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## Barriers and Access to Services for Female Victims of Violence in the Dominican Republic

Catalina Hooper Armenteros

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BARRIERS AND ACCESS TO SERVICES FOR FEMALE VICTIMS OF VIOLENCE IN THE  
DOMINICAN REPUBLIC

by

CATALINA HOOPER ARMENTEROS

(Under the Direction of Jonathan Grubb)

ABSTRACT

Violence against women has presented a challenge for those tasked with addressing crime and victimization. It is a complex phenomenon that exists between the private and public spheres of society affecting nearly all aspects of a victim's life, as well as those close to them. The Dominican Republic began to address domestic and gender violence in the past few decades, and victim services have emerged in efforts to assist Dominican women and girls escaping abuse. This study reviews the existing literature regarding violence against women and girls, and service provision in global, regional, and national contexts, and analyzes qualitative data regarding victim service provision in the Dominican Republic. This study aims to contribute to the extant body of research regarding victim service provision in the Dominican Republic by evaluating existing services and barriers to these services at the systemic, institutional, and cultural or individual levels. Semi-structured interviews were conducted with service providers from the public and private sectors from 3 geographical regions across the country regarding legislation and policies that address violence against women and girls, law enforcement, and victim service provision. The interviews describe a wide range of victim services, relevant legislation, barriers to access services, and service provision. Overall, respondents acknowledged legislation and policies that have helped combat violence against women and girls and established services for victims and discussed barriers to service provision and perceived barriers for victims to access services. The limitations, implications, and recommendations for future research and policy are discussed to guide future research.

INDEX WORDS: Violence against women, Gender violence, Domestic violence, Victim services, Service provision.

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DOMINICAN REPUBLIC

by

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B.A., Universidad Iberoamericana, Dominican Republic, 2010

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MASTER OF SCIENCE

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BARRIERS AND ACCESS TO SERVICES FOR FEMALE VICTIMS OF VIOLENCE IN THE

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by

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## DEDICATION

To Joseph, for his unwavering support and endless patience throughout this process, and for showing me that strength is a virtue that can help keep women safe everywhere.

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## CHAPTER 1

### INTRODUCTION

In September of 2018, a femicide case in the Dominican Republic shook the country to the core. The murder of Andreea Celea Voicila at the hands of her boyfriend, Gabriel Villanueva Ohnona, illustrated factors contributing to perpetual violence against women and girls (VAWG) in the country. Despite numerous reports of serious violence, restraining orders, and arrests for several years, Villanueva remained free. In his mother's own words "he will not be in jail for more than an hour...I have money for that and connections...I am friends with the Chief of Police and the President" (Alicia Ortega, 2018). Neighbors that would report hearing screams, threats, fights, and objects crashing stopped reporting the incidents after being threatened by the family of the abuser. The violence continued to escalate and Andreea was murdered on September 1st, 2018 by Villanueva, who threw her off an 8th-floor hotel balcony. Cases like these are not rare in the Dominican Republic, with the country being ranked 3rd in the region for female homicides (ONE & UNFPA, 2017).

There is a common saying in the Dominican Republic that goes "en pleito de marido y mujer, nadie se mete." This translates to "no one interferes in fights between man and wife." This belief is intrinsically linked to the response garnered by intimate partner violence (IPV) and femicide in the country. When combined with generalized machismo, weak institutions, and widespread corruption, unsurprisingly, the odds of Dominican victims receiving help and justice are discouraging. Although VAWGs in the Dominican Republic is an issue that has garnered attention in recent years, with organizations and government institutions taking an active role in addressing the problem, it persists. However, little is known regarding service provision or barriers faced by female victims of violence when trying to access such services.

Stemming from the limited information on service provision in the Dominican Republic this study seeks to assess strengths and weaknesses in the area of victim services for female victims of violence in the Dominican Republic as well as evaluating access to services for female victims in rural and urban parts of the country. Recently, the nation has started to address the issue of violence against women, yet little is

known regarding which areas are functioning properly and which are lacking. As such, semi-structured interviews held with professionals from the public and private sectors throughout the country will help shed light on service provision and barriers to service for female victims of violence in the Dominican Republic.

This research consists of several chapters. Chapter two begins with a review of the literature on violence against women from different perspectives. The focus is on 3 specific forms of VAWG, including IPV, femicide, and forced child marriage. These are reviewed from a global perspective, including international initiatives meant to address these issues, prevalence rates, risk factors, and effects. The chapter also discusses the literature in the context of the Latin American and Caribbean (LAC) region, incorporating literature on the issue as it specifically relates to VAWGs in the region and the influence of culture in couples and power dynamics that result in violence. The next section focuses on these forms of violence in the Dominican Republic specifically. Aspects of Dominican culture, national prevalence rates, and current responses to IPV, femicide, and forced child marriage in the country are framed. Additionally, the current study, which outlines specific research questions relevant to service provision and barriers to service for female victims in the Dominican Republic, as well as the importance of it are outlined.

Chapter three includes the methodology and analytic strategy that was used. The current research utilized an interview schedule for semi-structured interviews of professionals in the public and private sectors assisting female victims of violence. As data are qualitative, the analysis focused on identifying specific themes following transcription and coding using NVivo software.

Chapter four includes the results following data analysis. The results are divided into sections and focus on identified forms of victimization, to include IPV, femicide, and additional forms of violence against women, the cultural context that victimization takes place in, including perspectives on gender roles and cultural norms related to IPV, laws and law enforcement, and finally, service provision and barriers to access these services, detailing the services available to victims by the public and private sectors.

Chapter five consists of a discussion regarding the results from the previous chapter, including the study's implications for future policy and research, the limitations of this study, research recommendations, and a conclusion. These are followed by references and finally, an appendices section that includes the

interview schedule and informed consent forms approved by IRB and the translated version used to conduct interviews in Spanish, as well as a table detailing respondent's demographics, a map detailing the geographic scope of the interviews and finally, the detailed coding structure used for data analysis.

