent extended interviews were conducted, with women between the ages of 18 and 65, all of whom self-identified as being of Haitian descent and confirmed that they were currently residing in The Bahamas. The most outstanding findings are as follows:

While all of the women agreed that men who hit women are wrong, 94% of the women interviewed claimed that violence against women in the Haitian community was not a concern to them. When asked to define gender-based violence, 70% of the respondents agreed that “Hitting a woman every now and then is not considered abuse,” and yet an astounding 94% admitted that they have experienced some level of violence in their personal relationships at the hands of their partner. When asked where victims of gender-based violence should go to for advice and assistance, the unanimous answer was that they should seek assistance from their pastors, and explained that pastors would be able to pray over the distressed person’s situation and if needed intervene to resolve the couple’s dispute. When asked whom victims of gender-based violence should never go to for assistance, 50% of respondents said that a Haitian woman who was a victim of gender-based violence should never go to the police for assistance. The women felt that reporting their perpetrators and seeking justice was not worth the risk of possible deportation back to Haiti.

While The Task Force on gender-based violence is aware that this is a preliminary study, the findings indicate that there is a need to further explore the issue of gender-based violence within this immigrant community, not only in New Providence but in several of the Family Islands where the dynamics and circumstances of gender-based violence among the Haitian Community may be a bit different. A comprehensive study is needed to identify the causes and address the needs that are unique to this demographic.

1.2.4.3. Older Persons

Over the last 3 decades elder abuse or maltreatment of older persons has gradually emerged as a form of domestic violence globally. This is partly due to the rapidly increasing number of persons 75 years and over in need of assistance in daily living. Historically, elder abuse has been seen as mainly the result of care-giver stress, with offering help to that caregiver seen as the preferred treatment option.

In the United States, for example, the abuse of older persons (60 years & older) has been shown to be a significant public health problem with 1 in every 10 older persons said to be experiencing elder abuse³³. A recent report by the National Center on Elder

³² Knowles, Z. Y. (2015). A study on gender-based violence among Haitians living in The Bahamas. Nassau: The Bahamas.

³³ Teasler P. B., Otto J. M., Dugar T. D., Mendiondo M. S., Abner E. L., and Cecil K. A. (2006) “Study of Adult Population Services: Abuse of Adults 60 years and older” National Center of Elder Abuse. Administration of Aging Washington D. C.

Abuse in the United States found that 90% of elderly domestic violence victims had been abused by family members with two-thirds by spouses or children.³⁴ According to the latest statistics from the National Center on Elder Abuse, 42% of homicide victims over 60 years were killed by their offspring and 24% by spouses.

In The Bahamas, reports of elder abuse have been anecdotal. More focus needs to be given to this matter.

1.2.4.4 Children

Children are severely affected by violence, whether they experienced the violence themselves or were witnesses of the violent acts. While it is possible that they may emerge from their experiences relatively unharmed, the research shows that they are at increased risk for a range of later adjustment and behavioral problems. More often, such children end up having feelings of powerlessness, confusion, anger, guilt, sadness, fear, isolation, depression, anxiety and low self-esteem. Factors that appear to affect these responses include: the child's proximity to the violence (that is, what the child actually saw or heard); the child's personality; the age of the child at the time of exposure; the severity and prevalence of the violence; and the availability of adults who can emotionally protect or support the child³⁵.

Children's exposure to violence, whether as victims of abuse or witnesses to intimate partner violence has been recognized to cause major disruptions of the basic cognitive, emotional and brain functioning that are essential for optimal development. When this trauma is unrecognized or untreated, these children are at greater risk for aggressive disruptive behaviours, school failure, post-traumatic stress disorder, alcohol and drug abuse, risky sexual behaviour and delinquency.³⁶

Adverse childhood experiences (ACE's) which include witnessing domestic violence/abuse, neglect or growing up with substance abuse, or mental illness have been shown to be pathways to social, emotional, and cognitive impairments that result in increased risk for violence or revictimization.³⁷ When a child is wounded, the pain and long-term effects reverberates as an echo of the lives of people they grew up with and then they grow up at risk for taking on the same characteristics and behaviours sustaining the cycle of violence, abuse, and neglect, substance abuse and mental illness.

Exposure to chronic domestic violence has been shown to be associated with lower cognitive functioning and poor school performance. While most children who witness

³⁴ National Center on Elder Abuse, Bureau of Justice Washington D. C. (2014).

³⁵ Attorney General's National Task Force on Children Witnessing Violence

³⁶ Attorney General's National Task Force on Children Exposed to Violence

³⁷ Attorney General's National Task Force on Children Exposed to Violence

violence at home will not become violent, those who do exhibit violent behavior are more likely to continue that behavior and transmit it to future generations.³⁸

When a parent is the victim of gender-based violence, the landscape changes from that of an emotionally competent parent in a healthy home environment to a severely compromised situation where the parent is unable to properly see to the emotional needs of the child. The parent may be focusing on pleasing the offending partner or trying to hide what is happening and may not recognize that the child is observing or feeling the effects of the trauma and often becomes psychologically damaged.

Our challenge in The Bahamas is the deconstruction of masculinity and manhood from its association with the sexual prowess, dominance, control, and aggressiveness and the deconstruction of womanhood and femininity from its association with submissiveness, compliance, and sexual objectification. These deconstructions will help eliminate the current toxicity in male/female relationships replacing them with healthy male/female relationships and consequently a healthier, more resilient and nurturing family unit which will in turn move us toward a violence-free society.



1.2.4.5 Persons with HIV/AIDS

There is increasing evidence of the intersection between gender-based violence and HIV as a result of the lack of decision making powers of women not only to negotiate condom use with philandering, abusive partners, but also their lack of decision making power

³⁸ Merriel L., Thomsen C., Crouch J., May P., Gold S. and Milner J., "Predicting risk of child physical abuse from childhood exposure to violence. Can interpersonal schemata explain the association?" *Journal of Social and Clinical Psychology* vol 24, No 7, (December 2005) pp 981 -1002.

regarding their own lives, health and sexuality³⁹. There is also emerging evidence connecting the HIV pandemic and gender-based violence with teens and younger women. Indeed a number of studies indicate that the first sexual experience of sexually active girls was “forced” or “somewhat forced”.⁴⁰ Pressure placed on young women by older men to engage in transactional sexual activity is key in the sexual GBV and HIV correlation. For want of food, school books, clothing, and even cellphones, school girls go with men who are many years their senior, indulge in having several sexual partners who are unlikely to use protection thus putting the girls at risk of contracting HIV. Based as they are on fear, threats, coercion, and control, these intimate partner situations are profoundly dangerous.

Studies have also shown that anywhere from 17% to 86% of women choose not to disclose their status as a result of their fear of violence, rejection, abandonment and accusations of infidelity from their partners, families, and neighbours.⁴¹

Violence can also impede access to basic health information and services, including HIV treatment, care, and support. A positive test result can lead to stigma, discrimination, isolation, and violence in the home and community, magnifying the vulnerabilities faced by gender-based violence survivors.

1.2.4.6. Persons with Disabilities (PWD)

The 2011 World Report on Disability identifies emotional, physical, and sexual abuse of women with disabilities (WWDs) is a problem of crisis proportions. This particular population faces some unique vulnerabilities resulting from abuse far beyond those experienced by women without disabilities.⁴²

This Report shows that WWDs are three to four times more likely to experience sexual abuse. Women with intellectual impairments are at a higher risk of sexual and physical violence. One in two deaf women and one in six deaf men will experience domestic or sexual violence during their lifetime. WWDs tend to suffer longer before any kind of action is taken. WWDs are triply disadvantaged (gender, disability, poverty). WWDs are more likely to experience poverty due to lack of education and unemployment or receipt of the minimum wage. WWDs are viewed as not representing the stereotypical “female mold” by the media; i.e., having a “normal”, well-shaped/curvy/sexy” body image). WWDs are also seen as asexual and incapable of having children, and as a result may be denied

³⁹ Dinys, Luciano (2007) “Exploring the intersection between HIU and Violence against Women in Latin America and the Caribbean “Development Connections Washington D. C. Who and World Report on Disabilities, http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf

⁴⁰ Fountain, T. (1997). Adolescent Health Study. Health Information and Research Unit. Ministry of Health: The Bahamas.

⁴¹ Global Coalition on Women and AIDS, background paper on “Violence against women and AIDS.” available at http://dats.unaids.org/GCWA/GCWA_BG_Violence_en.pdf;amFAR, Gender Based Violence and HIV among women assessing the evidence, Issue Brief N0 3 (June 2005).

⁴² World Report on Disabilities 2011 by WHO and the World Bank-

reproductive rights (e.g. family planning or birth control options and freedom to choose when to have children and the number of children they wish to birth).

Violence or abuse for persons with disabilities can occur in:

- homes (at the hands of intimate partners, immediate family members or caregivers);
- public and private institutions (healthcare workers, caregivers, etc.);
- the community (strangers, schools and by those entrusted to protect PWDs).

These acts of violence perpetrated upon persons with disabilities may be presented in the form of:

- neglect: caregivers refusing to assist with activities of daily living (bathing, eating, dressing);
- psychological abuse: emotional abandonment and rejection;
- verbal abuse: name calling, threatening, belittling, blaming, accusing of faking the disability;
- physical abuse: by restraining or confining; withholding necessities such as food, water, medication and assistive devices, including wheelchair, leg braces, walker, white cane, service animal, or ramp);
- exploitation in the form of human trafficking (particularly for women and girls who are deaf or hearing-impaired);
- sexual abuse
- manipulation: children with disabilities are often used to solicit public sympathy and pity by begging on the streets.

In September 2013, The Bahamas became a signatory to the Convention on the Rights of Persons with Disabilities and, in 2014, passed the Persons with Disabilities (Equal Opportunities) Act which sets out the obligations of the government “to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability.”

1.2.4.7. Members of the Lesbian, Gay, Bisexual and Transgender (LGBT) Community

Many LGBT persons are at risk of GBV because they represent a direct challenge to traditional gender norms and roles. Homophobic incidents and crimes targeting LGBT people are believed to be among the most unreported and undocumented with the perpetrators of crimes such as rape, sexual assault, and domestic violence often going unpunished. Transgender and non-gender conforming persons are exposed to stigma, harassment, and sexual and physical violence at the hands of family members, their communities, and state actors (such as the police and judicial system). Not only does this violence deprive them of basic human rights, it puts them at increased risk of HIV, mental health issues, homelessness and poverty.

Cases remain unreported due to stigma unless they escalate to homicide or grievous bodily harm and even then may not be reported as GBV due to fears of the family and friends of the victim of stigma and discrimination.

Persons in the same sex relationships may not readily report inter-personal or domestic violence. It is difficult for victims to report abuse or seek protection and support services as such relationships are stigmatized by society and not acknowledged as legitimate. It is important to note that the Domestic Violence (Protection Orders) Act 2007, provides protections for all members of a household regardless of their relationship to the perpetrator.

LGBT activists do not, at this time, have access to any quantitative or qualitative data or statistics on GBV in the LGBT community in The Bahamas. Stigma and fear of visibility and discrimination prevent the vast majority of LGBT Bahamians from reporting incidents of violence and discrimination to the relevant government, judicial, and medical authorities. Members of the LGBT community are hesitant to report acts of violence and discrimination to local and regional advocacy organizations for the same reasons.

1.3. Scope of Gender-Based Violence (GBV)

GBV is a major public health problem in the Caribbean; The Bahamas is no exception. The statistics are alarming and of great concern. In some areas of GBV, on a per capita basis, The Bahamas ranks globally in the highest percentile. The burden of the disease extends far beyond the financial costs in reference to the loss of lives, job productivity and quality of life. The emotional trauma inflicted on the victims and their families is immeasurable.

What often goes unmeasured however and probably takes the highest toll on our communities is the fear of crime. Noting the high rates of single parent families and mainly women, there must be a constant and pervasive fear of being a victim of gender-based violence in Caribbean women; the psychological toil must be pervasive and incalculable. Gender-based violence must be eradicated. Delineating the extent and burden of the disease in our society, provides the impetus and the urgency of our call to action.

The issue of rape, its magnitude and impact in the country demands further attention. The Bahamas has the highest incidence of rape per capita in the Caribbean. The UN Women narrative on gender-based violence in Caribbean cites: "While the worldwide average for rape was 15 per 100,000, The Bahamas had an average of 133, St. Vincent and the Grenadines 112, Jamaica 51, Dominica 34, Barbados 25 and Trinidad and Tobago 18. The report further pointed to a survey which revealed that in nine Caribbean countries 48 percent of adolescent girls' sexual initiation was 'forced' or 'somewhat forced'".⁴³

The Strategic Policy & Planning Branch of the RBPF reveals over a 10 years period 2003 to 2013, that 6,210 cases of sexual offences were reported.

⁴³ United Nations (2004). CEDAW Made Easy: question and answer booklet. UN Office; Barbados. pg. 25

Table 1: Sexual Offences Reported (2000- 2013)

Year	Rape	Attempted Rape	Unlawful Sexual Intercourse	Incest	Other	TOTAL
2003	114	36	166	19	208	543
2004	89	31	196	13	211	540
2005	87	23	189	13	178	490
2006	72	23	208	21	250	574
2007	135	35	255	29	239	293
2008	118	43	241	19	200	621
2009	109	33	251	23	253	669
2010	78	26	196	19	221	540
2011	107	28	178	19	219	551
2012	96	11	151	19	221	498
2013	104	20	154	23	190	491
TOTAL	1,109	309	2,185	217	2,390	6,210

Source: Strategic Policy and Planning Branch, Royal Bahamas Police Force

The data does not reflect the extent the problem; there is significant under reporting. In the United States, the Rape, Abuse and Incest National Network reveal that sexual assault is one of the most under reported crimes to the police, with 68% still being left unreported⁴⁴. Reports from rape crisis centres throughout the Caribbean suggest that only one in eight victims who go to the centres for help report the sexual offence to the police⁴⁵. The under reporting is a common theme in the data collection and reporting. Hanna in his treatise on reducing murders in The Bahamas referred to the number of criminal offences that had seemingly escaped public notice as the “dark figure of crime”⁴⁶.

Table 2: Reported Sexual Offences by Region (2003-2013)

Sexual Offences	New Providence	Grand Bahama	Family Islands	Total
Rape	879	137	93	1109
Attempted Rape	258	29	22	309
Unlawful Sexual Intercourse	1490	293	402	2185
Incest	153	27	37	217
Other Sexual Offences	1666	371	353	2390

⁴⁴ Rape, Abuse, and Incest National Network. www.rainn.org

⁴⁵ Ibid, CEDAW Made Easy, p.25.

⁴⁶ Ibid, Hanna, Chaswell, “Reducing Murders in The Bahamas, 2010”

Total	4446	857	907	6210
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Source: Strategic Policy and Planning Branch, Royal Bahamas Police Force

The Police data indicate also that the problem of sexual offences is more an urban problem reflecting the population density. The extent of the problem and the impact in the less populated areas however cannot be ignored. Studies suggest that within smaller communities of the Family islands, there is anecdotal evidence and professional opinion suggesting strongly that partner and child sexual abuse physical abuse are significantly under-reported due to cultural norms and increased sensitivity to social sanctions.

Table 3: Reported Cases of Sexual Offences, New Providence (2006 – 2013)

Sexual Offences	2006	2007	2008	2009	2010	2011	2012	2013	Totals
Child Sexual Abuse	119	105	134	147	102	167	92	95	961
Incest	19	22	25	21	8	11	6	6	118
Totals	138	127	159	168	110	178	98	101	1,079

Source: Statistics reported by the Department of Social Services

The Department of Social Services report that child abuse is a significant problem as well – as reflected in Tables 3 and 4. The concerns of the Child Protection Division of the Department of Social Services must be highlighted:

- Child sexual abuse is seriously under-reported and commonplace
- There is a lack of support of the non-offending parent/s;
- Victims are continuously blamed for abuse by the non-offending parent/s who often refuse to believe the victims reports of the abuse, regardless of ages;
- Some victims do not show interest in on-going counseling;
- Minimal sharing of data and statistical information between police and the Department of Social Services

Of the 262 cases of sexual assault on the island of Grand Bahama from 2003 to 2013, the Social Services concerns are equally disturbing:

- The age ranges of young children/young persons referred to the Child Protective Services were from 1 – 17 years;
- The mean age of children who were sexually abused ranged from 10.3 years to 11.3 years, representing a difference of only one year;
- The perpetrators in these cases were mothers' partners, neighbors and unknown assailants;
- 70% of the children were living within single parent family arrangements.

**Table 4: Reported Cases by Type in New Providence
(2010- 2014)**

TYPE OF CASE	2010	2011	2012	2013	2014	Cumulative Totals
PHYSICAL ABUSE	127	141	100	113	112	593
SEXUAL ABUSE	102	167	92	95	47	503
VERBAL ABUSE	4	11	7	5	9	36
EMOTIONAL ABUSE	2	10	2	9	6	29
INCEST	8	11	6	6	37	68
NEGLECT	252	254	202	257	176	1,141
ABANDONMENT	4	10	8	5	5	32
TOTAL	499	604	417	490	392	2,402

Source: Department of Social Services Child Protection/Child Care Facilities Division

Table 5: Child Abuse/National Hotline (2012 – 2014)

Type	2012	2013	2014	Total
Custody	2	4	1	7
Access		1		1
Abandonment	4	1	2	7
Shelter	22	20	39	81
Missing Child	1			1
Sexual Abuse	32	26	13	71
Incest	1	1	5	7
Physical Abuse	39	46	40	125
Neglect	44	62	40	146
Verbal Abuse	7	8	6	21
Emotional Abuse	1	2		3
Psychological Abuse	1			1
Behavioral Problems	8	15	9	32
Rape	2		2	4

Domestic Violence	9	5	5	19
Family Problems	1			1
Marital Problems	2	2		4
Counseling	3	3	2	8
Depression	4		2	6
Stress		3		3
Suicide	6	17	2	25
Financial Assistance	3		3	6
Fire Victim	1	2	3	6
Information seeking	17	26	3	46
Other	7	2	6	15
Total	217	246	183	646

The number of victims seeking assistance is an indication as well of the extent and burden of this major public health problem. The Crisis Center, non-profit organization that provides services to people who are the victims of physical, sexual and emotional abuse, has documented a 12% increase in sexual assaults, and rape from 2012 to 2013. This increase trend in rape and sexual abuse has been documented from 2005.

Table 6: Clients Seen By the Crisis Centre (2012 – 2013)

Offences	2012	2013	Total
Sexual Assault and Rape	126	140	266
Incest and Sexual Molestation	119	34	153
Total	245	174	419

Source: The Crisis Centre

The Crisis Center has also documented a doubling in their counselling services from 2005 to 2011. This service however, reflects a myriad of reasons for people seeking their services; intimate partner violence accounts for a third of the hotline calls and those coming into the Center for counseling.

A review of the prosecution of offences in The Bahamas highlights another dimension to the burden of GBV, the barriers to successful prosecution of sexual offences. Of those cases that are reported to the police, most remain unsolved, perpetrators are never identified and those that are, most are never brought to justice and fewer are ever convicted.

Table 7: Arrest Rates for Selected Sexual Offences (2000 – 2013)

Year	Rape		Attempted Rape		Unlawful Sexual Intercourse		Incest	
	Reported	Arrested	Reported	Arrested	Reported	Arrested	Reported	Arrested

2000	101	46	27	11	195	102	17	8
2001	111	63	65	45	182	125	20	7
2002	140	62	36	13	184	73	15	8
2003	114	58	36	17	166	105	19	15
2004	89	50	31	15	196	127	13	8
2005	87	41	23	8	189	109	13	8
2006	72	39	23	6	208	67	21	14
2007	135	43	35	6	255	83	29	15
2008	118	49	43	12	241	92	19	6
2009	109	48	33	16	251	77	23	8
2010	78	33	26	11	196	70	19	11
2011	107	41	28	5	178	46	19	6
2012	96	44	11	3	151	58	19	8
2013	104	33	20	1	154	51	23	2
TOTAL	1361	650	437	169	2746	1185	269	124

Source: Police Crime Reports, 1990 – 2013

Table 8: Sexual Offences Reported, Arrest, Supreme Court Cases (2006 – 2008)

Year	Sexual Offence	Reported	Arrests	Cases Begun In Supreme Court
2006	Rape	72	39	11
2007	Rape	135	43	14
2008	Rape	118	49	14

Source: Police Crime Reports, 1990 – 2008, Supreme Court Annual Report 2006 - 2008

Table 9: Sexual Offences Reported and Solved (2013)

Sexual Offence	New Providence	Grand Bahama	Family Islands	Totals All Bahamas	Cases Solved
Rape	88	12	4	104	33
Attempted Rape	18	2	0	20	1
Unlawful Sexual Intercourse	94	27	33	154	51
Incest	18	2	3	23	2
Other ⁴⁷	122	38	30	190	76

Source: Police Crime Reports, 1990 - 2013

These findings on reviewing our data are not surprising - the Rape, Incest and Abuse National Network in the USA⁴⁸ has documented similar findings:

For every 100 women raped:

- 32 are reported to the police

⁴⁷ Other Sexual Offences include Buggery, Unlawful Carnal Knowledge, Indecent Assault, Attempted Unlawful Sexual Intercourse, Unnatural Sexual Intercourse, Attempted Incest, Unlawful Sexual Intercourse with a Mentally Ill Person, Indecent Exposure.

⁴⁸ Rape, Abuse, and Incest National Network. www.rainn.org

- 7 lead to an arrest
- 3 are referred to prosecutors
- 2 lead to felony conviction
- 2 rapists will spend a single day in prison

Intimate Partner Violence. There is no reliable data available for intimate partner violence, whether sexual or nonsexual. This is a reflection of our inadequate and defective systems of data entry and coding. The Princess Margaret Hospital, our flagship tertiary care institution, documents almost 60,000 patient visits per year of which an estimated 30% are due to injuries. It is unfortunate that data from the hospital and reliable information on GBV to indicate its various forms and an indication of the clinical and epidemiological profile are not available.

Information from the police suggests that young people are the main victims and are predominantly female.

Table 10: Female Victims by Age (2008 – 2012)

Age	Assault	Rape	Att. Rape
0 – 17	636	120	18
18 – 25	3326	169	40
26 – 35	2621	83	23
36 – 45	1483	31	14
48 – 55	602	18	5
56 – 65	131	10	1
66 & Over	53	9	2
Undetermined	193	64	2
Total	9,045	504	105

(Strategic Policy & Planning Branch of the Royal Bahamas Police)

The need for better management information systems and data management has never been greater. Our success in eradicating GBV will be directed also at our inability to define what portion of the assaults are GBV related and who are the victims.

Hanna however, in his book on the incidence of murder in the country in “Reducing Murders in The Bahamas”, documented 45 cases of femicide for the period 2005 to 2010, a shocking statistic for a country of this population size.⁴⁹

The burden and scope of GBV in The Bahamas is best recognized within the global framework. While there is a lack of data and information compiled in The Bahamas on the socioeconomic impact of GBV one can extract the potential burden from global studies.

⁴⁹ Hanna, C. (2010), “Reducing Murders in The Bahamas”,

Burnett's publication on Domestic Violence in the USA, gives great insight. It is estimated that intimate partner violence has an economic cost of \$8.3 Billion. This includes:

- \$6.2 Billion for physical assault
- \$461 million for stalking
- \$460 Million for rape
- \$1.2 Billion for lost lives

Projected for our population in The Bahamas, the cost of GBV would be an estimated \$6 million.

Burnett noted that CDC reported that the victims of domestic violence miss 8 million days of paid work – the equivalent of 32,000 full time jobs and approximately 5.6 million days of household productivity.

Burnett's report related the psychosocial impact of GBV as well.⁵⁰

For females specifically,

- Up to 20% of woman have trauma related to domestic violence during pregnancy, including maternal deaths –
- Domestic violence is the most common cause of trauma related deaths in pregnancy
- In addition, there are Poor pregnancy outcomes, low birth weight babies and premature deliveries

The effect on children spans the period from inception to adulthood:

- They are at risk for physical injury in utero and at birth, low birth weight babies and premature deliveries;
- As preschoolers, they have impaired psychological and mental development: they can be withdrawn, subdued and display mute behaviors;
- They are at risk for sexual, physical, and psychological abuse
- At school age, there is a decline in performance and documented psychosomatic disorders;
- Children who witness domestic violence may exhibit aggressive behavior, decreased social competencies, depression, fears, anxiety, sleep disturbances, and learning problems;
- As adolescents, they can express: rage, shame, betrayal giving rise to truancy, dropping out of school, sexually acting out, substance abuse and running away.

The global impact of GBV is best summed up in a brief by the humanitarian organization, CARE.⁵¹ "GBV is endemic in every country in the world. A recent study by UN Women reveals that as many as seven in 10 women in the world report having experienced physical and/or sexual violence at some point in their lifetime. Gender-based violence happens in every country. It happens in homes, workplaces, communities and in schools. It cuts across distinctions of age, sex, religion, class and caste. A 2010 national survey in

⁵⁰ Burnett, L.B., Adler, J., Talavera, F., Hardwood, R., Brenner B. E., & Conrad, S. A. Domestic Violence. Retrieved from <http://emedicine.medscape.com/article/805546-clinical>.

⁵¹ Cooperative for Relief and Assistance Everywhere

the United States calculated that 1.3 million people had been raped in the previous 12 months. Every minute in the U.S. produced 24 victims of rape, physical violence or stalking by an intimate partner. ...Prevalence rates alone don't communicate the global impact of this epidemic of violence. According to the World Bank, GBV accounts for as much death and ill-health in women aged 15 – 44 years as cancer. It is a greater cause of ill-health than malaria and traffic accidents combined.”

The Bahamas data despite the challenges to disaggregated data and information management, indicates clearly that GBV is endemic in the country. Women are primarily the victims, and they are further burdened by the responsibility of heading single parent households or in many instances, living alone. The fear of being a victim of GBV is a reality. The country must channel every effort to eradicate this major public health problem.

1.4 Rationale and Approach to the Development of a National GBV Plan

As a result of the escalating incidents and mortalities due to GBV, In July of 2013, the Government of The Bahamas took steps to commence a timely initiative to transform the country into a Bahamas free from GBV through the establishment of a Ministerial Oversight Committee and a National Task Force to “oversee the development, implementation and coordination of a national strategic plan to address GBV”.

1.4.1 The Bureau of Women's Affairs

The charge of delivering on the mandate given to the National Task Force, became a responsibility of the Bureau of Women's Affairs in the Ministry of Social Services and Community Development.

The Bureau of Women's Affairs (BWA) has been in existence for some 34 years. It was established under the name of the Women's Desk in 1981, renamed the Women's Affairs Unit in 1987 and given its present name in 1995. The Bureau presently falls under the portfolio of the Ministry of Social Services and Community Development and its mandate is to promote the advancement of women in The Bahamas.

This small unit has oversight for reporting, on behalf of the Government of The Bahamas, on international agreements such as the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) which outlines measures for the achievement of equality between men and women and addresses discrimination on all levels, the Belem Do Para Convention which speaks specifically to the issue of violence against women and regards it as a violation of human rights, the Millennium Development Goals (MDGs) which is concerned with issues of sustainable development, the Beijing Platform of Action which emerged out of the Fourth World Conference on women in 1995, and prioritizes 12 critical areas in addressing gender equality and women's empowerment.

Officers from The Bureau also represent The Bahamas at the annual meetings held in New York on The Commission on the Status of Women at the United Nations Head Quarters, the Commonwealth Gender Plan of Action Monitoring Group meetings hosted by the Commonwealth Secretariat and participate in regional meetings on gender and women's issues.

While the Bureau at present does not offer direct services, it serves more in the capacity of advocacy, public information and education awareness. It partners with several government ministries and non-government organizations to fulfill its mandate and carry out its responsibilities. In the main, these include: the Ministries of Foreign Affairs and Immigration; Education, Science and Technology; Health; Office of the Attorney General; National Security; Youth, Sports and Culture; Agriculture, Marine Resources and Local Government. Some of the non-governmental organizations include: The Bahamas Crisis Centre, The Eugene Dupuch Law School, CariMAN (Bahamas), Zonta, Links, faith-based as well as community based organizations.

In 2012, with funding from the United Nations Population Fund, Caribbean Office, the Bureau was able to complete a Draft National Policy for Gender Equality, which is still under review. In that same year, thanks to funding from UN Women, Multi-Country Office, a Five Year Strategic Plan (2013 – 2018) was also developed for The Bureau. Also in 2012, UN Women funded the Strengthening State Accountability and Community Action for Ending Gender-Based Violence in the Caribbean.

The National Task Force on Gender-Based Violence would like to specifically thank Christine Campbell, First Assistant Secretary and Officer-in-Charge of the Bureau of Women's Affairs, and her staff, especially Melvelyn Symonette, Elaine Hinsey and Aneesah Abdullah, for their indefatigable support, devotion and commitment in seeing this project through to its conclusion.

1.4.2 The National Task Force on Gender-based Violence

The Task Force, after receiving its mandate and at its first coming together, identified several sub-committees to assess and report on the situation with respect to GBV. The sub-committees and their mandates are outlined in Box 2 below.

Box 2: Gender-Based Violence Task Force Sub-committee Mandates

Criminal Justice System

- Propose new legislation and/or updates, revisions, and amendments to existing legislation
- Design legal interventions for local adaptation (Family Islands)
- Judicial education
- Develop a national protocol for handling GBV matters
- Recommend policies and procedures for effecting GBV Legislation

Medical and Psycho-Social

- Design a system for continuous contact with GBV victims and perpetrators from reporting stage through hospitalization, counselling and further guidance in pursuit of the eradication of GBV
- Look at the protocol (SCAN and Sexual Assaults)
- Review and update hospital protocol on domestic violence
- Develop and enhance programmes for perpetrators

Communications

- Design a national protocol for the handling of GBV issues by the media written, electronic, and visual
- Address cyber bullying
- Design a system for the processing of media reports internally within publication institutions with respect to GBV incidents
- Create institutional guidelines for processing media reports
- Generate public awareness

Services for Survivors and Families

- Review Social Services protocol for victims
- Design a national system for the provision of services for survivors and families experiencing GBV from date of reporting, through intervention and counselling in pursuit of the eradication of GBV.

Surveillance/Data Collection/Information Management

- Develop an information management system (IMS) for collection and storage
- Design an information management network (IMN) for sharing of data

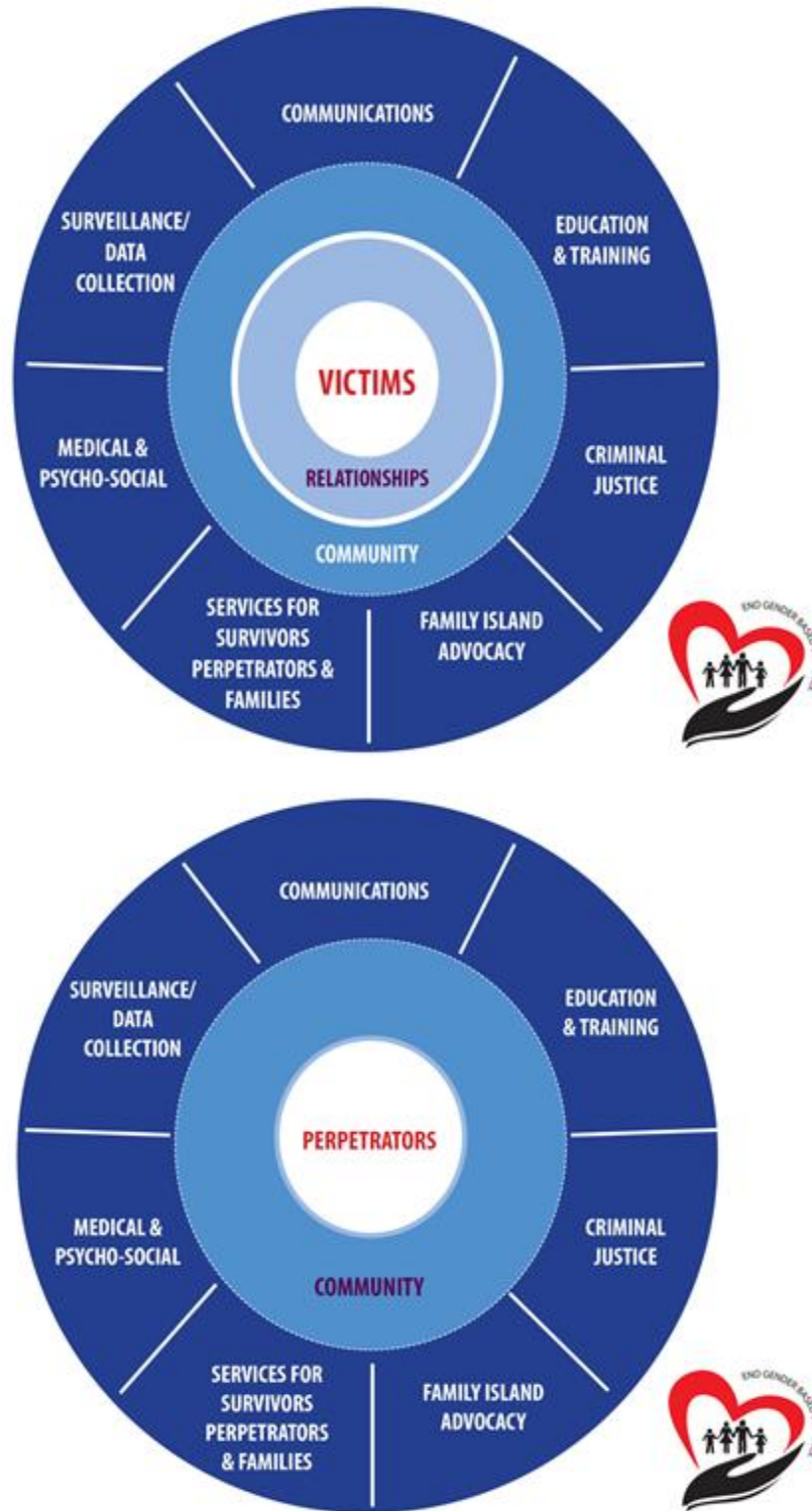
Family Island Advocacy

- Design a family-island-friendly GBV eradication system for legal, social, and economic interventions, having special regard for housing, economics and follow-up
- Disseminate information

Education and Training

- Design literature for distribution throughout the nation on the nature and eradication of GBV
- Design a road map/ action plan for public awareness

Each Committee of the Task Force related to both the victim and the perpetrator.



