



Ministry of Education, Innovation, Gender Relations and  
Sustainable Development

# Assessment of Essential Services for Women and Girls Subjected to Violence in Saint Lucia

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Final Report

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## **LIST OF ACRONYMS**

DGR – Division of Gender Relations

VAWG – Violence against Women and Girls

GBV – Gender Based Violence

IPV – Intimate Partner Violence

CID – Criminal Investigation Department

VPT – Vulnerable Persons Team

DPP – Director of Public Prosecutions

WSC – Women Support Centre

DHS – Division of Human Services

FC – Family Court

AE – Accident and Emergency Department

## **INTRODUCTION**

The Declaration on the Elimination of Violence Against Women (1993) defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life”. It encompasses, but is not limited to, “physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere; trafficking in women and forced prostitution; and physical, sexual and psychological violence perpetrated or condoned by the state, wherever it occurs.”

The World Health Organisation (2019) estimates that about 1 in 3 or 35% of women worldwide have experienced either physical and/or sexual violence by an intimate partner or non-intimate sexual violence in their lifetime, according to global estimates. For the organization Violence Against Women (VAW) represents a major public health concern given the direct and indirect costs of intimate partner violence (IPV) and sexual violence on the health care sector and society in general. In addition, there is significant evidence to suggest that the negative impact of IPV on women’s health can be severe. Research suggests that women who are experiencing IPV are more likely to experience a number of health problems including sexually transmitted infections, reproductive health problems, mental health problems, suicidal ideations, substance abuse, eating disorders, sleeping disorders than women who do not experience IPV (WHO, 2019).

From a socio-cultural perspective, it is widely held that the high incidence of violence against women especially in the Caribbean context may be associated to socio-cultural beliefs that are deeply rooted and embedded in the social fabric of Caribbean societies which still feature a high tolerance for interpersonal violence. For practitioners and

service providers socio-cultural norms continue to serve as a hindrance to the adoption of a zero-tolerance policy for violence against women especially intimate partner violence.

Economic vulnerability is also cited as a major contributor to VAW. Economic dependence of victims on the perpetrator, particularly in cases where the woman is unemployed is considered to be the main justification for the decision to remain in situations of IPV.

This underscores the fact that violence against women is a multi-dimensional issue which requires a multi-sectoral approach to intervention, taking into account the human rights, economic, social, cultural and legal dimensions of this phenomenon.

Saint Lucia has demonstrated its commitment and willingness to address the issue of violence against women at both regional and international levels by acceding to a number of key conventions. One such statutory instrument is the Convention on the elimination of violence against women (CEDAW) which identifies VAW as a violation of a women's fundamental human rights and a source of discrimination.

However, as the WHO notes, "Violence against women is preventable and policy-makers can play a critical role in this regard. We know more than ever before about what works to prevent violence against women" (WHO, 2019). In that regard, the United Nations Joint Programme on Essential Services for Women and Girls subject to violence established and launched an Essential Services Package (ESP) for victims of violence against women and girls in December 2013. The ESP is an initiative developed through a collaboration of UNWomen, UNFPA, UNDP, UNODC and the WHO.

The ESP framework outlines guidelines for the delivery of quality essential services in the health, justice and policing and social services sectors. The package highlights the basic principles which underpin the delivery of all essential services: the adoption of a rights-based approach; a victim survivor centered approach; a focus on advancing gender equality and women's empowerment; an emphasis on safety as paramount; services which are culturally and age appropriate and sensitive; and perpetrator accountability.

The following common characteristics of the ESP apply across all sectors: availability, accessibility, adaptability, appropriateness, prioritization of safety, informed consent and

confidentiality, data collection and information management, effective communication and linkages with other sectors and agencies through referral and coordination.

The essential services and actions presented within the ESP constitute the absolute minimum required services to ensure the human rights, safety and wellbeing of any woman or child (girl) who experience intimate partner violence and or non-partner sexual offence

Finally, the following foundational elements must be in place to enable the delivery of quality services across all essential services: comprehensive legislation and legal frameworks; governance, oversight and accountability; resources and financing; training and workforce development; monitoring and evaluation; gender sensitive policies and practices.

Saint Lucia has since the adoption of the Beijing platform for action, undertaken a number of concrete steps to address violence against women and girls (VAWG). Including the establishment of the Family Court, the passage of relevant legislation, the establishment of a shelter for victims of IPV, the setting up of a specialized law enforcement unit to deal with matters of VAWG and more recently the development of a national plan of action to address VAWG.

This report presents the key findings of a comprehensive assessment of essential services for women and girls subject to violence in Saint Lucia. It outlines the range of services available to victims and as well, identifies the gaps in service delivery based on the ESP framework. It concludes with some key recommendations for future action geared towards the development and implementation of an essential services package for addressing violence against women and girls in Saint Lucia.

## **PROJECT BACKGROUND**

The Essential Services Package was developed as a tool to assist states in adequately assessing the nature, extent and quality of services provided to survivors of violence against women and girls. In 2016, the initiative was piloted in ten countries and an

additional 30 countries began implementation on a voluntary basis. Following a series of consultations with UNFPA, Saint Lucia, through the Division of Gender Relations submitted an official request to undertake this initiative as a self-starter country. This project is therefore aimed at assessing Saint Lucia's capacity to successfully implement the Essential Services Package.

Within the framework of the Department of Gender Relation's efforts to "strengthen the multisectoral response to violence against women and girls", this project seeks to ensure that victims of VAWG are provided access to a package of essential services that are of the highest quality and meet their specific needs in the areas of health, justice/policing and social services. The two major objectives of the project are to conduct a comprehensive assessment and mapping of services offered by key agencies operating within the field of VAWG in St Lucia and to develop a package of essential services which is in line with the National Plan of Action to end VAWG in St Lucia.