## CHAPTER 2

### LITERATURE REVIEW

This chapter provides a summary of relevant literature regarding violence against women (IPV, femicide, and forced child marriage) in different forms from a global, regional, and national perspective. An overview of current statistics, international agreements regarding violence against women and girls, as well as empirical evidence regarding victimization of women and girls from a global perspective is followed by a review of literature pertinent to LAC. This section includes current statistics, empirical evidence, as well as international and national initiatives aimed at addressing violence against women and girls in the region. Additionally, literature regarding cultural beliefs and dynamics that may perpetuate violence against women and girls in the region is included. This is followed by a review of the literature regarding what is known about violence against women and girls in the Dominican Republic, relevant cultural factors, as well as legislation and efforts that seek to address the problem. The chapter concludes with a summary of the current study and its possible implications.

#### *Violence Against Women in A Global Context*

Violence against women constitutes a major public health problem as well as a violation of women's human rights. The United Nations in its Declaration on the Elimination of Violence against Women (UN, 1993) defined 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. (p. 2)*

The previous definition would include different forms of violence, such as IPV, which can be physical, emotional, and sexual abuse, sexual violence, conflict-related sexual violence, honor killings, female genital mutilation, trafficking, and forced child marriage. Results from a cross-national study by the World Health Organization (WHO, 2013) indicate that 1 in 3, or 35% of women worldwide, have experienced physical and/or sexual violence in their lifetime.

Violence against women became an international topic of discussion following efforts to ensure women's voting rights and the initial signing by the General Assembly of the Convention on the Political Rights of Women on December 20th, 1952 (UN, 1952). Subsequently, efforts to acknowledge and address violence against women globally resulted in the UN resolution *Declaration on the Elimination of Violence Against Women 48th Session, Dec. 20, 1993*, which was adopted by the General Assembly. However, the lack of laws and lax enforcement of the ones in place constitute a serious challenge to the rights of women, given that the majority of criminal law, procedures, enforcement, and funding are determined at the nation-state level regardless of international treaties (Buzawa & Buzawa, 2017a). The 1993 resolution emphasizes that violence against women is a violation of fundamental human rights, and signatory states are compelled to legally address traditional practices that would allow, condone or otherwise result in violence against women, stating that "states should condemn violence against women and should not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination" (Buzawa & Buzawa, 2017a; UN, 1993). Before this, laws addressing violence against women at the national level were generally nonexistent for many countries in Latin America, Asia, and Africa.

### *IPV*

The World Health Organization (WHO, 2012) defines IPV as:

*Behavior by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, including physical aggression like slapping, hitting, kicking, and beating, sexual coercion, including forced sexual intercourse and other forms of sexual coercion, psychological abuse including insults, belittling, repetitive or constant humiliation, intimidation, destroying things, threats of harm and threats to take away the children, and controlling behaviors including isolating the victim from family and friends, monitoring their movements, restricting access to financial resources, employment, education and/or medical care (p. 1.)*

IPV continues to be a pervasive issue that affects millions of people, most of them women, around the world. In contrast, men are more likely to be victimized by strangers (Heise & García Moreno, 2002). WHO

(2005;2013) studies have found that 30% of women ever in a relationship had experienced physical and/or sexual violence, although prevalence rates vary by region. Ever-partnered women reporting ever experiencing physical or sexual violence by an intimate partner ranged from 18% in Cambodia to 48% in Zambia for physical violence and 4% to 17% for sexual violence (Kishor & Johnson, 2004). Violence ever reported by married women was also high, ranging from 17% in the Dominican Republic to 75% in Bangladesh (Hindin, Kishor & Ansara, 2008). Findings also showed that violence began early in the life cycle, with particularly high occurrences and frequency of abuse for women between ages 15-19 (WHO, 2013). IPV is present and widespread across the globe, with varying rates of victimization among women who have been in union. Forms of victimization also varied among participants: several women reported having experienced physical violence by an intimate partner (13-61%). They also reported having experienced severe physical violence by an intimate partner (4-49%), having experienced sexual violence by an intimate partner (6-59%), and having experienced one or more emotionally abusive acts by an intimate partner in their lifetimes (20-75%). Additionally, physical violence was found to often be accompanied by other forms of violence, as women who reported having experienced both physical and sexual violence ranged from 23 to 56% (WHO, 2005).

#### *Risk factors associated with IPV victimization and perpetration*

Risk factors at the individual level that have consistently associated with increased risk of IPV victimization for women include low levels of education, exposure to violence among parents, sexual abuse during childhood, acceptance of violence, and exposure to other forms of prior abuse (Heise & García Moreno, 2002; WHO, 2010). Risk factors at the individual level consistently associated with an increased likelihood of perpetration of IPV against a partner, in general, include young age, low levels of education, witnessing or experiencing violence as a child, problematic or excessive use of alcohol and/or drugs, personality disorders, acceptance of violence, and a history of abuse against partners (Heise & García Moreno, 2002; WHO, 2010). Additional risk factors that are associated with both increased risks of perpetration of IPV and victimization of women by male partners include dissatisfaction with the relationship, relationship conflicts, male dominance within the family, economic or financial stress (Heise



& García Moreno, 2002; WHO, 2010.) the man having multiple partners (WHO, 2010), and disparity in educational levels, where the woman has higher levels of formal education than the male partner (WHO, 2005; Chan, 2009).

At the societal level, risk factors for both perpetration of IPV by males and victimization of women by intimate partners include social and gender norms that reinforce a relationship between manhood, dominance, and aggression, poverty, low socio-economic status of women, weak legal sanctions for IPV between spouses, weak or lacking civil rights for women, weak or lacking community sanctions for IPV, social acceptance of violence as a tool for conflict resolution, armed conflict, overall high levels of violence within society and cultural beliefs regarding gender roles and partner violence (Heise & García Moreno, 2002; WHO, 2010).