The Task Force Sub - committees, whose members reflected all stakeholders in our society, developed the two above-shown Coordinated Community Response Wheels

designed to provide a nexus for multi-sectoral interagency action, communication and collaboration with respect to both the Victim and the Perpetrator of GBV.

The specific goals of each sub-committee were to:

- Ensure a victim-centered response to gender-based violence and access to community resources
- Hold offenders accountable
- Ensure all communities, including underserved Family Island populations, affected by GBV have a voice and access to culturally appropriate responses
- Promote a collective position on awareness of GBV as a community problem with a community responsibility to prevent GBV.

Through its bio-ecological approach, the Task Force identified seven (7) sectors that were pertinent for inclusion in a strategic plan to eradicate GBV in The Commonwealth of The Bahamas. These include:

1. The Judicial/Legal
2. The Medical and Psychosocial
3. Prevention
4. Family Island Advocacy
5. Services for Survivors, Perpetrators and Families
6. Education, Communications and Training
7. Surveillance/Data Collection

For a successful outcome, we focused on **the victim**, particularly the relief of personal pain and suffering, recognizing the interplay with the victim's relationships and the community. We also recognized that prevention is critical if we are to make our community wholesome, healthy, and safe.

We also focused on **the perpetrator** – recognizing the need for the perpetrator's accountability through the judicial process as well as through primary, secondary, and tertiary prevention.

The Gender-based Violence Task Force adopted as its slogan, ***“Up the Awareness, Better the Access, Push the Justice & End the Violence***, and its symbol, ***“a warm and caring heart and hands”***.



Additionally, through a grant from UN Women, the Bureau of Women’s Affairs in the Ministry of Social Services and Community Development contracted a number of consultants to assist with the project by drafting several contributing reports with a focus on:

- Developing a National Assessment of Action Report on Gender-Based Violence in The Bahamas written by Audrey Roberts
- A Review of Policing of Sexual Offences written by Blanche Deveaux
- A Review of Prosecution of Sexual Offences written by Knijah Knowles
- The Development of Human Rights Based Response Protocols on Gender-Based Violence written by Lisa Fox.

The Bureau of Women’s Affairs also held workshops on GBV-related topics such as:

- Skills Building for Human Rights Monitoring of State Action on Gender-Based Violence, conducted by Gaynel Curry;
- Gender Sensitive and Social Communication Skills for Men on Gender-Based Violence, conducted by Barrington Brennen; and
- Gender Sensitive and Social Communication Skills for Youth on Gender-Based Violence by Darron Turnquest

The compilation of this “National Strategy for the Eradication of GBV” symbolizes the challenge taken up by the Bahamian society as a whole, jointly and in a coordinated and cross-cutting manner to achieve a society free of GBV. The participation of the different representatives, institutional and social bodies in the approval of the Strategy reinforces the pursuit of collaboration and unified action in the achievement of a multi-sectoral Action/Implementation Plan.

Much of what follows is a reflection of the findings and analysis of the actual situation found on the ground by the individual subcommittees of the Task Force and the research reports of the consultants whose diligent work is gratefully acknowledged herein.



Up the Awareness,

Better the Access

Push the Justice

End the Violence!

2. Assessment of the Judicial/Legal Sector



JUSTICE! WHAT JUSTICE?

Are our laws sufficiently protective?

Is it Justice delayed, or is justice denied – who is on trial?

The Victim/The Perpetrator? The victims live it all over again.

Who holds the Perpetrator accountable?

2.1 Overview

The State's responses to the issue of discrimination against women, and by extension GBV, are governed by both regional and international human rights instruments, as well as domestic laws, rules and official actions by the judiciary, law enforcement officials, and other state institutions. These instruments and measures, guide national GBV interventions and programming. They also serve to better enable the State to assess, strengthen, and support GBV-related efforts and, in this regard to better guarantee state accountability.

In addition to the international human rights instruments to which The Bahamas is a State Party, a universal review mechanism exists within the United Nations Human Rights Council that requires States to undergo a Universal Periodic Review (UPR) of their human rights record across the spectrum of social, economic, civic, political and cultural rights. The Bahamas underwent its UPR on 1 December 2008 and on 23 January 2013.

The Bahamas is a signatory to a number of international and regional agreements which are relevant to GBV. Summarized below in Table 11 are the treaties to which The Bahamas is a State Party and/or Signatory and which, as a consequence, form a legal framework that is pertinent to the current assessment of the Judicial/Legal Sector. This framework of international conventions is then followed by a brief commentary on the state accountability of The Bahamas with respect to each Instrument.

2.2 International Conventions, Multilateral Treaties and Agreements that relate to elements of GBV and to which The Bahamas is a Signatory:

Table 11: International/Regional Conventions Dealing with Gender-Based Violence

Convention Name	Date Ratified by The Bahamas	State Accountability	GBV Definition
United Nations General Assembly Resolution 40/34 of 29 November, 1985	2011	State Parties undertake to treat victims with compassion and respect for their dignity. They are entitled to access to the mechanisms of justice and to prompt redress, as provided for by national legislation, for the harm that they have suffered. Furthermore, State Parties undertake to establish and strengthen judicial and administrative mechanisms so as to enable victims to obtain redress through formal or informal procedures that	Provided a definition of "Victim" whereby a person may be considered a victim, under this Declaration, regardless of whether the perpetrator is identified, apprehended, prosecuted or convicted and regardless of the familial relationship between the perpetrator and the victim. The term "victim" also includes, where appropriate, the immediate family or dependants of the direct victim and persons who have suffered harm in

		<p>are expeditious, fair, inexpensive and accessible. Victims should be informed of their rights in seeking redress through such mechanisms.</p> <p>The State also undertakes to provide Access to Justice and Fair Treatment, Restitution and/or Compensation for Victims of Crime</p>	<p>intervening to assist victims in distress or to prevent victimization.</p>
<p>CRC The Convention on The Rights of the Child, 1990</p>	<p>1991</p>	<p>State Parties undertake to submit reports on the measures they have adopted which effect the rights recognized in the convention within two years of the entry into force for the state and thereafter every five years</p>	<p>The Convention outlines that the State shall protect the child from all forms of maltreatment by parents or others responsible for the care of the child</p>
<p>CEDAW The Convention on the Elimination of All Forms of Discrimination against Women, 1981</p>	<p>1993</p>	<p>State directed to include in its report every four years, a review of GBV and measures taken to overcome it.</p> <p>The text of the Convention does not include the words 'violence' or the term 'GBV'. However, subsequent to the adoption of the Convention, the CEDAW Committee addressed the issue of VAW and GBV in several of its General Recommendations, including No. 19, 11th session, 1992.</p>	<p>Article 1 states GBV is, "...violence directed against a woman because she is a woman or that affects women disproportionately ...includes, physical, mental or sexual harm or suffering..."</p>
<p>BELEM DO PARA: The Inter-American Convention on the Prevention Punishment and Eradication of Violence against Women, 1994</p>	<p>1995</p>	<p>State duties include specialized direct services to victims of VAW; education and training of those involved in the administration of justice; promotion of public awareness, support for research and the gathering of statistics on VAW.</p> <p>The reporting mechanism specifically asks for information on an important but often overlooked indicator—the existence of administrative and/or criminal sanctions</p>	<p>VAW defined as "any act or conduct, based on gender, which causes death or physical, sexual or psychological harm or suffering to women, including physical, sexual and psychological violence.</p> <p>This instrument specifically focuses on the issue of violence against women.</p>

		against government officials who fail to enforce the regulations regarding VAW	
BEIJING DECLARATION and Platform for Action, 1995	1995	State obligations to implement 3 Strategic Objectives: (1) Take measures to prevent and eliminate VAW; (2) Study causes of VAW and effective preventative measures; (3) eliminate trafficking in women and assist victims	VAW stated to be a manifestation of the historical unequal power relations between men and women... it derives essentially from cultural patterns, that perpetuate the lower status accorded to women in the family, the workplace, the community and society.
MDG: The Millennium Declaration and Millennium Development Goals	2000	State endorsed 8 Millennium Development Goals to measure progress by 2015. Goal 3: Promote Gender Equality and empower Women.	Neither GBV nor VAW explicitly defined. Objectives include commitment to combat all forms of violence against women and to implement CEDAW provisions.
ICC: The Rome Statute of the International Criminal Court, 1998	2002	Although The Bahamas has signed this Statute, it has not proceeded with the ratification. Concerns had been raised by the US that its military personnel and other concerned US nationals might be subject to arrest and trial under the terms of the Convention, so it sought to ensure that it would not come into force. The US has become more accepting of the ICC and the work it does, but The Bahamas has still not moved forward with the ratification.	Article 7 & 8 define 'rape', 'sexual slavery', enforced prostitution, forced pregnancy, enforced sterilisation, or any form of sexual violence of comparable gravity as crimes against humanity and war crimes.
United Nations Convention Against Transnational Organised Crime and its Protocols, 2003	2003		Protocol (2 Art 2a): "the purpose of this protocol is to prevent and combat trafficking in persons paying particular attention to women and children" Protocol (3 Art 2) "the purpose of this protocol is to prevent and combat the smuggling of migrants... while protecting the rights of the smuggled migrants" (including women).
ICCPR:		State required to ensure that both men and women	No specific definition given of GBV or VAW.

<p>The International Covenant on Civil and Political Rights, 1976</p>	<p>2008</p>	<p>enjoy equally all of the civil and political rights set forth in the Covenant. The ICCPR is monitored by the United Nations Human Rights Committee which reviews regular reports of States parties on how the rights are being implemented. States must report initially one year after acceding to the Covenant and then whenever the Committee requests (usually every four years)</p>	
<p>Commonwealth Plan of Action for Gender Equality, 2005</p>	<p>2005-2015</p>	<p>Commonwealth Ministers adopted four critical areas of focus to advance gender equality. VAW specifically addressed as part of Area 2, Gender, Human Rights and Law.</p>	<p>GBV recognised as “one of the most intransigent forms of human rights violations because of its complex and varied forms and contributing factors.”</p>
<p>CARICOM: Caribbean Community Gender Mainstreaming Strategies Plan of Action 2003 to 2005</p>	<p>2003</p>	<p>The Platform of Action for all members of the Caribbean Community proposed the process of developing policies and programmes that are gender-sensitive and equitable and lead towards gender equality and the positive transformation of gender relations.</p>	<p>The Platform refers to the ‘right of women and girls to be free of gender-based violence, especially sexual violence’</p>
<p>CRPD, The Convention on the Rights of Persons with Disabilities, 2006</p>	<p>2013</p>	<p>Article 4 sets out the obligations of states “to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability.” States Parties shall take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring inter alia appropriate forms of gender and age sensitive assistance and support for persons with disabilities and their families and caregivers, including through provisions of information and education on how to avoid, recognize and report instances of</p>	<p>Article 16 of the Convention specifically addresses Freedom from Exploitation, Violence and Abuse. It states</p> <ol style="list-style-type: none"> 1. States parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home from all forms of exploitation, violence and abuse including

		exploitation, violence and abuse. States Parties shall ensure that protection services are age, gender and disability sensitive.	their gender-based aspects

2.2.1 United Nations General Assembly Resolution 40/34 of 29 November, 1985.
(Agreed to by The Bahamas in 2011)

GA Resolution 40/34 provided a definition of “Victim” within the context of VAW, and speaks to Access to Justice and Fair Treatment, Restitution and/or Compensation for Victims of Crime. It is understood that, generally, GA resolutions are not binding on Member States, although there is always the hope and exhortation that they would/should be. On a matter such as a definition that is contained in a GA resolution, however, what is outlined in that resolution is likely to hold sway globally, particularly in situations where questions may arise.

2.2.2 The Convention on the Elimination of All Forms of Discrimination against Women, 1981 (CEDAW)
(Ratified by The Bahamas in 1993)

The Convention commits State parties to the implementation of its provisions. Pursuant to the Convention State parties are obligated to submit periodic reports, at least every four years and further whenever the CEDAW Committee so requests, on “the legislative, judicial, administrative or other measures which they have adopted” to give effect to the provisions of the Convention, and on the progress made in this respect.

Of utmost relevance to the present report as it relates to The Bahamas, are the concerns and recommendations of the CEDAW Committee⁵² relating to existing deficiencies in The Bahamas’ constitutional and legislative framework for the protection of women from discrimination, as outlined below:

- (ii) lack of a definition of discrimination explicitly on the basis of sex, in accordance with Article 1 of the Convention;
- (iii) embodiment of the principle of the equality of men and women, in accordance with Article 2 (a) of the Convention; and
- (iv) equal rights of women with men to acquire, change or retain their nationality and with respect to the nationality of their children, in accordance with Article 9, paragraph 2 of the Convention. The Convention is intended to legally bind state parties to take action to implement the Convention. State parties are therefore required to submit

⁵² During its consideration of The Bahamas’ Initial to Fourth and Fifth Reports presented during the Committee’s 52nd session held from 9–27 July, 2012 in New York.

reports on the measures they have taken at least every four years or at the request of the CEDAW Committee.

Regarding VAW, the Committee expressed concern about the high prevalence of violence, including rape, and the persistence of domestic violence; the lack of a comprehensive law addressing VAW; the postponement of the adoption of the amendment to the Sexual Offences and Domestic Violence Act of 1991, criminalizing marital rape; the lack of a comprehensive plan that addresses all forms of VAW and girls; the slowness of the justice system and its negative impact on women victims of violence; the limited number of state run shelters for victims of domestic violence particularly in the Family Islands and the lack of access to shelters for women with sons over the age of 10 years; and the absence of data on reported cases of GBV and on prosecution and conviction rates with respect to VAW and the delay in establishing a protocol for systematic and regular gathering and analysis of data and information on all forms of VAW.

The Committee urges that consideration be given to adopting a comprehensive law addressing VAW; promptly raise awareness among the population on the criminal nature of marital rape and amend the Sexual Offences and Domestic Violence Act of 1991 to criminalize marital rape; adopt a comprehensive plan that addresses all forms of VAW and a strategy for its implementation; take necessary measure to ensure speedy access to justice for women victims of all forms of GBV; provide adequate assistance and protection to women victims of violence in particular psychosocial rehabilitation and an adequate number of shelter facilities including in the Family Islands, specializing in the protection of victims of domestic violence and accepting women with their children; and collect comprehensive statistical data on VAW, disaggregated by sex, age and relationship between the victim and perpetrators, including data on the number of complaints, prosecutions and convictions, and on the sentences imposed on perpetrators of sexual and GBV and include such data in the next report.

The Committee has also urged The Bahamas to give consideration to the following measures as they relate to the protection of women and girls from violence and discrimination:

- (i) Withdrawal of reservations to the Convention, in particular Articles 2 (a), which the Committee considers to be a core provision of the Convention, and Article 9, paragraph 2;
- (ii) Ratification of the Optional Protocol to the Convention;
- (iii) Take effective policy, legislative and judicial measures against trafficking in persons, including in the case of persons trafficked for commercial sexual exploitation and forced prostitution; and
- (iv) Ensure the protection of the rights of women and girl refugees and asylum seekers in accordance with international standards.

GAP Analysis – includes and refers to the concerns expressed above and the recommendations of the CEDAW Committee, namely,

- Constitutional amendments - definition of discrimination on the basis of sex and the issue of nationality;
- Withdrawal of reservations to the Convention – Articles 2 (a) and 9, paragraph 2;
- Amendment to the Sexual Offences and Domestic Violence Act, 1991;
- Strengthening of national machinery for the advancement of women, including enhancing the capacity of the Bureau of Women’s Affairs and finalization and adoption of a National Gender Policy;
- Temporary special measures;
- Establishment of a national human rights institution in accordance with the Principles relating to the Status of National Institutions (Paris Principles); and,
- Compliance with the harmonized guidelines on reporting under the international human rights treaties, including guidelines on a common core document and treaty specific document.

The CEDAW Committee also recommended that its Concluding Observations be disseminated to the general Bahamian populace and throughout the entire government system.

The Task Force recognizes the need to ensure that The Bahamas remains current in its reporting obligations to CEDAW.

2.2.3 The Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, 1994 (Convention of Belém do Pará) (Ratified by The Bahamas in 1995)

The Convention outlines the obligations of states in implementing its provisions in the context of prevention, punishment and eradication of VAW. These obligations include the responsibility of states to change the societal context in which VAW occurs, specifically ...

... to modify social and cultural patterns of conduct of men and women, including the development of formal and informal educational programmes appropriate to every level of the educational process, to counteract prejudices, customs and all other practices which are based on the idea of the inferiority or superiority of either of the sexes or on the stereotyped roles for men and women which legitimize or exacerbate violence against women.⁵³

By including this provision in the list of state obligations, the Convention situates VAW within a system of gender inequality and the subordination of women. Actions to end

⁵³Ibid. Chapter III , Article 8 (b) [*This footnote referencing Ibid. no longer applies to the one above as we have included a second footnote in relation to the CEDAW Committee’s consideration of The Bahamas’ Reports in 2012*]

VAW therefore must include the removal of structural impediments to gender equality and challenge many traditional social norms regarding the place of women and men in society.

As with CEDAW, the Convention of Belém Do Pará is binding on signatory states. Several mechanisms are included in the Convention to hold states accountable to the Convention. Each state provides annual reports outlining measures adopted to prevent and prohibit VAW, and to assist women affected by violence.

GAP Analysis – The reporting mechanism specifically asks for information on an important but often overlooked indicator—the existence of administrative and/or criminal sanctions against government officials who fail to enforce the regulations regarding VAW. No such sanctions exist in The Bahamas and the Committee urges that appropriate legislation provide such sanctions. For example, the Domestic Violence Act states that a police officer in charge of a police station has a legal duty to ensure that all records of domestic violence are properly compiled so as to facilitate easy reference of data. While this directive may be observed, there are, however, no sanctions or consequences if at the point of need for the data (usually for court proceedings) the records are missing. In the absence of sanctions, the response to women from the law enforcement, judicial, health care or social service system can easily be compromised, leaving women with virtually no recourse.

2.2.4 The Beijing Declaration and Platform for Action, 1995

(Agreed to by The Bahamas in 1995)

In the Beijing Declaration, States pledged their commitment to recognizing women's rights as human rights and to, inter alia, work to prevent and eliminate all forms of VAW and girls. The Platform for Action outlines strategic objectives and actions to be undertaken by States in 12 critical areas, one of which is VAW.

As in the Convention of Belém do Pará, the Beijing Declaration situates VAW within a system of gender inequality and women's subordination—detailing VAW as not a perversion of our system of social relations, but the logical extension of it. The Declaration states:

Violence against women is a manifestation of the historical unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of women's full advancement. Violence against women throughout the lifecycle derives essentially from cultural patterns, in particular the harmful effects of certain traditional or customary practices and all acts of extremism linked to race, sex, language or religion that perpetuate the lower status accorded to women in the family, the workplace, the community and society.⁵⁴

⁵⁴Fourth World Conference on Women, Beijing Platform for Action Section 118

Although the Beijing Declaration and Platform for Action (BDPfA) are not binding, as in the case of CEDAW and Belém do Pará, there is a strong ongoing moral responsibility on the part of States to take action on the principles and strategies it sets forth.

There is no dedicated review and reporting mechanism for States implementation of the BDPfA, as in the case CEDAW. However, in the context of the annual sessions of the Commission on the Status of Women (CSW), member States are called upon to give an assessment of their efforts in this regard in their national statements to CSW. Additionally, comprehensive national level reviews by member States are requested to be submitted to regional commissions, in the case of The Bahamas to the Economic Commission for Latin America and the Caribbean (ECLAC), on the progress made and challenges encountered in the implementation of the BDPfA. The Economic and Social Council requested most recently the submission by member States of their national reviews in preparation for the convening of the 59th session of CSW (Beijing+20). The submission deadline was 1 May, 2014.

GAP Analysis – Notwithstanding that the deadline has passed, UN Women continues to encourage the submission of national reviews; Article 201 of the Platform speaks to national machineries for the advancement of women – in terms of The Bahamas, gaps involve,

- the lack of “sufficient resources in terms of budget and professional capacity” (strengthening of the Unit in terms of human and financial resources,
- including technical capacity-building measures and gender-sensitive budgeting consistent with the BDPfA and one of the recommendations of CEDAW Committee;
- enhancement of training measures; gender mainstreaming throughout national policy and programmes;
- strengthening of legislation to address more effectively VAW (Sexual Offences and Domestic Violence Act, 1991);
- lack of data disaggregated by sex on victims and perpetrators of GBV; and,
- adopting appropriate measures, especially in the field of education, to modify the social and cultural patterns of conduct of men and women and to eliminate prejudices, customary practices and all other practices based on the idea of the inferiority or superiority of either of the sexes and on stereotype roles for men and women.

There is a noticeable overlap in terms of the gaps in The Bahamas’ implementation of CEDAW and the Platform for Action from a legislative and administrative perspective.

2.2.5 The Millennium Declaration and Millennium Development Goals, 2000 (MDG) (Accepted by The Bahamas in 2000)

The **Millennium Development Goals (MDGs)** are eight international development goals that were established following the Millennium Summit of the United Nations in 2000. State Parties committed to help achieve the following Millennium Development Goals by 2015:

1. To eradicate extreme poverty and hunger
2. To achieve universal primary education
3. To promote gender equality
4. To reduce child mortality
5. To improve maternal health
6. To combat HIV/AIDS, malaria, and other diseases
7. To ensure environmental sustainability
8. To develop a global partnership for development

While neither VAW nor GBV are explicitly included in the 8 target goals, they are a barrier to the achievement not only of Goal 3 – promote gender equality and empower women, but to all the goals.

At the time when the MDGs were being developed, the methods for measuring VAW/GBV at the national level were not sufficiently well developed to allow an indicator on VAW/GBV to be included.

In 2005, the UN Millennium Project Task Force on Gender Equality included ending VAW as one of seven strategic priorities for achieving Goal 3, and recommended using the incidence rate of physical intimate partner violence among women aged 15-49 as the indicator of progress.⁵⁵ However, this has not been added to the official list of MDG indicators.⁵⁶

The elimination of VAW is a key component of the achievement of a number of the MDGs, in particular Goals 3 and 5 – improving maternal health, both of which also have implications for the achievement of all other goals, for example, in terms of poverty eradication, child mortality, and combatting HIV/AIDS, malaria and other diseases.

GAP Analysis - In The Bahamas, the seriousness of the situation of adolescent pregnancy makes the achievement of MDG 5 Target 5:B - Achieve by 2015 universal access to reproductive health - Indicator 5.4 Adolescent birth rate, a high priority. All strategies to reach the targets that The Bahamas has agreed to must include, as a key component, VAW, and GBV.

The United Nations is about to embark on a new development agenda – the Post-2015 Development Agenda which aims to, inter alia, bridge the gaps of the MDGs over the next 15 years. The General Assembly adopted on 10 September, 2014 the report of the Open Working Group on Sustainable Development Goals⁵⁷, which proposes a suite of 17 Sustainable Development Goals (SDGs) for implementation by member States, among which is a stand-alone goal on ‘the achievement of gender equality and the empowerment of all women and girls’ – Goal 5. This goal addresses the elimination of all forms of violence against all women and girls in the public and private spheres, including trafficking

⁵⁵ C Grown, G R Gupta, and A Kes. (2005). Taking action: *Achieving gender equality and empowering women*, UN Millennium Task Force on Education and Gender Equality, London: Earthscan, p 128.

⁵⁶<http://unstats.un.org/unsd/mdg/Host.aspx?Content=Indicators/OfficialList.htm>

⁵⁷ A/68/970 adopted on 10 September, 2014

and sexual and other types of exploitation (5.2). The suite of SDGs is expected to be endorsed by Heads of State and Government at the forthcoming United Nations Summit to be held in September 2015. In the context of Goal 5, member States will be called upon to, inter alia, adopt and strengthen sound policies on enforceable legislation for the promotion of gender equality and the empowerment of women and girls at all levels.

2.2.6 International Covenant on Civil and Political Rights 1966 (ICCPR)

(Ratified by The Bahamas in 2008)

State parties, in reporting their compliance with Article 8 (the prohibition against slavery) are required to describe measures taken to prevent the trafficking of women and children and measures taken to prevent and punish forced prostitution.

General Comment 28 further provides that a woman's Article 17 right to privacy is violated where laws exist that allow the sexual history of a woman to be taken into consideration when deciding the extent of her legal rights and protections, including protection against rape. The Bahamas has cleared both these thresholds.

In 2008 The Bahamas passed the Trafficking in Persons (Prevention and Suppression) Act.⁵⁸

2.2.7 CARICOM Caribbean Community Plan of Action 2003-2005

Framework for Mainstreaming Gender into key CARICOM Programmes – This Platform of Action concerns the process of developing strategies, policies and programmes that are gender-sensitive and equitable and lead towards gender equality and the positive transformation of gender relations.

The Platform refers categorically to, “the right of all to live free of violence and the fear of violence, in particular, the right of women and girls to be free of gender-based violence, especially sexual violence”.

2.2.8 The Convention on the Rights of Persons with Disabilities (CRPD), 2006

(Signed by The Bahamas in 2013)

In September 2013, The Bahamas became a signatory to the **Convention on the Rights of Persons with Disabilities (CRPD)**. Although the Convention does not specifically address GBV, it explicitly mandates the inclusion of women in all rights enumerated in the CRPD. The purpose of the Convention is described in Article 1 as being: “to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.”

⁵⁸The first case tried under the Act concluded on June 26th 2014; Chavanesse “Sasha” Hall was convicted of four counts of trafficking in persons and sentenced to 15 years in prison. In relation to the Evidence admissible in rape trials: section 34 (1) of the Evidence Act prohibits any questions to be asked about any sexual experience of a complainant without the leave of the court. An application to admit evidence about a complainant's sexual history must be made in the absence of the jury and the application can only be granted if the court is satisfied that it would be unfair to the accused person to refuse.

Paragraph (q) of the Preamble states the following: "Recognizing that women and girls with disabilities are often at greater risk, both within and outside the home, of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation".

Persons with disabilities are defined inclusively in Article 1, rather than exhaustively when it states, "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".

The Bahamas is to be commended in its timely response to the CRPD by the enactment in 2014 of The Persons with Disabilities (Equal Opportunities) Act, 2014 (PWDA) (See 2.2.6 below).

2.2.9 The Commonwealth Plan of Action for Gender Equality, 2005-2015

(Agreed to by The Bahamas)

The Commonwealth Ministers Responsible for Women's/Gender Affairs noted in the Plan of Action in 2004, that freedom from violence will only take place in the context of increased social, political and economic freedoms and further noted the connection of GBV to other issues such as poverty and HIV/AIDS.

The Plan urges Commonwealth governments to

Adopt an integrated, zero-tolerance approach to gender-based violence, including strengthening of the law, appropriate public education, adequate institutional and financial support to address the needs of victims and witnesses, and rehabilitation of perpetrators.⁵⁹

The Plan of Action is not structured as a binding document nevertheless it sets forth a number of methods for reviewing implementation. It emphasizes the development of partnerships between the Commonwealth Secretariat and member countries and offers the support of the Secretariat in the areas of knowledge, information and capacity building.

As a member of the Commonwealth, The Bahamas adopts the zero-tolerance approach to GBV and through the interventions set forth in this Strategic Plan, indicates the way forward to compliance in all respects with the objectives of the Commonwealth Plan of Action for Gender Equality.

2.3.0 National/Domestic Laws of The Bahamas that relate to elements of GB

Noted Bahamian activist and the current holder of the 11th CARICOM Triennial Award for Women, Marion Bethel has posited that, "Preventing and ending violence against women

⁵⁹Commonwealth Plan of Action for Gender Equality 2005-2015, Section 3.25iv.

and girls is one of the most serious challenges for The Bahamas ... There is extensive ground still to cover in creating a social, cultural and political environment focused on the prevention, elimination and zero tolerance of violence against women.”⁶⁰

Bethel goes on to propose that a Parliamentary Committee be convened for the specific purpose of addressing the issue of prevention of violence against women. She draws the attention of Parliamentarians to one of six key elements and strategies which the Inter-Parliamentary Union (IPU) identified at its 2008 international conference in Geneva, Switzerland, to the effect that,

*“Parliamentarians must build their parliament’s capacities to take action to put an end to violence against women. They should look at what parliamentary mechanisms can be developed to support work on violence against women. The establishment of a specific parliamentary committee on violence against women could be an option.”*⁶¹

The IPU is the international organization of Parliaments established in 1889. Parliamentarians are the lead agents for change in the Bahamian legislative framework.

GAP Analysis – The Domestic Laws of the Commonwealth of The Bahamas which refer in any way to gender-based violence or violence against women fail to project a robust and confirmed approach to the eradication of GBV. They are, generally, fragmented and lacking the conviction that zero tolerance of violence is an option. First and foremost among the Gaps is that there is no enabling, holistic GBV Act, by which a lead agency or authority could be established, and no intra-governmental mechanism for integrated information management. The GBV Task Force proposes that Parliament enact a GBV Act, thus creating a GBV Authority, which would seek to remedy these deficiencies.

As an archipelagic nation, this geographical fact of the Commonwealth of The Bahamas allows for major challenges in terms of monitoring and enforcement of a national GBV system. The current fragmented nature of GBV-related legislation into the Sexual Offences Act, the Domestic Violence (Protection Orders) Act, and other statutes referred to in this section, leads to inefficiencies, overlapping mandates and disaggregation of authority. The result is a weakened legal system which fails to adequately provide a robust response to and a thorough monitoring and enforcement of the existing legislative provisions. These are systemic issues which, if not taken into account by our legislators and parliamentarians when designing a GBV strategy and legislation, will create hurdles for its implementation.

While the regulatory framework of relevant domestic law of The Bahamas contains no specific legislative reference or provisions to address GBV, it is, however, true to say that as early as the decade of the eighties, The Bahamas began to focus its attention on the problem of the violence suffered by women, as a gender group, particularly in the laws relating to rape and its prosecution. This concern was mirrored in the Sexual Offences and Domestic Violence Act of 1991, which has been followed by a plethora of different

⁶⁰ Bethel, M. (April 2014). Violence against women and the responsibility of the state.

⁶¹ IPU Conference “A parliamentary response to violence against women”. 2008. Geneva, Switzerland.

yet related legislation, which address the various forms of GBV. For example, domestic violence, sexual violence, sexual harassment, physical abuse, financial abuse and psychological abuse are all to be found within the nexus of the following pieces of legislation all of which are relevant to the question of GBV and/or gender equality.