### **Objectives of the project**

The main purpose of this project was to conduct an assessment of existing essential services for women and girls subject to violence in Saint Lucia.

The project sought to mobilize key stakeholder perspectives which will allow us to identify the nature and scope of services available to victims of violence against women and to identify the gaps in service delivery.

Key areas under review or assessment will be as follows:

- Identification of existing essential services in the social, legal/policing and health sectors available to victims of VAW in St Lucia
- Assessment of the level of accessibility, adaptability of existing services
- Assessment of whether the available services meet key criteria for the essential services package
- Identification of the main obstacles or challenges faced by service providers
- Recommendation of actions to be taken to improve on the quality of services provided to victims of VAWG

## **METHODOLOGY**

The main methodological approach adopted within the framework of this assessment was the conduct of semi-structured interviews with a number of key informants, representative of the social, legal/policing and health sectors inclusive of public sector officials, civil society representatives and non-governmental agencies.

In addition, a desk review was conducted, in which available primary and secondary literature was reviewed, including existing legislation such as the Domestic Violence Summary Proceedings Act and the Criminal Code; the National Plan of Action, agency documentation (leaflets, brochures etc.). Sources of information included online material in particular websites of key agencies which were also consulted.

Given the timelines within which the assessment had to be completed interviews conducted were limited to key stakeholders directly involved in the delivery of services to victims of VAWG.

Individual interviews were favoured over group interviews since individual interviews constitute a more reliable source of data than group interviews (Baribeau and Germain, 2010). In addition, the Group approach having already been adopted within the context of a preliminary essential services assessment conducted by the Division of Gender Relations, it was felt that individual interviews would allow for triangulation and corroboration of results.



## ASSESSMENT OF SERVICES TO VICTIMS OF VAWG

### HEALTH SERVICES SECTOR

#### Summary of findings

*Saint Lucia adopts a human rights approach to the provision of health care services, and as such, public health care services and facilities are available and accessible to all, irrespective of social status. A gender-neutral approach is adopted in the delivery of health care services and there exists no public health policy on violence against women and girls. While there is established protocol to deal with cases of sexual violence, physical violence against women is regarded as part of the broader category of physical violence cases. This has implications for the assessment of the prevalence of physical violence against women and IPV. The provision of medical care to victims and the treatment of injuries is at the core of first response intervention. The assessment and care of patients' psychological and emotional needs are provided for subsequently via a system of referral. Major limitations in space and the absence of designated areas for dealing with issues of VAWG, seriously compromise patient privacy and constitute a major area of concern, especially in relation to victims of sexual violence. Training for health care personnel in the dynamics of IPV and VAWG in general and training in the medico-legal aspects of VAWG in particular are deemed to be critical to enhance intervention in the area of VAWG by health care professionals.*

#### Assessment of services (essential services and actions)

The Essential Services Package as outlined by UNWomen et al (2015) identifies a number of services/actions which are critical to effective service delivery to women and girls subjected to violence. The assessment of the health sector examines the ability and effectiveness of the health services sector in Saint Lucia to deliver on these key services.

## **Identification of survivors of intimate partner violence**

Within the health care system, no specified system or protocol exists for the identification of presenting patients as victims of intimate partner violence. Suspected cases may be identified in the process of questioning by medical practitioners, regarding for example the origin of injuries, however patients are not systematically questioned on IPV experience. Identification of victims of IPV is therefore usually only confirmed through disclosure by the patient.

In cases where the nature of the violence warrants the transfer of patients via ambulance service, first responders are often aware of the nature of the incident ahead of time. This allows for identification of the patient as a victim of IPV or sexual violence, in which case a female Emergency Medical Technician (EMT) will be assigned to the case. In cases of physical violence and sexual assault, the EMT will request the presence of law enforcement officers at the scene. This is deemed necessary to avoid further escalation of violence and possible harm to victims and medical personnel. EMTs are sensitized to issues of VAW as part of their EMT training, However, protocol and procedures are for the most part gender neutral. It is noted that there has been a significant increase in numbers of female EMTs joining the service, which facilitates the assignment of female personnel in cases of sexual violence.

## **First line support**

The focus of all intervention by first line medical personnel is first and foremost on the administration of care. Attending to injuries, stabilizing the patient and safe transfer to a medical facility for treatment and care constitutes the essence of the first response. Additionally, ensuring that there is no compromising of any evidence which may subsequently become necessary for prosecution is critical.

The psychological or emotional needs of the client are as such not considered as priority at the point of first response. However, referrals for counseling and other psycho-social support are made by health care providers subsequently, once the patient's physiological needs are met.

## **Care of injuries and urgent medical treatment**

With the exception of cases of sexual violence, which trigger special procedures and necessitate specific protocols, incidents of violence which present are handled in a gender-neutral manner without regard to the sex of the patient. Patients are treated for injuries and complete physical examinations are conducted and documented as part of general medical procedure.

## **Sexual assault examination and care**

The treatment and care of victims of sexual assault are the subject of specific procedures and protocols. The established medico/legal protocol requires the presence of a female police officer in cases of sexual assault. In that regard, where victims of sexual assault present to the Accident and Emergency Department, the police will be notified so that the protocol for evidence collection can be conducted. However, where a patient does not wish to notify the police, they will not be called in. Based on the experience of Accident and Emergency staff, however, victims are usually willing to have the police notified. In most instances however the victim reports the matter to the police who accompanies the victim to the accident and emergency department where the sexual assault examination is carried out. The officer is also present during the examination of the victim and the administration of the rape kit.