#### *Consequences of IPV*

The consequences of IPV affect victims and their families in several ways. Women's physical health can be affected directly in the short term through injuries resulting from IPV, with 42% of women who experience IPV reporting injuries sustained as a consequence of abuse, which can include bruises and welts, lacerations, abrasions, abdominal and/or thoracic injuries, fractures and broken bones or teeth, sight and hearing damage, head injury, attempted strangulation, back and neck injuries (WHO, 2017). The physical consequences of IPV can also manifest through chronic health problems and exacerbation of conditions, such as irritable bowel syndrome, gastrointestinal symptoms, fibromyalgia, various chronic pain syndromes, and asthma, as these are conditions affected by consistent and high levels of stress which can result from IPV (Heise & García-Moreno, 2002; WHO, 2010). IPV further affects women's reproductive health as it has been associated with an unintended and unwanted pregnancy, unsafe abortion, abortion, miscarriage, increased likelihood of sexually transmitted infections (1.5 more likely than non-abused women) including HIV, pregnancy complications, urinary tract infections, and sexual dysfunction (Dye et al, 2013; Campbell & Soeken, 1999; Champion & Shain, 1998; Gazmararian et al, 1995; Campbell, 2002; WHO, 2012).

Female victims of IPV have been found to suffer higher levels of mental health issues compared to women who have not experienced IPV, including depression, anxiety, and phobias. Additionally, IPV has been found to affect women's physical and mental health, even after the abuse has stopped. These effects can include abusing drugs and/or alcohol, eating disorders, sleep disorders, physical inactivity, low self-esteem, PTSD, smoking, self-harm, and unsafe sexual practices (Heise & García-Moreno, 2002; WHO, 2013). (Heise & García-Moreno, 2002).

### *Femicide*

At the extreme of the IPV spectrum of victimization is femicide, defined by the WHO (2012) as:

*The intentional murder of women because they are women, with most cases of femicide being committed by partners or ex-partners, involving ongoing abuse in the home, threats, intimidation, sexual violence, or situations where women have less power or fewer resources than their partner. (p. 1)*

Globally, 35% of murders of women are reported to be committed by an intimate partner (Stöckl et al, 2013; WHO, 2012). Pregnant women were found to be at a higher risk of femicide than non-pregnant women (WHO, 2012; Campbell et al, 2003). In contrast, about 5% of all murders of men are committed by an intimate partner (Stöckl et al, 2013). It is important to consider that these figures are conservative, given that not all jurisdictions report the relationship between victim and perpetrator, or include the motive for the crime within their reports (WHO, 2012). Evidence indicates that male intimate partners are more likely to kill an estranged partner and are more likely to commit murder motivated by jealousy (WHO, 2012; Hotton, 2001). In contrast, women who have killed their male partners often do so in self-defense following abuse and intimidation, and because of an argument or fight (Daly & Wilson, 1988).

### *Risk factors associated with femicide*

Risk factors associated with the perpetration of femicide include unemployment (Campbell et al, 2003; Campbell et al, 2007), gun ownership (Campbell et al, 2003; Campbell et al, 2007; Schlytter & Linell, 2010) making threats with a weapon, forced intercourse on a partner (Campbell et al, 2003; Campbell et al, 2007), problematic or excessive alcohol and drug use (Campbell et al, 2007), and mental health problems

(Campbell et al, 2007; Glass et al, 2008). Risk factors associated with being a victim of femicide include pregnancy and suffering abuse during the pregnancy (Campbell et al, 2003; Campbell et al, 2007; Glass et al, 2008), prior abuse by the perpetrator (Block, 2003), presence of a child from a previous relationship, estrangement from the partner, and leaving the abusive relationship (Campbell et al, 2003; Campbell et al, 2007). At the societal level, risk factors associated with femicide include gender inequality and reduced government social spending on areas such as health and education (Palma-Solis, Vives-Cases & Alvarez-Dardet, 2008).

Several protective factors have been associated with a lower risk of perpetrating femicide. These include university education, (Campbell et al, 2007), increased numbers of police, legislation restricting gun ownership for perpetrators of IPV, and mandated arrest for violation of restraining orders regarding IPV (Zeoli & Webster, 2010). A protective factor associated with a lower risk of victimization was having a separate domicile (Campbell, 2007).

The harmful effects of femicide do not stop with the murder of the victim. The victim's children endure long-lasting effects and victimization as they lose one parent to the murder, and are likely to lose another to jail or suicide (in the case of murder-suicide femicides), often having to leave the parental home and enter a new environment where they are likely to be labeled as the killer's child (Lewandowski et al, 2004). Additionally, intimate partner femicide often results in the murder of more than one victim, as others who might also be killed by the intimate partner are the victim's or couple's children, unrelated bystanders, and individuals perceived to be allies to the victim, such as friends, family, lawyers, neighbors, and the victim's new partner (Dobash & Dobash, 2012; see also Kishor & Johnson, 2004). Children who lose their mother to femicide often present signs of trauma. These can include thought suppression, sleep problems, exaggerated startle responses, developmental regressions, deliberate avoidances, panic, irritability, psychophysiological disturbances, hypervigilance, and fear of recurrence (Frederick, 1985; Pynoos, 1993; Terr, 1991a, 1991b), hallucinations, repetitive play or reenactments of the trauma (which can become dangerous behaviors towards others), trauma-specific fears, fear of mundane things, and changed attitudes towards life, people, and the future (Terr, 1991a, 1991b).

### *Forced child marriage*

Child marriage, also known as early marriage, is defined as a marriage of a girl or boy before they are 18 and refers to both formal and informal unions (UNICEF South Asia website, 2019). It is a prevalent and pervasive problem that affects millions of children, mostly girls, around the world. Across 111 countries for which data are available, the prevalence of child marriage ranges from 2% in Algeria and Libya to 74% in Niger and 75% in Bangladesh. Due to population size, India has the highest number of child brides, accounting for one-third of all child brides worldwide (World Bank Group, 2014). Regional prevalence rates range from 8% in Eastern and Southern Europe to 21% in Africa (Raj & Boehmer, 2013).