- The Constitution
- The Domestic Violence (Protection Orders) Act
- The Sexual Offences Act
- The Child Protection Act
- The Trafficking in Persons (Prevention & Suppression) Act
- The Persons with Disabilities (Equal Opportunities) Act
- The Mental Health Act
- The Penal Code
- The Evidence Act
- The Criminal Procedure Code

Table 12: Domestic Legislation Dealing with Gender-Based Violence

Domestic Legislation & Effective Date	Types of GBV referenced	Mandatory reporting provisions, if any, and by whom	Penalties for Non-reporting, non-compliance, or other anomalies
The Constitution of the Commonwealth of The Bahamas 1973	Article 26 permits discrimination on the ground of “Sex”.	None	None
SOA: The Sexual Offences Act 1991	<ol style="list-style-type: none"> 1. Abduction 2. Voyeurism 3. Sexual intercourse in a public place 4. Indecent assault 5. Rape 6. Procuration 7. Prostitution and disclosure of AIDS 8. Sexual intercourse with a person under fourteen years 9. Sexual intercourse with a person between fourteen and sixteen years 	Section 28 makes provision for mandatory reporting of suspected abuse of minors.	Sections 22 and 23 of the SOA, 1991, make provision for the protection of minors from persons desiring to keep them in unlawful custody. However, the penalties provided in the SOA, 1991, are substantially less than those provided in the Penal Code for the offences of kidnapping and child stealing; effectively creating sentencing anomalies

	<p>10. Sexual intercourse with a person suffering from a mental disorder</p> <p>11. Incest</p> <p>12. Sexual intercourse with a dependent</p> <p>13. Sexual assault by spouse</p> <p>14. Sexual intercourse with minor of same sex</p> <p>15. Child Pornography</p> <p>16. Forcible taking or detaining of person with intent</p> <p>17. Unlawful detention with intent to have sexual intercourse</p> <p>18. Abduction of unmarried person under sixteen</p> <p>19. Abduction of unmarried person between sixteen and eighteen</p> <p>s26 creates the offence of Sexual Harassment.</p> <p>It is worthy of note that the SOA, 1991, does not recognise as an offence, “date rape”, “gang rape” or marital rape.</p> <p>In 2014 there were amendments to the Sexual Offences Act to make provisions for a Sex Offender Register or Registry. It also outlines clear provisions of how particulars of conviction is to be furnished in the Registry</p>		<p>across separate pieces of legislation.</p>
<p>DVPOA: The Domestic Violence (Protection Orders) 2007</p>	<p>“Domestic Violence” includes physical, sexual, emotional or psychological or financial abuse committed by a person against a spouse, partner, child, or any other person who is a member of the household or dependent; harassment and stalking also included as grounds for Protection Orders</p> <p>s. 9 of DPVOA requires Court to take into account any matters</p>	<p>S,27-28 places a statutory duty on police officers to assist victim and to himself make a written report of the incident in order to facilitate easy reference.</p> <p>Section 23 of that Act restricts the publication of the identity of a party to proceedings involving a protection order.</p>	<p>None</p> <p>Contravention of s. 23 may result in a fine of \$5,000.00</p>

	such as the welfare of any child involved in domestic violence.		
<p>CPA: The Child Protection Act 2007</p>	<p>CPA provides for particular interventions to be provided on behalf of child victims of sexual offences and mandates the reporting of any behaviour that may harm a child.</p> <p>In 2014 there was an amendment to the Child Protection Act whereby Guidelines were established for mandatory action when seeking to rescue missing children.</p>	<p>s. 63 criminalizes the lack of reporting of such harm by any person working in a professional or official capacity such as a doctor, teacher, counsellor, social worker, youth or recreational leader or member of clergy etc.,</p> <p>s. 103 requires any person convicted of an offence under the Penal Code or the SOA, 1991, to submit to a medical examination and testing for the purpose of ascertaining whether such persons is a carrier of a communicable disease, if court is satisfied that in the best interest of the child.</p> <p>s. 105 establishes a Minor's Advocate</p> <p>Section 148A provides for a Missing Children Alert.</p> <p>(a) When –</p> <p>(b) A child is reported missing; and</p> <p>(c) The Commissioner of Police is satisfied that the child is at risk of harm or death</p> <p>he shall without delay cause mandatory action for rescuing the child to be issued which shall be referred to as a "Marco Alert"</p> <p>(1) Upon the issuance of an alert pursuant to subsection (1) the Commissioner of Police shall cause an alert to be broadcast via-</p> <p>(a) Commercial radio stations ;</p> <p>(b) Television broadcast;</p>	<p>Conviction under s. 63 brings with it a fine not exceeding \$5,000.00 dollars or imprisonment for a term not exceeding one year.</p>

		<ul style="list-style-type: none"> (c) Electronic network systems (d) The erection of billboards or (e) Such other means as the Minister responsible for National Security may deem appropriate... 	
TPPSA: Trafficking in Persons & (Prevention & Suppression) Act 2008	<p>s. 3 created the offence of "Trafficking in Persons".</p> <p>s. 4 creates the offence of "Unlawful Withholding of Identification Papers"</p> <p>s. 5 created the offence of "Transporting a Person for the Purpose of Exploiting such Person for Prostitution".</p>		Section 8 of the TPPSA, under the heading Sentencing Guidelines, lists certain aggravating features of the offence and how many years a sentence should be increased by if the stated features are present in the case before the sentencing judge. Section 8(1)(b) states: " if the defendant commits a sexual assault against the victim, 5 years may be added to the sentence".
PWDA: Persons with Disabilities (Equal Opportunities) Act, 2014	None	While the PWDA does not address GBV, nonetheless, section 24 (Auxiliary Social Services) does state that, "The Minister responsible for Social Services shall ensure that persons with disabilities who are in vulnerable situations are encouraged to be provided with appropriate.....family care services and facilities for abandoned, neglected, abused and unattached persons with disabilities who need an alternative form of care based on their individual needs".	

MHA: The Mental Health Act, 1969	None	None	
The Code: The Penal Code, 1924	None	None	
EA: Evidence Act 1996	None	Section 34 of the EA prevents the introduction, without the permission of the Court, of any evidence pertaining to the sexual experience of a rape victim at trial. Subsection 2 provides that an application to introduce evidence of a rape victim's sexual experiences should be made in the absence of the jury. The subsection further provides that such an application should only be granted, if and only if, the Court is satisfied that it would be unfair to the accused person to refuse the application	
CPC: Criminal Procedure Code 1968	None	Section 272 of the CPC provides for the anonymity of complainants in rape cases. Subsection 1 of the provision indicates that after an individual is accused of rape, no matter likely to lead members of the public to identify a woman as the complainant can be published or broadcast in The Bahamas except as authorized by a direction from the court. The anonymity order, however, only refers to the female rape victims. On the face of it therefore, victims of any of the other sexual offences provided for by the Code and male victims of rape are not afforded similar identity protection. "Complainant" under this section is specifically defined as, "the woman against whom the offence of rape is alleged to have been committed."	

2.3.1 The Constitution of the Commonwealth of The Bahamas, 1973

The Constitution guarantees protection of fundamental human rights of the individual. This is outlined in Article 15 through 31 and includes, for example, the right to life, protection from inhumane treatment, protection from slavery and forced labour, provisions to secure protection of law, and protection from discrimination on the grounds of race. Article 15, however, does not create any substantive rights as it is considered declaratory in nature.⁶²

GAP Analysis – As such, Article 15, if interpreted as simply declaratory in nature, then any person aggrieved by any law cannot seek redress from the courts based on Article 15.

So, when any person seeks protection against discrimination based on sex, Article 26, contains the substantive right not to be discriminated against but, unfortunately, does not include discrimination based on sex.

A draft Bill to amend Article 26 of the Constitution so that it includes discrimination on the grounds of sex, has been tabled in the House of Assembly by the Government, as of July 2014, for debate. As of this draft date, there are plans in place to host a national referendum in 2015 to obtain the constitutionally required approval of the populace to amend article 26 of the Constitution, as stated.

2.3.2 The Domestic Violence (Protection Orders) Act, 2007, Chapter 99A (DVPOA)

The Domestic Violence (Protection Orders) Act, 2007, Chapter 99A allows the Court to grant protection orders against perpetrators of Domestic Violence. While the definition of domestic violence within the Act is expansive and includes physical, sexual, emotional, psychological and/or financial abuse committed by a person against a spouse, partner, child or any other person who is a member of the household, and while the group of persons who can apply for a Protection Order under the Act has been expanded to include a widely diverse cross-section of persons⁶³, the DVPOA does not address the more comprehensive spectrum of GBV-related violence.

Section 24 of the DVPOA allows for hearings relative to these protection orders to be heard separately from other matters in court. Further where the application is heard in closed session, those persons who are permitted to be present include: members of the Court; counsel and attorneys; and /or parties to the case. Confidentiality in relation to these matters is also critical and this is expressly laid out in section 28 (3).

⁶² See Privy Council decision in *Campell-Rodrigues v Attorney General of Jamaica* [2007]All E.R. 28; [2007] UKPC65

⁶³The expanded list of persons includes: “ a) spouse or partner; b) any other member of the household not being a spouse, partner or child; c) The Commissioner of Police; d) With leave of the court by an agent for a person in paragraph, and e) An officer of the Department of Social Services on behalf of a child.”

Section 27 of the Act is an important provision for law enforcement officers. This section addresses assistance to victims of domestic violence and places a statutory duty on police officers to take certain steps in circumstances of domestic violence⁶⁴.

Also, under the Act, orders can be granted barring a perpetrator from the residence and/or work place of the complainant.

GAP Analysis – Under the DVPOA, domestic violence relates only to members of a household, and does not refer to violence occurring in other forms of intimate partner relationships. Thus it is inadequate in seeking to eradicate the wider complexity of violence which is subsumed under the umbrella of GBV.

2.3.3. The Sexual Offences Act, 1991, Chapter 99 (SOA)

The substantive law governing sexual offences in The Bahamas is the Sexual Offences Act (SOA), 1991, Chapter 99. This Act was amended in 2008 to give judges more latitude in relation to sentencing.

A number of offences are recognized and defined within the Act including, rape; incest; abduction; sexual assault by spouse; sexual intercourse with minor of same sex and sexual Harassment. The SOA contains gender neutral language and expansive statutory definitions of the sexual offences provided for within.

In 2014 there were amendments to the SOA to make provision for a Sex Offender Register or Registry. It also outlines clear provisions of how particulars of conviction are to be furnished in the Registry.

Rape is defined as the act of any person fourteen years of age or older having sexual intercourse⁶⁵ with another person who is not his spouse. Any person who commits rape, attempts to commit rape, or assaults any person with intent to commit rape is guilty of an offence and liable to imprisonment for life.

GAP Analysis –

- (1) While the definition of rape is gender neutral, it does not extend to married persons, thus importantly excluding any recognition of '**marital rape**', and is weakened by the lack of a corresponding definition or guidance on what may or may not

⁶⁴The steps mandated by statute are: “ „, to, a) Assist a victim in obtaining medical treatment.; b) Where safety of the victim is an issue, assist the victim in securing a safe place; c) Upon request from the victim assisting them in removing their personal belongings; d) Advise the witness of preserving the evidence. This is critical, especially in reference to the institution of criminal proceedings along with Protection Orders; e) Inform the victim about services that may be available to assist the victim.”

⁶⁵ Sexual Intercourse includes sexual connection occasioned by any degree of penetration of the vagina or anus of any person or by the stimulation of the vulva, vagina or anus of any person by or with any body part of another person or any object used by another person, except where the penetration or stimulation is carried out for proper medical purposes. The definition also extends to any sexual contact occasioned by the introduction of any part of the penis of any person into the mouth of another person.

constitute consent. The absence of any definition or recognition of ‘**gang rape**’ is also a glaring omission. It is to be noted that, to date, no actual data exists on the prevalence of “**acquaintance/date rape**” within The Bahamas. Nevertheless, conversations with victim service providers indicate that it is a very real issue within the country.

- (2) Section 15 of the Penal Code provides guidance on consent in relation to offences committed under the Code. This section provides examples of when consent will be considered void or of no effect. However, the lack of statutory guidance in the SOA as to what constitutes consent creates a difficulty in the prosecution of sexual offences like “date rape” where issues pertaining to consent may be blurred.

In the absence of clear statutory guidance in the SOA as to what constitutes consent, it might be worth considering the adoption of a legislative definition of rape that places the lack of consent at its centre and criminalises all non-consensual sex, including marital rape and sex where the accused is reckless (doesn’t care), as to whether there is consent. This will then remove the requirement that sexual assault be committed by force and that penetration be proved.

Key Recommendation: The Committee urges that consideration be given for a statutory approach to the question and definition of consent for inclusion in the SOA, 1991.

Abduction is prohibited under the SOA, 1991, that is, the forcible taking or detaining of a person with intent and the unlawful detention of a person with intent to have sexual intercourse. Section 28 also makes provision for mandatory reporting of suspected abuse of minors. Sections 22 and 23 of the SOA, 1991, make provision for the protection of minors from persons desiring to keep them in unlawful custody.

GAP Analysis – However, the penalties provided in the SOA, 1991, for abduction are substantially less than those provided in the Penal Code for the offences of kidnapping and child stealing; effectively creating sentencing anomalies across separate pieces of legislation.

Sexual Harassment by a prospective employer who importunes or solicits sexual favors from another person in the terms or conditions on which he offers employment to that person, is forbidden under section 26 of the SOA, 1991, and any person who is guilty of the offence of sexual harassment is liable to a fine of five thousand dollars or to imprisonment for two years or to both such fine and imprisonment

GAP Analysis – It is noteworthy that while questions about a victim’s sexual experience are prevented under s. 34(2) of the Evidence Act (see para 2.2.8 below), and an anonymity order can be obtained under s. 272 of the Criminal Procedure Code (see para 2.2.9 below), in cases of rape, this is not so for cases involving sexual harassment. Victims of sexual harassment should be subject to the same right to anonymity, privacy and protection afforded to rape victims.

2.3.4 The Child Protection Act, 2007, Chapter 132 (CPA)

The objective of the CPA, 2007, is to address issues relating to children and to give effect to The Bahamas' obligations under the United Nations Convention on the Rights of the Child. As such, the CPA is a consolidating statute which actually incorporates the Convention into the domestic law. A "child" is defined as, "a person below the age of eighteen years. The age of criminal responsibility under the Act is ten years.

The provisions for prosecution of sexual offences under this Act are notable:

Section 63 mandates the reporting of any information that indicates that a child is suffering or has suffered significant harm⁶⁶.

The Act also makes provision for a Minor's Advocate (s.105), who shall act as the child's legal representative in proceedings if the child so consents directly or through his parents or guardian. Additionally, if the minor's advocate has cause to believe that any of the fundamental rights and freedoms of the individual protected under the Constitution have been or are being contravened in relation to any child, he may institute or carry out on behalf of the child any proceedings for redress under Article 28 of the Constitution

Section 101 allows a child victim to give evidence by way of video recording if the child is deemed, by a qualified medical practitioner, unable to attend before the court or is kept away from the proceedings by threats or fear of bodily harm.

In 2014 there was an Amendment to the Child Protection Act,⁶⁷ called "Marco's Law" that included, inter alia, provision for the Establishment of Guidelines for Mandatory Action Rescuing Children Operation. This Amendment is critical in outlining clear statutory guidelines for rescuing children who may be in danger. For example Section 148A provides for a Missing Children Alert.

(2) When –

(d) A child is reported missing; and

(e) The Commissioner of Police is satisfied that the child is at risk of harm or death he shall without delay cause mandatory action for rescuing the child to be issued which shall be referred to as a "Marco Alert"

(3) Upon the issuance of an alert pursuant to subsection (1) the Commissioner of Police shall cause an alert to be broadcast and published widely.

2.3.5 Trafficking in Persons (Prevention and Suppression) Act, 2008, Chapter 106 (TPPSA)

⁶⁶The section (s.63 of the CPA), criminalizes the lack of reporting of such harm by any person working in a professional or official capacity such as a doctor, teacher, counselor, social worker, youth or recreational leader or member of clergy etc., who becomes aware that a child is suffering. Anyone convicted under this section is liable to a fine not exceeding \$5,000 or imprisonment for a term not exceeding one year.

⁶⁷ This amendment has not been given a date of coming into force.

The TPPSA seeks to facilitate The Bahamas fulfilling its obligation under the United Nations Protocol respecting the Trafficking in Persons and to provide comprehensive measures to combat that activity. Further, the TPPSA is designed to address, amongst other things, the illegal movement of persons within and through Bahamian borders for the purpose of sexual exploitation.

Section 3 of the Act creates the offence of “Trafficking in Persons.” Section 4 of the Act creates the offence of “Unlawful Withholding of Identification Papers”. Section 5 of the Act creates the offence of “Transporting a Person for The Purpose of Exploiting Such Person for Prostitution”. The Act also makes specific provisions for the assistance and protection of victims.

The TPPSA makes it an offence to knowingly transport, conspire to transport or attempt to transport or assist another person engaged in transporting any person in The Bahamas or across an international border for the purpose of that person engaging in prostitution. The Act provides detailed sentencing guidelines and states clearly the State’s obligations towards victims of trafficking.⁶⁸

It is noteworthy that a representative of The Bahamas Crisis Centre sits on the National Task Force on Trafficking in Persons. Representatives have also participated in several workshops and other training seminars in collaboration with other agencies. The Crisis Centre has also been in the forefront of advocacy against trafficking in persons as for many years. The Crisis Centre’s hotline was the national hotline for trafficking in collaboration with IOM (international Organization for Migration). For the past several years the Crisis Centre has introduced a module on Human Trafficking during the Volunteer training activity.

GAP Analysis – Although Government has seen to the establishment of an appropriate policing unit with respect to offences under the TPPSA, advocacy and the provision of a national hotline has, until recently, been the purview of the Crisis Centre, an NGO. Greater governmental action is needed to highlight the existence and nature of the offence of trafficking within the society.

2.3.6 The Persons with Disabilities (Equal Opportunities) Act, 2014 (PWDA)

The Constitution of The Bahamas guarantees equality before the law for all. However, persons with disabilities (PWDs) continue to be challenged by barriers that unfairly prevent their full and equal participation in, and access to the justice system, resulting in denial of an individual’s ability to assume their full responsibilities as equal members of our society.

The enactment of the Persons with Disabilities (Equal Opportunities) Act, 2014, in the domestic legislation of the Commonwealth of The Bahamas seeks to achieve ‘Equalisation of Opportunities For Persons With Disabilities; To Eliminate Discrimination

⁶⁸ Section 12 – 17 of the Trafficking in Persons (Prevention and Suppression) Act

On the Basis of Disabilities; To provide Rights and Rehabilitation of Persons With Disabilities ; and to establish the National Commission For Persons With Disabilities and for Connected Purposes”

GAP Analysis – Access to justice for PWDS is a major concern of their members. Access for PWDS must involve not only access to the built environment such as locations utilized in the administration of justice, but also their ability to effectively access all aspects of the judicial system, including procedures, and information in accessible formats.

The ability to equally access the justice system is not only about fair and equal treatment before the law, but also an individual’s ability to equally participate in the administration of justice, as a witness or a juror. The inability to equally access the justice system may also infringe on a PWD’s enjoyment of other human rights, such as being denied the right to work, the right access quality education, or even the right to report being victimized by a crime, simply because the 911 emergency numbers did not have the texting facilities needed for persons who are deaf or hearing-impaired.

Other areas that may prohibit or limit equal access to and/or participation in the justice system include but are not limited to: affordability; the inability to clearly understand how the justice system works; what their rights/responsibilities are within the justice system, especially for individuals with cognitive impairments who may have difficulty with long-term memory/sequence or explanation of events which may result in not being acknowledged as a credible witness; the lack of accessible and/or affordable transportation.

Training in disability knowledge and etiquette is a must especially for those involved in the administration of justice across the system (including judges), and should be included in the Law School’s curriculum in order to fully understand the specific needs of and challenges faced by PWDS in accessing the different aspects of the justice system.

2.3.7 The Mental Health Act, 1969, (MHA)

The provisions of the Mental Health Act (MHA) of 1969, were based on mental health approaches of that time. Today the approaches of mental health professionals are decidedly different. Nevertheless, the MHA sought, to make “fresh provision for the care and treatment of mentally disordered persons”. For over 40 years the MHA has remained without amendment.

GAP Analysis – Insofar as issues concerning GBV are concerned, the definition of ‘mental disorder’ as contained in the MHA, 1969, does not recognize some aspects of GBV as a ‘mental disorder’. The objective, therefore, of legislative reform would be to widen the definition of mental disorder so that it simply includes ‘*any disorder or disability of the mind*’, the intention being to create an effective legal framework within which risk to self and others may be managed through the test of availability of appropriate treatment. Such reform would then ensure that perpetrators who are mentally ill can be referred or diverted to the mental health system to receive the appropriate care and

subsequent monitoring and follow-up with the hope of decreasing recidivism and re-offending.

The new broader definition, which is basically the 'catch all' at the end of the old 1969 definition, would extend the scope of powers of detention, for example in relation to personality disorders, perceived as high risk for offending behavior, particularly sex offences. Under the present definition MHA, 1969, definition of 'mental disorder', such people would have to be designated as having a 'psychopathic disorder', which requires abnormally aggressive or seriously irresponsible conduct. A simple broad definition of mental disorder as "any disorder or disability of the mind", would permit that a person with a diagnosis of personality disorder may be detained without such conduct being a requirement. Thus it would be possible to protect society against the risk from sex offenders with personality disorders emerging from prison at the end of determinate sentences, and unable to be rearrested until they have committed an offence.

Furthermore, such a simplified definition of 'mental disorder' as "*any disorder or disability of the mind*", would mean that certain clinically recognized conditions such as affective disorders, which include depression and bipolar disorder; schizophrenia and delusional disorders; neurotic, stress-related and somatoform disorders, could fall within the concept of mental disorder.

This widening of the definition of 'mental disorder', would in turn allow for intervention by community mental health care teams to move the courts for hospital orders where persons who have refused to take their medication can be recalled to the hospital for observation and treatment when they are still controllable.

Gap Analysis: The MHA is in need of reform and updating, particularly in its definition of 'mental disorder', in order to address the many advances made in the practice of forensic medicine as it relates to GBV manifestations as mental disorders. The UK Mental Health Act, 2007, would present a good model for reform.

Furthermore, proposals should be considered for the enactment of a Mental Capacity Act, which would be designed to give power to have a person lacking capacity, who is self-neglecting and becoming undernourished, to be admitted to hospital for treatment, as long as their treatment in hospital does not amount to a deprivation of their liberty.

Key Recommendations:

1. The GBV Taskforce seeks in addition to the reform of the MHA, 1969, the establishment in each island community of a forensic mental health community service to monitor cases within the community and protect the public so that if a patient misses a medical follow-up appointment, or are non-compliant with their treatment, then a hospital order for recall can be obtained;

2. The re-establishment of the Mental Health Association as an NGO is also highly recommended.

3. Furthermore, it is recommended that a mandatory forensic mental health programme be instituted for sex offenders who are incarcerated.
4. The GBV Taskforce also recommends the instituting of the Mental Health Tribunal pursuant to s. 30 of the MHA, 1969, to review the detainment of severe mental cases, to look into the cases of person who have been committed but may not have been reviewed for many years.
5. A longer term recommendation would also envisage the building of a 100 bed forensic facility at the prison for persons in prison who need psychiatric intervention.

2.3.8 The Evidence Act 1996, Chapter 65 (EA)

The Evidence Act provides the grounds on which evidence can be admitted. The EA also provides the procedure for cross examination of witnesses and the rules pertaining to what types of evidence can be introduced and by whom.

Several of its provisions are of concern in the prosecution of **both sexual and non-sexual offences**. They are as follows:

- Section 34 of the Act prevents the introduction, without the permission of the Court, of any evidence pertaining to the sexual experience of a rape victim at trial. Subsection 2 provides that an application to introduce evidence of a rape victim's sexual experiences should be made in the absence of the jury. The subsection further provides that such an application should only be granted, if and only if, the Court is satisfied that it would be unfair to the accused person to refuse the application.
- Section 35 governs the admission of evidence pertaining to the sexual experience of a rape victim at the preliminary inquiry stage. Subsection 2 of Section 35 directs the magistrate hearing the preliminary inquiry to refuse the application to admit such evidence if the magistrate is satisfied that leave in respect of the evidence or question would be likely to be given at a relevant trial.
- **GAP Analysis** – While it is commendable that the EA protects the right to privacy of rape victims, by disallowing evidence of their sexual experience into Court without the leave of the Court, the protection afforded to rape victims should be extended to all victims of sexual offences. Questions about a victim's sexual experiences in sexual harassment, incest, abduction and prostitution cases, just to name a few, should be subject to the same scrutiny and protection afforded to rape victims.
- Under Section 171 of the EA a husband or a wife cannot be compelled to give evidence against their spouse during a criminal trial. However by virtue of Section 175 should either the husband or the wife be charged with an offence against each

other, or either spouse is charged with an offence against a member of their family then a husband or a wife can: 1) be called as a witness against their spouse; and 2) cannot refuse to answer any questions on the ground that the answer would incriminate the husband or wife.

- **GAP Analysis** – This exception relative to the evidence of spouses is particularly important to the prosecution of sexual abuse cases that arise within families and needs to be more robustly enforced.

2.3.9 The Criminal Procedure Code, 1968, Chapter 91 (CPC)

The Criminal Procedure Code lays out the procedure to be followed on the arrest, charge and prosecution of Criminal Offences. However, several of its provisions are relevant to the prosecution of both sexual and non-sexual offences. They are as follows:

Section 46 of the Code indicates that the hearing of criminal cases should take place in open court with access to the public.

2.4.0 Previous National Strategic Plan(s) that relate to elements of GBV

2.4.1 The National Strategic Plan for the Elimination of Family Violence (2012 – 2017)

Reference must be made to the successive specific Plans which have been prepared in furtherance of the need to address violence both in our communities and in our homes.

The Government of The Bahamas, conscious of the growing problem and the serious repercussion in the social and individual wellbeing of the Bahamian populations established an inter-sectoral Task Force on Family Violence in 2003. The Ministry of Social Development appointed that Task Force with the mandate of developing a National Strategic Plan for the prevention and comprehensive management of Family Violence. The Plan provided the framework for a coordinated and comprehensive response to Family Violence. The GBV Task Force benefited from the Situation Analysis conducted by an inter-sectoral group under the leadership of the Ministry of Health in 2002. More recently the Ministry of Social Development's Task Force Report on family violence was presented to a National Family Violence Summit in 2010, the recommendations from which were then incorporated in a report termed "*The National Strategic Plan for the Elimination of Domestic Violence: 2012 - 2017*".

GAP Analysis –

While The National Strategic Plan for the Elimination of Domestic Violence: 2012 - 2017 was comprehensive in its reporting, its focus was principally family/domestic violence. It does not address the wider field of GBV.

Furthermore, the absence of an Implementation Plan annexed to the recommendations and proposals made, hampers the effectiveness and utility of the overall projections.

The GBV Task Force was, nevertheless, pleased to reference this work in the preparation of its own presentation herein. This work continues on from the excellent background which these previous works provided.

2.5.0 The Judicial Procedures

2.5.1 Access to Justice

2.5.1.1 Overview:

The Government of the Commonwealth of The Bahamas gave effect to UN Resolution 40/34 on February 10th, 2011. Pursuant to that Resolution, State Parties undertook, , “*to treat victims with compassion and respect for their dignity. ...(realizing that) they are entitled to access to the mechanisms of justice and to prompt redress, as provided for by national legislation, for the harm that they have suffered*”.

In many jurisdictions, including the Commonwealth of The Bahamas, a major barrier to access to justice for women in cases of sexual and gender-based violence is the negative attitude towards women and girl victims from law enforcement officials, including police, magistrates, judges, law clerks, prosecutors and defence counsel.

These are rooted in stereotyping prejudice and attitudes as to the proper behavior of women in the home and in public places. Harmful norms and traditional attitudes persist that regard women as subordinate to men. Patriarchal attitudes and deep-rooted stereotypes regarding the roles and responsibilities of women and men in all spheres of life often regard women as passive and obedient so that a woman who does not fit this mold is deemed to ‘provoke the violence committed against her’.

One such harmful norm is a culture of disbelief whereby women and girls reporting violence are assumed to be lying with respect to its occurrence and seriousness. Where this attitude occurs, it engenders contempt towards the female complainants of violence, disregard of their evidence and a lack of assistance to them. Such attitudes impose a burden upon women in the justice system that is not shared by men and is thus discriminatory.

Access to justice, therefore, if it is to be achieved at the national level, demands that Bahamian legislative and judicial bodies, law enforcement, health and social service personnel must embrace the needed reforms, both in the legal sphere and through training and oversight of the relevant ministries and agencies, to bring about the necessary strengthening of norms and standards for preventing and addressing all forms of violence against women, girls, and children at the domestic/national level.

In the following section, a brief gender audit of domestic/national legislation will identify laws that directly or indirectly hinder access to justice as envisioned in UN Resolution 40/34.

2.5.1.2 Access to Justice: Sexual Offences

Pursuant to Resolution 40/34, a Witness Care Unit has been created within the Department of Public Prosecutions in the Office of the Attorney General, to ensure that all victims of crimes are afforded full access to justice.

(1) The Witness Care Unit⁶⁹

The Unit is staffed by reserve police officers specially trained in the handling of victims of sexual offences. The Unit staff work with a team of prosecutors work to help in the effective prosecution of sexual offences.

The Witness Care Unit ensures that effectual prosecution of sexual offences by:

- Improving public confidence in the criminal justice system;
- Increased witness and victim satisfaction;
- Providing an enhanced level of information to acting as a single point of contact for them;
- Conducting a needs-based assessment for those required to attend court; and,
- By dealing with requirements and correspondence from victims and witnesses in a professional and confidential manner.

It is the responsibility of the members of the unit to inform victims/witnesses of the status of their cases, when they are required to attend court and/or meet with prosecutors.

It is to be noted, however, that the Witness Care Unit does not provide counselling services. Should counselling services be required for victims/witnesses, the Unit must refer them to one or other of the following state agencies which are provided by the Ministry of Health:

- The *Suspected Child Abuse and Neglect (SCAN) Unit* which caters to children less than 12 years of age. The programme both diagnoses and provides psychological care to victims of sexual abuse under 12 years of age.
- The *Community Counselling and Assessment Centre*. This centre provides specialized psychiatric and rehabilitative services for victims and witnesses.

⁶⁹ Knowles, K. (2014). Prosecution of Sexual Offences in The Bahamas: A Baseline Assessment.

GAP Analysis –

As only the SCAN Unit specifically deals with victims of sexual offences, there is clearly an open and unattended need for special counselling for victims above the age of 12 which requires to be addressed. In another section of this Report we recommend the creation of a Sexual Assault Team under which this need may be realized.

(2) Case Withdrawals

The Criminal Procedure Code allows a criminal case to be withdrawn by the Attorney General at any time during the proceedings. This is usually done either,

- on the basis of lack of cogent evidence against the accused, or,
- as the result of a complainant/victim withdrawing their willingness to pursue the prosecution.

Withdrawal or discontinuance of the complainant/victim's willingness, is usually caused by lengthy delays in the charge being prosecuted, or the complainant/witness's own reluctance to carry the circumstances of their assault into the public domain, either through fear of the perpetrator or fear of personal emotional shame.

UN Resolution 40/34 recognises the State's obligation to see that a complainant/victim's rights also include their constitutional rights to access to justice such that, "*the case shall be afforded a fair hearing within a reasonable time by an independent and impartial court established by law.*" (see Article 20(1) of The Bahamas Constitution).

GAP Analysis – More research is required by the State into the reasons for case withdrawals/discontinuance by complainant/victims. One suggestion is to make it legally more difficult for a complainant/victim to withdraw a case, or, alternatively, allow the State to continue the charge, in the complainant's absence. This process could only be possible in a properly constituted Sexual Offences Court, as envisioned in this Report.

It is also worthy of note that many criminal cases remain in the system, plagued by constant delays, having no fixed trial date, and without further action for a number of years. Such stalling is in some cases a clear example of a denial of access to justice.

2.5.1.3 Access to Justice: Intimate Partner Violence

2.5.1.3.1 Breach of Protection Order

Within the arena of the civil procedure for intimate partner violence, the judicial procedure under the Domestic Violence Protection Orders Act (DVPOA), is more directly guided by orders of the Court for breach of a protection order and may be even more explicit.⁷⁰

⁷⁰ (See section 4.1: Policing of Non-Sexual Offences under the DVPOA).

Section 13 not only creates an offence of breach a protection order or interim order, but on conviction the Respondent is subject to a fine of \$5,000.00 or twelve months (12) imprisonment or both.

Section 14 makes provision for a power of arrest to be attached to a protection order in certain circumstances but the Respondent/accused must first be notified of the Protection Order.

Further stringent provisions give protection to the victim as Section 15 permits an application for breach of a protection order to be brought by summons

2.5.1.3.2 Power to Enter Domestic Premises and Duty to Submit Written Report

Section 16 of the Act allows a police officer without a warrant to enter any premises for the purpose of giving assistance to any person in these circumstances:

- a) In circumstances where there are reasonable grounds for believing that an order is being violated. Police Officers have these powers already it is only reinforced here in this legislation;
- b) If upon the invitation of a person the officer believes that the complainant has suffered or is in imminent danger of suffering harm.

Section 16 (3) places a statutory duty on the investigating officer to submit a written report to the officer in charge of the police station. This report is critical because the officer must give a proper account as to why he entered the premises without a warrant.

GAP Analysis - While sections 13 through 16 of the DVPOA break new ground, there is still the need for follow-up and accountability to ensure that there is a legislative requirement that the police report be submitted within a stated period of time.