The waiting time for victims of VAW to receive treatment represents a major concern. In addition, the presence of the law enforcement officer (female) as per the established protocol, carrying an examination kit, visible to the general patient population allows for public identification of the patient as a victim of rape. This has serious implications for victim privacy.

Health care personnel attribute this situation to the very nature of the A and E department and a chronic lack of space. The absence of a designated area to deal with matters of sexual violence is also a contributing factor. It is noted that there is a gynecological room which is usually used for the purpose of carrying out these examinations, however it is not a designated area for such cases and is often used for general patient care.

For one medical personnel, the length of time that a patient may be required to wait not only creates frustration for the victim but also undermines any effort at showing empathy:

“How can I claim to be empathetic when the client is made to wait for such a long time. For the client that is not a show of empathy” (A and E Nurse).

The examination process must be thorough and uninterrupted. The examination of victims of sexual violence requires at least 45minutes to complete. The examination process and care of victims of violence against women includes: HIV testing and treatment, testing for other STIs, the morning after pill, prophylaxis and evidence collection. Medical staff are trained to conduct the examination and administer treatment. Respondents indicate that the directions are clear and easy to follow and allow for effective administration of the rape kit.

A recommendation for change of policy to allow for the administration of the rape kits by the nursing staff may minimize the waiting time for victims and address the issues surrounding privacy.

Upon completion the kit is returned to the police officer. Cases involving children are not handled at the A and E Department but are redirected to the pediatric department. This allows for a safer more child friendly environment for examination, care and treatment of child-victims.

Referrals are also made to the STI clinic, the hospital social worker or counsellor, the consultant psychiatrist. The Division of Human services is informed in the case of a minor.

### **Mental health assessment and care**

There is a counselor and as well a social worker on staff and referrals are usually made for psycho-social support. Referrals are also made to the Crisis Centre and to the Women Support Centre for additional psycho-social support.

However, in more severe cases where patients present with more serious symptoms a referral is made to the psychiatrist (on duty or on call). Clients are also referred to the Wellness Centre for follow up mental health assessment and care.

### **Mandatory reporting**

There is mandatory reporting of cases involving minors. The need to clarify the issue of age of sexual consent versus age of a child is also highlighted as a major source of concern for health service providers who are sometimes uncertain regarding the issue of mandatory reporting of incidents regarding victims within the 16-18 age group. There is no mandatory reporting of cases involving adult victims.

### **Documentation (medico-legal)**

The accurate recording of client information by first responders forms a critical part of the pre-trial and trial processes. Persons interviewed demonstrated general awareness of the importance of this documentation and as far as possible, service providers ensure accurate documentation via prescribed internal assessment forms, as well as the completion of documentation based on a format provided by the law enforcement officer and which requires specific information about the victim. This documentation forms a critical part of subsequent prosecution of matters.

In that regard first responders (ambulance service as well as personnel of the Accident and Emergency Department place great priority in ensuring that this information is accurately recorded and documented.

There is no formal training in the legal aspects of such cases including testifying in court. Medical personnel have developed their capacity from experience and orientation received from senior staff. The need for medical personnel to receive training in the legal aspects of VAWG was underscored as important for improving the capacity and enhancing the effectiveness of the work.

### **Information and training**

Health care providers receive no formal training in issues of GBV and VAW as part of basic staff training or ongoing/ in house training. The provision of training opportunities is identified as critical to help build the capacity of the staff.

There is also need for greater sensitization by the various social service agencies on the nature and extent of the services offered to victims. Respondents were aware of two key agencies for adults: Crisis Centre and WCS and Human Services for children.

### **Data collection**

Data on sexual assault cases is available. However, there is no disaggregation of the data on physical violence on the basis of sex. As such data regarding violence against women or more specifically, domestic violence is not generated by the health care facility.

### **Identification of Gaps/General recommendations**

The assessment of health services provided to victims of violence against women and girls indicates that the existing services meet the criteria for availability and accessibility. However, the criteria for adequacy and quality of services are not fully met. Health care services are available to all victims of VAWG. The sector adopts a human rights approach to the provision of medical care to citizens, however, the delivery of health care services to victims is not generally women centered.

While adequate services are available in respect of care of injuries and urgent medical care and sexual assault examination and treatment, gaps remain in the areas of mental health assessment and care, medico legal aspects of VAWG and privacy and confidentiality.

In addition, availability of information on VAWG is largely insufficient. Information on available services such as posters and leaflets need to be updated and provided on a regular basis for the information of both victims as well as, medical personnel. The need for information regarding the services provided by social support agencies such as the Women Support Centre for example is deemed critical to the referral process.

The assessment of services underscores the need for intervention in three key areas: information on VAWG and available services, training and sensitization of medical personnel, documentation of protocols and procedures and privacy and confidentiality in the delivery of services.

## JUSTICE AND POLICING

### Summary of findings

*There is in place a legislative framework for addressing violence against women and there have been significant improvements in the legal provisions for dealing with VAWG over the years. The criminal code and the Domestic Violence Proceedings Act constitute the key pieces of legislation that provide for prosecution of cases of VAWG.*

*While the current legislative framework is considered by most respondents as being adequate and in keeping with international standards, there are some legal loopholes that need to be addressed.*

*Legislative reform has seen a shift from a gender bias towards women to a gender-neutral approach. This is particularly evident in respect of the legislation for sexual offenses.*

*The coexistence of psycho-social support and legal proceedings for victim protection within the Family Court constitutes a good practice model. Another specialist agency, The Vulnerable Persons Team (VPT) established in 2008, is the main law enforcement agency for the investigation of cases of VAWG particularly cases of sexual offenses. This Unit is responsible for the investigation of cases of violence against women and girls. The unit is also largely regarded as the agency responsible for ensuring ongoing communication with clients on the matters throughout the pretrial and trial processes.*