A study by UNICEF found that girls in informal unions are just as vulnerable to violence as child brides in formal unions (UNICEF, 2005). The impact of child marriage is felt at the individual, community, and societal levels, as the negative effects extend beyond the child bride. Child brides have limited access to contraception and reproductive health and education while being exposed to frequent, unprotected sex with an often much older spouse (UNICEF, 2001). A 2005 UNICEF study found that child brides aged 15-19 felt pressure to prove their fertility early in the marriage, 46% of girls in union had never used contraceptives, and only 31% used modern contraceptives. The age and power difference present in forced child marriages was found to interfere with a girl's agency over her reproductive health and her ability to negotiate the use of contraceptives with her partner (UNICEF, 2005). Girls who are married before 18 are at higher risk of negative health outcomes related to early childbearing. Early childbearing also increases the risk of pregnancy-related complications for girls who are pregnant before their bodies have fully matured (WBG, 2014). Pregnancy-related deaths are the leading cause of mortality for girls aged 15-19, those who are pregnant before the age of 15 are five times more likely to die from pregnancy than those who are 20 or older when pregnant, and infant death is twice as likely for children of underage mothers (UNICEF, 2001). In many countries, there is a strong link between poverty and child marriage, given that it mainly affects the poorest populations, and its effects reinforce the poverty cycle. Child brides tend to have more children and fewer income options, and child marriages can result in fragmented families

through different avenues, including early widowhood as the older spouse dies, and higher rates of divorce (WHO, 2005).

Child marriage also increases the likelihood of experiencing IPV, with marrying before the age of 18 associated with an increase in experiencing violence by 22% (WBG, 2014). Age is a key risk factor for physical and/or sexual violence. In a 2005 WHO 10-country study, uneducated young women (ages 15-19) were found to be more likely to experience IPV in all but two countries, Ethiopia and Japan. Child brides also have limited social support networks, are economically dependent, and their mobility is limited, all of which increase their risk of experiencing violence. Child brides have also been found to be less likely to act against or leave their abusive partners (WHO, 2005).

Education plays a key role in child marriage and women's development. Women who achieve secondary education are more likely to use contraceptives and reproductive health services, delay childbearing, delay age of marriage, and have enhanced reproductive decision-making power (Oomman, Lule, Vazirani & Chhabra, 2003). In contrast, women who are poor and have little or no education are more likely to become mothers at an early age, have more children, have more children close together, and prolong their childbearing years (Oomman, Lule, Vazirani & Chhabra, 2003). Reduced literacy leads to reduced employment and income-generating options, and can affect autonomy and decision making, ultimately affecting the wellbeing of their children and perpetuating the poverty cycle (Oomman, Lule, Vazirani & Chhabra, 2003).

#### *Service provision for victims*

Violence against women has been incrementally addressed throughout the world as awareness regarding the issue increases, and a growing body of research provides insight into the particularities of the problem and possible remedies. Programs designed to address violence against women in its different forms have emerged along with legislation about violence against women and IPV. In 2010, The UN General Assembly created UN Women, a separate UN entity dedicated exclusively to addressing women's issues. As of 2016, UN Women has created and published a global database that allows access to comprehensive

and up-to-date information on government approaches and programs to address and prevent violence against women in all its forms. (Buzawa & Buzawa, 2017a).

Successful provision of victim services extends beyond providing physical safety from abuse. A study by Sullivan (2017) asked advocates in the United States what they hoped to accomplish through victim services programs. Findings showed that providers saw the role of victim service agencies and programs as promoting survivor's and their families' wellbeing or enhancing survivor's and their children's subjective wellbeing or quality of life (Sullivan, 2017; see also Diener, 2009). The implication being that it is not enough for the victim to be physically safe from the abuser if that safety comes at the expense of the victim's sovereignty and health. Programs are thus designed to increase survivor's and their children's sense of self-efficacy, their hope for the future, their access to community resources, opportunities, and support.

These victim service programs are often shaped following some form of the theoretical framework of Conservation of Resources (COR) theory. COR theory states that psychological distress following traumatic or highly stressful life events is strongly influenced by the loss of resources, as trauma often results in individuals losing social, interpersonal, and economic resources that are essential to their wellbeing (Sullivan, 2017; Hobfoll, 1989, 1998, 2001). For survivors of IPV, this can translate to experiencing a physical injury, having to relocate and leave family and friends behind, depression, and/or a reduced sense of self. The theory also states that if the loss of these resources is followed by resource gain, psychological distress is reduced and well-being is increased (Sullivan, 2017). Following this theory, services for victims of violence against women in general, and IPV specifically, need to address the different aspects of the victim's life that are impacted by abuse, as IPV often includes multiple forms of victimization.

Efforts to address the impact of abuse in the lives of victims and their families include a broad range of such programs: shelters, advocacy services, transitional housing, support groups, supervised visitation centers, outreach, and counseling services. Program staff is trained on how to treat survivors of IPV showing empathy, support, and respect by being nonjudgmental, respectful of whatever differences may arise, and be culturally competent, and provide a range of services which can include providing

information regarding adult and child survivor's rights, experiences and options, safety planning, skill-building, offering encouragement, empathy and respect, supportive counseling, access to community resources and opportunities, increasing social support and building community connections, community engagement and social change (Sullivan, 2017).

Empirical evidence on the positive impact of these programs and activities is robust and encouraging. Support groups have been shown to help survivors feel a greater sense of belonging, higher self-esteem, and less distress (Constantino et al, 2005; Tutty et al, 1993). Survivors who have used shelters report feeling safer, more hopeful, and having more safety strategies resulting from their stay at the shelter (Chanmugan, 2011; Few, 2005; Goodkind et al, 2004; Itzhaky & Porat, 2005; Sullivan & Virden, 2017a, 2017b; Tutty, 2006; Wettersten et al, 2004). Women who have worked with an advocate for 10 weeks have been found to show improvements compared to women in a control group, specifically more social support, greater effectiveness in accessing resources, higher quality of life, and lower rates of repeat abuse (Allen et al, 2004; Anderson et al, 2003; Bybee & Sullivan, 2002; Sullivan & Bybee, 1999; Sullivan et al, 2002). In contrast, victims of IPV who did not receive advocacy services have been found to experience increased distress over time (DePrince et al, 2012).