2.5.2 The Inquiry/Trial Process⁷¹

2.5.2.1 Role of the Prosecution in Police Investigations

While prosecutors do not play a formal role in the investigation process, police officers are required to consult the Department of Public Prosecution throughout the entire investigation to ensure that the evidence that is being collected is collected in a proper manner. As the evidence is collected the Department examines it to determine whether it is admissible before a court. if the evidence collected is insufficient the investigators are advised of the same and the need to go back and continue the investigation.

⁷¹ Ibid. Knowles, K. (2014)

To provide guidance for police prosecutions and investigations, the Office of the Attorney General has developed a system/protocol where a senior officer, at the level of Assistant Director or above, is made available to the police on weekends so that should a crime be reported the officers can determine how to proceed, determine whether there is sufficient evidence to arrest and guide evidence collection procedure at the crime scene.

2.5.2.2 The Role of the Prosecutor in the Trial Process for both Sexual and Non-Sexual Offences

In most Commonwealth Caribbean territories the Director of Public Prosecutions is given constitutional authority to prosecute any offence under the criminal law.

1. The Constitutional Powers of the Attorney General

In The Bahamas the power to prosecute any offence under the criminal law is vested in the Attorney-General.

Article 78 of the Bahamian Constitution provides that it is the Attorney-General who shall have power in any case in which he considers it desirable to institute and undertake criminal proceedings, take over and continue any criminal proceedings that may have been instituted by any other person or authority.

The Attorney General also has the corresponding power to discontinue at any stage before judgment any criminal proceedings already underway.

Article 78 further provides that while the Attorney General may delegate to other persons the power to institute and undertake criminal proceedings the power to take over criminal proceedings begun by another authority and the power to discontinue criminal proceedings cannot be delegated.

Article 78 is further supported by sections 52, 54, 55 and 56 of the Criminal Procedure Code.

2. Police Prosecutors

The power to prosecute offences in the Magistrate's Court has been delegated to the Office of Police Prosecutions. Section 55 of the Criminal Procedure Code provides that any police officer may conduct proceedings in a magistrate's court on behalf of the Crown or the Commissioner of Police. As such police prosecutors have primary care and control of the conduct of all preliminary inquiries and the prosecution of summary offences.

As a result of a 2008 policy decision all indictable sexual offence cases are fast tracked to the Supreme Court. In light of this change, police prosecutors no longer play a notable role in the prosecution of sexual offences.

3. Crown Counsel in the Department of Public Prosecution

The Department of Public Prosecutions is the division of the Office of the Attorney-General that has been authorized, by the Attorney-General, in accordance with the power described above, to commence and conduct the prosecution of criminal offences within the Supreme Court, Court of Appeal and the Privy Council. Though not directly responsible for prosecutions in the magistrate's court the Department of Public Prosecutions maintains general oversight of the same.

2.5.2.3 Committal Hearings/Preliminary Inquiries

The purpose of a preliminary inquiry is to test the evidence of the prosecution to establish whether it is sufficient to make out a preliminary case that the accused has committed an offence. Witnesses are called to give evidence, which is then recorded in the form of depositions to be used at the trial.

2.5.2.4 Criteria for Pre-Trial Prosecutorial Decisions

The main criteria for determining whether to prosecute or not is whether the available evidence is cogent and admissible. In order to make this determination the department examines whether any coercion, inducement or promises have been made by the police to the accused in an effort to furnish a statement from them. The department considers whether there is a link between the evidence available and the person accused, a consideration is made of the scene of crime report and of any DNA evidence that is available. This process however is often inhibited by the fact that there are no DNA processing facilities within The Bahamas. All forensic evidence collected at a crime scene must be sent to the United States for processing. This creates significant time delays and often results in cases brought to trial without the benefit of Forensic Evidence.

Defence counsel interviewed strongly asserted that as sexual offence cases are more often than not "he said she said" cases, the lack of forensic evidence at trials severely hampers the defense and prosecution of a case; and may be the cause of low arrest and conviction rates.

The majority of the offences provided for under the Sexual Offences Act are Indictable Offences; which means that the trials will occur in the Supreme Court before a judge and a jury. Section 117 of the Code provides that wherever an individual has been charged with an indictable offence a preliminary inquiry will be held to determine whether there is sufficient evidence to commit the accused to trial.

Sections 256 and 258 of the Code allow the Attorney General, on application to the Supreme Court, to bypass the Preliminary Inquiry stage by filing with the Supreme Court a Voluntary Bill of Indictment.

A similar procedure is followed in determining whether to proceed with a less serious charge. All determinations are based on a view of the evidence provided. If, for example,

a complaint of rape is made the department would consider the nature of the relationship between the parties prior to the assault. If a relationship existed the department would consider the nature of the relationship, whether the relationship had ceased, whether the victim is a minor and/or whether the victim is a dependent of the accused.

Due to frequent adjournments preliminary inquiries tend to be a long and tedious process; and amount, effectively, to a pre –trial as victims are required to give their testimony and are exposed to the possibility of cross examination twice; once at the preliminary inquiry stage and again at the actual trial.

In recognition of all of these facts the procedure of preliminary inquiries for sexual offences cases has been discontinued by the Office of the Attorney General. Instead all sexual offences cases should be fast tracked to the Supreme Court by way of a Voluntary Bill of Indictment.

2.5.2.5 Evidence Hearing in Camera

Section 47(1) provides that at the preliminary inquiry or trial for the offences listed in sections 6 to 15 of the Sexual Offences Act, 1991 the evidence of the victim, “shall not be given in any court, except with the leave of the court, in the presence of members of the public other than *bona fide* representatives of the news media.

GAP Analysis – This provision however is not automatic, and is weakened by Subsection 2 which directs that the proceedings will only be held in camera on the application of the victim.

Subsection 2 further provides that the court shall give leave if the court is satisfied that neither public morality nor the due administration of justice would be prejudiced by the closed court proceedings.

2.5.2.6 Complainant Anonymity

Section 272 of the Code provides for the anonymity of complainants in rape cases. Subsection 1 of the provision indicates that after an individual is accused of rape, no matter likely to lead members of the public to identify a woman as the complainant can be published or broadcast in The Bahamas except as authorized by a direction from the court. “Complainant” under this section is specifically defined as, “the woman against whom the offence of rape is alleged to have been committed.”

GAP Analysis – In relation to the anonymity order provided by section 272, the order only refers to the female rape victims. On the face of it therefore, victims of any of the other sexual offences provided for by the Act and male victims of rape are not afforded similar identity protection.

This lacuna must be amended so that the identification of victims in all sexual offences are protected from publication or broadcast.

It is further suggested that the inclusion of a bona fide media representative, afforded by section 272, be removed.

2.6. Conclusion and Key Recommendations

GAP Analysis of the Domestic Legislation of The Bahamas in its effectiveness to eradicate GBV:

- While the domestic legislation has made major steps in addressing some aspects of GBV, especially through the legislation on domestic violence, it lacks a comprehensive approach to the eradication of GBV, such as would be seen in a single piece of legislation dealing with GBV as is evident in the Anti-Gender-based Violence Act, 2010 of Zambia. In such legislative reform, a clear definition of 'gender' and GBV should be set out.
- The statutory provisions relating to certain areas of GBV, such as sexual harassment both in the workplace and on the street, require amendment so as to increase the penalty for perpetrators of such offences.
- A National Protocol for addressing GBV should be devised and appended to the statutory duty of listed persons, such as police officers, social workers, counsellors, nurses, teachers, etc., to assist or inform victims of GBV of their rights.
- The establishment of an GBV Committee or Authority would enhance the effectiveness and application of the national protocol or strategy to combat GBV across a wide cross-section of stakeholders
- Shelters for victims on every Family Island should be mandated into law, most aptly within the comprehensive GBV legislation proposed.
- A standard referral form generated at the onset of a complaint of GBV should be mandated by law and would assist in the collection of data.
- Provision should be made for the service of court process in matters relating to GBV by Court Marshalls specifically assigned and attached to the Court or such other persons as the court may direct, and victims with no money or no available resources should not have to pay for service fees.
- A victim without legal representation should be informed by the Court of the remedies afforded under the reformed and comprehensive GBV legislation, as well as the procedures for applying for any protection thereunder.
- **More generally**, the proposed comprehensive GBV legislation should seek to:⁷²
 1. Identify and redress obstacles that prevent women from reporting acts of GBV committed against them;

⁷² Recommendations given at a Meeting of Commonwealth Law Ministers & Senior Officials held in Gaborone, Botswana, 5th-8th May, 2014.

2. Introduce educational measures to de-stigmatise victims of violence against women and raise awareness about the criminal nature of such acts;
3. Ensure prompt, impartial and effective investigation into complaints of violence using all available means;
4. Ensure that women victims of violence are treated with sensitivity during medical and forensic examination by staff trained in the trauma caused by commission of these offences;
5. Ensuring that an accurate and full criminal investigation is kept and written records are properly maintained;
6. Support ongoing research into the causes of violence against women and wide dissemination of the findings of the research;
7. Ensure training of police, prosecutors, court clerks and judges in understanding the pervasiveness of gender stereotypes and how they deny equality before the law and access to justice;
8. Ensure sentencing for crimes of violence.

Table 13: Summary of Proposed Domestic Law Legislative Reforms

Relevant Statute	Proposed Reforms
The Bahamas Constitution, 1973	Amend article 26 of the Constitution to include the word ‘sex’ as a ground of non-discrimination.
The Domestic Violence (Protection Orders) Act, 2007 (DVPOA)	Either enact a comprehensive GBV Act (see Zambia Act model), Or amend DVPOA to refer to violence occurring in other forms of intimate partner relationships, with a wider definition which embraces all forms of GBV.
The Sexual Offences Act, 1991 (SOA)	<ol style="list-style-type: none"> 1. Amend SOA so as to place the lack of consent at the center of the definition of ‘rape’ and criminalizes all non-consensual sex, including ‘marital rape’, ‘gang rape’, and ‘acquaintance/date rape’; 2. Amend SOA to include a statutory definition of what may or may not constitute ‘consent’, especially where the accused is reckless (doesn’t care) as to whether there is consent; 3. Eliminate the sentencing anomalies which exist between the Penal Code for offences of kidnapping and child stealing, and in the SOA for abduction; 4. Amend SOA to include a statutory definition of ‘sexual harassment’ to include ‘street harassment’;

	<p>5. Amend SOA so as to afford victims of sexual harassment the same right to anonymity, privacy and protection as is afforded to rape victims, including exclusion of the media without the victim’s consent.</p>
<p>The Child Protection Act, 2007 (CPA)</p>	<p>Amend the CPA and/or the SOA to mandate that the courts, on a finding that a child is sexually abusive (as a juvenile sex offender) must refer the juvenile for intervention/treatment. Urgently bring into force the amendment of Marco’s Law.</p>
<p>The Trafficking in Persons (Prevention & Suppression) Act, 2008 (TPPSA)</p>	<p>Amend the TPPSA to align with UN Protocol to “Prevent, Suppress and Punish trafficking in Persons...” in its stated purpose of seeking to ‘punish’ whoever ‘participates as an accomplice’, or ‘organizes or directs other persons to commit an offence of trafficking’.</p>
<p>The Persons with Disabilities (Equal Opportunities) Act, 2014 (PWDA)</p>	<p>Amend the PWDA to mandate that all public crime reporting instruments and emergency numbers be given alternatives which are accessible to pwd’s, such as texting emergency number 911 be accommodated</p>
<p>The Mental Health Act, 1969 (MHA)</p>	<p>Amend the MHA by widening the definition of ‘mental disorder’ to enable intervention by community mental health care teams</p>
<p>The Criminal Procedure Code, 1968 (CPC)</p>	<p>Amend the CPC and the SOA so that (i) all victims of sexual offences be provided with anonymity and the ability to give evidence in closed session of court without media being present, and, (ii) that the term ‘complainant’ in s. 272 of the CPC be widely defined to include all victims of sexual offences, and (iii) the consent of the victim not be required for the exclusion of the media, in any event .</p>
<p>The Evidence Act, 1996 (EA)</p>	<p>Amend s.47(1) of the EA to enable the evidence of the victim to be given in court in the absence of the media without requiring the victim to consent to the exclusion.</p>

Key Recommendations: It is therefore recommended that the Bahamian legal system seek immediate legal reforms:

- Making provision for civil remedies for women victims of violence that are speedily obtainable, offer immediate protection, do not impose any financial or administrative burden on the victim, and are available after normal working hours;
- Identifying and addressing obstacles to securing civil law protection orders against perpetrators of violence against women;
- Providing for effective legal sanctions against perpetrators of breaches of court issued protective orders;
- Adoption of a comprehensive law on violence against women, criminalizing all acts of such violence;
- Adoption of a legislative definition of rape that places a lack of consent at its centre and criminalises all non-consensual sex, including marital rape, date rape, gang rape and sex where the accused is reckless as to whether there is consent. This removes requirements that sexual assault be committed by force and that penetration be proved;
- Ensuring that the criminal law does not allow for defences that exonerate the accused or lead to reduced sentences based upon social or cultural normalization of violence against women;
- Ensuring access to courts for victims of violence and not compulsory dispute resolution systems;
- Identifying and redressing obstacles that prevent women from reporting acts of violence committed against them.



Up the Awareness,

Better the Access,

Push the Justice,

End the Violence!

3. Assessment of the Policing Sector

3.1. Overview

The Royal Bahamas Police Force (RBPF) has the responsibility of policing the entire Bahamas, which poses unique challenges due to the country's archipelagic nature. Given budgetary constraints, the Force must continuously review and adjust its human resources, equipment and crime strategies to maximize the use of limited resources in New Providence and throughout the approximate 30 inhabited islands.

The Sexual Offences Unit (SOU), which addresses Sexual Offences and Child Abuse, is one of the specialist sections in the Central Detective Unit (CDU) of the RBPF. A female inspector heads the Sexual Offences Unit and reports to a Superintendent who manages the CDU. This Unit operates seven (7) days per week and 24 hours a day. However, the evening shift is covered by the officers in the General Investigation Unit (GIU)/CDU, who respond to reported cases of sexual assault. Reports are prepared by the GIU and submitted to the SOU the next day to continue the investigation.

Interfacing with the SOU is mandatory for cases of sexual assault by all Divisional Police Stations in New Providence as well as the islands of the Central and Southern Bahamas. This occurs as soon as a complaint is reported to or the complainant presents herself/himself to the Divisional Police Station. Most of the developed Family Islands carry out their own investigations, but there are instances when an investigator is dispatched to facilitate the investigation.

All sexual assault cases in Grand Bahama and the Northern Bahamas are handled by the SOU on Grand Bahama, where the required judiciary and law enforcement infrastructure is in place.

According to the Commanding Officers of the CDU and SOU, all officers are sensitized to Human Rights issues and are expected to comply with the policies, standards and protocols for sexual assault complaints. The Unit's commanding officer is required to attend to complaints, conduct investigations, and consult with and provide guidance to the staff individually or in meetings regarding complaints/investigations.

Commanding officers in divisional police stations are also held accountable for ensuring that compliance measures are met, as protocols governing sexual offences have been disseminated to all divisional police stations in New Providence and the Family Islands.

3.2. Standards and Protocols for the Handling of Sexual Assault Investigations

The SOU has written protocols in place for sexual assault investigations. In handling such matters, the Unit exercises careful measures in:

- ensuring that the victim (minor/adult) is made as comfortable as possible during the interview and the medical examination;

- showing utmost respect for the victim's privacy;
- conveying no judgmental behavior during the interview, about the complainant's action prior to, during or after the assault;
- demonstrating a high level of sensitivity toward the victim/family at all phases of this ordeal; and
- assigning a Family Liaison Officer (FLO) to liaise and to arrange meetings with the victim/family to keep them abreast of all information regarding the status of the case. Referrals are also made by the FLO to other agencies to assist the victim/family.

Additionally, plain clothed female officers interview victims in suites designed to provide a certain degree of privacy and comfort. Officers who are taught to observe these principles of confidentiality and acceptance carry out the interviews, while displaying a non-judgmental attitude. When required and/or desired, victims are referred for appropriate counselling and support from other agencies.

Ongoing training for the police officers is required for the handling of victims of sexual offences in the course of the investigation. To assist in this regard, victims' services currently include:

- a) The Family Liaison Unit (FLU/CDU) that provides information to victims in regard to suspects; arranges meetings with victims/families; follows-up on all matters in regard to the status of cases; and refers victims/families for counselling and other support services. The Unit is staffed by a female inspector, one corporal and one constable.
- b) The Witness Care Unit (WCU) that is located in the office of the Attorney General to assist in the care of sexual assault victims from the initial point of contact or the reporting of the complaint, through the end of the ordeal, and the trial. The Unit needs to be further developed to promote its proper functioning.

3.3. Current Practices in the Investigation of Alleged Sexual Assaults

Reported matters of sexual assault are made to the SOU or a police station either by telephone or in person. Once this initiative is taken, a determination is made regarding

the need for the victim to be transported to a hospital for medical/forensic examination, accompanied by the Police.

This initial contact with the Police is pivotal for the attainment of victim trust and compliance. Their role in the investigation is to collect and preserve evidence, whether oral, physical, or documentary, and to identify and apprehend offenders, with the ultimate aim of criminal prosecution. Quality evidence can only be achieved through quality investigations, and this is dependent on officers being appropriately trained. The Police have identified evidence gathering and investigation techniques as areas that need to be enhanced through training.

The gathering of evidence is a shared responsibility of a team comprised of the Crime Scene Investigator (CSI) and the lead investigator. The forensic evidence, the Sexual Assault Evidence Collection Kit (SAECK), and all forms signed by the examining doctor are collected by the team, but they are signed for by the CSI, who receives them.

At the SOU, the investigator assigned to the case will conduct an in-depth formal interview, which will include a detailed account of the incident and information on the identity of the suspect or description of the suspect. The policy calls for female victims to be interviewed exclusively by trained female police officers, a precautionary measure, unless the victims prefer a male officer.

Special techniques for the investigation of sexual crimes are employed when children are involved. The SOU sometimes utilizes the assistance of trained psychologists to facilitate the interviewing process.

Evidence is sought of the suspect's body fluids or other traces on the victim or her clothing and hers on him. Forensic evidence of all types corroborates the victim's account and may assist the Police in obtaining an admission of guilt from the suspect/s or in locating the suspect/s.

To further 'build' the evidence to strengthen the case, the CSI must visit the crime scene (home, car or any other location) to collect any other items/samples for DNA testing, which are carefully packaged and labeled. DNA analysis of the victim and suspect is forwarded to a laboratory abroad, which determines whether the suspect can or cannot be ruled out as the perpetrator of the sexual assault.

Once the CSI has collected the properly sealed evidence from the medical examination of a complainant of sexual assault, it is kept in storage until the trial. However, during this period, the evidence is forwarded to the Scientific Support Services (SSS) for testing. The SSS, through its five sub-disciplines (exhibit control, toxicology, firearm/tool marks, chemistry and biology units) provides services to the entire Police Force in The Bahamas.

The Forensic Biologist examines the crime scene evidence and seeks to corroborate victim, suspect and or witness accounts of the incident under investigation. A visual inspection of the evidence is conducted. Samples of blood or any other biological stains

observed are retained for future characterization via blood grouping analysis or microscopic examination in the case suspected of semen stains. When a stain has been characterized, it is then individualized through comparison to control biological samples from the victim and/or suspect.

The SSS only receives SAECKS from medical examinations performed on older victims of sexual assault, and not on minors. Clothing items and any other evidence collected on minors are usually sent for testing. Biological evidence for DNA testing, which is done abroad, is only carried out if a comparative sample is available.

Forensic toxicology testing is also required, when drug-related, for the isolation, detection, identification, qualification and interpretation of drugs and/or toxins in bodily fluids. SSS forwards reports to the respective areas when testing is completed.

The final evidence file is prepared by the Commanding Officer, Head of the Central Detective Unit (CDU), for onward transmission to the Attorney General's office, inclusive of all the core documents:

- Case number/Investigator
- Case file documents
- Complainant/witness information
- Police witness information
- Exhibit information
- Suspect information
- Identification parade Information, and
- Other supporting documents

According to the statistics SSS provided, during the period 2010-2012, 419 cases of sexual assault were assigned to the Biology Unit for testing. Two hundred and fifty-three of these cases were rape; 88 cases were unlawful sexual intercourse (USI) with persons under 14 years of age; and 78 cases were USI with persons aged 14-16 years.

In 2013, a total of 185 cases of sexual assault were assigned to the Biology Unit.

According to the Commanding Officer of the SSS, cases of sexual offence account for 85% of the assigned caseload to the section annually. However, only 15% of these cases would have reference sample (blood/swab) which could affect the outcome of the case

3.4 Treatment of Suspects

(1) Arrest, Interrogation, Charges, and the Bail Process

Once suspects have been arrested, they are placed in an identification parade at the station, to be viewed or identified by the victims or witnesses through a one-way mirror. If positively identified, the suspects are advised accordingly. A denial of the allegation by

a suspect calls for another interview. He is further cautioned (based upon general protocol/judge's rule).

During this process, a suspect can be detained for 48 hours initially and an additional 72 hours, if necessary. The option of the presence of an attorney is explored with the suspect, and if requested, the interview is delayed until the lawyer is present. The interview resumes with the suspect with or without the presence of the lawyer if the scheduled appointment was not kept. However, if the lawyer advises the suspect not to answer any questions the Police put to him, this does not prevent the Police to pose questions or the preparation of the file for the Attorney General's office. The Police strongly object to the granting of bail to perpetrators of sexual offences for the following reasons:

- seriousness of the offences
- re-offending by serious criminals;
- re-offending by offenders released on the electronic monitoring scheme;
- suspects may harm the victim/witness

For those cases that are indictable offences, (IO), the Magistrate cannot grant bail. Therefore, once charged with these offences, the suspects are remanded to prison. Section 39 (1) of the Police Act gives power to the Police to release persons on bail, if it is considered prudent, with or without sureties, upon their recognizance to appear at a specified time/date at a Magistrate's Court to answer the charge.

(2) Policies and Practices Regarding Prosecutions

The core weapon of the criminal justice response to domestic and sexual violence is the prosecution of offenders (Hanna, 2011). Following investigations of matters of sexual offences, the files are forwarded to the Office of the Attorney General for the preparation of the Voluntary Bill of Indictment (VBI), for onward transmission to the Supreme Court. The VBI is a method undertaken by prosecutors who seek to have a case for an indictable offence to proceed directly to trial in the Supreme Court (Hanna, 2011). The VBI process also affords victims the advantage of not having to appear in two separate courts to repeat their traumatic experience. The VBI is a part of the Swift Justice System (SJS).

3.5. Current Human Resources and Training Practices

Incorporated in the training for new recruits is a course on Sexual Offences and Indecent Assaults. This course is designed to acquaint the recruits with the various forms/types of sexual offences, so that they are able to identify and define those offences recognized under the Sexual Offences Act, and to exercise their powers and discretions responsibly and lawfully.

Gender-sensitive training for recruits is also provided through a course on Domestic Violence, which follows the model of the Caribbean Training and Resource Manual on Domestic Violence. The training was created for Police Officers and was endorsed by the Association of Caribbean Commissioners of Police (ACCP). The Manual is based on research by the Caribbean Association for Feminist Research and Action (CAFRA). This training is provided by a Senior Police Officer who was certified as a Domestic Violence Train-the-Trainer at the University of The West Indies, Jamaica.

A Sexual Offences Course is offered to serving officers that is designed to prepare officers for their role in conducting criminal investigations into serious sexual assaults. Participants are equipped with the necessary knowledge and skills to enable them to deal with victims and perpetrators of sexual offences in a professional and sensitive manner. It emphasizes the role and terms of reference of both the investigating officer and the chaperone. This course is designed primarily for female officers who deal with female or juvenile male victims. However, male officers who are required to deal with victims and perpetrators of sexual offences may attend.

The prerequisites for this course are that applicants must be attached to the Central Detective Unit (CDU), in New Providence or Grand Bahama, or one of the Divisional Detective Units, a Family Island, or working in the Police Force for at least three years.

3.6 CONCLUSION

The police have a dual function in the eradication of gender base violence. They are invariably first levels of contact for both victims and perpetrators. For the victim, they must be sensitive to and cognizant of their needs in this highly charged emotional state. They must respond with sensitivity and empathy and provide protection. They must initiate and direct them also along the clinical pathway for best care. Simultaneously, they must confront and apprehend the perpetrator, with equal attention, to the process of law enforcement. Despite the hideous nature of the crime, the police have an obligation to recognize that the perpetrator's process of enforcement culminates with rehabilitation and being restored to a state of wellbeing - 80% of the men who completed the Men's programme for batterers are violence free after 10 plus years. Gender equality is an equal opportunity affair. The Police must be educated and trained to perform in the appropriate manner as the situation arises.

Finally, it would be the recommendation of the Policing Sector that local and international training opportunities be awarded to law Enforcement officers for such learning. Further, the inclusion of civilian Victims' advocates working closely with the POLICE-VICTIM-COURT throughout the process is also of paramount importance. Such initiatives will assist in the coping mechanisms of the victims in the pursuit of justice.



Up the Awareness,

Better the Access

Push the Justice

End the Violence!

4. Assessment of the Psycho-Social Sector

4.1. Overview

As a member of the United Nations and a signatory to a number of initiatives that seek to address GBV, The Bahamas aspires to the UN recommendation that good or promising practices in the provision of such services be based on a number of general principles⁷³. Among these are the needs to:

- Promote the well-being, physical safety and economic security of victims/survivors and enable women to overcome the multiple consequences of violence to rebuild their lives.
- Ensure that victims/survivors have access to appropriate services and that a range of support options are available that take into account the particular needs of women facing multiple discrimination.
- Ensure that service providers are skilled, gender-sensitive, have ongoing training and conduct their work in accordance with clear guidelines, protocols and ethical codes and, where possible, provide female staff.
- Maintain the confidentiality and privacy of the victim/survivor.
- Cooperate and coordinate with all other services for victims/survivors of violence.
- Monitor and evaluate the services provided.
- Reject ideologies that excuse or justify men's violence or blame victims.
- Empower women to take control of their lives.

The necessary psychosocial services that are required vary based on the unique country situation. However, some of the more essential of these include:

- Emergency care
- Counselling and support services
- Hotlines and helplines
- Shelters
- Safe houses
- Transitional housing

⁷³ United Nations General Assembly. (2006, July). In-depth Study on all forms of violence against women: Report of the Secretary-General. Presented at Sixty-first session, Item 60 (a) of the preliminary list, Advancement of Women: Advancement of women. pp. 91.

- Support and care of accompanying children
- Longer term empowerment of victims/survivors
- Self-help groups
- Advocacy and legal services
- Services for victims of trafficking
- Intervention for perpetrators

Currently in The Bahamas, many formal and informal psycho-social support services seek to address the impact of GBV on survivors, their families, and perpetrators. These services would include any organized service, programme or experience that seek to positively address or alleviate harm, suffering, and the effect or outcome of GBV.

The Ministry of Social Services and Community Development has identified the reduction of the prevalence of intimate partner violence as a priority objective through intervention, treatment and education along with the implementation of programmes geared towards the rehabilitation, transformation and integration of ex-offenders. This Ministry aims to identify and co-ordinate with all social partners, programmes that will foster a deeper sense of community and accomplishes this through grants to several non-governmental organizations.

The Ministry of Health has identified domestic violence, sexual violence and child abuse as priority areas to be addressed through the following programmes: School and Adolescent Health; Injury Prevention; SCAN; and the Public Health Clinics. In the Public Hospital Authority (PHA) clients are seen in the SAFE Unit, the Accident and Emergency (A/E) Departments of the two government tertiary care hospitals, and the Community Mental Health Unit.

The Ministry of National Security has responded through the strengthening of community policing in urban renewal centers, its Sexual Offences Unit, and the Victim Support Unit in the Crime Prevention Unit. More recently, this Ministry has provided housing for The Bahamas Crisis Centre.

GBV has also been identified as a high priority by several non-governmental organizations (NGOs) such as The Bahamas Crisis Centre, the Centre for Pastoral Life by the Catholic Diocese, Links, the Salvation Army, Great Commission Ministry, and most recently, the AME Church. All of these receive grants from the Ministry of Social Services and Community Development.

Notwithstanding the availability of these services, a gap analysis of the services provided revealed a number of areas of concern if the country is to fulfill its commitment to provide comprehensive quality services. These include:

1. The lack of a national protocol or the comprehensive management of Gender-based Violence
2. Limited shelters for victims – both emergency and transitional
3. Limited availability of intervention services after 5pm and during weekends

4. Limited coverage of all services in New Providence, almost non-existent in the Family Islands
5. Very limited programmes and services for perpetrators. One programme exists in the private sector and one in the public sector, but these are only for perpetrators of Intimate Partner Violence – none for sexual offences
6. The lack of capacity for longer term counseling
7. The sensitization of all providers and better understanding of the problem and its root causes
8. More effective inter-sectoral collaboration. Roles, responsibilities and lines of communication need to be clearly defined, documented and shared among the various providers to avoid duplication of resources and loss of clients.
9. Limited screening services to detect persons that may be eligible for preventive interventions related to GBV
10. The lack of monitoring and evaluation of services.

4.2.0 Services

4.2.1 Emergency Care Services

Victims of sexual violence, including rape, require immediate health care and support and forensic evidence for any resulting legal case also needs to be collected. That first line of contact is often the Emergency Department in the hospital and/or the police station, where there is an opportunity to capture information, just in case the victim does not return. Protocols and guidelines on forensic examinations in cases of sexual violence are therefore important, as is women's access to such services. Lack of timely access to such services can prevent the gathering of evidence needed to bring a charge such as rape.

In The Bahamas, it is estimated that 75% of the referrals due to sexual assault is brought to the Accident and Emergency Department by the Police. The others are walk-in clients, who are required to wait until the Police arrive. Victims also have the option of going to their private doctor or to the private Doctor's Hospital. The Walk-In Clinic refers them to the emergency rooms at either hospital.

If the assault occurs within 72 hours, it is considered the acute phase and the victim is referred for assessment to the Emergency Department. After 72 hours the victim is referred to the Community Clinics. Suspected cases of child abuse at A/E are referred to the Suspected Child Abuse and Neglect (SCAN) Unit for evaluation and management. This unit provides services for children (up to 12 years of age).

Victims sexually assaulted more than 72 hours prior to attending the hospital are referred to the SCAN Unit, if under 12 years, or to the Community Clinic if older. The victims receive psychological first aid and/or counselling at The Bahamas Crisis Centre and Community Counselling and Assessment Centre. Medical follow up occurs at the SAFE clinics in the Family Medicine Department. Victims of Sexual Assault on the Family Islands are referred to their local polyclinics for intervention and onward referral to the relevant agencies.

For victims of domestic violence, the Department of Social Services in the Ministry of Social Services and Community Development provides frontline psychosocial response via the Health Social Services Unit in PMH when clients are referred from the A&E. In addition to walk-ins, clients are referred to the Unit from the Accident and Emergency Department.

Additionally, the various units in the Ministry of Social Services and Community Development including the Domestic Violence Unit, Child Protective Unit, School Welfare, Disability Affairs Unit, Rehabilitative Welfare, Community Support, Senior Citizens Division and Community Development Services, provide emergency intervention, assessment, and referral for victims of intimate partner violence to the Domestic Violence Unit in the Family Services Division.

The Bahamas Crisis Centre also provides intervention for victims of domestic violence who would have walked into the Centre or called the hotline. At the Centre, they are offered crisis counseling, safety planning, legal assistance with obtaining a protection order and referral for safe housing, when necessary.

4.2.2 Counselling and Support Services

Counselling involves professionals working with individual victim. The common thread across most GBV counselling programmes is its explanation from the perspective of power control and gender inequality.

Best Practices identify a survivor focused approach⁷⁴, such as:

- a. The respect for victim's autonomy and the right to make decisions (UNDAW & UNODC 2005)
- b. The provision of support for both immediate and short term needs (medical, safety, psychological, legal and long term psycho-social); i.e., ongoing therapeutic and health care, access to housing, income, transportation, employment and empowerment opportunities (UN General Assembly 2006)
- c. Empowerment services through ongoing education and legal literacy (UN Women 2013)
- d. Involvement of survivors' family and social environment in the provision of services (UN Women 2013).

⁷⁴ Expert Group Meeting. "Good practices in combating and eliminating violence against women", organized by the Division for the Advancement of Women in collaboration with the United Nations Office on Drugs and Crime, Vienna, 17-20 May, 2005, available at: <http://www.un.org/womenwatch/daw/egm/vaw-gp-2005/index.html>.

Research on the efficacy of counselling for victims of intimate partner violence found psycho-educational counselling to be an effective approach for improving self-esteem, affect, and focus of control, coping abilities, and self-efficacy⁷⁵.

A more recent study reiterated the effectiveness of counselling programmes but recognized its limitations without large scale government and social commitment to issues such as child care, jobs, transportation, affordable housing and social justice, and the offer of home visits, supportive and therapeutic counseling, court reports and follow-up care⁷⁶.