*The need to build capacity of the VPT through the provision of specialized training for staff as well an increase in the staff complement is seen as critical to the effective functioning of this unit.*

*The Office of the DPP is responsible for the prosecution of all cases of VAWG.*

*While perpetrator accountability exists in cases where they are found guilty, it widely felt that the nature of sentencing is lenient and does not serve as a deterrent to VAWG nor the reoccurrence of VAWG.*

*The lengthy duration of pre-trial and trial processes and inordinate delays in dispensing of justice constitutes a major source of frustration for victims of VAWG and*

*is a major contributor to the decision not to pursue with the prosecution of cases. Lengthy processes are largely attributed to the inadequate number of judicial officers and the general nature of the judicial system which has over the years seen a major backlog of legal matters.*

*A review of interviewing procedures including the creation of women centered and child friendly spaces that minimize the re-victimization of victims were also underscored. The fragmented nature of the judicial process creates uncertainty regarding the responsibility for communication with victims.*

### **Assessment of Services – Justice and Policing**

The following provides an assessment of the availability, accessibility and quality of delivery of the basic essential services and actions which are critical to effective service delivery within the justice and policing sector as outlined in the ESP framework.

#### **Legislative framework**

For most respondents the current legislation is adequate to address violence against women and meets international standards. However, there is need for legislative review to broaden the scope of key legislation such as the Domestic Violence Summary Proceedings Act to allow access to justice for groups who are currently not protected by the legislation. The legislation's focus on the household excludes women in visiting relationships, as well as those in dating relationships. A review of the Act is ongoing and it is expected that these gaps will be addressed.

Legislation regarding marital rape remains conditional upon the legal separation or divorce of spouses. Under the current legislation rape cannot occur within the context of marriage.

Sexual harassment in the work place was identified as an area where legislation needs to be strengthened.



**The following are the key pieces of legislation that address violence against women in Saint Lucia:**

Domestic Violence	Domestic Violence Summary Proceedings Act 1995 amended 1997 Criminal Code 2003
Sexual Offences	Criminal Code 2003, revised in 2005
Sexual harassment in the workplace	Equality of Opportunity and Treatment in Employment and Occupation Act 2001 Labour Code 2006
Human trafficking	Counter trafficking Act. 2010
Child protection and child rights	Child Justice Act 2018 Child Protection and Adoption Act 2018

**Statutory instruments signed and or ratified by Saint Lucia:**

Saint Lucia is also signatory to a number of statutory instruments. However, most of these have not been integrated into local legislation. Key Conventions dealing with VAWG/GBV signed and ratified by Saint Lucia include:

- Convention on the Elimination of all forms of discrimination against women – 1982
- The International Labour Organisation Equal remuneration convention 1951 (No 100) – 1983
- The International Labour Organisation Discrimination (Employment and Occupation) convention 1958 (No. 111) – 1983
- Convention on the rights of the child (1993)
- Beijing Platform for Action (1995)
- Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, Convention of Belem do Para signed November 11, 1994 and ratified March 8, 1996

- Protocol to prevent suppress and punish trafficking in persons, supplementing the United Nationals Convention against transnational organized crime 2000
- The Montevideo Strategy for Implementation of the 2030 Regional Agenda for Sustainable Development of 2017

### **Prevention of Violence against women**

The general consensus among respondents was that the current legislation does not contribute to the prevention of violence against women and girls or the reoccurrence of such violence. It was largely felt that while the legislation is in place, it is not adequately enforced and more specifically that the nature of sentences handed down to perpetrators did not serve as a major deterrent.

### **Initial Contact**

Police officers are often the first point of contact for victims of violence against women. The community police are usually the first to intervene in matters of VAWG which occur at the community level. Based on the nature of the case, referrals are then made to other agencies including the Criminal Investigation Department (CID), the Vulnerable Persons Team (VPT) and the Family Court. Clients also present directly to the CID or the VPT to report cases of VAWG. In the case of Domestic Violence (DV), individuals may also present themselves to the Family Court to report incidences of DV.

### **Investigation**

Cases of violence against women are handled at multiple levels within the justice/policing system. However, the investigation of such matters is generally dealt with at the level of the Vulnerable Persons Unit, a specialized unit established in 2008. It is the main law enforcement unit which deals with matters relating to VAWG. The Unit receives referrals from community police stations, as well as, the Criminal Investigation Department and has ultimate responsibility for conducting investigations leading to the prosecution of these matters. The majority of cases handled by the unit consist of matters

related to sexual offenses including sexual offences of minors. The investigation of Domestic Violence matters, are mainly cases which involve the breach of orders issued by the Family Court.

### **The investigation process**

The following outlines the basic investigation process for cases of violence against women:

An interview is conducted to ascertain the nature of the matter, following which, a synopsis of the case is prepared. The matter is then assigned to an investigating officer. The investigating officer will, for the purposes of the investigation, take an official statement from the victim. He or she is also responsible for explaining to the victim the investigation process which includes returning to the scene of the crime and taking statements from key witnesses.

### **Medical examination**

Medical examination of victims is a critical element of the investigation process. All victims of VAWG who require medical attention, will be immediately referred to a medical facility as a first course of action. In the case of sexual assault, the victim is accompanied by a female law enforcement officer to the medical facility where the examination will be conducted by a medical doctor.

Many concerns regarding this aspect of the investigation were highlighted by respondents, including the length of the waiting period at the Accident and Emergency Department (A and E). It was largely felt that the long waiting period, as well as, the lack of private or separate waiting areas constitute a major source of stress and frustration for victims who are already traumatized by could be construed as a re-victimization of victims.