*Regional and national variations in responding to violence against women.*

Although international agreements have addressed violence against women as an issue of global concern, many programs are designed and funded at the nation-state level and can vary widely from country to country, depending on several factors. In countries with more traditional customs, where the strength of national culture has historically condoned male dominance within the family, the issue of violence against women and efforts to address it can face obstacles and resistance at the individual, institutional and societal levels. In contrast, less traditionally oriented countries tend to address the issue more forcefully, following international agreements and guidelines more closely (Buzawa & Buzawa, 2017a). Religious doctrine can also influence the resistance to initiatives that seek to address violence against women and domestic violence, while countries that lean more towards secularism, and/or have more pluralistic backgrounds are more open to changing traditional practices (Buzawa & Buzawa, 2017a). The economic conditions of the

country have also been found to play a role in the nation's approach to violence against women and domestic violence, as more developed countries have more resources to dedicate to prevention and intervention, while less economically developed countries lack resources (Buzawa & Buzawa, 2017a).

Countries also differ in how they approach domestic violence and violence against women, as some prioritize the criminal justice aspect and the offender, while others are more focused on victims and victim services (Buzawa & Buzawa, 2017a). These differences are reflected in governmental responses to IPV across the Americas. In North America, both Canada and the United States have focused primarily on the criminal justice approach to violence against women and IPV, although victim services are also provided through different entities. Other similarities in how these two countries have approached IPV is the use of mandatory arrest in most jurisdictions, and gender-neutral language used in legislation about domestic violence and IPV (Buzawa & Buzawa, 2017a). Canadian federal law emphasizes criminal justice in its response to IPV, while victim services and batterer intervention programs are less developed and vary widely, in contrast with the centralized criminal justice system in place (Fraser, 2017). In the United States, the response to violence against women and IPV also vary widely, mainly due to the autonomy of each state in deciding social programs, criminal justice practices, and resource allocation, making it difficult to generalize about the country's approach to IPV (Buzawa & Buzawa, 2017a,b). These differences from jurisdiction to jurisdiction are significant, as the reaction to violence for a victim or offender will likely be influenced by where they live more than the actual circumstances of the crime (Buzawa & Buzawa, 2017a, 2017b).

#### *Violence Against Women in Latin America and the Caribbean*

Violence against women has been recognized as a pervasive and prevalent epidemic in LAC. Several foundational studies have been conducted in Latin America (Ellsberg et al, 2000; Gonzalez de Olarte & Gavilano Llosa, 1999) focusing mainly on women in a single city or country, and not a cross-national sample that would allow for an examination of IPV in a broader Latin American context. In 2015, the UN Member States agreed to include the elimination of violence against women by 2030 as one of the Sustainable Development Goals (SDGs) (UN, 2015). Similar commitments were made by the Member



States of the Pan American Health Organization through the PAHO 2015 Strategy and Plan of Action on Violence Against Women, and the World Health Organization through the WHO 2016 Global Plan of Action on Interpersonal Violence. The agreements also included a commitment to strengthen data collection systems and measuring the SDG Indicator 5.2.1, which taps into the proportion of ever-partnered women and girls 15+ years of age subjected to physical, sexual, or psychological violence by a current or former intimate partner in the past 12 months (UN, 2015; PAHO, 2015; WHO, 2016). Another international effort is the partnership between the European Union and the United Nations in launching the Spotlight Initiative to address violence against women and girls worldwide. The project prioritized addressing femicide in Latin America and family violence in the Caribbean, respectively (EU & UN, 2018).

### *IPV in LAC*

A systematic review of national prevalence estimates from 12 PAHO Member States found that the most recent estimates available suggest that IPV against women remains widespread across LAC, with prevalence rates of women ever married or in a union who have ever experienced physical or sexual violence ranging from 17% in the Dominican Republic to 53.3% in Bolivia. Emotional abuse and controlling behaviors were also prevalent. The proportion of women ever married or in a union who reported emotional abuse by a partner ever ranged from 17% in Haiti (2005/2006) to 47.8% in Nicaragua (2006/2007). Emotional abuse and controlling behaviors were also closely linked to physical and sexual violence throughout the region, with a majority of women in all countries who reported experiencing physical and/or sexual violence also reported having experienced emotional abuse and controlling behaviors, ranging from 61.1% in Colombia (2005) to 92.6% in El Salvador (2008) (Bott et al, 2012).

Sexual violence against women is also widespread in the region. More than 1.1 million Latin American girls aged 15-19 have experienced forced sexual violence in their lifetime, including since childhood (UNICEF, 2018). In the regional study by the WHO and PAHO, small but significant proportions of young women in all surveys reviewed reported that their first intercourse was “forced”, with husbands, boyfriends, and partners being the most commonly reported perpetrators in surveys measuring that indicator. Something to note is that in the surveys where participants were given the option of describing

their first intercourse as “unwanted” instead of “forced”, large proportions of women reported unwanted sexual initiation in Jamaica, Peru, and Brazil (Bott et al, 2012). Statistics also showed that in almost all countries included in the study, the prevalence of physical or sexual IPV ever or in the past 12 months was significantly higher among women who reported a younger age at first birth, and among women who had higher parity in almost all countries included in the study (Bott et al, 2012).

Responses to IPV in LAC vary widely from nation to nation. The first forms of legislation targeting domestic or family violence were enacted in the 1990s, some as statutes specifically about these offenses and some as modifications to current codes to include offenses for domestic and family violence. During the 2000s, legislation specifically designed to target violence against women was enacted in several countries, focusing on forms of violence as laid out in the Belém do Pará Convention. The first countries to enact comprehensive legislation as a response to violence against women were Venezuela and Mexico in 2007, Colombia and Guatemala in 2008, Argentina and Costa Rica in 2009, El Salvador in 2010, Nicaragua in 2012, and Bolivia and the Dominican Republic in 2013.

### *Femicide in LAC*

Femicide rates in LAC are particularly high compared to other regions. In 2014, 12 femicides took place in Latin America daily, and on average a femicide every 30 hours in Argentina and every three days in Brazil (Del Rio, 2016). Intimate partner femicide was also frequent. In 2014, 88 intimate partner femicides were registered in Colombia, 83 in Peru, 71 in the Dominican Republic, 46 in El Salvador, 25 in Uruguay, 20 in Paraguay, 17 in Guatemala, 16 in Chile (ECLAC, 2014).