The Council of Europe has recommended a minimum of one centre for every 50,000 people⁷⁷. The application of this standard would, at a minimum, suggest the need for 7-8 such centers for the entire Bahamas.

The Ministry of Social Services and Community Development has operated a Family Violence Programmes within its Health Social Services Unit at PMH since 1982. Clients are referred, predominantly, from the Accident and Emergency Department. More recently, a Domestic Violence Unit has been created in the Family Services Division of the Ministry and offers home visits, supportive and therapeutic counseling, court reports, and follow-up care. Other units within Social Services also refer domestic violence cases to this Unit for follow-up care and counseling.

The Crisis Centre provides trauma-focused therapy, family and couples intervention and safety planning to victims of Intimate Partner Violence following their calls to the hotline and referrals from PMH, the RBPF and schools. Victims are screened and risk assessments conducted to determine the potential lethality of the situation. If required, referrals are made to the Family Court for protection orders to ensure victims safety and Social Services for emergency shelter.

The Crisis Centre provides ongoing counselling to both child and adult victims of sexual assault. Children are referred to the Crisis Centre's Children's Advocacy Clinic. At this Clinic they received Trauma-focused cognitive behavioral therapy (TF-CBT) which is an evidence based-therapy designed for youth who have experienced a significantly traumatic event. Trauma-focused cognitive behavioral therapy is used to help children experiencing clinical posttraumatic stress return to a healthy state of functioning after a traumatic event. This therapy decreases the negative behavior patterns and emotional responses that occur as a result of sexual abuse, physical abuse, or other trauma.

A valuable adjunct to the counselling opportunities in The Bahamas has been the organization of a group counselling programme. The Family: People Helping People

⁷⁵ (Mancoske et al 1994, Tutty 1996, Tutty et al 1993)

⁷⁶ (Bennett et al 2004)

⁷⁷ Council of Europe, Group of Specialists for Combating Violence against Women. *Final Report of Activities of the EG-S-VL including a Plan of Action for combating violence against women* (Strasbourg, Council of Europe, 1997), available at: [http://www.coe.int/T/E/Human_Rights/Equality/PDF_EG-S-VL\(97\)1_E.pdf](http://www.coe.int/T/E/Human_Rights/Equality/PDF_EG-S-VL(97)1_E.pdf).

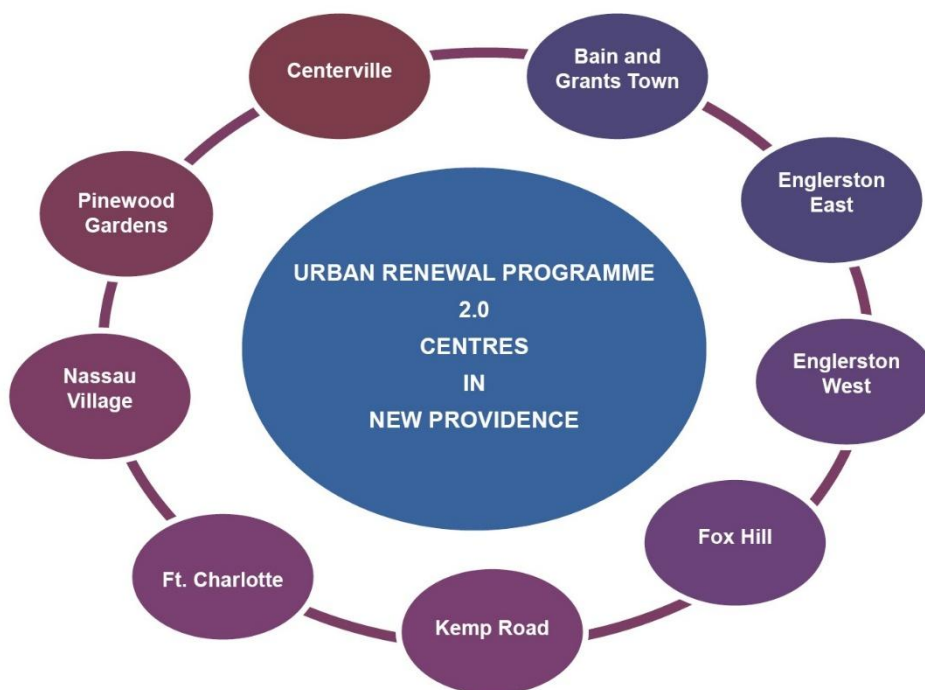
Project was established in 2008 to bring together victims of domestic violence, survivors of homicide victims, and victims of multiple types of physical and sexual abuse in a dynamic group supportive process involving the sharing of personal stories, reflection, self-examination and transformation by psychotherapeutic principles. It offers an “a contemplative atmosphere of acceptance, silence, love and non-judgmental listening” with the aim of “enhancing the development of meaningful emotional bonds to form community.”⁷⁸

4.2.3 Community-Based Support Services:-

(1) Urban Renewal

The Urban Renewal Programme was first introduced to The Bahamas in 2002. As a crime fighting tool that brought together several helping agencies with the Royal Bahamas Police Force to tackle the social, domestic and criminal elements in the urban communities. The focus of the Social Services Unit in this programme is to access the communities’ strengths and weaknesses, along with community members and expand or create programmes to meet the community needs.

The Urban Renewal Programme 2.0 has been established in Grand Bahama, Abaco, and spans over nine (9) inner city communities in New Providence – see below:



⁷⁸ Allen, D. F., Allen-Carroll, K, Allen, V.S., Bethel, K. Y., & Mangello, J. A. (2014). Community resocialization via installation of family values through a novel group therapy approach: a pilot study. *Journal of Psychotherapy Integration*.

As this consortium of agencies seeks to meet the societal ills, a multifaceted approach is used to problem solving - working with all its stakeholders to address “at risk” behaviors. Qualified Social Workers, Police Officers, Environmental Health Officers and other professionals on the team, make every attempt to, among other services, provide counselling to encourage more positive behaviors, especially amongst families and the youth. The team also offers the communities social and/or emotional support as needed.

Additionally, events are planned to address timely social ills including Child Abuse and Peace Rallies, Cyber Bullying seminars, Anger Management and Conflict Resolution seminars. The Urban Renewal team conducts daily walkabouts throughout the communities and deals with any crisis they encounter.

Personnel are available to settle domestic disputes, rescue children from various forms of maltreatment, provide meals for families, link members of the community to specialized services.

The Urban Renewal Programme often works to diffuse potentially explosive domestic violence situations, but is challenged, at times, to secure shelter for victims. When violence occurs the Programme relies heavily on the Department of Social Services to secure shelter for victims of violence.

(2) Faith-Based Communities

GBV is known to be prevalent within both faith-based and secular communities. Of the twenty-two (22) denominations contacted, the majority of those which are established in The Bahamas report that there are no structured counselling centers or programmes within the organizations with respect to GBV. A few of the denominations depend on and support the Crisis Centre, while others deal with GBV at the individual pastorate level, some relying heavily on the teachings of the various denominations. Usually faith-based counselling services are given only after violence has manifested and is out of control. Earlier intervention is needed.

4.2.4 Hotlines and Helplines

Hotlines and helplines provide important access to information and support systems for victims of GBV. As many of these victims are hesitant to seek help, such advice lines must overcome any barriers including the need to preserve the privacy and confidentiality of their clients and to provide information free of charge.

The operation of at least one 24-hour national emergency telephone line providing information, advocacy, support and crisis counselling would constitute good practice. Locally appropriate methods of distributing information about the existence of these advice lines and of ensuring resources for its operation are vital.

The Ministry of Social Services and Community Development has established a 24-hour national hotline which is also accessible to the Family Islands.

Additionally, The Bahamas Crisis Centre's national hotline has been operating since 1986 and is accessible to callers in both New Providence and the Family Islands. The Grand Bahama Crisis Centre operates a hotline for that northern island with follow-up action also taken by the Centre, which is situated in the Rand Memorial Hospital.

4.2.5 Shelters

Shelters were originally set up by women's organizations to meet women's need for immediate protection and care when fleeing abusive situations. They have evolved to be much more than "safe houses" and now often provide a range of services, ensuring that women have access to shelters that meet safety standards to protect them from further violence. According to the recommendations of an expert group of the Council of Europe, one place in a women's shelter should be provided per 7,500 inhabitants and the minimum standard should be one place per 10,000 inhabitants. Additionally, all women, even those in low population density areas like the Family Islands, should have access to safe places⁷⁹.

While the State may not always be the best provider of such shelters, it is good practice for the State to assist, encourage, finance and cooperate with NGOs in establishing and maintaining them. Ideally, such shelters should operate 24 hours a day and offer free services including accommodation for women and their children, medical help, legal consultation, psychological consultation and some social support.

While the government of The Bahamas does not officially operate a shelter, the Department of Social Services offers emergency accommodations in small hotels for short periods of time. The Department also provides grants to three shelters, which are operated by faith-based organizations, and one run by The Bahamas chapter of LINKS International.

There are currently no shelters on the Family Islands or in Grand Bahama. Consideration needs to be given to the establishment of safe houses and the encouragement of the faith-based communities in these islands to assist in the sponsorship of a network of safe houses.

There is a tremendous need for accommodation for victims who have boys over seven years of age. Only one shelter is available for these families and that can only accommodate three families. A similar need is for transitional housing that can accommodate victims who may be unemployed or impoverished and are unable to finance their own housing. There are no medium secure shelters.

⁷⁹ Council of Europe, Group of Specialists for Combating Violence against Women. *Final Report of Activities of the EG-S-VL including a Plan of Action for combating violence against women* (Strasbourg, Council of Europe, 1997), available at: [http://www.coe.int/T/E/Human_Rights/Equality/PDF_EG-S-VL\(97\)1_E.pdf](http://www.coe.int/T/E/Human_Rights/Equality/PDF_EG-S-VL(97)1_E.pdf).
Council of Europe 2006

4.2.6 Services for Accompanying Children

It is imperative that children exposed to abuse be protected and feel safe. Risk assessments are recommended and should be implemented in all domestic violence related services for children impacted by intimate partner violence as well as children whose parents are separated as a result of such violence.

The National Child Protection Council (NCPC) is a government appointed committee founded in 1999 to develop a nation-wide concerted plan of action against child abuse. The Council is also mandated to advise the Minister of Social Services on matters relating to child abuse. It studies, evaluates and recommends ways to continually address the problem of child abuse. The NCPC has conducted annual workshops and conferences for relevant stakeholders related to child abuse. Workshops are held for primary school and high school students educating them on various abuses they may experience or witness. Annually to Commemorate Universal Children's Day the Council host the 'I Got a Right!' Seminar to educate children on the rights and responsibilities outlined in the Convention for the Rights of a Child. The Council endeavors to educate the general public on the definition of child abuse and child protection laws while offering solutions to prevent abuses. It has developed four editions of the 'Say No Then Go' colouring books and safety tips for children and parents that have been distributed to schools throughout the entire Commonwealth of The Bahamas. Its members also travel to the Family Islands to meet with school children and communities to discuss child protection in the hope of breaking the intergenerational cycle which continues the violence.

The Department of Social Services has the statutory duty to protect children through the Child Welfare Division, which it does through its hotline, home visits, and interventions with regards to suspected child abuse.

The Department provides alternate living accommodations for children who are victims of abuse and require care and protection. These facilities which are located on New Providence, Grand Bahama, Cat Island and Current Island, Eleuthera, serve as safe havens for the children. They provide twenty-four (24) hour home care and supervision for residents for the children from infancy to age eighteen (18) years. Social Workers offer counselling and support services to residents as needed.

Local religious and civic organizations have traditionally partnered with the Department in the management of the Child Care Facilities.

Once a child is placed into the care of the Department of Social Services via a Care Order, legal measures may be taken to terminate the rights of their parents/guardians if warranted. In this instance, the child becomes a Ward of the State; otherwise, the child is reunited with his family of origin following appropriate interventions facilitated by the Department.

Best practices recommend the use of psycho-educational groups for children exposed to domestic violence as those groups have been shown to be effective contributors to the recovery from this exposure⁸⁰.

The recent United States' Attorney General's Task Force on Children Exposed to Violence has reiterated the importance of implementing early intervention programmes for children exposed to violence in the home and the community⁸¹.

In addition to the emotional impact of domestic violence on children, the batterer's modeling shapes the belief systems of children, their outlook on abuse in relation to personal responsibility, violence and aggression and sex role expectations.

Even after the victim separates from the batterer, the possibility of the childhood exposure to violence can continue. Married women living apart from their husbands experience four times the frequency of physical and sexual assault and stalking than do those who are still living with the abuser⁸². The risk to children from exposure to intimate partner violence is frequently underestimated. There are strong indications that children's sense of security is a critical factor in their potential for resilience after exposure to violence. It is recommended that custody and visitation planning should treat security for children as the top guiding principle along with the need to create a context for emotional healing for them.

The Crisis Centre offers help to the children of battered victims providing them with individual counseling, safety planning, play therapy, and group therapy.

4.2.7 Services for the Elderly

The senior citizens division of the Department of Social Services:

- Is mandated to uphold the rights of persons over the age of 60 years
- To ensure that they enjoy the highest quality of life possible in the Commonwealth of The Bahamas
- Further, older persons are protected under Section 13 of the Sexual Offences and Domestic Violence Act, and from Aggravated Assault under Subsection 264 of the Penal Code

Although the headlines in our daily newspapers has recorded several rapes and assaults against elderly women, as well as the murder of a 73 year old woman in her home; violence against the elderly has not received the response it should in our community, as

⁸⁰ Edelson, J. L. (1999). Children's witnessing of adult domestic violence. *Journal of Interpersonal Violence*. 14 p. 839-870

⁸¹ Attorney General's Task Force on Children Exposed to Violence

⁸² Tjoden P and Thoennes N "Extent, nature of consequences of intimate partner violence: findings from the National Violence against Women survey" Washington D. C., National Institute of Justice Center for Disease, Center of Prevention (2000).

the outcry has not raised the kind of alarm it should for this extremely vulnerable group in our society.

The Senior Citizens Division's most recent statistics reveal only one (1) report of violence against the elderly; however, more reports of neglect (32), financial abuse(4), and abandonment (3) were reported. Cases of physical abuse against elders are reported to the Police and investigated by the Division. In other matters, investigations are carried out by the Division to determine the validity of the complaint. Following, referrals are made for further intervention to allied agencies where appropriate.

4.2.8 Advocacy and Awareness

There is growing evidence that advocacy services are amongst the most effective means of supporting victims to live violence free lives. Advocacy services offer a single point of contact for victims and guide them through the web of services available to them.

The Crisis Centre has provided advocacy for victims of Domestic Violence and Sexual Violence through its Rape Advocacy Team, Domestic Violence Survivor Advocacy Team and the Court Watch Programme.

Public Awareness Campaigns are a common primary prevention strategy used to impact domestic violence. These campaigns provide education and information, raising awareness on the nature and context of violence and identification, community resources for both victims and perpetrators⁸³.

These types of Community Based awareness activities can not only increase knowledge of legal and social rights empowering victims to seek help but are also helpful in challenging the underlying systems belief that justify relationship violence and condone the use of violence.

NCPC recently piloted two new programmes which were launched in April 2015 during Child Protection Month. The first programme is the 'Stop 'n Tink' Module. This classroom-based 90 minute module for upper primary students aims to reduce impulsive and aggressive behaviors and increase protective factors and social-emotional competence by beginning the dialogue with students about violence prevention. The coloring book paired with classroom activities and active teaching will educate children about empathy, problem-solving skills, risk assessment, decision-making, and anger management. According to the NCPC, violence against children can be prevented through prevention efforts – by teachers, administrators, parents, community members, and even students. The council contends that no one factor in isolation causes violence against children, so stopping violence involves using multiple prevention strategies that address the many individual, relationship, community, and societal factors that influence the likelihood of

⁸³ Jaffee P. G. Crooks, C. U., and Wolf D. A. (2003) Legal and policy responses to children exposed to domestic violence: The need to evaluate intended and unintended consequences. *Clinical Child and Family Psychology Review* 6, 205-213.

violence. The Council adopted a public health approach focusing on preventing violence before it starts – an approach which effectively reduces violence against children.

Secondly the NCPC has launched its Respectfully-Me campaign. This initiative is designed for junior high school students to foster the belief in forming healthy relationships to prevent all forms of child abuse before it starts and empowers these complements pre-adolescents to challenge harmful beliefs about dating abuse and take steps to form respectful relationships and supports the Council’s parent education initiative “Parenting with Dignity”. Educating children about dating violence will empower them as parents and help them learn alternative means to manage anger and also effective ways to discipline their children in the future. The Respectfully-Me message will be supported by a variety of materials including a power-point presentation, an information booklet, The Bahamas Crisis Center’s Movie Full Circle and training programmes for gatekeepers.

Recognizing that promoting nonviolent and healthy relationships between men and women is key to preventing intimate partner violence, the Ministry has also partnered with the Ministry of Education, Bahamas Crisis Centre, Zonta and Rotary in an outreach campaign to High Schools on Dating Violence “What Teens Don’t Know Can Hurt Them” focusing on unhealthy teen relationships and red flag behaviours in those relationships.

As mentioned above, the Crisis Centre has recently developed a Let’s Talk Campaign targeting young people ages sixteen to twenty-five years incorporating the presentation of a short film that stimulates dialogue on the issues of incest, date and spousal rape, bullying and bystander behavior.

Without services or treatment, even children who appear resilient and seem to recover from exposure to violence still bear emotional scars that may lead them to experience these same problems years or decades later. Early intervention programmes are critically important.

4.2.9 Legal Aid Services

Victims of violence often need legal services to address a variety of issues such as divorce, and legal separation, child custody, child support and maintenance, property settlements, housing, employment and civil suits. The availability of such services, including free legal aid and advice for indigent clients, is critical in the network of services required for the protection and advocacy needs of victims. Legal services may be provided as part of an integrated model of support or by legal aid centers, community legal services or networks of pro-bono lawyers. While legal services to victims of VAW are usually provided by civil society organizations, it is good practice for governments to support such projects, particularly through funding.

The Crisis Centre is fortunate to have the services of eight attorneys who provide free legal advice and guidance and attend court for the most difficult cases.

The Eugene Dupuch Law School also provides free legal assistance to domestic violence victims and is able to offer court appearances in a limited number of cases.

4.2.10 Services for Victims of Trafficking

Victims of trafficking encounter many obstacles in accessing services and Good Practices in the provision of services require that the complexities faced are adequately addressed. These obstacles may be due in part to their fear of reprisals by trafficking networks; the lack of legal literacy and confidence in legal systems; the fear of arrest, legal sanctions and deportation; or due to language barriers. Their immediate needs are protection, medical and psychological assistance, access to legal advice and counseling.

In some jurisdictions, the Government provides free legal aid to victims of trafficking and partially finances the shelters run by NGOs for them. In others, victims of trafficking can receive residence permits, if their life is in danger, or if they risk further exploitation. Other required services are provided through cooperation between NGOs, law enforcement officials and local authorities.

In April 2012, the Ministry of National Security established a National Task Force on Trafficking in Persons (TIP) to enhance the country's responsiveness to what was described as "one of the most quickly growing criminal enterprises in the world".

This Task Force is responsible for those matters set out in the 2008 Act. These matters include: trafficking in persons investigations and prosecution; the protection of victim's rights, such as immigration status, housing and legal representation; counselling and other relief and assistance required to meet the urgent human needs of victims. The Task Force's responsibilities do not include illegal immigration or migrant smuggling, although it will be vigilant to ensure that there are no trafficking in persons victims in illegal migratory flows.

Government ministries and agencies that comprise the Task Force are: the Office of the Attorney General and Ministry of Legal Affairs; the Ministries of Foreign Affairs, Health, Social Services and Community Development; the Royal Bahamas Police Force; the Royal Bahamas Defence Force; the Department of Immigration; and the Customs Department. An invitation was also extended to concerned non-governmental, community and faith-based organisations to nominate representatives to the National Task Force.

Among the activities the TIP Committee has spearheaded is a Public Forum on Trafficking in Persons which was held on 21 March 2012 to foster greater public understanding of the complexities involved in trafficking in persons, and the difference between trafficking in persons and illegal immigration and migrant smuggling. The Committee also spearheaded the organization of a United States Government sponsored Training Exercise that was held 23-25 March 2012, which involved Government officials from a broad range of Ministries/Agencies and NGOs and other civil society organizations.

The establishment of the Task Force is a major step forward in the country's efforts to meet its obligations under the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention on Transnational Crime. The Bahamas ratified the Protocol in 2008 and enacted its Trafficking in Persons (Prevention and Suppression) Act the same year.

The Department of Social Services, the Crisis Centre and The Bahamas Red Cross provide for the psycho-social needs of trafficked victims, who are placed in safe housing until their situation is resolved.

4.2.11 Services for Perpetrators

In far too many instances, the lack of mandatory rehabilitative services as well as the underutilization of existing services means that perpetrators go untreated. Combined with the frequent practice of victim blaming, along with the silence of the community, this only serves to facilitate the likelihood of a continuation and possible escalation of such acts by the perpetrator. That greater attention needs to be paid to the provision of interventions for this neglected population is an understatement.

The Community Counselling and Assessment Centre (CCAC), the outpatient mental health services unit managed by the Sandilands Rehabilitation Centre, offers a 6-week anger management programme that receives referrals from the courts.

The Ministry of Social Services and Community Development provides a grant to the Roman Catholic Church towards the funding of their Men's Programme. The Men's Programme began in April 1993 and is a cognitive behavioral programme for men who are abusive towards their partners. Following the initial intake assessment and formal acceptance, the men are required to participate in twenty-six (26) weekly sessions that challenges them to take responsibility for their behavior. Problem solving techniques are introduced with participants having an opportunity to practice skills and understand their controlling behaviors and identify alternative behaviors.

Research has shown that a history of further progression of offensive behavior is common in juvenile sex offenders and that early intervention is most effective as it treats problems in adolescents before any such behaviors become entrenched in adulthood.⁸⁴

Abel et al reported that 50% of adult sex offenders participated in sexually deviant behaviors in adolescence and concluded that treatment of juveniles could make a significant difference in reducing the prevalence of sexual assaults.⁸⁵

⁸⁴ Stenson, P. & Anderson, C. (1987). Treating juvenile sex offenders and preventing the cycle of abuse. *Journal of Child Care*. 3, 91-102.

⁸⁵ Abel, G. G., & Rouleau, J. L. (1990). The nature and extent of sexual assault. WL Marshall DR Laws & HE Barbaree Handbook of Sexual Assault: Issues, theories and treatment of the offender: New York, Plenum Press.

There is a critical need for the development of a juvenile sex offender's treatment programme where juvenile offenders will be referred from the court or upon recommendations from the Attorney General's office. This outpatient programme must include psychosexual evaluations, personality evaluations, individual and group therapy, anger management, victim empathy, a social skills training, and an understanding the Law component. The treatment plans must emphasize relapse prevention, understanding the cycle of abuse, sincere victim empathy, accepting full responsibility, emotional development and improving social skills.

4.3.0 Conclusion

While support services for survivors, families and perpetrators are critical in the fight against GBV, they cannot replace the value of personal, family and community responsibility in ultimately eradicating GBV from the Bahamian landscape. Children learn best about responsibility, respect, boundaries and other important values in relationships within the context of nurturing families, homes and communities. It is in the context of a caring family structure that children best learn how to cope, how to face life's struggles, and how to respond appropriately to the challenges that will come in later years.

This analysis underscores the need for a coordinated integrated system for the psychosocial care of victims of GBV and intervention for perpetrators. Internationally, best practices point to the power of coordination and relationship between governmental and civil society organizations.

Many agencies and programmes have been busy dealing with GBV and its effects, but, unfortunately, have not made the evaluation of their efforts a priority. More needs to be done to ensure that these programmes undergo regular, objective and formal assessments. This is critical if they wish to be able to provide the evidence that they are effective and are providing the necessary help to the survivors, families and perpetrators of GBV.



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5. Assessment of the Medical Sector

5.1 Overview

GBV exemplifies the new paradigm in health, from the traditional biological models of health and disease to the contemporary bio-psychosocial model. In the former, all diseases have an underlying biological factor that needs only to be identified and eradicated. The latter however, results from a complex interplay, of not only biological agents, but psychological, social and economic factors as well.

The task of eradicating GBV requires:

- The acknowledgment that GBV is a disease entity that requires the structured medical directive that lends to the methodical approach of disease diagnosis and treatment.
- The realization that GBV has emerged as a major public health issue that directs a community or population-based health care strategic and management approach.
- An appreciation of the public health paradigm that deviates from the traditional therapeutic approach to diagnose and treat, but to define the disease determinants and to restore health, prevent diseases and to promote wellness.

There are three criteria for a disease to be recognized and framed as a public health issue:

- There is a notable and rapid change in the level of public discourse and with an increasing disease incidence; this suggests that the condition if addressed appropriately, is mostly preventable.
- It casts a heavy burden in the society inflicting great pain and suffering and a high financial cost with a significant use of resources in both government and nongovernment agencies.
- The public concern and prevalence reflects the reality that every citizen is susceptible.

In the public health paradigm, treatment focus is redefined in the prevention mode as primary, secondary and tertiary.

- Primary prevention focuses on health promotion and wellness, reducing and eliminating all risk and exposure to the disease. It is about living in a world free of GBV and both men and women experiencing and exercising optimal health.

- Secondary prevention identifies risk factors for GBV and thus implementing early intervention, it prevents GBV from occurring or inflicting its significant disease burden in the community.
- Tertiary prevention acknowledges the prevalence of GBV, but seeks to reduce the disease burden and advance the quality of life wherever possible.

The challenges confronting the health sector in the delivery of services to victims of sexual assault in the acute phase are many:

- The triage for A/E is not suited for victims of sexual abuse. Confidentiality and ambiance are less than ideal. The designated area for the victims similarly lacks ambiance and assurance of confidentiality; the examining room is not a private setting away from the A/E area. The integrity of the evidence may be affected.
- There is no dedicated physician for the victim. The assault case is prioritized with all other A/E cases. The physician can be called away during the examination depending on the needs of the department.
- The victim may incur long waiting times not only because of the physician's other A/E obligations but they have to wait for the arrival of the Police as well before the medical/forensic examinations are undertaken.
- The victim incurs delays after the acute event as well. There are delays in matters coming before the court and during the court process. This also affects adversely the A/E doctors who must be present at the trial away from the hospital duties. Their time away from the hospital contributes to staff shortages in the Department. In the event the doctors may have left the jurisdiction, the head of A/E is required to attend court to give the evidence. This delay or absence of the attending physician could result in the acquittal of assailants.

5.2.0 Services for Victims of Sexual Assaults

The challenge of delivering emergency care to victims of gender-based violence: Health care services for victims of sexual assault related to GBV must be designed not only to the immediate health care needs, but more importantly the long term psychological, social and supportive needs of the victim and to restoring their total well-being. Providers who care for victims of gender-based sexual violence (GBSV) are cognizant of the differences and the needs of victims whose incidents involved perpetrators known intimately to the victim versus those victims of stranger rape.

The victims of stranger rape are clearly victims of a crime. In those cases where the victim knows the perpetrator however, in our Bahamian Society the issues are not so simple. When a victim presents to the health care system and gives a history of a sexual assault,

the physician care provider, by hospital policy, has to report this incident to the police. The report triggers an automatic criminal investigation; the police must come to the medical facility and interrogate the victim. The victim has to wait until the police arrive, and only afterwards, the physician can proceed to discharge their medical duties.

In the scenario where there is an intimate partner relationship, the victim may be reluctant to be involved in any legal or criminal proceedings. The reasons may include a desire to protect the perpetrator, avoidance of publicity or the victim may be afraid of the consequences especially if there is an element of financial dependency. Studies suggest that two out of three sexual assault victims know the perpetrator. This mandatory reporting to the police and subsequent interrogation of the victim is unfortunate and poses quite a dilemma for the victim. It's discriminatory; the victim is being denied care because the health provider should not proceed further in the medical review process until the police complete their interrogation. The victim may opt not to proceed to undertake or complete the further medical evaluation because of the imposing police interrogation and its possible socioeconomic and legal consequences.

There is yet another issue of concern in the Bahamian society in intimate partner sexual violence cases. Where the perpetrator is the husband, this incident cannot be classified as a sexual assault unless the victim has sought legal separation or divorce. Under our present law, a husband cannot sexually assault his wife, regardless of the force and physical brutality of the perpetrator and even when wife has not engage voluntarily and may even have resisted physically as well. Marital rape is not recognized in our laws. It would be remiss for this Task Force report not to recognize this issue of "marital rape", and recognize what it represents, the stark reality of male patriarchy and as a primary component of GBV.

5.2.1 Intervention Services

In cases of sexual assault, based upon existing protocols, the Police SOU and the Health Sector work in tandem with respect to medical and forensic procedures. The complainant of a sexual assault is taken by an Investigator from SOU to the Accident and Emergency Department of a Public Hospital, where a forensic examination is carried out in the presence of the Police in a semi-private suite. The A/E Chief of Service estimates that 75% of all complainants are brought in by the Police. Complainants who chose the hospital as the initial point of contact are usually subjected to long waiting periods; until the police arrive. If the complainant prefers to be examined at a private hospital, the cost of services rendered must be defrayed by the complainant.

(1.) The Hospital Setting

Medical attention is sought when sought, victims of both sexual and non-sexual violence are evaluated often at the Accident and Emergency Departments. There are three such facilities, the two public hospitals (Princess Margaret Hospital (PMH) in New Providence and Rand Memorial Hospital (RMH) in Grand Bahama) and one private hospital (the

Doctors Hospital). If the complainant prefers to be examined at the private hospital, the complainant must defray the cost of services rendered.

In the Acute phase, the protocol for evaluating victims of sexual abuse, both males and females encompasses:

- History: penetration/attempted (oral, vaginal, rectal)
- Lab tests required
 - HBs Ag & HIV
 - VDRL
 - Urine aptima for chlamydia and gonorrhea
 - Pregnancy test (as required)
- Photographic evidence if injuries are present (taken by (CSI))
- Any treatment provided
 - Laceration or tears: Tetanus Toxoid if indicated and antibiotic prophylaxis if wound is dirty or infected;
 - Pregnancy prophylaxis
 - Prophylactic medication for STDs/HIV exposure
- Post Exposure Prophylaxis works best within the first 3 to 24 hours after the incident occurred. It can also be administered up to 72 hours.

The protocol includes the use of the Sexual Assault Evidence Collection Kit, which contains instructions and packaging materials for defined steps of Sexual Assault Evidence Collection. The examination report and Kit are submitted to the Police for evidence.

(2.) Ambulatory Care Centers

In the public sector services, sexual assault cases in the acute phase may present initially at poly-clinics throughout New Providence, Grand Bahama and the Family Islands. It is expected that the same protocol be applied as in the A/E departments and that all cases are reported to the police and in particular, sexual offences committed against minors are reported to the police immediately. However, there is no assurance that there is any adherence to any protocols, nor to the skills, knowledge and competences of the providers.

In the private sector, there is no assurance either that there is any adherence to any protocols, nor to the skills, knowledge and competences of the providers. There is no data either as to the incidence of these events occurring in the ambulatory centers for both victims either at the acute or cold phase of reporting in the acute and chronic phases.

(3.) Suspected Child Abuse and Neglect (SCAN) Unit

The SCAN Unit is a specialized Unit in the Department of Public Health, Ministry of Health, and it provides services for children, ages 0-12 years, and families who suffer abuse or are part of abusive relationships.

This Unit facilitates the SOU/CDU from the initial stages regarding reports of child abuse, as it is alerted immediately by the Police. Once a “cold case” (incident over a period of 3 days) is referred to the Unit, arrangements are made for victims to be seen for examination at the community poly-clinics closest to where they live or where they are already known. The poly-clinics should ensure that the necessary protocols are adhered to:

- History to be obtained and recorded
- A complete physical examination by a physician and medical notes
- Forensic specimens collected as necessary
- Completed police report by attending physician
- Victims to be prescribed treatment as appropriate
- Completed referral form for SCAN Unit.

The SCAN Unit resumes the follow-up care of victims through scheduled appointments for one year; also, referrals of victims for counselling and assessment are made to the appropriate treatment centers. If required, the Unit’s nurses are prepared to give expert witness in court.

In 2013, the Unit saw 150 cases. Of the 150 cases, 139 were sexual abuse cases and 11 were physical abuse cases.

(4.) Sexual Assault Follow-Up Evaluation (SAFE) Unit

The SAFE Unit is a specialized Unit in a government’s designated general practice clinic. This Unit provides services for both adolescents, aged 13 years and over for the older adults who have been sexually assaulted.

This Unit provides follow-up care for victims of sexual assault:

- Health status and treatment plans, including psychological assessment are reviewed and updated;
- If required, victims are referred appropriately to the Crisis Center, Community Consulting Ambulatory Center or the Criminal Assault Unit (CAU)
- Regular follow-ups extend up to twelve months.