One respondent highlighted what was considered a level of insensitivity on the part of some medical personnel and underscored the need for training. Comments such as “You all again!” are sometimes made in the presence of the victim and was highlighted as highly inappropriate and unprofessional.

There is a gynecological examination room in the A and E department, however, the space is usually used for other matters and is not reserved for such cases. As such, victims have to wait in the general waiting area. The presence of the police officer is seen as a cue that the individual is a victim of sexual assault.

As it relates to the handling of evidence it was also felt that there is need to review the protocol for the handling of evidence especially as it relates to the transfer of evidence to the forensic laboratory.

### **Pre-trial and trial and post-trial processes**

There is need for review of the legislation to allow for interviewing processes that do not contribute to revictimization of the victim. Legislation that allows for the recording of an initial statement to avoid the recount of the victim's story was also recommended.

There is also need for special spaces for interviewing child victims that are separate from the adult spaces and are child friendly.

The prosecution of matters of violence against women falls within the purview of the office of the Director of Public Prosecution (DPP). One of the major concerns regarding the trial process is the slow pace of justice which is seen as a major deterrent to effective handling of crime. It is common place for cases of sexual offense to last for several years. In some instances the child victim has become an adult and no longer wishes to pursue the matter.

It was noted that legislative reform has resulted in a shift from an approach which could be considered women centered to a gender-neutral stance which for one respondent may be disadvantageous to women. This was evident in the different versions of the criminal code particular in relation to sexual offenses. This is illustrated in a change in wording from "of a women" to "of a person" for example.

### **Perpetrator accountability and victim reparation**

Most respondents believe that perpetrators are not held accountable for their actions. While all respondents agree that the legislative framework is adequate and up to standard,

however for most, the sentencing handed out at the level of the judiciary is regarded as skewed towards leniency.

For most respondents “the punishment does not fit the crime.” As one respondent put it “It is extremely frustrating for an officer to work hard to put a case forward and then the perpetrators get a slap on the wrist” (VPT officer). In addition there is a perceived lack of consistency in relation to sentencing: “The judiciary is not consistent with the sentences that are handed down” (CID Officer)

In addition, the justice system is described as appearing to favour the protection of the rights of the defendant over that of the victim even in cases where there is a jury.

### **Victim reparation**

Victim reparation does not constitute a critical element of the justice system. There is very little recourse for victims as it relates to receiving reparations. Provisions under the civil code exist, however very few victims are aware of their rights to redress through the civil court. It was highlighted that there is legal provision to pursue civil and criminal proceedings in parallel, however that is not usually done or explored with the client.

For one respondent victim reparation must begin with psycho-social support for the victim to deal with the trauma of the incident and the stress of the trial process. While this support is available at the level of the Family Court for matters related to IPV, it was largely felt that the justice system did not prioritize victim reparations and support.

### **Communication and information**

All respondents agreed that there are major shortfalls in communication to clients regarding the progress of their cases. The fragmented nature of the legal process with different agencies handling different components of the pre-trial and trial processes creates a grey area regarding the responsibility for communication to clients. It is largely felt however, that the investigating officer is the individual responsible for ensuring that clients are kept informed throughout the process.

## **Coordination**

There is no established mechanism for coordination among justice and policing sectors for the development of long-term strategies to address violence against women.

## **Identification of gaps and general recommendations**

The effectiveness of the justice and policing response to violence against women is mixed. While there has been much progress in terms of the development of a legal framework which addresses most forms of VAWG, effective enforcement of existing legislation remains a major challenge. In addition gaps in certain areas remain and it is anticipated that continued improvements to address these gaps in coverage will contribute to enhancing the capacity of the justice sector to respond adequately and effectively to VAWG.

The impact of the sector in terms of prevention of violence and prevention of further violence appears to be minimal and is largely attributed to inefficient pre-trial, trial and post-trial processes, as well as, a widely shared perception that justice outcomes are largely not commensurate with the gravity of the crimes, thus minimizing perpetrator accountability and are not victim focused. In addition, the multiplicity of actors and levels of intervention in this sector make the delivery of an effective justice and policing response difficult. In the absence of a coordinated approach to intervention this sector faces particular challenges in addressing VAWG effectively.

There is need for review of national legislation with a view to incorporating the various conventions which Saint Lucia is party to into domestic law. This will allow for state adherence to obligations under the various statutory instruments and as well help meet international legal standards.

Similarly, the government must continue to pursue action under the OECS Model law reform project to allow for the revision and reform of the Domestic Violence Summary Proceedings Act with a view to addressing the gap in coverage for categories of unions not currently covered under the act. This includes visiting unions, as well as dating relationships. The gap between the age of sexual consent (16 years) and the age of at which an application can be made to the court for DV (18 years) must also be addressed.

There is also need to strengthen the enforcement in cases of violation of the court orders particularly protection and occupation orders.

Review of the legislative provisions for marital rape with a view to removing the conditional application in circumstances of divorce, legal separation or where a court order exists must be explored.

Similarly, there is need to strengthen legal provisions to address sexual harassment in the work place which is currently addressed under the Labour code.

There is also a need to review, discuss and where necessary, strengthen the legislation to address acts of VAWG through the use of mobile technology and social media.

Additional recommendations include:

Address concerns regarding the discretionary powers of the judiciary as it relates to sentencing.

Mandatory psychological or counselling intervention and rehabilitation programmes for perpetrators in addition to judicial sentencing

Legislative provisions to allow for recording of victim interviews and creation of victim friendly spaces within the VPT.

General training on VAWG for law enforcement officers

Specialized training for VPT unit staff to build capacity and strengthen their ability to meet the demands of increasing caseloads particularly in respect of matters of sexual violence.