The region presents several factors that, when combined, can lead to high rates of femicide, including a history of armed conflict which included particularly brutal methods of violence and torture, organized crime, and traditional gender norms that reinforce male dominance over females (Joseph, 2017: see also EU & UN, 2018 ). In El Salvador, Guatemala, and Honduras, specifically, femicides are inextricably linked to the countries’ history of armed conflict, and patterns of violence and abuse that emerged during this period, as well as the prevalence of organized crime and gangs. In Guatemala in 2015, 854 women were killed, with 50% of these connected to organized crime and/or human trafficking (Joseph,

2017). The nature of violence surrounding femicides is also troubling. Most victims are killed by a firearm, steel weapons, knives, and strangulation, with bodies often dumped in alleys, ravines, roadside, sidewalks, or just in public. Often, there is evidence of sexual abuse or other forms of torture before killing (Joseph, 2017).

Given that statistical data and information regarding femicide in Latin America is limited in its reliability since statistics are sparse and the information is not always properly gathered, the extent of the problem is likely masked. The Economic Commission for Latin America and the Caribbean stated “the problem underlying the lack of compiled data is the inability of public institutions to account for the use of technical, financial and human resources, which makes it impossible to measure, monitor and evaluate such services” (ECLAC, 2014, p. 43).

#### *Forced child marriage in LAC*

Child marriage presents a serious challenge to women and girl’s development in LAC, where it is not yet acknowledged as such. In UNICEF’s State of the World’s Children report (2016), prevalence rates of child marriage in LAC were problematic: 23% of women aged 20-24 reported being married or in a union by age 18, and 5% by age 15, but rates vary across nations, from 8% to 41% for countries with available data on child marriage. Some countries do not have data available, so prevalence rates may be underestimated.

Child marriage in LAC disproportionately affects girls (Taylor, Lauro, Segundo & Greene, 2015). It is more common for child marriage to take place in rural, as opposed to urban, contexts (UNICEF, 2016). Poverty is also a driving factor behind child marriage taking place. Many girls are married or pressured into cohabitation when they become pregnant (Girls Not Brides, 2015), while in other cases, girls see marriage or informal unions as a way to escape poverty or violence at home (UNICEF, 2014). In countries where violence and crime are prevalent, unions between girls and gang members can be considered a way to protect girls and their families (Moloney, 2015). Cases have been reported where girls or families who refuse a union between the girl and a gang member suffer serious consequences, resulting in child marriage taking place against the girl and her family’s will (Girls Not Brides, 2017).

Legislation and policies regarding child marriage in LAC can at times present contradictions. In most countries, it is illegal to marry before the age of 18, however, many of these laws include exceptions that allow child marriage to take place with parental consent or judicial approval. Many of these countries continue to allow girls to be married at a younger age than boys (Girls Not Brides, 2017). In the case of Mexico, although modifications to the Federal Civil Code set the minimum age for marriage at 18, girls can still marry at 16 with parental consent, and at 14 if they are pregnant (Girls Not Brides, 2017). In Guatemala, the law used to allow girls and boys to marry at 14 and 16, respectively. Changes to the law set the minimum age for marriage at 18, but girls can marry at 16 with judicial approval (UNICEF, 2015).

#### *Violence in LAC culture*

Culture has been shown to influence the magnitude and characteristics of IPV in different societies (Holtzworth-Munroe et al, 1997). Although there are marked cultural differences among countries in LAC, most countries share a history of social violence and strict gender scripts, both of which are key factors for understanding IPV in the region (Flake & Forste, 2006). Societies with a long history of conflict, such as several LAC countries (i.e. Colombia, Peru, Brazil, Chile, Bolivia, Argentina, Venezuela, Paraguay, Guatemala, Honduras, Mexico, Haiti, Dominican Republic, and Cuba), are particularly vulnerable to outbreaks of social violence, as the widespread availability of weapons and decreased inhibitions regarding violence following the war are added to already existing risk factors stemming from inequality and widespread poverty (Buvinic et al, 1999). Additionally, excessive political and social violence is associated with higher rates of IPV (Messing, 1999).

Gender-based norms traditionally reinforce male authority and superiority over females across Latin America, shaping potential victims and perpetrators from early childhood (Kimelblatt, 2016; see also EU & UN, 2018, Heaton & Forste, 2007). These gender norms are contained within the constructs of *machismo* and *marianismo*, shaping the way violence within the home is perceived. Machismo ideals are traditionally hyper-masculine idealizations of aggression and dominance, as well as cultural expectations regarding male behavior, including behaviors regarding women. Some of the gender norms that compose machismo are positive, including personal pride, courage, and dedication to family, while others lean

heavily towards male dominance over women, including sexual dominance, as these are also seen as sources of pride and prestige for men (Kimmelblatt, 2016). Machismo traits including power and anger have also been found to be prominently present in the male rationalization of aggressive behavior (Crowell & Burgess, 1996; Kimmelblatt, 2016). In the Dominican Republic's National Demographic and Health Survey administered in 2013, 60% of women reported that their partner exerts some form of control over their lives. The most common forms of control reported were jealousy or anger if she speaks to other men (40%), insisting on knowing where she is at all times (34%), not allowing her to spend time with her friends (27%), and not trusting her to handle or manage money (27%) (CESDEM, 2014). In exploratory studies regarding femicide from 2001 and 2003, once confronted by authorities, the perpetrators expressed machismo, including notions of domination, control, and violence towards the woman "that belongs to them" and who they consider their property (Pola, 2001 & 2003)

Marianismo, which refers to the Virgin Mary, is the gender construct that refers to females in Latin American countries, including a combination of traits that are expected to be present in Hispanic women. Marianismo emphasizes strong family and spousal bonds, deference to male opinion, idealization of self-sacrifice, and privacy regarding family and what goes on in the home (Kimmelblatt, 2016). Additionally, the most practiced religion in Latin America and the Caribbean is Catholicism, which emphatically discourages divorce (Kimmelblatt, 2016). An analysis of the literature regarding barriers to help-seeking for Hispanic survivors of IPV in the United States reflected this. Barriers to help-seeking for Hispanic women included cultural tolerance of male violence (Rizo & Macy, 2011), police and clergy supporting or maintaining the abusive relationship (Sorenson, 1996), religious beliefs related to the sanctity of family and marriage (Acevedo, 2000; Sorenson, 1996), financial dependence on the abuser (Acevedo, 2000; Bauer et al, 2000; Crandall et al, Kelly, 2009; Lewis et al, 2005). Other reasons cited by Latin American and Caribbean women for not seeking help include shame, fear of retaliation, not knowing where to go, and not believing that anyone could help (Bott et al, 2012).