Attendance at follow-up clinics at both SCAN and SAFE units highlights some economic issues: affordability of transportation to the clinic, required laboratory tests, or taking off from work.

5.2.2 Prevention Services

Individual Awareness & Education by Public Health Nurses: This is very limited and is pertinent to the basic elements of GBV delivered in the standard nursing education curriculum. Similar to the issue pertaining to private practitioners; there is no assurance of adherence to any protocols, nor to the skills, knowledge and competences of the providers with regards to GBV.

Public Service Announcements: Public Service Announcements (PSAs) are limited, inconsistent and without any defined marketing or health promotion strategic plan with evaluable outcomes. There are infrequent public service assessments (PSAs) from NGOs, but these tend to be reactionary, rather than being applied in some strategic manner.

5.2.3 Early Detection of Victims of GBV

Routine inquiry: Research indicates that without routine inquiry, health providers miss a significant number of victims needing intervention with physical or sexual abuse issues. Routine questioning for a history of GBV at regular health visits or checkups is now considered the standard of care in many countries. (American Medical Association, 1992; Buel, 2001). Routine questioning for GBV occurrences, however, can be effective only where health care providers are trained to ask the right questions, in the appropriate manner, respond appropriately and when adequate referral services and resources exist.

Intimate Partner Violence/Substance Abuse Intersection: Researchers have found that 25% to 50% of men who commit acts of domestic violence have substance abuse problems (Jeyasee et al 2004). There is a great need for care providers of substance abuse and intimate partner violence, to network and share information. This cooperation and coordination of services will enhance the early identification of both victims and perpetrators, a better understanding of the complexity of the problem, more efficient and effective services, while simultaneously, breaking down barriers which undermine intervention. In The Bahamas, alcohol abuse in homes with domestic violence are over twice as likely as homes without domestic violence (Plumridge & Fielding, 2009)

5.3.0 Services for Intimate Partner Violence (Non-sexual Assaults)

The Government of The Bahamas is the principal provider of health care services in the country. There are three hospitals, two on the main island of New Providence and the other on the island of Grand Bahama, and there are over 100 public health clinics all providing primary care services. No one can be denied care on the basis of inability to pay. Thus victims of domestic or intimate partner violence, non-sexual assault, have access and availability to primary, secondary and tertiary health care services throughout the country, inclusive of all habitable land mass.

Victims of intimate partner violence however, require special attention beyond essential medical care services. Victims of GBV may need counseling, protection and safe housing, assistance and support to care for their children, funding, transportation, other social services and legal advice.

There are protocols for the treatment of victims of sexual assault but there are no advocates for victims when they seek help first at the police station, and there are no defined protocols to direct victims of non-sexual assault. At the tertiary care facilities, emergency room physicians have defined protocols for the treatment of victims of sexual assault. The physician however should respond to all the needs of all victims of GBV violence and refer accordingly, but there are no set protocols or accountability for this to occur for non-sexual assault victims. The Emergency Room physician may call the Crisis Center directly via their Hotline, and have the Center's personnel talk to the victim, inviting her (or him), to come to the Center for follow-up and assistance. The physician may also issue information to the patient about the Crisis Center, but there are the real fears that the information, if discovered by the perpetrator, may worsen the problem for the victim. There may be a reluctance by the physician to issue any information about the Crisis Center or any other ambulatory facility for follow. In any event, the actions of the physician and that of the victim are all voluntary for non-sexual assault cases.

The management of victims of GBV in the emergency or primary care setting is not part of the medical school curriculum, nor are any of the physicians credentialed for the skills, knowledge and competencies required. There are no defined courses available or Continuing Medical Education requirements either in order to do so. This applies for documentation of the incident as well. The event may be noted simply as an assault with no reference or coding, that it was a case of intimate partner violence; another reason why country GBV database is so inadequate on the incidence of domestic intimate partner violence in our hospital.

In summary, the medical care for victims of intimate partner violence is directed primarily at the external or internal physical injuries, with little coordination or integration of psychosocial needs of the victim. Nor do the providers of emergency systems have established protocols or expertise to direct the victims to the appropriate care pathways. In most instances, the documentation is scant.

5.4.0 Conclusion

The victim of GBV seeking medical attention is primed for an unpleasant and depressing experience. In the police environment, when the victim reports, there are no advocates for emotional support and assistance to guide them through the process. The same applies for the initial encounter at any of the points of entry into the health care system for the victim seeking help. While there are defined protocols for victims of sexual assault, there is none for the non-sexual assault victims. A protocol to respond to matters of intimate partner violence was developed in the 1990's for the Emergency Department and in recognition of referrals for assistance, and subsequently the SCAN for children, there has not been a similar recognition of the need for such protocols and screening in other critical areas including obstetrics and gynecology, psychiatry and family medicine.

The need for a national, coordinated and integrated plan for the health care system to respond effectively to the needs of the victims of this public health concern of GBV, has never been greater.



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6. Assessment of Cross-Cutting Actions

6.1.0 Institutional Framework/GBV Coordination

Overview: The responsibility of governance, policy and service provisions in The Bahamas is not structured in a centralized government agency. The government's role in GBV has been more a default position and reactionary, responding to the health and social service needs of the public as they arise and the pleas, request and advocacy of community groups. Prevention and awareness from a government's perspective falls in the domain of the general educational curriculum, but has practically no personnel, qualified or trained, in GBV skills, knowledge and competencies. The Government's responsibilities and action in defining GBV policies, statutes, enforcement and protection services have been mandated and directed by international conventions and treaties rather than planned initiatives and processes through public participation.

In summary, GBV coordination has been a fragmented, non-synchronous initiative without government oversight and a national strategic plan to curb or eradicate this increasing public health concern. Community action groups have attempted to fill this void, advocating for policies, legislation, enforcement and protection and providing services. The mandate to provide services, awareness and prevention programmes for GBV, has predominantly been pioneered and championed by The Bahamas Crisis Center, other NGOs, service organizations and churches, who have supported enhanced care for victims of gender-based violence.

The resources of the community organizations, namely personnel, funding and facilities are limited and their services are provided primarily on a voluntary basis and at no or a minimum charge to the victims or perpetrators. The burden of GBV in the country is high and increasing. It is to this end, in order to establish a coordinated, national agenda under the guise of a national strategic initiative, that the National GBV Task Force was commissioned.

(1) The Government and the current GBV Framework:

Six Government Ministries have been identified that provide services for the care of victims of GBV, or are directed to some aspects of curbing or eradicating GBV

- Ministry of Social Services and Community Development
- Ministry of National Security
- Ministry of Legal Affairs, The Attorney General's Office
- Ministry of Education, Science and Technology
- Ministry of Health
- Ministry of Youth, Sports and Culture

There is no coordination or centralization of the activities of these ministries with regards to GBV. No Ministry has the overall responsibility for leading the charge and being accountable. In the silo of each Ministry, activities are not under the guidance of

standardized policies or a structured organizational framework for managing GBV. Further there has not been any formal evaluation of programmes effectiveness, efficiencies or performance outcomes.

Programmes to increase community and national awareness and education of the issues of gender have predominantly been the mainstay of the Bureau of Women's Affairs within the Ministry of Social Services and Community Development.

In addition to establishing a Domestic Violence Unit within their Family Services Division, the Department of Social Services has developed an interagency protocol to standardize care for child victims of abuse. Institutional protocols exist but with limited inter-institutional linkages. Providers in general, have no clear understanding of norms and protocols when it comes to their referral and interagency role, thus overlap in functions and services exist.

The Ministry of Education, Science and Technology implements both population based (Family Life and Health Education Curriculum) and individual based services (School Psychology, and Guidance Counseling). Schools are important entry points to identify child abuse. Routine screening for exposure to violence or child abuse, however, is not conducted.

Through the Office of the Attorney General, courts are empowered to grant protection orders or interim protection orders and to mandate psycho-educational intervention. Police have the statutory responsibility to maintain records of all domestic violence cases.

The Ministry of Youth, Sports and Culture incorporates gender-based violence in two of their programmes - their First Start programme, which focuses on at-risk and marginalized youth and the National Youth Leader Certification programme, which trains youth leaders.

The Ministry of National Security also implements both population based (Urban Renewal, Community Policing Programmes) and individual based services (Victim Support, Family Liaison). Trained community police officers are situated at the community relations sections of all police stations in New Providence.

The role of law enforcement agencies and the health care services require special mention. They are usually the point of first contact of GBV victims seeking assistance after the incident. These organizations have the opportunity to establish clinical pathways that can define the successful outcomes for both victims and perpetrators. Unfortunately a review of victims being processed through the care processes, indicates the lack of information management systems for data entry, collection and retrieval. Nor is there any central government agency for data management of GBV incidents. Coordination of care and process are deficient; there is a need for the establishment of best practices protocols.

Lack of coordination can be said to be at the heart of the weakness and failure to define a strategic plan for GBV. The lack of information gathering and availability in which to

establish baselines and benchmarks for desired programmes where effectiveness, efficiency and outcomes can be determined is the crux. The lack of reliable data defines also why research is limited and difficult. The dictum of planning and execution has never been more apt: one can't manage what cannot be measured.

(2) The Crisis Center:

This organization was established in 1982, as a one-stop non-profit organization to provide services to victims of physical, sexual and emotional abuse. Its vision, mission and objectives clearly define its purpose and its current status as the trailblazer in GBV affairs in the country:

Vision Statement: A Bahamas Free of Violence

Mission Statement: The Crisis Centre is a non-profit, ideologically independent organization primarily pledged to respond to the needs of all victims of sexual, physical and psychological abuse.

The Centre also advocates for legislative and societal protection of survivors and raises public consciousness through education and information. It also provides assistance to victims to ensure their safety and advice on available services and the importance of preserving evidence.

Objectives of the Centre:

- To promote the safety and healing of survivors of gender-based violence and child abuse.
- To raise the consciousness of all communities throughout The Bahamas to the devastating effects of violence on the quality of life.
- To advocate for legislative change to protect victims of violence and challenge relevant agencies to foster appropriate and sensitive response to these issues.
- To improve service delivery through continuous education by participating in local and international conferences and workshops.
- To initiate and/or participate in the collection of data, on the prevalence and trends of gender-based violence and child abuse, to inform policy and new programmes.

The Services provided by the Center include:

- 24 Hour Hotline
- Trauma Informed Counselling
- Crisis Counselling
- Psychological First Aid
- Individual & Group Counselling

- Children’s Advocacy Clinic
- Family Counselling
- Legal Aid
- Rape Survivor & Domestic Violence Survivor Advocacy
- School Outreach
- Community Outreach

Services are provided by personnel who are qualified and in most instances credentialed in their disciplines. In all instances, services are provided by volunteers on a *pro bono* basis.

The Crisis Centre remains the primary organization in the vanguard of gender-based violence work while actively maintaining a programme of advocacy for legislative reform and policy creation.

Other Community Organizations and GBV related services:

- **Churches.** The church has been the traditional refuge for those in need and victims of GBV have been under the jurisdiction of the healing and community ministries of the local churches. The services are primarily pastoral counselling and supportive care. Several religious organizations have initiated programmes for the prevention and management of family violence. Both population based and individual based services are provided. Some of the specific services and programmes are: The Christian Counselling Centre in Nassau and Abaco, The Batterer’s programme (The Men’s Group), and Great Commission Ministries & Salvation Army. The latter two provide two of the three shelters available for victims, but none of them will admit families with boys over 7 years of age.

Religious organizations are an important entry point for victims and perpetrators of family violence. Services provided should be standardized and regulated as per a national protocol. The role and responsibilities of religious organizations should be clearly identified.

- **Other NGOs and Community groups.** The Nassau Chapter of Links established a facility for women in crises in 2003. The involvement of other NGO’s have, however, been primarily in the area of prevention and promotion of awareness education and to provide funding and/or support as requested, usually for a specific activity. These, however, are not long-term programmes.

(3) CariMAN

Goal: CariMAN was established in Jamaica in 2006 with the goal of providing a forum for men to engage in discussions about masculinity. It originated as an organization to work

with and for Caribbean men to collaborate and coordinate the work in the arena of masculinity.

CariMAN espouses the principle that being a man is a social construct which through the ages nurtured a tradition of dominance, control, risk seeking behavior and competitiveness. This image undermines the male's health and wellbeing and has institutionalized gender inequality and gender-based violence. In a world of equal opportunity and women's pursuit of social justice, masculinity needs to be reassessed, redefined and reformed.

Vision: A community of caring men, committed to partnering with women to create a just world where all people achieve their fullest potential.

Mission: To engage Caribbean men in the examination of existing beliefs and norms, the promotion of respect for diversity and the development of new paradigms and competencies, thus creating opportunities to negotiate new relationships in order to achieve gender justice, social harmony and peaceful partnerships.

CariMAN Bahamas current focus is to identify all organizations in the country engaged in advancing male initiatives that share CariMAN's vision and mission, establish a formal partnership with the Bureau of Women's Affairs and proceed to implement defined CariMAN projects, one of the first being the Partnership for Peace, a Violence Prevention programme.

CariMAN has a critical role to play in combating GBV in the nation. The success of many initiatives in this strategic plan will rely heavily on the work of this body in the promotion of positive gender relations and advancing social justice through the involvement of men.

Conclusion:

GBV is a major public health issue that demands a national response. There is a critical need for the coordination of governmental and non-governmental agencies through a statutory authority constructed to undertake the responsibility and be accountable for the eradication of GBV. It is natural and appropriate for the government to take the lead in governance and policy development, pursuant to its international and regional obligations. The framework to do so must include all the ministries currently involved and the community organizations that have taken a leadership role so far, stimulating the creation of new programmes and services, enabling the seamless provision of care for victims and accountability for perpetrators.

Finally, and paramount, the framework must provide for standardized data management and information services. Our archipelago is ideal for an electronic integrated record systems; this has to be at the heart of the data management systems for GBV incidents and care – we can't manage what we can't measure, and we must do so accurately.

6.2.0 Research and Surveillance

6.2.1 Overview

In The Bahamas, while there is great concern about GBV, and justifiably so as any episode is one too many, it is difficult to determine the true extent of this public health issue as too often, factual information is not readily available. Ideally, GBV policy decisions and programme plans should be based on the results of scientific evidence. This is not only because knowledge can put things in perspective, prevent an unjustifiable overreaction, and improve the effectiveness of interventions, but also it will increase the awareness of policymakers, planners, and advocates and their desire and ability to address this crucial public health problem.

Obviously then there are a number of challenges that must be overcome if any real improvements in the quality and effectiveness of GBV initiatives through improvements in GBV related information is to be realized; and these cover the entire spectrum of database management.

Firstly, as a consequence of the lack of any single agency or national focal point charged with the responsibility of the coordination of GBV activities, is the lack of any focal point for the collection of information on patterns and trends in GBV and merging it into a comprehensive report. Related to this is the lack of any networks and/or groups or organizations that regularly review or report on patterns and trends as well as factors that contribute to GBV. Such GBV information networks hold stakeholders accountable as well as draw on best practices to strengthen individual programmes; particularly important given the current legal environment regarding data confidentiality and what is being proposed for freedom of information in The Bahamas.

Along with a national coordinating agency, this network will assist in the development or strengthening of, in writing multi-sectoral and inter-agency procedures, protocols, practices, and reporting forms and facilitate an agreement between all sectors, agencies and/or persons engaged in providing GBV-related services. Such universally accepted procedures, protocols, practices and, similar policies or protocols for record keeping that ensures safety and confidentiality of survivors are currently not in operation and, as a result, the standard documentation of GBV incidents and a standard flow of inter/intra-agency information do not take place. Such a response would mandate the establishment and ongoing maintenance of a directory of organizations providing GBV-related services.

In addition to the issues identified earlier, it is also the consensus opinion of industry professionals that the maintenance, analysis, and reporting of data generated from service delivery and from other sources is extremely deficient, with limited use of data for coordination and programme improvement. This last point implies the conduct of project and programme evaluations, a major deficiency in local GBV response planning and implementation.

Within the psycho-social, healthcare, legal and policing sectors, current practices does not include:

- A standard incident report form for Intake/assessment
- The compilation and analysis of monthly incident reports to use for programme improvement
- The sharing of data as requested with a lead GBV agency (none exist)
- The systematic and consistent maintenance of confidential files.

Additionally, as there is not a complete and accurate directory of organizations providing GBV and collateral services, communication and coordination of efforts are further hampered, and appropriate referrals for care and treatment may be inappropriate. As a fallout, individuals and agencies are not inclined to commit resources to tasks that will not be utilized in the furtherance of goals and/or objectives and are reluctant to prepare reports that are not mandatory.

6.2.2 Challenges

In The Bahamas, current challenges in specific areas of database management include:

1. Data Collection

- The fact is that many service agencies do not have data collection as their primary responsibility and data available through these agencies are often not collected in a systematic way. Very often the excuse is expressed that staff are too busy and there was no time. As a result, the quality of the data may be poor, inconsistent over time and not entirely representative. Double counting is a common problem, whereby women seeking repeated services from the same agency or from more than one agency are counted more than once. These problems are largely the result of inadequate training, lack of resources and poor coordination among agencies.
- Scattered information
- Incomplete information that does not meet all needs
- Lack of clarity regarding what data is appropriate to collect from clients and for what purpose
- Lack of standardization in what data is collected and how; both within organizations and between organizations; hampering the ability to measure changes over time
- Human error while recording data on intake forms.

2. Data Storage

- Client files and GBV data are not stored with adequate precautions to protect client anonymity and safety.

- Appropriate precautions such as anti-virus and backing up database files are not taken, making loss of stored electronic data common.
- Staff are unaware of appropriate procedures for destroying or relocating client files that have been closed or must be secured during an emergency evacuation.

3. Analysis

- In many locally-based agencies, information is collected, but unfortunately not always compiled, analyzed, or disseminated.
- Staff at all levels struggle with how to compile data, analyze data, and present findings in a meaningful way;
- More data are urgently needed on how various forms of VAW affect different groups of women, requiring that data be disaggregated according to factors such as age and ethnicity.
- Limited experience with computers prevents many staff from using the information entered into a database.
- Staff are not accustomed or trained to use data to inform service delivery, programming, and the wider humanitarian response.
- Calculating GBV data by hand is very time intensive, leaving little time for the resulting statistics to be analyzed.

4. Information Sharing

- Sensitive information is shared without taking into account the necessary ethical and safety considerations, putting the anonymity and safety of GBV survivors, their communities and services providers at risk;
- Requests for information are made without a clear explanation of why the data is needed and how it will be used;
- Quantity of data tends to be prioritized over the quality and usefulness of the data being shared.
- Client files are often expected to be automatically shared as routine reporting versus strictly within the confines of a referral and with client consent.
- Client consent regarding the use of his/her data is often overlooked.

- Lack of standardization in GBV terminology, data collection tools and incident type classification across services providers undermines the quality of data aggregated between service providers.

5. Data Management Process

At all stages of the data management process, there is the challenge of maintaining standards in the face of high staff turnover.

As quality data is needed to guide national policies and programmes and to monitor the country's progress in addressing violence, ensuring an adequate knowledge base through data collection is part of the State's obligation to address VAW. States should take responsibility for the systematic collection and publication of data under the framework of official statistics; inclusive of supporting NGOs, academics and others engaged in such work.

Notwithstanding the identified weaknesses, there are institutions in the country that are well-placed to spearhead such an information network. These would include academic institutions such as the College of The Bahamas or those that have under their portfolios the responsibility for certain aspects of a comprehensive response to this vexing public health challenge. Specifically, these would include the Ministry of Health, the Women's Bureau and the Department of Social Services; the latter two, both under the Ministry of Social Services and Community Development.

6.2.3 Service Based Data

Routinely collected Information from public and private agencies that come into contact with persons who have suffered GBV is known as service-based data. It includes records from health centres, the Police, the courts, public services such as housing and social welfare services and shelters and other support services for survivors of violence. Other support services include legal aid services and advocacy organizations.

An inherent weakness with service-based data is that it cannot be used to measure the prevalence of violence in a community, since in most societies very few abused women report violence to the Police or support services. While those who do tend to be the most seriously injured, these still only represent the tip of the iceberg with respect to the actual number of occurrences. However, service-based data can contribute to understanding sector responses to violence and how far they meet the needs of victims or persons impacted. For example, information on the number of persons utilizing particular services because of violence can provide estimates of the need for such services and their costs. It can also be used to quantify the need for training among service providers, including medical and criminal justice professionals.

Service-based data can also contribute to evaluating the response of agencies to which persons turn for help. It is important to know, for example, how Police respond when a

person reports violence. Is the case investigated? Are arrests made? Are the charges pursued through the courts? Data from police and courts are also needed to evaluate and formulate legislation, policies, and procedures to respond to violence.

Tracking the availability of services, such as shelters and other support for persons who have been subjected to GBV is also needed to evaluate a society's response to the problem. In addition, this information provides an important context to the analysis of the numbers of persons coming forward for help. For example, growth in the availability of services may explain growth in the numbers seeking help. At the same time, low numbers of persons using shelters or other services should not be interpreted as low demand or need in areas where few such services exist. This instead may point to obstacles preventing such persons from seeking services. As an example, in societies where survivors of domestic violence or sexual violence are highly stigmatized, they are reluctant to come forward for support.

Moreover, problems with service-based statistics are compounded when GBV is largely ignored by Police or society in general or when social services are sparse or non-existent; as in the case of the Family Islands.

6.2.4 Health Services

Women who have been targeted for violence can be identified in a health-care setting where they seek treatment, care and support. However, women often do not disclose the fact that they have suffered violence, even when it is the underlying cause of their health-care visit. One way of increasing disclosure is through routine enquiry about violence. However, where routine enquiry takes place, the health service needs to have the capacity to respond appropriately and make referrals, as well as to record, analyse and report the data.

Routine data collection of specific health outcomes related to violence, such as injury or death from homicide, offer potential for monitoring trends in violence, particularly intimate partner violence and sexual assault by partners and other perpetrators.

6.2.5 Criminal and Civil Justice Sectors

Statistics may be collected more systematically in the criminal and civil justice sectors than in other sectors. The police are often the primary source of information on intimate partner homicides and other types of femicide. The criminal justice sector has the potential to collect information on both victims and perpetrators and to track repeat victimization and repeat offending. In many countries, however, it is not possible to gain a complete picture of the magnitude of GBV because statistics are not broken down according to the sex of the victim and do not describe the relationship of the victim to the perpetrator. Some countries have specific laws on domestic violence while others address domestic violence under laws on assault, grievous bodily harm, sexual assault, stalking, homicide and other crimes. Even within an individual country, different ministries

may record the same crime differently, in light of different responsibilities, such as the ministry of justice and the ministry of health.

Although criminal court cases represent a very small and non-representative sample of cases of GBV, court statistics are important. They can contribute to understanding the response of the criminal justice system to GBV. In particular, the effectiveness of laws and sanctions designed to protect victims can be assessed through statistics that track repeat offenders.

Women escaping domestic violence also use civil law remedies. In some countries civil injunctions, also known as protection orders, restraining orders or domestic violence orders, prohibit violent partners from coming into contact with the victim. They can include other conditions, such as prohibitions on the use of drugs or alcohol or on the possession of weapons. Other types of injunctions can remove the violent partner from the home. More data needs to be collected to ascertain how effective these measures are and how accessible they are to the women who need them.

6.2.6 Other Services

In The Bahamas, most public agencies that provide services to victims of GBV routinely keep some statistics on the use of their services. However, the quality and quantity of data collection varies considerably, both in general and in relation to GBV. Such services include public agencies providing housing, child welfare and other social services.

Other support services also collect information on the extent and nature of the victims of GBV who come to them for help. These services include shelters, advice telephone lines, advocacy services and related support services. The information collected by services such as these is particularly relevant to qualitative research. However, the records vary considerably in the type and quality of information collected.

6.2.7 Qualitative Data Collection

The main disadvantage of population-based surveys and service-based data is that the information they provide is often limited. While such a prevalence survey may indicate how many women have experienced violence or how many have reported violence to the Police, it may provide little or no information on how women experience violence, the cultural context of violence or the barriers that women face in access to justice. In contrast to quantitative research methods, which produce information that can be presented numerically, qualitative methods gather information that is presented primarily through narratives, verbatim quotes, descriptions, lists and case studies.

Qualitative methods are necessary to complement quantitative surveys, for example to understand the complexities and nuances of experiences from the respondent's point of view. Qualitative methods can be used for in-depth studies, as well as rapid assessments, and are particularly appropriate for exploratory research or when an issue is being studied

for the first time. In addition, qualitative research findings are useful in assessing women's needs and constraints, community needs, designing prevention campaigns, planning and evaluating interventions and engaging community actors via participatory research.

6.2.8 Evaluation Research

In The Bahamas, although the number and types of interventions to address GBV have greatly increased in the last decade, there has been a lack of rigorous evaluation to identify the most effective practices. Very few studies have evaluated the impact on women's safety and well-being of such measures as protection orders, mandatory arrests and treatment programmes for perpetrators. In the absence of reliable data, scarce resources might be wasted on programmes that have limited impact, thus making the investment in programme evaluations an urgent priority.

6.3 Education and Awareness

For the effective and efficient delivery of health care, it is expected that all health care providers are appropriately educated and trained in their specific discipline; similarly it must be that providers of GBV treatment, reduction and prevention programmes are educated and trained in the science and art of GBV care and abuse. It is expected also that such institutions and the providers foster awareness and encourage abuse victims to embrace the opportunities for medical care and attention.

A review of the current status of providers and their institutions involved in GBV care in The Bahamas, suggests that standards of proficiency and credentials in the delivery of GBV care are lacking. The institutions do not cater to the needs of persons experiencing GBV and abuse. Furthermore, those who have been appropriately trained and educated are in limited supply.

1. The clinical pathway for victims of GBV and the lack of awareness, education and training of providers:

The first encounter of abused victims to the GBV care system or an opportunity to seek help may be at the police station, a tertiary or primary care facility or a physician's or social worker's office. The evidence suggests that these environments in The Bahamas are not conducive for disclosing GBV and abuse:

- For all practical purposes, there is limited or no display information available and in suitable places with contact details of relevant local and national hotlines.
- The information displayed does not reflect cultural diversity, and none are available in Creole.
- Referral pathways to specialist GBV and abuse agencies, knowledge about the services, policies and procedures of relevant local agencies in relation to GBV and abuse, are not standard or required information for the frontline staff.

- There is no ongoing education or training or regular supervision for staff who may be seeking information about GBV. This applies for all the initial points of entry into the health care system for all victims of GBV, be it at tertiary, secondary or primary institutions; the family islands and high risk groups for GBV are at an even greater disadvantage.
- For GBV care providers there is no ongoing education or training, nor are there any defined protocols and methods for sharing information within and between agencies, and about people at risk of, experiencing, or perpetrating GBV. Only providers treating sexual abuse victims, have defined protocols and policy directives for intervention and referrals.
- There are no defined policies and procedures for staff who have been affected by GBV and abuse giving them the opportunity to address issues relating to their own personal experiences, as well as those that may arise after contact with patients or service users.

2. Prevention programmes.

- While there is a Health and Family Life Education Programme in the government schools, the curriculum requires revision and is taught inconsistently.

Teachers or instructors have no formal education in sex education programmes and gender-based violence.

- Health and Family Life Education Programmes are only taught in some private schools.
- No GBV and abuse educational programme has been incorporated in the medical school programmes, for either the undergraduate or postgraduate medical school curricula.
- There is neither Continuing Medical Education (CME) nor Continuing Nursing Education (CNE) requirements for GBV abuse, care, or intervention.
- Apart from the Crisis Center and the Men’s Programme, there is no standardization of education and training in this complex public health issue for those community-based organizations seeking to help victims of GBV,

1. Promotion, Education and Social Communication for the Prevention and Elimination of Gender-Based Violence

In compliance with the state obligations under Belem do Para to “modify social and cultural patterns of conduct of men and women”, The Bahamas has launched several campaigns and programmes over the years.

- Public awareness in various forms is being given much attention by all the agencies involved. Mass media, printed media, and community fora, have been conducted intensively over the last decade. Between August 2000 and July 2002, 1,618 police officers and civilians received intervention training. A total of 174 Police Officers and Government employees participated in a two days certificate training programme between February-July 2002. In 2003 two NGOs (ZONTA and Rotary) partnered with the Crisis Centre, Police, and Women’s Bureau in initiating a public awareness programme and conducted community fora in Nassau. The Crisis Centre continues to provide a Speakers Bureau which makes trained speakers available to church groups, community groups etc.
 - The Women’s Bureau in the Ministry of Social Services and Community Development continues to spearhead many fora on the issue in the community. The Ministry, during the years 2006-2007 initiated a series of town meetings in New Providence and selected Family Islands to discuss the Domestic Violence Protection Orders Bill which was enacted in 2008. Since 2010, the Bureau has partnered with The Crisis Centre, Rotary and Zonta in Domestic Violence Prevention programmes in schools – “Healthy Teen Relationships - What Teens Don’t Know Can Hurt Them”.
 - The Ministry of Health implemented the Male Health Initiative through the Department of Public Health, to meet special male health needs. This programme has great potential for addressing the issues of masculinity, and how the prevailing definition of masculinity in any society is linked to the particular vulnerability of men to violence and violent behavior. The Ministry of Social Services and Community Development sponsored a Men’s Forum on Family Violence, out of which a Bahamian branch of CariMAN has been established. Structured activities to address men’s issues are now being identified.
 - The nurturing of the relationship between home, school and the church are seen as a priority with particular emphasis on Family Island outreach. Professionals in social services, health, law enforcement, education and non-governmental organizations all with the aim of improving the national response to intimate partner violence came together in 2012 to organize a national campaign “Domestic Violence is Everybody’s Business”. This campaign is an ongoing one with outreach directed to faith based and community based organizations in New Providence and the Family Islands.
- 4. Special Professions and GBV Education and Awareness:** Providers of GBV care and services recognize the special educational and training needs on GBV issues for specific professions, such as:
- **Journalists, announcers, and hosts of the newspaper, radio and TV media,** reporting on matters of GBV victims need to incorporate confidentiality and privacy in the depiction of these matters. Provisions are made in law to ensure this, but breaches do occur. Too often victims are forced to repeatedly

experience the emotional burden of their traumatic event and are revictimized by media and the justice system.

- **The Judiciary** presiding over GBV related hearings – do not generally have knowledge of the specific dynamics of sexual assault and intimate partner violence. There is a need for judges with specialized training in this field.

In summary, education, training and prevention programmes are limited, and need revision. GBV providers are not required to undertake any formal training or credentialing programmes in GBV and abuse.

The various institutions working in this area recognize the need to articulate a comprehensive national social communication strategy to avoid duplication of resources and possible conflict in the messages and target populations. There is also a need for a better understanding of gender-based violence among providers and the community at large of gender-based violence and how gender influences and determines this issue.

Evaluation of the effectiveness and impact of public awareness and education, as well as the community based interventions, is a must for fostering evidence-based decision-making. Interventions must be grounded in the fact that violence at all levels is unacceptable and preventable.

Conclusion:

A number of key intervention areas are identified which run the gamut from the individual to the community and ultimately to larger society. Our model of training seeks to prevent, support and respond to all forms of GBV across the lifespan. However, overall we seek to move society from simply receiving information to awakening awareness within the culture. It is anticipated that this will ultimately change the attitudes and behaviours which perpetuate all forms of GBV while reducing bystander behaviour. Ending GBV requires change at every level – from government systems and laws through to organizations such as schools, civic organizations, youth groups, religious entities, workplaces, local and cultural communities, and down to individual relationships. The research indicates that such strategies can and do make a difference to rates of violence at the population level.

Our proposed prevention efforts take place within the circular prevention-response-support framework. As with other social problems, GBV has largely been addressed and understood through responding to the aftermath of such violence. Using the public health model, we seek to vaccinate the country to the ravishes of GBV by focusing on education and including efforts to change individual attitudes and social norms. Our focus on primary prevention includes strategies aimed at populations to transform belief systems, attitudes, practices and behaviours that support GBV. This will ultimately ease the burden on, and cost to, support services, police and the justice system.

We recognize that a coordinated and sustained approach is necessary to address so serious, prevalent and deeply entrenched a problem as GBV. Our approach is developed based on strategic, long-term programmes of activity. In addressing the underlying causes of violence, we seek to strengthen the systems that respond to GBV in a comprehensive, multi-sectoral and sustained manner. This would enable all the sectors involved to systematize their activities and to evaluate and build on initiatives so that approaches remain adaptive, responsive and sustainable for years to come.



Up the Awareness,

Better the Access

Push the Justice

End the Violence!