## Social Services

### Summary of findings

*The six agencies interviewed provide varied levels of services for women and girls subject to violence. The mandate of the Women's Support Centre (WSC) is to provide temporary housing for women experiencing intimate partner violence, as well as their children. The Saint Lucia Crisis Centre focuses on the reduction and elimination of domestic abuse. The Upton Garden Girls' Centre is a rehabilitation center for girls experiencing challenges negotiating adolescence—it is nonresidential. The Department of Human Services is the government agency responsible for the care and protection of children and the elderly. The Family Court comprises the judicial arm, the social support section and the administrative section. The Saint Lucia Planned Parenthood Association takes an approach to fostering sexual reproductive health that focuses equally on clients' sexual and general health.*

*Of these agencies the Women's Support Centre, the St Lucia Crisis Centre and the Family Court provide the widest range of services to victims of violence against women. These three agencies work directly with victims and provide a range of psychosocial support services including counselling. The Family Court provides legal services for Victims of Violence. Matters involving girls are handled by the Division of Human Services.*

*All the social agencies collaborate and make referrals to the relevant agencies on behalf of victims of VAWG. There are no established protocols for referral of cases except in the case of the Women's Support Centre. Even without protocols the collaboration is consistent and well-coordinated. Referrals are made using referral forms.*



## **Assessment of services – social services sector**

The ESP framework outlines twelve (12) essential services/actions which constitute the basic elements of an essential services package necessary for an effective social service response to VAWG. The following provides an assessment of the availability and effectiveness of delivery of each of these basic services by the social service sector in Saint Lucia.

### **Crisis information**

Crisis information is provided to clients who present at the agencies that work directly with Victims of VAWG. This information is sometimes given over the telephone if a victim in crisis calls the agency.

### **Crisis Counselling**

Crisis counselling is provided for Victims of VAWG only by the agencies that are trained to do so. Most of the social institutions will provide general counselling. The St Lucia Crisis Centre and the Women's shelter are the two main social agencies interviewed with trained personnel in the area of crisis counselling.

### **Help lines**

The Women's Shelter has a 24-hour hotline for victims of VAW. The call is free of charge. All staff at the Centre are trained to answer the hotline according to well-established protocols. The Centre receives the assistance of the police whenever needed. Clients can telephone all the other agencies during their working hours, but the calls are not free. These agencies all have qualified persons to answer their phones and make the appropriate referrals on behalf of victims of VAW. The Department of Human Services has a hotline for child abuse but it only operates during working hours. There is also a suicide hotline that victims can access. This line is manned on a twenty-four-hour basis.

### **Safe accommodations**

The women's shelter is the only agency that provides safe accommodations for Victims of VAW. Other agencies will refer clients who need a safe place to the shelter. The

Welfare department will assist victims with safe housing where they are in crisis. Human Services will house children who are victims of abuse at the New Beginnings children's home or in a foster care setting.

### **Material and Financial aid**

Clients' material needs are met at the Women's Shelter whilst they are housed there. The institution will care for the victim as well as their children. The Crisis Centre will provide clients with food, clothing and household supplies. The Welfare department will also assist victims in crisis with both material and financial aid. These services are in an effort to assist clients in crisis and are by no means adequate.

### **Creation recovery and replacement of identity documents**

All agencies will refer victims to the police for replacement of documents. The Women's Support Centre and the Division of Human Services will assist while the victims are in their care.

### **Legal and rights information, advice and representation including in plural legal systems**

The agencies that work with victims of VAW will inform victims of their rights. For legal representation, the agencies will refer Victims to the Family Court, the Legal aid office or the police. Protection and occupational orders can be obtained from the Family Court however, if the victim wants to press charges under the criminal code the police is responsible for investigating and pressing charges.

### **Psycho-social support and counselling**

All the social agencies provide counselling to their clients and personnel are trained to do so. Specific interventions are provided for victims by the crisis Centre, the Family Court and The Women's Shelter. The Crisis Centre provides training for victims of VAW in the areas of parenting, stress and anger management, interpersonal skills, individual and group counselling. The Women's Support Centre makes it mandatory for clients to undergo Domestic Violence counselling and also provides individual and group

counselling. Special programmes for child victims is ongoing at the shelter. Human Services provides counselling for child-victims. Although these agencies all provide counselling by trained individuals there is a great need for more counsellors.

### **Women-centered support**

The Women's shelter is specific to providing support for women and children and all their interventions are women-centered. The Crisis Centre is family oriented and works with perpetrators as well. However, the majority of their clients are single women who are treated with no discrimination. All agencies respect the rights of women whether they serve the whole family or women alone.

### **Children services for any child affected by violence**

Human Services is the child protection agency and their services are child friendly. They will house any child who is a victim of domestic abuse through their foster care programme or at the state funded Children's home. Other agencies such as the WSC that work with women victims and their children also provide support where needed.

### **Community information, education and community outreach**

Community information is not readily available and accessible because agencies have limited financial and human resources. Consequently, they fall short on outreach programmes. In addition, the information is not provided in different media and is sometimes inaccessible to women from different backgrounds in every part of the island. Agencies such as the WSC go out to different establishments to educate the staff in the area of domestic violence. Planned Parenthood has a good outreach programme in sexual and reproductive health however they do not address DV.

### **Assistance towards economic independence, recovery and autonomy**

Clients are assisted with housing needs, with referrals to the St Lucia Social Development fund (SSDF) for assistance with obtaining their own homes. Referrals are also made to the National Skills Development (NSDC) Centre for training the victims in a skill for employment.

## **Identification of Gaps and general recommendations**

The assessment of social service provision in Saint Lucia underscores the general inadequacy of psycho-social support to victims of GBVAWG. Few agencies provide support specific to victims of VAWG and for many of these agencies, inadequate financial resources as well as, qualified personnel severely limit agency capacity to deliver services to victims.