Another aspect of Latin American culture that relates to violence is the victimization of children in different forms, partly due to the widespread use of violence as a form of discipline. Corporal punishment

is widely accepted, with half of the children under the age of 15 subjected to corporal punishment, and 2 out of 3 children experiencing violent discipline methods, including physical or psychological abuse at home (UNICEF, 2018). The prevalence of IPV was significantly higher among women who reported having experienced physical abuse during childhood compared to those who did not (Bott et al, 2012). Child mortality is a serious issue in the region, with 24,500 adolescents between ages 10-19 being homicide victims each year, translating to 67 deaths per day and resulting in LAC adolescent homicide being 5 times higher than the global average. In the region, 40% of girls aged 15-19 have experienced IPV in their lifetime (UNICEF, 2018), and the most consistent risk factor for experiencing physical or sexual IPV across all countries was a history of “father beating mother” (Bott et al, 2012).

#### *Service provision in LAC*

Campaigns, both local and international, aimed at raising awareness and changing perceptions of traditional gender norms that reinforce violence have been ongoing in the region. Examples include the “Brave is not Violent” campaign, which launched in several countries, aimed at men and boys, ending violence, and educational efforts (UNESCO Brazil website, 2019). Another campaign that was launched in Argentina, Chile, Colombia, El Salvador, Guatemala, and Peru is the “Cities Without Violence Against Women, Safe Cities for All,” aimed at reinforcing women’s civil rights and decreasing violence against women in both public and private environments (UN Women, 2019).

Victim services are also a component of the governmental responses to IPV in the region and vary in availability and dedicated resources. Specialized services have been established, although their implementation is not always effective or efficient. These services include the provision of shelters and safe houses, helplines, as well as prevention efforts involving law enforcement, research funding, and education initiatives (ECLAC, 2014). Despite efforts to address victim’s needs, the region has the lowest rating worldwide of victims that need support and receive it (Schweizer, 2011).

#### *Violence Against Women in the Dominican Republic*

Violence against women in the Dominican Republic is a pervasive and prevalent problem that affects thousands of women, taking more than 100 lives annually. A national survey found that 35% of

Dominican women have experienced some form of violence by an intimate partner, with 26% reporting at least one incident of physical violence (CESDEM, 2014). The prevalence of IPV in the Dominican Republic and the slow progress made in addressing it could be related to views held by Dominican men and women regarding IPV, with 44% of women and 40% of men aged 20-25 believing that women do not leave violent relationships because they think it is normal (OXFAM, 2018).

Emotional and psychological abuse is prevalent, and verbal violence appears to be widely accepted, with 49% of females and 70% of male participants aged 20-25 believing insults are inevitable during a couple's quarrel (OXFAM, 2018). In the National Demographic and Health Survey administered in 2007, 26.1% of women reported having experienced emotional abuse by a partner during their lifetime, and 20.8% reported having experienced emotional abuse by a partner in the last 12 months (CESDEM, 2008; Bott et al, 2012). These and other controlling behaviors as well as their acceptance were further explored in the OXFAM study, with results showing overwhelming support and acceptance for gender norms that reinforce control of men over women. One participant said, "Jealous outbursts are a form of warning...if you assume the commitment of a relationship with a woman or someone, logically you have to understand right away, automatically, that you have to suspend certain trusts" (referring to behaviors that might be interpreted as "too friendly" for a woman in a relationship with someone else) (OXFAM, 2018).

Sexual violence is also prevalent. Approximately 1 in 10 Dominican women have experienced sexual violence at some point in their lives, while 1 in 20 reported having experienced sexual violence in the last 12 months. Roughly 80% of rapes were perpetrated by a current or former intimate partner (ENDESA, 2014). Machismo ideals reinforce gender norms that normalize and excuse sexual violence, with 48% of female participants and 81% of male participants aged 15-19 believing that women sometimes play hard to get regarding sexual intercourse, saying no when they mean yes. Additionally, 54% of women and 70% of men aged 15-19 believe it is common for a drunk man to hit or force a woman to have sexual intercourse while 88% of women and 80% of men aged 20-25 believe their friends think it is ok for men to have sex with whomever they wish, but the same is not ok for women (OXFAM, 2018).

### *Femicide in the Dominican Republic*

Femicide is prevalent and pervasive in the Dominican Republic. Between 2005 and 2015, the Office of the Attorney general registered 1,078 femicides, although there is reason to believe that not all femicide cases are reported, and 188 femicides were reported in 2016 alone. The Dominican Republic was the only country in the region that did not experience a decrease in femicide and is second in the list of highest rates of femicide in Latin America, being only behind Peru (Bott et al, 2012). The body of research related to femicide in the Dominican Republic is slowly growing but still limited. Exploratory studies by Pola (2001; 2003) provide insight into IPV in the Dominican Republic that eventually results in femicide. From a sample of 38 cases of femicide, results showed that in 65.78%, or 25 out of 38 cases, the perpetrator committed suicide following femicide, while an additional 13% attempted suicide following femicide. Results also showed that 70% of homicides of women in the country were intimate partner homicides, and in roughly 90% of intimate partner homicide cases, women had expressed a desire to leave the abusive relationship.