7. Recommendations

THE MATRIX: GBV Goals and Objectives

7.1. Multi-Sectoral Coordination

Goal

To achieve an effective, integrated and co-ordinated response to situations of gender-based violence and to ensure that timely quality services are available and accessible to all

Objectives	Activities	Indicators
<p>To re-orient the Bahamian public, national bodies and national strategies to focus on and strengthen the Bahamian family, its safety and its prosperity so as to produce family units throughout the archipelago that are stronger socially, psychologically, and economically.</p> <p>To achieve effective inter-agency co-ordination, collaboration and communication in the delivery of gender-based violence services provided by NGOs, government, other social sector organizations and the private sector.</p>	<ul style="list-style-type: none"> • Establishment in Parliament of a specific parliamentary committee on GBV • Creation of a new Department of Family and Gender Affairs that advocates for and informs about family and gender affairs • Creation of the GBV Authority • Creation of Family Island Core Co-ordinating Committees on the Family Islands (containing one representative from: Police/Health/Social Worker/Education/Family Island Administrator/Faith-based groups/community and NGO rep). • Establishment of a GBV Committee at PMH & the Rand Hospital • Establishment and training of a core team of 	<ul style="list-style-type: none"> • Parliamentary Committee on GBV established • Establishment of the Department of Family and Gender Affairs • # of regularly scheduled meetings • Establishment of a GBV Co-ordinating Committee on each Family Island • Each Family Island has two GBV trainers • Establishment of a GBV Authority

	community leaders on Family Islands	
Ensure timely and coordinated inter-agency approach to adherence to The Bahamas' international treaty reporting obligations	<ul style="list-style-type: none"> The GBV Authority to request quarterly reports from the relevant ministries. 	<ul style="list-style-type: none"> The report from the relevant ministries showing 100% compliance with the requirements for international treaty reporting obligations and state accountability under international conventions
Promote and/or strengthen public awareness of national and international legal provisions of instruments that protect women in The Bahamas from GBV	<ul style="list-style-type: none"> The GBV Authority to publish on its website up-to-date information on the relevant national and international instruments related to GBV in accessible formats 	<ul style="list-style-type: none"> A KAP study every five years noting public awareness of the relevant national and international instruments related to GBV.
<p>To reorient national bodies and national strategies with a focus on international commitments, national policies, protocols, standards, goals and objectives for addressing GBV, namely⁸⁶:</p> <ol style="list-style-type: none"> 1) Protection of the victim and any children involved 2) Inform victims of their rights and any basic support which may be available to them 	<ul style="list-style-type: none"> GBV Authority: Development of national protocols aligned with international standards (Legal/Health/Social Services/National Security/Education) Create comprehensive disability sensitive training programmes in GBV for Public Service Officers Establish a Victim's Code of Rights 	<ul style="list-style-type: none"> # of national Protocols that are developed and aligned with international standards and have been established for the comprehensive management of GBV survivors at all levels of the health, psycho-social, judicial and security systems Public Service Officers trained in GBV

⁸⁶ See Zambian Act

<p>3) Obtain for the victim, or advise the victim on how to obtain, shelter, medical treatment, legal services, counselling and other services;</p> <p>4) Assist the victims in securing their property;</p> <p>5) Advise victims of their right to make a complaint as well as making application for a Protection Order;</p> <p>6) Advise the victim of the importance of preserving evidence</p> <p>7) Reporting procedure of stakeholder-regarding their statutory and /or other duties regarding victims and any child involved.</p>		<ul style="list-style-type: none"> • Victim's Code of Rights established
<p>To ensure that a seamless service is provided to address victims of GBV</p>	<ul style="list-style-type: none"> • Needs Assessment for identification of service gaps • Establishment of the Sexual Assault Response Team in PMH and the Rand • Training of Health Care Providers in screening for GBV 	<ul style="list-style-type: none"> • Ensure all records include section for disability type if applicable • Service gaps identified (Needs Survey) • Sexual Assault Response Team established in both hospitals

		<ul style="list-style-type: none"> • % of victims utilizing service in the referral or treatment process • Documentation of enquiry of GBV exposure in clients' records • Proportion of victims who reported physical and/or sexual violence • Proportion of GBV survivors who received appropriate care upon referral
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7.2.1 Institutional Strengthening

Goal 7.2.1.a

To ensure an effective, integrated and co-ordinated criminal justice system that can prevent the escalation of and respond to GBV

Objectives	Activities	Indicators
To ensure the availability and usage of comprehensive policies and laws to address GBV. This legislation should outline a clear definition of gender-based violence and incorporate any definition found in the various international conventions The Bahamas has signed.	<ul style="list-style-type: none"> • Ensure all model codes are disability inclusive • Creation of comprehensive GBV legislation⁸⁷. • Amend Mental Health Act. • Develop model codes for magistrates and judges to deal with custody and protection issues in domestic violence cases • Develop model codes for judges and 	<ul style="list-style-type: none"> • # of laws drafted or strengthened • Sector specific protocols developed & adopted for the management of GBV survivors and offenders

⁸⁷ See Zambian Act

	<p>magistrates in sentencing GBV offenders</p> <ul style="list-style-type: none"> • Develop a comprehensive law on sexual harassment • Propose necessary amendments to the law by the Office of Attorney General and where necessary the creation of national protocols and policies 	
<p>To ensure that key stakeholders (law enforcement, the judiciary and community stakeholders) are operating based on international human rights standards, best practices and applicable national policies, procedures and laws</p>	<ul style="list-style-type: none"> • GBV Authority to ensure standards are upheld • Assess the existing Police Protocols for responding to GBV. • Clerks of courts trained in GBV 	<ul style="list-style-type: none"> • Proportion of judicial and security units following a nationally established protocol for GBV • % of judicial and security professionals trained to respond to incidents of GBV according to the established protocol • # of Police protocols filed with the GBV Authority • # of clerks of courts trained

Goal 7.2.1.b Judicial and Security Services

Develop an integrated national protection system able to prevent and respond to GBV

Objectives	Activities	Indicators
Strengthen existing community-based structures for maintaining	<ul style="list-style-type: none"> • Establish a Sexual Offences Court 	<ul style="list-style-type: none"> • # of judicial and security services available

<p>safety, security and protection of victims and to ensure all facilities meet universal accessibility standards</p>	<ul style="list-style-type: none"> • Establish a Family Court System, expanded to evenings • Establish separate entrances for victims in GBV cases • Establish a Victim's Advocate • Require Family Court System to serve applications for summonses for Child Maintenance and Protection Orders • Impose uniform sanctions on batterers who fail to participate in or complete Court-ordered intervention programmes • Establish a DNA Lab to prioritize cases of sexual abuse 	<ul style="list-style-type: none"> • # of GBV complaints reported to the police • Proportion of GBV cases that were investigated by the police • Proportion of GBV cases that were prosecuted by the courts • Proportion of prosecuted GBV cases that resulted in a conviction • # of accessible courts with separate entrances for victims of GBV • Percentage of cases monitored • # of sexual offence cases where DNA evidence is available • # of cases monitored where intervention was ordered by the court
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7.2.2 Psycho-Social and Health Services

Goal

To establish and strengthen existing service delivery facilities and programmes

Objectives	Activities	Indicators
<p>Develop and promote quality standards of care for the treatment of GBV victims and rehabilitation of GBV perpetrators;</p>	<ul style="list-style-type: none"> • Create a credentialing committee within the GBV Authority • Develop and implement system to record complaints by 	<ul style="list-style-type: none"> • Standards in place to address GBV • service providers credentialed by the GBV Authority • Availability of information of

	victim advocates that minimum standards of response and care are not being followed	survivors' experiences
Ensuring that all stakeholders agree to standardized systems.	<ul style="list-style-type: none"> • Hold meetings with stakeholders • Develop a Directory for referencing utilizing graphics 	<ul style="list-style-type: none"> • % of organizations that adopt and implement standards • Directory developed
Develop policies and programmes for the training/strengthening of personnel involved in the identification, protection, assessment, treatment and rehabilitation of all persons impacted by GBV including persons with disabilities;	<ul style="list-style-type: none"> • Develop and implement annual training and refresher courses on GBV for health care workers, social workers, care givers, CSO's, NGO's, police, and pastors • Training of doctors and nurses in forensic examinations of sexual assault victims • Training in multiple evidence-based methods for identifying and screening children exposed to violence 	<ul style="list-style-type: none"> • # of courses to address the training needs of those working in GBV • # of persons trained • # of training courses implementing 8 hours of GBV training • # of nurses, doctors, pastors, school guidance counsellors, social workers, CSO's, NGO's, caregivers and police • # of professionals serving children and families equipped with skills to recognize, address, and screen children exposed to violence

<p>Strengthen the capacity of psycho-social and health GBV services to respond to needs</p>	<ul style="list-style-type: none"> • Complete a KABP Survey • Funding and Assignment of four counsellors to the Crisis Centre • Funding to enable the improvement of existing credentialed GBV programmes • Funding for the development of accessible transitional housing. • Funding to assist the current GBV facilities to become compliant with legislation. • Implement an accessible transportation programme to facilitate survivors' access to services Intersection between GBV and HIV and substance abuse • Develop linkage between GBV and HIV incorporating screening and referral from on to the other • Develop linkages between GBV and substance abuse 	<ul style="list-style-type: none"> • # of women and children using GBV psycho-social services • # of organisations credentialed in intervention programmes • # of clients accessing transportation programme • # of PWDs utilizing services • # of children exposed to violence in programmes
<p>To provide programmes for abusers to prevent repeated incidents of GBV</p>	<ul style="list-style-type: none"> • Develop a system for all juvenile perpetrators of sexual abuse to receive therapeutic services 	<ul style="list-style-type: none"> • # of juvenile perpetrators of sexual abuse to have received therapeutic services

	<ul style="list-style-type: none"> • Funding of programme for sexually abusive children • Establish programme for Batterers on Grand Bahama and Abaco • Develop and implement effective rehabilitation programmes and intervention for convicted perpetrators of GBV as part of a prison rehabilitation programme 	<ul style="list-style-type: none"> • # of convicted perpetrators to have participated in rehabilitative programmes and intervention in prison • # of Batterers completing programmes established in Grand Bahama and Abaco • # of perpetrators who remain violence-free after five years • # of participants in the early intervention and specialized services provided for perpetrators
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7.3 Advocacy and Awareness

Goal 7.3.a

To ensure that there is a consistent and ongoing commitment to gender-based violence prevention

Objectives	Activities	Indicators
To strengthen political, financial, community action and commitment to gender-based violence initiatives	<ul style="list-style-type: none"> • Conduct a public awareness countrywide campaign on GBV utilizing community based approaches – e.g. radio messages in English and Creole • Utilize graphics for those with intellectual disabilities and signage for those 	<ul style="list-style-type: none"> • Amount of funding allocated for GBV projects and programmes • # of organisations actively participating in GBV networks/alliances • # of Government Ministries which have included budgetary allocations for PR and the management of GBV

	<p>with hearing impairments</p> <ul style="list-style-type: none"> • Develop and fund PSA's using public figures to speak out against GBV -- include PWD in PSAs and/or create PSAs specific to PWDs • Funding for electronic and print media materials in accessible formats 	<ul style="list-style-type: none"> • # of town meetings held to ensure that prevention activities occur • # of persons attending town meetings and focus groups
<p>To ensure that a focus on gender-based violence prevention is maintained and ongoing</p>	<ul style="list-style-type: none"> • Establish focus groups throughout The Bahamas to enable the dialogue with communities regarding the reduction of social and cultural tolerance of GBV • Hold town meetings geared towards the prevention on GBV throughout the islands • Develop a national bullying prevention programme 	<ul style="list-style-type: none"> • # of schools with a written anti-bullying policy • # of focus groups held • # of town meetings conducted

Goal 7.3.b

To bring about attitudinal change by encouraging intolerance to gender-based violence, and by ensuring members of society understand its dimensions and manifestations, and play their part in preventing it

Objectives	Activities	Indicators
<p>To promote the message that gender-based violence is unacceptable</p>	<ul style="list-style-type: none"> • Establish GBV marketing strategies 	<ul style="list-style-type: none"> • # of targeted advertisements

	<ul style="list-style-type: none"> • Implement telephone, written and electronic surveys ensure texting is available for hearing impaired 	<ul style="list-style-type: none"> • % of persons that have seen or heard message • # of churches and faith-based organisations which, directly address GBV issues • # of NGO's and CSO's which directly address GBV issues
To increase public awareness and understanding of the nature, causes and effects of various forms and types of gender-based violence	<ul style="list-style-type: none"> • Organize the training of community leaders on GBV and the laws which address GBV • Promote positive discipline techniques and alternatives to corporal punishment incorporating the "Discipline with Dignity" Programme • Funding for radio & print media materials and ads • Public awareness campaign promoting the critical role of the family in national development 	<ul style="list-style-type: none"> • # of community leaders trained • % of individuals aware of the legal sanctions for GBV • Proportion of people who have been exposed to GBV prevention messages • Percentage of people exposed
To ensure that each person who is aware of situations of gender-based violence act promptly and appropriately	<ul style="list-style-type: none"> • Develop communication strategies on bystander behavior 	<ul style="list-style-type: none"> • Proportion of persons who say they would be willing to report any experience of GBV
To ensure that people experiencing gender-based violence are aware of what to do to protect themselves, and where to seek help	<ul style="list-style-type: none"> • Display informational materials in accessible formats in communities, churches, police stations, government 	<ul style="list-style-type: none"> • Proportion of persons who demonstrate knowledge of available GBV services

	<p>waiting rooms, bill boards etc.</p> <ul style="list-style-type: none"> • Implement telephone survey 	
<p>To promote healthy gender roles and responsibilities, and non-violent concepts of masculinity</p>	<ul style="list-style-type: none"> • “Reclaiming Our Boys” project • Convene workshops in New Providence, Grand Bahama, and the Family Islands for men on masculinity • Convene “We gat Issues” workshops on stereotyping gender roles • Evaluation of family Life programme in the schools. • Convene meetings with MOEST, MOYSC, MSSCD, RBPF, RBDF, and civil society to share practices for teaching people how to resolve conflicts in a nonviolent manner • Incorporate GBV component in MOYSC 300 Connect certification programme • Train the trainers programme for the “Champions for Peace” Project for men 	<ul style="list-style-type: none"> • # of programmes implemented for men and boys that include examining gender and culture norms related to GBV • Proportion of men and boys with non-violent concepts of masculinity • Enhanced curriculum on Family Life in school system in place. • # of meetings held with government and civil society on conflict resolution • GBV component incorporated in youth certification

7.4 Education and Training

Goal 7.4.a

To ensure sustained high quality services for GBV victims in the public and private sectors

Objectives	Activities	Indicators
<p>To ensure the provision of adequate and on-going training in all sectors and at all levels.</p>	<ul style="list-style-type: none"> • Inclusion of GBV in medical and nursing schools, police college and all tertiary level institutions • Conduct training programmes for teachers, administrators, and guidance counselors on prevention and response to GBV in schools • Design GBV prevention programmes targeting the RBPF, RBDF, Prison, Customs, and Immigration Departments 	<ul style="list-style-type: none"> • Proportion of relevant training institutions that include GBV as part of their core curriculum • # of teachers, administrators and guidance counselors trained • # of persons trained in specific departments
<p>To ensure that persons trained consistently follow protocols and procedures and demonstrate their multicultural sensitivity, awareness, knowledge, and competence in their training and professional work</p>	<ul style="list-style-type: none"> • Implement KABP Survey 	<ul style="list-style-type: none"> • % of persons who reportedly follow protocols to address selected issues • # of complaints

Goal 7.4.b

To prevent gender-based violence by providing children, young people and at-risk groups with education and support, and by identifying precursors and signs of violence early

Objectives	Activities	Indicators
<p>To ensure that early intervention and prevention of gender-based violence are given a high priority in policy and service development and implementation; and ensure that all children are identified, screened, and assessed</p>	<ul style="list-style-type: none"> • GBV workshop for educators to create a national policy in the schools • Ensure GBV and human rights education begin at pre-school through tertiary level • Establishment of a national early intervention programme for children exposed to violence 	<ul style="list-style-type: none"> • Existence of a national policy on sexual violence in school that specifically address the risks to children and adolescents • Percent of schools that have procedures to take action on reported cases of GBV • # of students exposed to GBV human rights programme • # of children exposed to violence involved in early intervention programme
<p>To ensure that early intervention services are accessible and effective</p>	<ul style="list-style-type: none"> • Activities by core coordinating committees of first responders on Grand Bahama and Family Islands • Strengthen programmes for sexually abusive children • Training workshops held for at-risk groups to expose the problem • Implement trauma-informed screening assessment & care for juveniles in the juvenile justice 	<ul style="list-style-type: none"> • % of persons at-risk of becoming perpetrators are identified and referred for appropriate intervention • % of islands with available services • # of training workshops held for at-risk groups to expose to the problem and available services • # of juveniles screened for trauma • # of programmes developed

	system and the PACE programme	
To focus education for gender-based violence prevention on parenting, and interpersonal relationship skills	<ul style="list-style-type: none"> • To create a national GBV Parenting Education Curriculum • Present 15-minute presentations on 6 major GBV topics, to clients in government clinics • Sensitize Parent Teacher Associations (PTAs) about preventing and responding to GBV • Develop materials to raise awareness on GBV among young people 	<ul style="list-style-type: none"> • National GBV Parenting educational curricula that includes issues of GBV (e.g. power, coercion and gender) • Percentage of schools that train staff on GBV issues • # of clinics in which GBV presentations are shown • # of PTAs accessed
To ensure early and accurate identification of gender-based violence	<ul style="list-style-type: none"> • Train youth leaders in GBV • Develop a GBV sensitization programme at all tertiary level institutions • Resource a Train the Trainers Programme 	<ul style="list-style-type: none"> • # of participants in teacher training programmes that include GBV in their curriculums • Proportion of youth-serving organizations that train staff and front line people on issues of GBV • # of sensitization programmes established in tertiary education
To involve churches, faith-based organisations and	<ul style="list-style-type: none"> • Conduct training on gender relations, intimate partner 	<ul style="list-style-type: none"> • # of churches and faith-based

<p>CSOs in prevention initiatives</p>	<p>abuse, peaceful methods of conflict resolution, gender equality and mutual respect in marriages, families and communities</p> <ul style="list-style-type: none"> • Develop training for marriage counsellors and pre-marital counsellors on how to encourage couples to exercise mutual respect in intimate relationships and to reject all forms of spousal and relationship abuse • Using faith-based communities to launch male initiatives and workshops on masculinity, gender identity, anger management and conflict resolution techniques 	<p>organisations reporting activities</p> <ul style="list-style-type: none"> • # of marriage counsellors trained • # of male organisations who have integrated GBV prevention and eradication in their strategic initiatives
<p>Involve the media in prevention initiatives</p>	<ul style="list-style-type: none"> • Provide regular sensitization training for the media • Challenge negative messages about gender and violence appearing in the media • Encourage media outlets to show-case the suffering and pain experienced by persons affected by GBV • Encourage media houses to develop a 	<ul style="list-style-type: none"> • # of advertisements and positive messages and stories published on GBV • # of sensitisation training workshops for media

	<p>common message on GBV portraying ways to resolve conflict, positive images of families, male-female relationships, and non-stereotyped gender roles.</p>	
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7.5.0 Research and Surveillance

Goal

To strengthen the generation and exchange of information and alliances at the institutional, national and regional level

Objectives	Activities	Indicators
To ensure effective inter-agency co-ordination, collaboration and communication related to GBV information management through the establishment of a GBV Observatory to operate a GBV information network;	<ul style="list-style-type: none"> • GBV contact persons/ focal points identified in each ministry • Establishment of Observatory 	<ul style="list-style-type: none"> • % of agencies/sectors with GBV focal points • # of agencies contributing to the GBV Informational Network
To ensure that legislation, policy and service development and implementation, relevant to gender-based violence prevention, are informed by adequate research and evaluation	<ul style="list-style-type: none"> • Research projects identified • Collection and analysis of police data relevant to protection order applications 	<ul style="list-style-type: none"> • % of projects/programmes that have proper plans with smart goals and objectives • % of projects/programmes that have been established based on a demonstrated need and that have been evaluated
To ensure that services and programmes are based on the scientific	<ul style="list-style-type: none"> • Improve the computerization capacity of service 	<ul style="list-style-type: none"> • % of initiatives with scientific approach in place

approach to project planning	providers and of CSOs	
Introduce a mechanism to facilitate all key stakeholder agencies to collect, analyse, use and report data and information on GBV;	<ul style="list-style-type: none"> • Formation of Domestic Violence Fatality Team • Require police to document the incidents of domestic violence cases reported to police stations • Require PMH to document incidents of IPV cases seen in the hospital 	<ul style="list-style-type: none"> • # of meetings held by the Domestic Violence Fatality Team • Implement a comprehensive and coordinated surveillance systems that collects data on GBV within the country • # of GBV reports written and made available
To ensure that the system operates within the law and according to clear protocols and methods for information sharing	<ul style="list-style-type: none"> • Training stakeholders • Stakeholders signing on to MOU ensuring confidentiality, reporting, etc. 	<ul style="list-style-type: none"> • Establish Protocol/MOUs that take all law, such as Data Protection Act, Freedom of Information Act, into consideration • % of stakeholders signed on to the MOUs • % of identified stakeholders trained
Increase funding for the conduct of more in-depth quantitative and qualitative research projects (e.g., the correlation between GBV and associated factors such as other acts of violence, HIV/AIDS, substance abuse, etc.)	<ul style="list-style-type: none"> • Strengthen the capacity of COB/UOB, UWISCMR to conduct research on GBV • Research GBV/HIV intersection • Research GBV/substance abuse intersection • Research transactional sex among teenagers • Research GBV/Mental Health intersection • Encourage the re-establishment of a 	<ul style="list-style-type: none"> • The amount of funds allocated for research • # of research projects implemented

	Mental Health Association	
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7.6 Cross Cutting

Goal

To ensure that approaches to gender-based violence prevention and interventions are culturally relevant and effective for persons with disabilities; older persons; children; LGBT; Family Islanders; and migrants.

Objectives	Activities	Indicators
<ul style="list-style-type: none"> • To ensure that the diversity of survivors of gender-based violence are given a high priority in policy and service development and implementation. 	<ul style="list-style-type: none"> • Establish a social media and toll-free hotline and social media access for providing services and training of Family Island victims and providers • Establish safe houses on Family Islands • Establish support groups for persons with disabilities who are victims of GBV • Establish focus groups for migrant populations • Establish support groups for LGBT victims of domestic violence • Training in GBV for service providers for the elderly • Enhance ability of Family Island personnel (health, social services, and police) to respond to GBV 	<ul style="list-style-type: none"> • # of services and programmes that take into consideration the needs of those at-risk. • # of Family Island personnel trained to respond to GBV • # of safe houses established on Family Islands • # of support groups established for special populations • # of training workshops for service providers


<p>To ensure that people working with persons at-risk and the general public have the skills, understanding and knowledge to provide competent gender-based violence services</p>	<ul style="list-style-type: none"> • KABP Survey • Trainer the Trainers Programmes • Sensitivity Programmes or Training 	<ul style="list-style-type: none"> • % of agencies given sensitivity training • # of persons trained
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Up the Awareness,
Better the Access
Push for Justice &
End the Violence!

8. GBV National Strategic Plan: Implementation

The Way Forward



- **All hands on deck**
- **Bottoms up**
- **Sustainability**



8.0 The Implementation Strategy

Ever cognizant that the eradication of gender-based violence is a public health issue which threatens to disrupt the social fabric of our society, the Task Force concluded that an implementation strategy was vital to initiate, propel and sustain the strategic plan. Not to do so, the fear that the strategic plan might have only a “shelf item existence”, could become a reality. While the strategic plan addresses where we are and possibly why and defines where we want to go; how are we to get there surfaces as the greatest challenge for the Task Force.

The Task Force appreciated also the urgency to implement our recommendations. Hence, the implementation strategy was designed to meet these two objectives: an immediate start with short and long term goals underpinned for sustainability, durability and propelled by the buy-in from the community because of its ownership and active participation.

8.1.

(A). Immediate Implementation: “The Ten, Low Hanging Fruits”

The Strategic plan acknowledges that there are currently, community based Ant-GBV organizations, well recognized and credible, which showcase a track record of sustained and successful programmes to curb GBV and minimize its burden in the society. The Crisis Center is a community leader in this regard. The Bahamas based CariMAN organization, currently in its embryonic stage of development, has great promise as well, noting the success of the organization in the Caribbean and its partnership with the UNWOMEN. The contribution of the Links organization and the various church and faith-based outreach programmes, such as the Salvation Army and the Great Commission’s Ministry, and the Family: People Helping People must be highlighted as well.

The Task Force recognizes also that these organizations do not require the GBV Authority’s establishment as a prerequisite to their function. These entities can be challenged at the outset to submit proposals and to implement them as a “design – build” concept. These specific proposals submitted are practical, doable, measurable and low-budget. These projects are the “low-hanging fruits”. They are projects that can be implemented from the start and be established as benchmarks for other Community Council members proposed programmes. These are projects that are in great need and, more importantly, they have a high probability of favorable outcomes and within a short period of time.

Finally, the Task Force is committed to ensure that (i) all interventions are underpinned by the recognition of GBV as a public health problem and as such, all initiatives are designed within the prevention rubric, namely: Primary, secondary and tertiary prevention; and (ii) all initiatives are in partnership with or under the umbrella of a government agency whose portfolio encompasses directly or indirectly this area of concern or undertaking.

1. Focus on the Family: The Creation of a Unified Family Court System

The Task Force gives the highest priority to those parents who are victims of GBV but are unable to access the courts either for financial assistance and/or protection from the perpetrator. The reasons for limited access may include lack of knowledge of the court system, waiting for court to convene, fear of further violence. The victims suffers undue psychological and economic harm; and even more so the children.

- The principal aim is to create a paradigm shift with more focus on the families of our Commonwealth, especially within the legal system. The focus will be on prevention through guidance and counselling to help family units before their problems develop into irremediable breakdown.
 - Furthermore, the entire family court system will seek to have trained and experienced personnel, whose main objective is the protection of the welfare of the members of the family, especially our children.
 - This focus on the family will mean that access to justice is made even more available to all. Courts will take on a multi-disciplinary approach, seeking to incorporate both legal and social services into their daily operations.
 - A first and Immediate addition will be the sitting of two more magistrates, in addition to the present complement, to deal with family matters
 - Secondly, a new system for service of summonses will be instituted whereby court-appointed and paid Bailiffs will be responsible for the service of summonses and other matters of court process, thus relieving the complainant of bearing the cost for such services.
 - Thirdly, children and victims will have access to free counselling services, and perpetrators will have access to intervention through the Department of Social Services.
 - The family court will provide an environment, which is conducive to treat the effects of high-conflict family disputes on children. Families will be tracked and instances of family disorder noted so that subsequent issues will be reviewed in the light of earlier incidents of violence or disorder within the family.
 - The Family Court's objectives are thus more closely aligned with the need to bring coherence and healing to families in conflict, and to stem the increasing prevalence of marital disintegration, and high-conflict family disputes and their damaging consequences within our society and in the lives of our children.
- **This is a primary, secondary and tertiary prevention programme** involving the Judiciary, The Attorney General's Office, Ministry of National Security and the Police.

- **Budget:** Administrative Staff primarily

2. GBV Prevention: A National Community Awareness Programme

During the course of designing the strategic plan, public awareness initiatives, including public service announcements (PSAs), were developed. The Bahamas Information Services and the Crisis Center have a number of PSAs that are available for dissemination. PSA's on GBV are in place and ready to go!

The Task Force has every intent to embark on a Nationwide GBV Awareness Programme as the campaign to be herald the official launch of the GBV national strategic programme.

- **This is a primary prevention programme** involving The Bahamas Information Services, Ministry of Education, Science & Technology & Ministry of Social Services and Community Development, Ministry of Youth, Sports and Culture
- **Budget:** Administrative Staff primarily

3. The Creation of a Department of Family and Gender Affairs: Focus on Male/Female Programmes

The Bureau of Women's Affairs has been in existence for some time at the Ministry of Social Services and Community Development. While there remain great challenges to overcome, great strides have been made to advance the rights, and protection of women. The plight and marginalization of men in our communities demand that males have similar support.

The Department of Family and Gender Affairs will:

- Be a focal point to reorient the Bahamian public, national bodies, and national strategies to focus on and strengthen the Bahamian family, its safety and its prosperity so as to produce family units throughout the archipelago that are stronger socially, psychologically, and economically;
- Create a strong centre for **both primary and secondary prevention of GBV** in both the family and the wider community
- Identify and catalogue all male-focused and female-focused organizations in The Bahamas
- Catalogue all male/female focused programmes and their strategic plans in The Bahamas
- Define and highlight all male/female focused and relevant issues in The Bahamas

- Serve as a resource center for all male/female-related issues in The Bahamas
 - Advocate and support all male-focused initiatives to advance the well-being of both men and women.
- **A primary prevention programme** centered in the Ministry of Social Services and Community Development
 - **Budget:** Administrative Staff primarily

4. Focus on Male Mentoring: CariMAN Project

Caribbean Men Action Network is a community of caring men, committed to partnering with women to create a just world where all people achieve their fullest potential.

Mission: To engage Caribbean men in the examination of existing beliefs and norms, the promotion of respect for diversity and the development of new paradigms and competencies, thus creating opportunities to negotiate new relationships in order to achieve gender justice, social harmony and peaceful partnerships.

There are a number of CariMAN projects that have been successfully launched in our Caribbean region that are readily available for implementation in The Bahamas:

- Caribbean men talking about manhood
- Partnering with Women
- Partnership for Peace
- Champions for Change
- Share the care
- A Mapping Study for Men
- Rise Project: Men for a Difference
- YouthMan Talk
- Social media
- Unite campaign
- Engage men to be actively involved as change agents
- Certification Programme: Trainer of Trainee
 - Men for a difference;
 - Masculinity: the new male construct

There is a great need to have men with the expertise and skills to teach the core curriculum on the male construct, identity and sexuality. CariMAN can equip our Bahamian men and provide able volunteers and mentors for GBV programmes. International funds are available for a number of CariMAN initiatives. The task force will launch a trainer of trainee programme for to equip them to be mentors and teacher to led our male-based GBV initiatives.

- **A primary prevention programme** centered in the Ministry of Social Services and Community Development
- **Budget:** Administrative Staff primarily

5. Reclaiming our Boys Project

The absence of fathers in our homes and the adverse health, education and economic profiles for males in our society indicate a major segment of our boys at risk for undertaking high-risk behaviors and their predictable sequel. The need for a prevention programme to minimize these risks has never been greater. This programme is a primary prevention episode to provide the mentorship for our boys at risk.

- Mentor our Boys: A programme exposing and education our boys to the new reality of masculinity, seeking to build communication skills, self-esteem, respect, affection and empathy
 - This is initially a pilot project: One public Junior & Senior High school with an intent to increase the number of schools every year after the first year of pilot
 - It is an After School Programme:
 - Target School-aged boys: Grade 6 to 12: Age 10 to 16. Immerse in a Curriculum of 50 hours contact time. Inter-active sessions. Credentialed instructors – volunteers impacting: 1000 boys. There have been similar programmes and successes.
 - Volunteers from: Rotary, Kiwanis, Toastmasters, etc. who would have undertaken the male certificate programme on the new masculinity.
 - Network: Urban Renewal Project, Youth Certification programme of the Ministry of Youth & Culture
-
- **A primary prevention programme** involving the Ministry of Sports, Youth & Culture, Ministry of Education, Science & Technology, Ministry of Social Services and Community Development, and The Bahamas Crisis Centre
 - **Budget:** Administrative Staff primarily

6. Family Island Coordination Councils Set-up

The Task Force seeks to establish immediately a GBV Coordination Council for each Family Island to coordinate, record, and assist with GBV victims as incidents are reported.

Such coordinating council will coordinate the work of the Administrator, the police, healthcare professionals, and community 'First Responder'/Victim's Advocate.

In the early stages of development, a Coordinator will be assigned to the respective Councils of each of the larger populated islands and eventually to each island.

- Phase 1: Pilot Project – immediate – establish a Coordinator and Coordination Council in Grand Bahama
- Phase 2: the Long Term: to establish a Coordinator and Coordination Council in all Family Islands
- **A tertiary prevention programme** involving the Ministry of Social Services and Community Development
- **Budget:** Administrative Staff – Family Island Social Worker

7. Sexual Assault Response Team Project

We have to be more caring about and to our victims of sexual assault.

We can and we must create:

- A space for victims who need acute care – with an ambiance that lowers stress, shame and guilt and increases confidentiality
- One-stop location for victims to manage trauma
- Specially assigned and trained GBV sensitive doctors and nurses for this team
- Victims' Advocates to be assigned and available 24/7
- MIS to advancing Care, accountability & research
- A need to create a similar team in Grand Bahama
- Expedite trials for sexual assault
- **A tertiary prevention programme** involving the : Ministry of Health, Public Hospitals Authority, Bahamas Crisis Centre, Police, and the Attorney General's Office
- **Budget:** Public Hospitals Authority and National Health Insurance

- **Focal point:** PHA, Police, and Bahamas Crisis Centre

8. National Early Intervention Programme for Children Exposed to Violence

There are two programmes to that the Crisis Center have designed and are ready to be launched, but for lack of funding to pay the stipends for qualified counselors.