Within the social services sector, there is some indication that intervention is largely based on an understanding of “the gendered nature of violence against women and girls, its causes and consequences” (UNWomen et al, 2015). Social service providers within the public sector as well as, from NGO and civil society organizations who work with victims of GBVAWG demonstrate an understanding of the dynamics of VAWG and adopt a woman centered, non-judgmental, non-blaming approach to the provision of support. Providers of psycho-social and counselling support within the public sector are for the most part trained and sensitized to the issues relating to VAWG. Lack of a mechanism for monitoring and evaluation of services provided by NGOs makes it difficult to determine the quality of services provided by these agencies.

Advocacy for women and girls remains largely within the remit of NGOs.

In addition, gaps remain in the areas of crisis information on GBVAWG, the provision of crisis counseling, public information and sensitization, data collection and research all of which are largely inadequate.

## **Governance and coordination**

### **Summary of findings**

*Saint Lucia has developed a National Plan of Action for Violence against Women. However, limited financial and human resources has seriously hindered the capacity of the key coordinating agency, the Division of Gender Relations, to implement the Plan of Action. The establishment of a committee on VAWG is a recent initiative which is expected to facilitate greater and more effective coordination of action at the national and community level.*

*The inadequacy of state funded support services to victims of VAW, as well as, programmes for perpetrators of violence remains a major concern. The dearth in support services is supplemented by NGO and private support services, not all of which are regulated. This raises concern for the monitoring and evaluation of social programmes.*

*Research and Data Collection Processes necessary to inform both policy and action are a critical dimension of governance and coordination which requires urgent attention.*

### **Assessment of Services – coordination and governance of coordination**

A multi-disciplinary and cross-agency response to VAWG is critical to ensuring the protection of women and girls impacted by violence (UNWomen et al, 2015). The ESP framework underscores the importance of a coordinated response for increased impact and greater efficiency in service delivery. The following assesses Saint Lucia's capacity to effectively provide national and local level coordination of services to women and girls subjected to violence based on the ESP framework.

## **Policy development and National level coordination**

Saint Lucia developed a National Plan of Action (NPA) in 2016 which outlines the strategies for addressing VAWG. The adoption of this plan followed extensive stakeholder consultations and was also subject to a review in 2018.

The plan makes provisions for a national level coordinating mechanism with the Division of Gender Relations as the central coordinating body. However, there has been no implementation of the NPA. This delay in implementation has been largely attributed to a lack of resources for coordination activities. The recent appointment in March 2019 of a committee on the ESP provides an opportunity to advance the implementation of the plan and as well, shift the coordination responsibilities from the level of the Division of Gender to the level of the coordinating committee. This approach will facilitate greater involving of key stakeholders and partners in the execution of strategy and implementation of key activities.

Currently while there is some level of partnership and collaboration on specific activities and events, however there has been no strategic approach to building partnerships among stakeholders.

## **Local level coordination**

At the community level, coordination for action on VAWG has been limited to the establishment of community response teams (CRT) in various communities around the island. These teams comprise representatives of law enforcement, community health facilities, community based organisations and individual volunteers. Members received training in VAWG, the dynamics of IPV and were provided with information on the services available to victims of VAWG. However, the teams have not been functioning as expected. There is a proposal to rebrand the CRTs as a smaller version of national coordinating mechanisms. It would seek to bring together skilled and trained individuals with a level of knowledge based on their professional experience and training. To that end, community partners are key and must be fully engaged in respect of these initiatives.

## **Victim support**

State provision of support to victims of violence against women is limited to the services provided by the Family Court and the Women Support Centre. Additional support is provided through nongovernmental organisations such as the Saint Lucia Crisis Centre. Other sources of support to victims include PROSAF, an agency which provides survivor to victim support and the Caribbean Alliance for Feminist Research and Action (CAFRA). Some level of pastoral counselling is also provided support through religious organisations such as the Roman Catholic Church and the Seventh Day Adventist Church.

The NGO, Raise your Voice is an advocacy group established in 2013 and which has become actively involved in advocating for the promotion of women's rights and denouncing all forms of violence against women.

While there is consensus regarding the inadequacy of counselling and other psycho-social support to victims of violence against women, there is also increasing concern regarding the provision of support by non-regulated agencies who may not have the requisite qualification and experience to provide professional services to victims. The existence of non-regulated sources of support can serve as a deterrent to access regulated services.

Mental health services are also provided to victims through the Wellness Centre. Additional support is also provided through the Hospital social work and counselling staff.

The Division of Human Services provides counseling support to girls.

## **Mechanisms to work with offenders**

The Family Court provides individual counseling for perpetrators and also runs a group programme for men. Counselling is also available through the Saint Lucia Crisis Centre, which also provides counseling to victims. Given the demand placed on that agency and the limited human capacity, the extent of counselling services is limited. Some

counseling is also offered at the Bordelais Correctional Facility through the Department of Probations.

### **Ressources for governance and coordination**

The budgetary allocation to the Division of Gender Relations is regarded as wholly inadequate to allow for the effective performance of its roles and the responsibilities in respect of governance and coordination of VAWG. The annual budget allocation covers salaries and overheads but make no provisions for programming. A subvention is provided through the Division in favour of two social service agencies, namely the Women Support Centre and the Crisis Centre.

Financial resource constraints, as well as, the lack of adequate technical staff have seriously hindered the Divisions capacity to function effectively as a coordinating body. Technical assistance from regional and international organisation has been instrumental in allowing the implementation of key activities.

### **Advocacy Public sensitization**

Public awareness campaigns, providing information on VAWG are organized nationally and at agency levels. The Women Support Centre is one of the key agencies engaged in public sensitization on VAWG and IPV. Such campaigns are heightened during annual observances such as International Women's Day and International Day for the Elimination of Violence against Women. There is however no comprehensive and systematic approach to information and education on VAWG. In addition, there is no coordinated approach to evaluation of impact.

While it is felt that victims may not be as aware of available services as they should be, there remains concerns regarding the capacity to respond to demands.

Inaccurate information provided to the public by some advocacy groups was also flagged as an area of concern which has major implications for client safety and wellbeing. It is felt that such inaccurate information can place victims at greater risk or increase their vulnerability.



## **Research and Data Collection**

Two social service agencies collect data in a systematic manner (the Women Support Centre and the Crisis Centre). Data is also collected by the Family Court, the Police and to some extent the Health Care Facilities.

Data collection and data analysis remain major concerns. There is no coordinated and systematic approach to Data Collection and Research. Very little data is systematically gathered on GBV and there is currently no requirement on the part of Gender Relations for provision of data by agencies. Where data exists, there is no systematic analysis of the data. In addition, there is no dissemination of data beyond the agency which generates it. There is currently no production of a national report on GBV or VAW.

There is provision for one post of research officer within the structure of the Division of Gender Relations. However, the position is currently not being utilized for the purposes of research and data collection and analysis, regarded as critical for informing both policy and practice.

## **Monitoring and evaluation of programmes**

Currently there exists no strategic and systematic evaluation of programmes and services and monitoring of impact from the level of the Division of Gender Relations. Monitoring and evaluation of programmes is carried out at the agency level.

## **Identification of Gaps/Recommendations**

The assessment of the coordination and governance of coordination underscores a level inadequacy in many of the essential actions linked to this area in particular the provision of adequate resources for national and local level coordination, data collection and analysis and monitoring and evaluation. Specific recommendations to improve coordination and governance of coordination include:

- Revision where necessary and implementation of the National Plan for Action
- Revision of the mandate of the CRTs, with a view to strengthening their capacity to support national initiatives, notably through information sharing and advocacy

- Development of a mechanism to ensure that counseling and other psycho-social support provided by private agencies clients are fully regulated.
- Establishment of standardized protocol and procedures by service providers and where these exist the protocols need to be documented and formalized.
- Establishment of formalized systems of referral
- Development of a strategy on research and data collection and analysis
- Increased sensitization campaigns on domestic violence and the resources available to support victims and families and establish mechanisms for the monitoring and evaluation of the public sensitization programmes
- Development of a targeted approach to public sensitization, based on the needs of different constituencies (law enforcement, first responders, medical personnel, victims, general public).

## **Conclusion**

The main objective of an essential services package (ESP) is to provide greater access to a coordinated set of essential and quality multi-sectoral services to women and girls who are subjected to violence. The ESP adopts a rights-based and victim centered approach, which seeks to advance gender equality and women's empowerment, with an emphasis on victim safety, culturally appropriate and sensitive interventions which are available, accessible, adapted, appropriate, prioritize safety, informed consent and confidentiality. The establishment of linkages among sectors and agencies through referral and coordination are critical to effective service delivery. The foundational elements of a comprehensive legislation and legal framework, governance and accountability, gender sensitive policies and practices, monitoring and evaluation underpin the effective implementation of the ESP (UNWomen et al. 2015).

The effective delivery of essential services to victims of violence against women in Saint Lucia will require first and foremost greater commitment and engagement by decision makers to address violence against women and girls in Saint Lucia. Such commitment should translate in concrete action notably through increased resources to the national machinery responsible for VAWG. The inadequate human and financial resources greatly hinder the Division of Gender Relations capacity to effectively conduct the implementation of the National Plan of Action and fulfill a coordination role. The importance of data collection and research to inform policy is critical to advocate for more resources.

The health sector has demonstrated its capacity to deliver on services to VAWG. Some gaps remain which can be addressed through training and capacity building. However, issues surrounding victim privacy are critical and need to be addressed with urgency.

The social services sector provides many services to victims of VAWG, however many of these services are delivered in an adhoc manner and need to be more structured and systematic. Strengthening of the social services sector, through capacity building for the delivery of quality service and increased resources for ongoing public awareness and sensitization and education programmes is necessary.

The greatest challenge in the provision of essential services lies with the justice and policing sector. Multiple layers of intervention and a lack of a structured and coordinated approach to law enforcement and justice service delivery are major contributing factors.

Specific challenges regarding inordinate delays in delivery of justice, sentencing policy which appears skewed towards leniency for perpetrators, inadequate focus on reparations for victims, contribute to victim reluctance to report cases of VAWG or victim decision to withdraw reported matters.

Absence of a clear focus on preventative action by this sector is also evident

The services provided by the VPU constitute a good practice model. As a specialist agency on VAWG capacity building must be enhanced for effective intervention. Specialised training for law enforcement officers of the unit as well as human resource policies to limit loss of trained personnel are vital to the effective functioning of the unit. The combination of justice and social service delivery within the Family Court is another good practice model.

Saint Lucia has made significant strides in addressing violence against women and girls. Many essential services are available and accessible. A sustained approach to monitoring and evaluation is necessary to ensure quality and determine impact of services. A multi-sectoral and coordinated approach to delivery of essential services to victims is critical. In that regard, the full engagement of the coordination committee is critical to move forward with the national and local level coordination. In that regard, an established framework and guidelines for the operation of the committee and capacity building for members is of paramount importance.

Finally, despite the availability and accessibility of many essential services and actions within the various sectors, the principles and foundational elements which undergird these interventions need to be strengthened to ensure effective delivery of essential services to women and girls subjected to violence in Saint Lucia.

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