Children exposed to violence in the home and community experience a sense of loss, guilt, self-blame, terror, and fear. They have been shown to have increased risk of violence or re-victimization, unhealthy behavior, and illness with lasting impact on brain structure and function. A national programme for early intervention with children exposed to violence is needed to break the intergenerational cycle.

- **8 (A).** Early Intervention programmes: **primary prevention**
 - Early intervention for children exposed to violence within the home and community
 - Prevent negative emotional and social consequences that occur following exposure
 - Training in trauma specific treatment for GBV providers
 - Ensure public awareness of crisis emanating from childhood trauma
 - Provide children exposed to violence access to trauma informed sessions and treatment
- **8 (B).** Programme for sexually abusive children: **tertiary prevention** –
 - This programme targets children under 12 years of age who sexually abuse other children
- **Budget:** The Crisis Center is seeking to have a budget increase of \$100,000 dollars to fund four counsellors to facilitate the new programmes.
 - Specially assigned child psychiatrists and trauma-informed counsellors
 - **Focal point:** Public Hospitals Authority and Bahamas Crisis Centre

9. GBV Intervention: Perpetrators

The Task Force is committed to treat perpetrators of GBV, and to have them return to society as meaningful contributors to the community and their families. The evidence

indicates that 80% of the men who completed the men's programme for batterers were violence free after 10+ years.

The impact in the community of this event by and on the Perpetrator is similar to that of the Victims. This rehabilitation should occur immediately after retribution.

We seek to,

- Reinforce the Batterers Management Programme
 - Upgrade programme ran by the Catholic Diocese
- Establish Batterers programmes in the Family Islands
 - There is a great need in Grand Bahama and Abaco
- This is a **tertiary prevention programme** under the auspices of the Ministry of Grand Bahama, the Ministry of Local Government, the Ministry of Social Services and Community Development, the Catholic Archdiocese, and the Judiciary
- **Budget:** Administrative Staff

10. Domestic Violence Fatality Team Project

- Reviews the causes behind situations of victims who have died – cold cases.
- Objective not to establish blame, but, to determine the underlying factors and hopefully prevent another fatality
- Aimed at reducing femicide and domestic violence related deaths in The Bahamas: The underlying evidence is noted in Chaswell Hanna's "Reducing Murders in The Bahamas" which documented 45 cases of women killed during period (2005 – 2010), attributable to GBV.
- This is a primary **prevention programme** incorporating:
 - Office of Attorney General,
 - The Police, Ministry of National Security,
 - Ministry of Health
 - Ministry of Social Services
 - Bahamas Crisis Centre
- **Budget:** Administrative Staff primarily

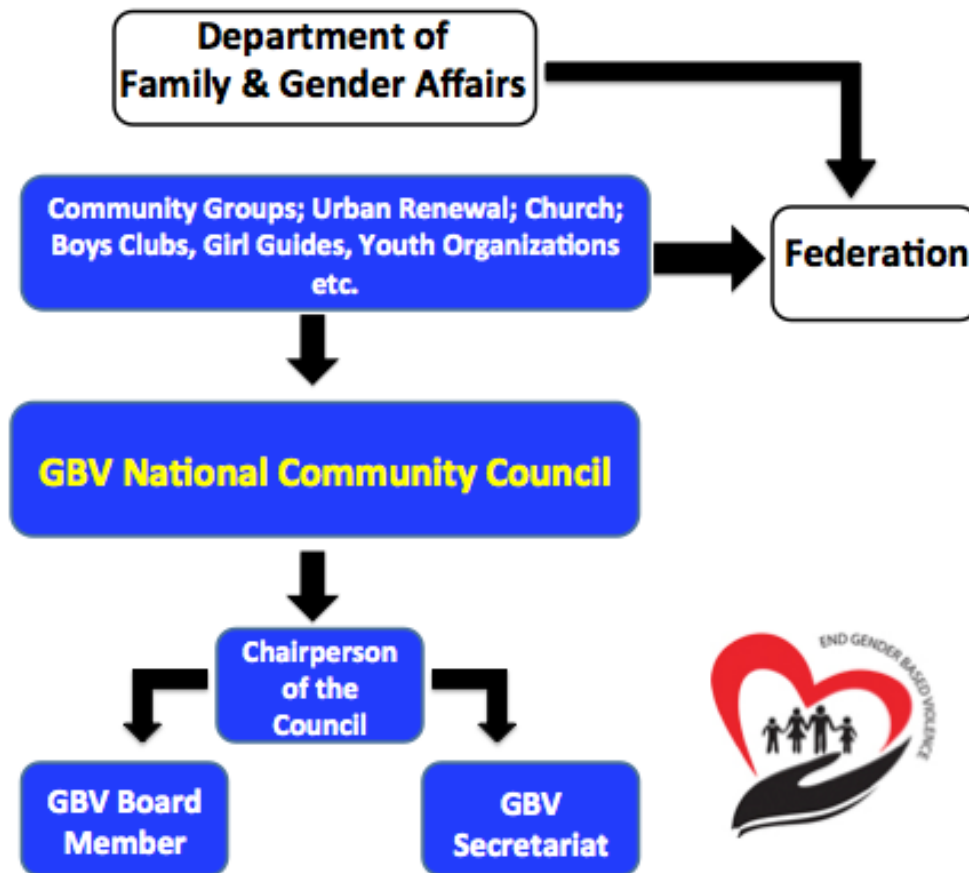
8.2.0

B. Short Term Implementation: The Gender-based Violence Authority

This is projected for completion within 6 Months. The Task Force submits that the viability, success and sustainability of the GBV strategic plan is the establishment of the GBV Authority, a statutory body. The institution is designed as a three-tiered organization with a bottom up approach.



The GBV Authority: Level 1: The National Community Council:



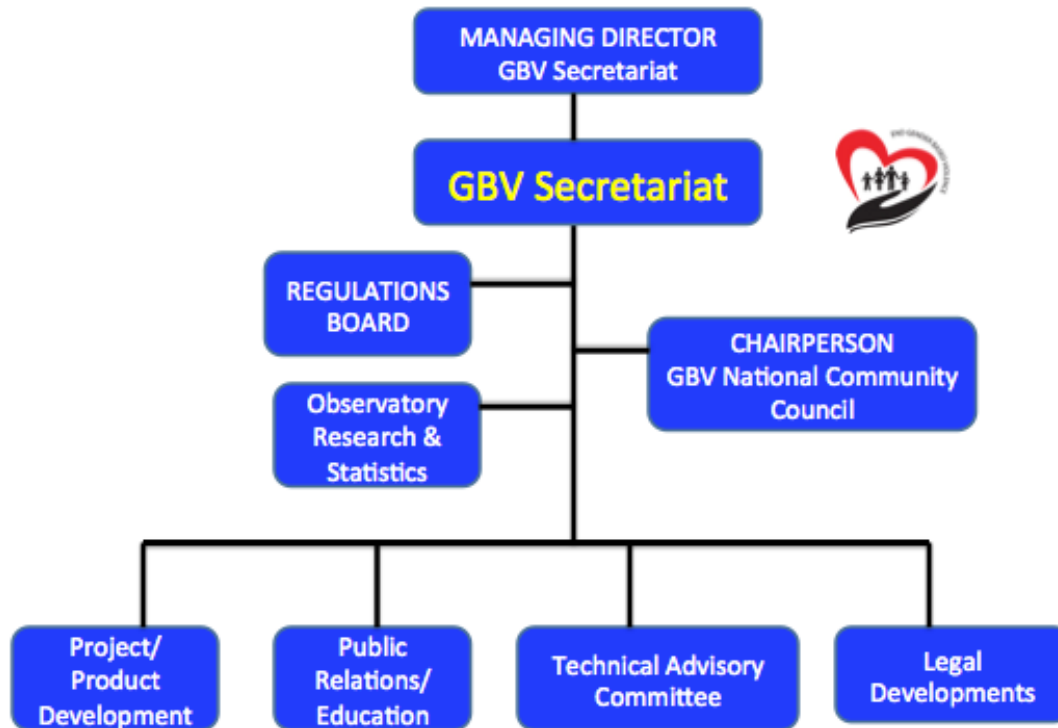
1(a). The first layer is the community, the people. The doers. They will drive this project. They will generate the ideas, write the grants, and implement the community projects they engineer.

1(b). These community organizations will be encouraged to form a Federation – they will all be credentialed. Being credentialed gives them access to workshops, funding and the expertise of the Secretariat.

1(c). There will be committees representing all the interests of the community clubs, groupings and organizations involved in social activities that directly seek to prevent, reduce and hopefully eradicate GBV. The organizations will have representation on their respective Committee of interest

1(d). From these committees, the group will choose a Chairman. The chairpersons will constitute the Council and in turn, they will vote for the Chairperson of the Council who will represent the community at the level of the Board that will govern the Authority.

The GBV Authority: Level 2: The Secretariat:



2(a): The second layer is that of the planners and the technocrats, who are government-employed, full time or part time. They have the responsibility to ensure that the community groups have access to the appropriate resources for best outcomes of their projects.

2(b). The Regulations Board of the GBV Secretariat will monitor & regulate Federation member organizations and the GBV service providers. The Secretariat will provide registration; grant writing and information services, maintenance and credentialing standards for all GBV initiatives.

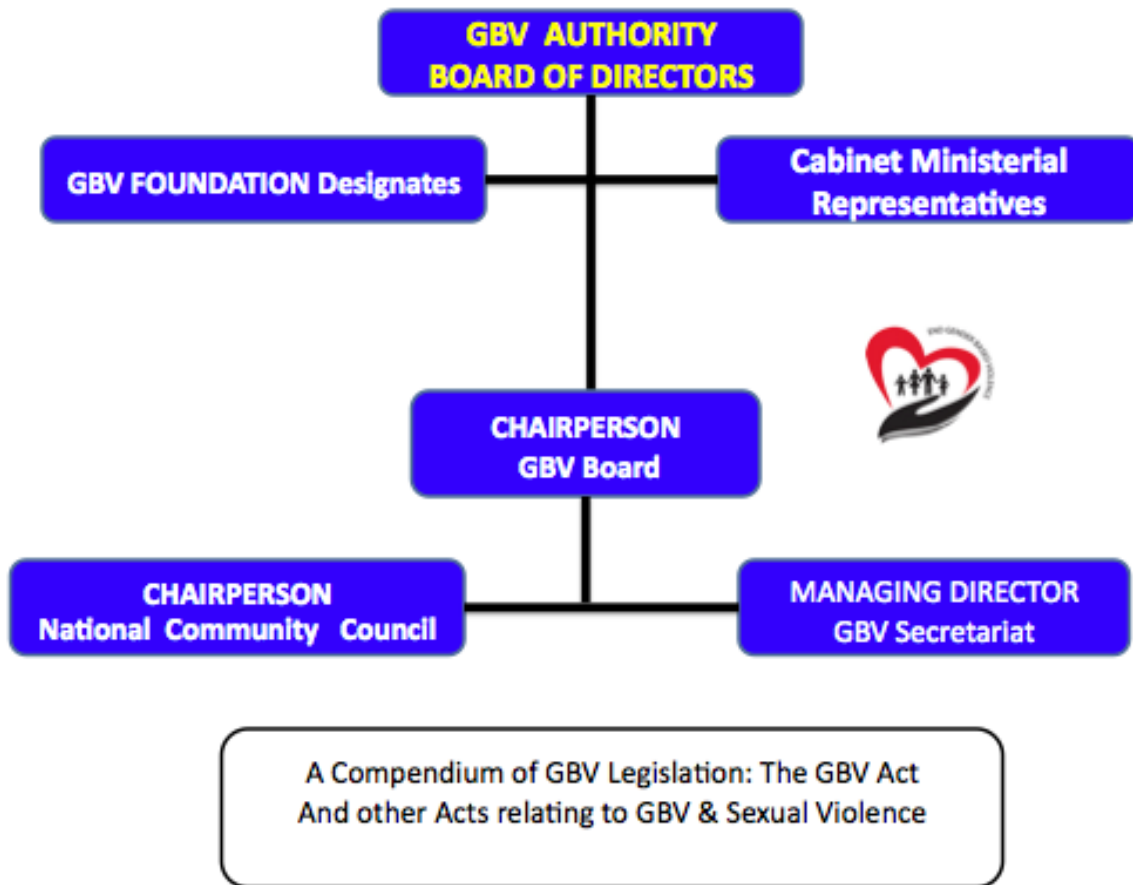
2(c). The Secretariat is managed by a Managing Director, who is also responsible for coordinating the interactions and activities of the GBV Council. The Director will provide secretarial and administrative assistance when needed to the GBV Council and committees.

2(d). The Managing Director shall be the Secretary of the Board and an ex officio member.

2(e). The Regulations Committee representative and the Technical Advisor will serve as advisors to the Secretariat.

2(f). The Regulations Committee will monitor & regulate federation member organizations and the service providers – their registration, services & Maintenance of Credentialing standards of GBV initiatives.

The GBV Authority: Level 3: The Board of Directors:



3(a). The third tier is the governing Board of Directors and policy makers of the Authority.

3(b). The Board will be comprised of the 6 Cabinet Ministerial Representatives, or their representatives, the Chairman of the GBV Council, and GBV Foundation designates, together with the Managing Director of the Secretariat.

3(c). The Chairperson of the Board of Directors, appointed by the Minister of Social Services and Community Development, is expected to be the face of the GBV campaign.

3(d). The GBV Foundation is a private entity responsible for fund raising – whose funds are targeted for project implementation, not the operations of the Authority. The organizations registered within the Federation will access these funds through grants and will be held accountable for their disbursement.

The Foundation will serve as the agency for accessing international grants as well.

8.3.0

C. Long Term Implementation GBV Strategy: The Community-Driven GBV Programmes

The community-based organizations registered in the Federation and represented on the GBV Community Council are charged to create and provide GBV programmes to be funded and for their respective organizations to execute. It is the intent of the Task Force that the community members and organizations will be motivated through awareness, education and activism, to submit projects, which their respective organizations will execute. In so doing, the community becomes an integral part of defining and solving its own problems, and can claim the ownership to do so.

The success of the long-term implementation of the GBV Strategic plan is dependent on the GBV Authority, a statutory body. Community organizations will submit their GBV programmes to this body for assessment, monitoring, evaluation and funding.

The concept of the GBV Authority draws on the successes of the AIDS Secretariat and its affiliated Foundation, NEMA and the Urban Renewal programme and its associated elements. All are government defined and funded organizations, grounded in community based initiatives and participation. The community participating organizations must comply with the Federation's policies for their organization governance, articles of association and annual reporting to be eligible for grant support and funding.

GBV is a community problem; it will not be eradicated without the community's direct participation and commitment to identify the issues and submit programmes to address them. The GBV Authority functions truly as a bottoms-up design dynamic system from its inception.



Up the Awareness,
Better the Access
Push the Justice
End the Violence!

Appendix 1

Population Change By Island: 2000 And 2010

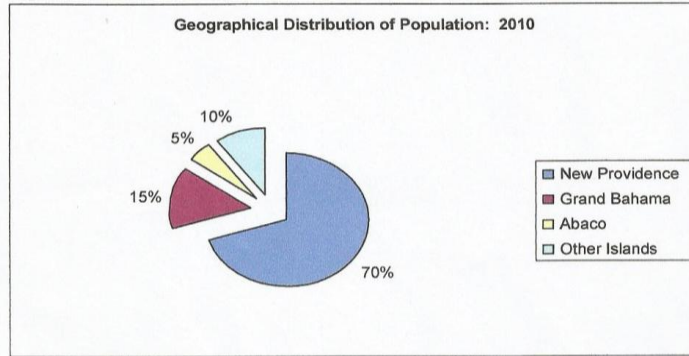
Table i.i

Island	Population		Change	
	2000	2010	Actual	%
All Bahamas	303,611	351,461	47,850	15.76
New Providence	210,832	246,329	35,497	16.84
Grand Bahama	46,994	51,368	4,374	9.31
Abaco	13,170	17,224	4,054	30.78
Acklins	428	565	137	32.01
Andros	7,686	7,490	-196	-2.55
Berry Islands	709	807	98	13.82
Bimini	1,717	1,988	271	15.78
Cat Island	1,647	1,522	-125	-7.59
Crooked Island	350	330	-20	-5.71
Eleuthera	7,999	8,202	203	2.54
Exuma and Cays	3,571	6,928	3,357	94.01
Harbour Island	1,639	1,762	123	7.50
Inagua	969	913	-56	-5.78
Long Island	2,992	3,094	102	3.41
Mayaguana	259	277	18	6.95
Ragged Island	72	72	0	0.00
San Salvador	970	940	-30	-3.09
Rum Cay	80	99	19	23.75
Spanish Wells	1,527	1,551	24	1.57

Geographical Distribution of Population

The three most populated islands (New Providence, Grand Bahama and Abaco) accounted for 90% of the total population of The Bahamas in 2010 as seen in **Figure 1**. The increase in New Providence's population over the decades to a large extent is attributed to internal migration; this decadal period was no different. Eleuthera, Andros and Exuma accounted for 6.4% of the remaining 10% of the population, while the balance of 3.6% resided on the other thirteen inhabited islands and cays (**Table ii**). Internal migration is the movement of people from one island to the other.

Figure 1



**Percent Distribution Of Total Population
By Island For Census Years: 1990 - 2010**

Table ii

ISLAND	1990	2000	2010
All Bahamas	100.0	100.0	100.0
New Providence	67.51	69.44	70.09
Grand Bahama	16.03	15.48	14.62
Abaco	3.92	4.34	4.90
Acklins	0.16	0.14	0.16
Andros	3.21	2.53	2.13
Berry Islands	0.25	0.23	0.23
Bimini	0.64	0.57	0.57
Cat Island	0.67	0.54	0.43
Crooked Island	0.17	0.11	0.09
Eleuthera	3.13	2.63	2.33
Exuma and Cays	1.39	1.18	1.97
Harbour Island	0.48	0.54	0.50
Inagua	0.39	0.32	0.26
Long Island	1.16	0.99	0.88
Mayaguana	0.12	0.09	0.08
Ragged Island	0.03	0.02	0.02
Rum Cay	0.02	0.03	0.03
San Salvador	0.18	0.32	0.27
Spanish Wells	0.54	0.50	0.44

Appendix 2

**PERCENT DISTRIBUTION
OF TOTAL POPULATION BY ISLAND FOR CENSUS YEARS: 1953 - 2010**

TABLE 1.1

ISLAND	1953	1963	1970	1980	1990	2000	2010
ALL BAHAMAS	100.0	100.0	100.0	100.0	100.0	100.0	100.0
NEW PROVIDENCE	54.37	62.13	60.13	64.65	67.51	69.44	70.09
GRAND BAHAMA	4.83	6.32	15.32	15.80	16.03	15.48	14.62
ABACO	4.02	4.98	3.85	3.47	3.92	4.34	4.90
ACKLINS	1.50	0.93	0.56	0.30	0.16	0.14	0.16
ANDROS	8.41	5.73	5.24	3.97	3.21	2.53	2.13
BERRY ISLANDS	0.39	0.20	0.26	0.24	0.25	0.23	0.23
BIMINI	1.57	1.27	0.89	0.67	0.64	0.57	0.57
CAT ISLAND	3.77	2.40	1.57	1.06	0.67	0.54	0.43
CROOKED ISLAND	1.09	0.61	0.42	0.26	0.17	0.11	0.09
ELEUTHERA	7.13	5.59	3.70	3.98	3.13	2.63	2.33
EXUMA & CAYS	3.44	2.64	2.23	1.75	1.39	1.18	1.97
HARBOUR ISLAND & SPANISH WELLS	1.80	1.42	1.91	1.10			
HARBOUR ISLAND					0.48	0.54	0.50
INAGUA	1.18	0.95	0.66	0.44	0.39	0.32	0.26
LONG ISLAND	4.43	3.21	2.29	1.62	1.16	0.99	0.88
MAYAGUANA	0.72	0.54	0.34	0.22	0.12	0.09	0.08
RAGGED ISLAND	0.38	0.28	0.12	0.08	0.03	0.02	0.02
SAN SALVADOR & RUM CAY	0.97	0.80	0.51	0.39			
RUM CAY					0.02	0.03	0.03
SAN SALVADOR					0.18	0.32	0.27
SPANISH WELLS					0.54	0.50	0.44

NOTE:- Data for Harbour Island and Spanish Wells and San Salvador and Rum Cay have been disaggregated for the years 1990 - 2010

References

- Abel, G. G. & Rouleau, J. L. (1990). The nature and extent of sexual assault. WL Marshall DR Laws & HE Barbaree Handbook of Sexual Assault: Issues, theories and treatment of the offender: New York, Plenum Press.
- Allen, D. F. (2014). Shame.
- Allen, D. F., Allen-Carroll, K, Allen, V.S., Bethel, K. Y., & Mangello, J. A. (2014). Community resocialization via installation of family values through a novel group therapy approach: a pilot study. *Journal of Psychotherapy Integration*.
- Attorney General's National Task Force on Children Witnessing Violence.
- Bahamas National Budget. (2014). *Summary of Agencies Recurrent Expenditure 2014/2015*. Retrieved from <http://www.bahamas.gov.bs/wps/wcm/connect/ea54701f-354f-4831-a042-96945fba1175/RecurrentSummary2014.pdf?MOD=AJPERESTradingEconomics>. (2015).
- Bahamas Gross Domestic Product (GDP): 1960-2015*. Retrieved from <http://www.tradingeconomics.com/bahamas/gdp>
- Barriteau, Eudene (2003) "Theorizing Ruptures in gender systems and the Project of Mediocrity in 20th Century Caribbean", in *Culture of Gender and Sexuality in the Caribbean* (ed) Linden Lewis Gainesville University Press of Florida. Department of Statistics. (2012). *2010 Census of Population and Housing*. Retrieved from <http://statistics.bahamas.gov.bs/download/024494100.pdf>
- Bennett et al (2004)
- Bethel, M. (April 2014). Violence against women and the responsibility of the state.
- Brennen, B. (May 2005). A deadly formula for violence. *The Nassau Guardian*.
- Brown, J. and Chevannes, B. (1998) "Why Man Stay So" University of the West Indies.
- Burnett, L.B., Adler, J., Talavera, F., Hardwood, R., Brenner B. E., & Conrad, S. A. Domestic Violence. Retrieved from <http://emedicine.medscape.com/article/805546-clinical>.
- Commonwealth Plan of Action for Gender Equality 2005-2015*, Section 3.25iv.
- Cooperative for Relief and Assistance Everywhere
- Council of Europe, Group of Specialists for Combating Violence against Women (1997). *Final Report of Activities of the EG-S-VL including a Plan of Action for combating violence against women* (Strasbourg, Council of Europe, 1997), available at: [http://www.coe.int/T/E/Human_Rights/Equality/PDF_EG-S-VL\(97\)1_E.pdf](http://www.coe.int/T/E/Human_Rights/Equality/PDF_EG-S-VL(97)1_E.pdf).
- Department of Statistics. (2012). *Labour Force Report 2011. Distribution of Households, Household Income, Mean and Median Income by Sex of Head of Household: All Bahamas, New Providence and Grand Bahama: 2011*. P 63. Retrieved from <http://statistics.bahamas.gov.bs/download/086361700.pdf>
- Department of Statistics. (2014). *The Labour Force and It's Components: 2012 – 2014 R*. Retrieved from <http://statistics.bahamas.gov.bs/download/065978900.pdf>
- Department of Statistics. (2014). Household Expenditure Survey 2013. Retrieved from <http://statistics.bahamas.gov.bs/news.php?id=119&cmd=view>
- Dinys, Luciano (2007) "Exploring the intersection between HIU and Violence against Women in Latin America and the Caribbean". Development Connections: Washington D. C.

- World Report on Disabilities
http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf
- Edelson, J. L. (1999). Children's witnessing of adult domestic violence. *Journal of Interpersonal Violence*. 14 p. 839-870
- Expert Group Meeting. "Good practices in combating and eliminating violence against women", organized by the Division for the Advancement of Women in collaboration with the United Nations Office on Drugs and Crime, Vienna, 17-20 May, 2005, available at: <http://www.un.org/womenwatch/daw/egm/vaw-gp-2005/index.html>.
- Fountain, T. (1997). Adolescent Health Study. Health Information and Research Unit. Ministry of Health: The Bahamas.
- Fourth World Conference on Women, Beijing Platform for Action Section 118
Global Coalition on Women and AIDS, background paper on "Violence against women and AIDS." available at
http://dats.unaids.org/GCWA/GCWA_BG_Violence_en.pdf;amFAR,
- Gender Based Violence and HIV among women assessing the evidence. (2005). Issue Brief No 3.
- Grown C., Gupta G. R., and Kes A. (2005). Taking action: *Achieving gender equality and empowering women*, UN Millennium Task Force on Education and Gender Equality, London: Earthscan, p 128.
- Hanna, C. (2010). "Reducing Murders in The Bahamas."
- Harway, M. and O'Neil, J., Eds. What causes men's violence against women (Thousand Oaks, Sage Publications, 1999);
- Heise, L. (1998). Violence against women: An integrated, ecological framework. New York, St. Martin's Press: New York.
- Heise, L., Ellsberg, M. and Gottemoeller, M. (1999). Ending violence against women, Population Reports, vol. 27, No. 11 pp. 8-38;
- International Organization for Migration. (2014, August). *Bahamas: Facts and Figures*. Retrieved from <http://www.iom.int/cms/en/sites/iom/home/where-we-work/americas/central-and-north-america-and-th/bahamas.html>
- IPU Conference "A parliamentary response to violence against women". 2008. Geneva, Switzerland.
- Jaffee P. G. Crooks, C. U., and Wolf D. A. (2003) Legal and policy responses to children exposed to domestic violence: The need to evaluate intended and unintended consequences. *Clinical Child and Family Psychology Review* 6, 205-213.
- Jewkes, R. (2002). "Editorials: Preventing Domestic Violence", *British Medical Journal*, vol. 324 (2002), pp. 253-254 (italics added, footnote omitted), available at <http://bmj.bmjournals.com/cgi/content/full/324/7332/253>.
- Jewkes, R. (2002). Intimate Partner Violence: Causes and Prevention, *Lancet*, vol. 359 (2002), pp. 1423-1429.
- Kaufman, M. (1987). *Beyond Patriarchy: Essays on Pleasure, power, and change*. Toronto: Oxford University Press.
- Knowles, K. (2014). *Prosecution of Sexual Offences in The Bahamas: A Baseline Assessment*.
- Knowles, Z. Y. (2015). *A study on gender-based violence among Haitians living in The*

- Bahamas. Nassau: The Bahamas.
- Mancoske et al 1994, Tutty 1996, Tutty et al 1993
- McCartney J. (2013, June). The Nassau Guardian. *The Rise of the Haitian Population*. Retrieved from http://www.thenassauguardian.com/index.php?option=com_content&id=39885:the-rise-of-the-haitian-population&Itemid=37
- Merriell L., Thomsen C., Crouch J., May P., Gold S. and Milner J., "Predicting risk of child physical abuse from childhood exposure to violence. Can interpersonal schemata explain the association?" *Journal of Social and Clinical Psychology* vol 24, No 7, (December 2005) pp 981 -1002.
- National Center on Elder Abuse. (2014). Bureau of Justice Washington D. C.
- Nicolls, D., Russell-Smith, C., Dean-Patterson, S., Deveaux-Stuart, L. D., Gibson-Mobley, I., Williams, E. J, Pinder-Darling, A., & Fielding, W. J. (2014). Attitudes of high school students regarding intimate relationships regarding intimate relationships and gender norms in New Providence, The Bahamas. *The International Journal of Bahamian Studies*, 20(1), 38-51. <http://dx.doi.org/10.15362/ijbs.v20i1>.
- Rape, Abuse, and Incest National Network. www.rainn.org
- Roberts, A. (2014). A national assessment of actions on ending violence against women in The Bahamas.
- Recommendations given at a Meeting of Commonwealth Law Ministers & Senior Officials held in Gaborone, Botswana, 5th-8th May, 2014.
- Report of 2013 Bahamas Household Expenditure Survey Leopoldo Tornarolli; Department of Statistics (2003) Report of the 2001 Bahamas living conditions survey". Ministry of Finance Nassau Bahamas.
- Stenson, P. & Anderson, C. (1987). Treating juvenile sex offenders and preventing the cycle of abuse. *Journal of Child Care*. 3, 91-102.
- Teasler P. B., Otto J. M., Dugar T. D., Mendiondo M. S., Abner E. L., and Cecil K. A. (2006) "Study of Adult Population Services: Abuse of Adults 60 years and older" National Center of Elder Abuse. Administration of Aging Washington D. C.
- Thomas, D. and Beasley, M. D. Domestic violence as a human rights issue, *Albany Law Review*, Vol. 58 (1994-1995).
- Tjoden P. & Thoennes N. (2000). "Extent, nature of consequences of intimate partner violence: findings from the National Violence against Women survey" Washington D. C., National Institute of Justice Center for Disease, Center of Prevention.
- UNIFEM. (2003). "Not a minute more, ending violence against women (2003) (UN Publications sales No 05.111.F.2)
- United Nations (2006). Ending violence against women: from words to action.
- United Nations (2004). CEDAW Made Easy: question and answer booklet. UN Office; Barbados. pg. 25
- United Nations General Assembly. (2006, July). In-depth Study on all forms of violence against women: Report of the Secretary-General. Presented at Sixty-first session, Item 60 (a) of the preliminary list, Advancement of Women:

Advancement of women. pp. 91.
World Health Organization “Intimate Partner Violence & HIV/AIDS “ WHO information bulletin series #1 available at
<http://www.who.int/gender/violence/en/vawinformationbrief.pdf>
World Report on Disabilities 2011 by WHO and the World Bank

Additional Footnotes

1. Other Sexual Offences include Buggery, Unlawful Carnal Knowledge, Indecent Assault, Attempted Unlawful Sexual Intercourse, Unnatural Sexual Intercourse, Attempted Incest, Unlawful Sexual Intercourse with a Mentally Ill Person, Indecent Exposure.
2. Ibid. Chapter III , Article 8 (b) [*This footnote referencing Ibid. no longer applies to the one above as we have included a second footnote in relation to the CEDAW Committee’s consideration of The Bahamas’ Reports in 2012*]
3. <http://unstats.un.org/unsd/mdg/Host.aspx?Content=Indicators/OfficialList.htm>
4. A/68/970 adopted on 10 September, 2014
5. The first case tried under the Act concluded on June 26th 2014; Chavanese “Sasha” Hall was convicted of four counts of trafficking in persons and sentenced to 15 years in prison. In relation to the Evidence admissible in rape trials: section 34 (1) of the Evidence Act prohibits any questions to be asked about any sexual experience of a complainant without the leave of the court. An application to admit evidence about a complainant’s sexual history must be made in the absence of the jury and the application can only be granted if the court is satisfied that it would be unfair to the accused person to refuse.
6. See Privy Council decision in *Campell-Rodrigues v Attorney General of Jamaica* [2007]All E.R. 28; [2007] UKPC65
7. The expanded list of persons includes: “ a) spouse or partner; b) any other member of the household not being a spouse, partner or child; c) The Commissioner of Police; d) With leave of the court by an agent for a person in paragraph, and e) An officer of the Department of Social Services on behalf of a child.”
8. The steps mandated by statute are: “ ,, to, a) Assist a victim in obtaining medical treatment.; b) Where safety of the victim is an issue, assist the victim in securing a safe place; c) Upon request from the victim assisting them in removing their personal belongings; d) Advise the witness of preserving the evidence. This is critical, especially in reference to the institution of criminal proceedings along with Protection Orders; e) Inform the victim about services that may be available to assist the victim.”
9. Sexual Intercourse includes sexual connection occasioned by any degree of penetration of the vagina or anus of any person or by the stimulation of the vulva,

vagina or anus of any person by or with any body part of another person or any object used by another person, except where the penetration or stimulation is carried out for proper medical purposes. The definition also extends to any sexual contact occasioned by the introduction of any part of the penis of any person into the mouth of another person.

10. The section (s.63 of the CPA), criminalizes the lack of reporting of such harm by any person working in a professional or official capacity such as a doctor, teacher, counselor, social worker, youth or recreational leader or member of clergy etc., who becomes aware that a child is suffering. Anyone convicted under this section is liable to a fine not exceeding \$5,000 or imprisonment for a term not exceeding one year.
11. This amendment has not been given a date of coming into force.
12. Section 12 – 17 of the Trafficking in Persons (Prevention and Suppression) Act
13. (See section 4.1: Policing of Non-Sexual Offences under the DVPOA).
14. Ibid. Knowles, K. (2014)
15. The Jezebel Syndrome is a local cultural reference to women who entrap men into sexual immorality by lies and deceit.