Previously mentioned effects of IPV and femicide on the family were also present in findings by Pola (2001; 2003), specifically that in 50% of cases children were part of the family, of which 61% were left without a mother and father, either by murder-suicide or by imprisonment following the crime. Infanticide was found to also follow femicide in some cases. In 2002, out of 14 cases of infanticide resulting from gender violence, 78.56% were attempted or perpetrated by the father, compared to 14.28% attempted or perpetrated by the mother or grandmother (Pola, 2001 & 2003).

A factor that is likely to affect IPV, femicides, and victimization reporting rates is the criminal justice system's response to reports of IPV. In the Pola (2001) study, 60% of perpetrators had been previously involved in the criminal justice system, some of them for sexual violence and other crimes as described in law 24-97 of the Criminal Code criminalizing violence against women and family, however, at the time, appropriate measures were not taken. Additionally, in 25% of femicide cases, IPV had been reported to police since it began taking place, however, police went to the home much later to pick up the bodies. Responses from law enforcement officers that had been alerted about violence included "those were



arguments between man and wife”, “we will be right there”, “we do not have a vehicle to get there”, while others said, “it is already late, we will stop by in the morning” (Pola, 2001 & 2003).

#### *Forced child marriage in the Dominican Republic*

Girls who become pregnant usually face pressure from society and their families to marry. Not surprisingly, the Dominican Republic presents high rates of teenage pregnancy as well as forced child marriage, which is legal for girls as young as 15. However, it is not unusual for girls to be in a union or married before that age, resulting in extremely early childbearing. The number of pregnant girls between the ages of 15-19 treated in hospitals nationwide in 2016 was 34,687 or 26% of all pregnancies (ONE, 2017). A UNICEF report found that 43% of women aged 20-24 who married before the age of 15 reported having 3 or more children by the time of their first union (UNICEF, 2017).

Violence during pregnancy is prevalent, especially among younger Dominican girls. Among girls aged 15-19, 11% reported IPV victimization during pregnancy, compared to 6.5% of women aged 40-49. Traditional gender norms further negatively impact young pregnant girls. Examining gendered social norms of young Dominicans, OXFAM (2018) found that 17% of women and 29% of males aged 15-19 believe that a girl who gets pregnant should drop out of school because she sets a bad example for her classmates. Also, girls and women are overwhelmingly expected to be the caregivers while the male partner is the provider, which can become an obstacle for girls to continue their education, achieve economic independence, and social mobility.

#### *Legislation and policy initiatives in the Dominican Republic*

The Dominican Republic has enacted first-generation legislation to combat violence against women, however, major gaps exist within the law. Although Law 24-97 of the Criminal Code criminalizes domestic and family violence, the law also requires that IPV results in severe injuries or death for the act to be considered criminal. Currently, Article 309 of Law 24-97 considers an act of IPV actions that result in illness or disability to work for at least 20 days, violence that results in mutilation, amputation or inability to use a limb, loss of eyesight, or loss of an eye, other disabilities or death (Law 24-97 on Family, Gender and Sexual Violence, 2011). Women and children are compelled by law to carry pregnancies to term in all

cases, as abortion is criminalized under all circumstances under Law 550-1 of the Criminal Code. Abortion legislation establishes prison time for those who would perform, facilitate cooperate with, or cause an abortion, prison time for the woman who causes or agrees to an abortion, as well as for anyone who connects or helps a woman communicate with anyone to perform an abortion (Law 46-99, 2007). As previously mentioned, restrictions on abortion also apply to children, despite laws regarding child sexual abuse. Law 14-94, Section II of the Criminal Code of the Dominican Republic considers pregnant girls and teenagers as endangered minors, with Chapter III considers a child or teenager as a victim of abuse when he or she is subjected to sexual abuse. Another discrepancy present in Dominican legislation involves child marriage. The legal age for consent in the Dominican Republic is 18 years old, however, parental consent allows for girls as young as 15 and boys as young as 16 to be married.

Modifications were made to pertinent legislation in 2011 to further facilitate access to justice for women who were victims of violence. These modifications affected the Criminal Code as well as the Organic Law of the Public Ministry and are applicable at the national level. The modifications to the Criminal Code included compulsory participation in psychotherapy and behavioral programs for perpetrators of violence against women (Article 41-9 of the CC), guidelines for judges dictating restraining orders and their implications (Article 226-b of the CC), and allowing a lawyer or representative of the victim to press charges without requiring the presence of the victim (Article 354, paragraph 3 of the CC). Modifications to the Organic Law on the Public Ministry include assistance from a social worker and a family therapist for all cases of violence against women or family violence (Ley 133-11, Article 10).

Plans have been designed to address violence against women in the country, including the II Plan Nacional de Igualdad y Equidad de Género (PLANEG II 2007-2017) (II National Plan for Equality and Gender Equity) and the Plan Estratégico para la Prevención, Detección, Atención y Sanción a la Violencia contra las Mujeres e Intrafamiliar (Strategic Plan for the Prevention, Detection, Attention and Punishment of Violence against Women and the Family), which the Ministry of Women launched in 2011.

Although measures have been taken to address domestic and family violence, challenges remain. The Strategic Plan has had limited exposure and details regarding its implementation are not widely

available. Lack of funding, resources, and transparency are also barriers to providing services and effective implementation (OXFAM, 2018). Currently, the Attorney General's Office has several campaigns in place to promote awareness of IPV and prevent victimization. One of these is the "No Aguanto Más" (I Cannot Take It Anymore) campaign, aimed at educating women about the signs of IPV and the cycle of violence, as well as information regarding resources for reporting victimization (PGR, 2019). Part of these efforts included legislation establishing shelters and safe houses for women and children fleeing domestic violence. Law 88-03 states "Through the present law, Shelter Houses or Refuges are established throughout the national territory, which will serve as a temporary haven (maximum duration of 30 days, from which time an alternative will be sought to the protection case) requested by the possible victim - (Article 4, p. 2), to women, children and adolescents victims of intra-family or domestic violence (Article 1, p. 1). Little is known about the services offered as well as barriers present to service provision in the Dominican Republic.

#### *The Current Study*

The present exploratory study seeks to assess the strengths and weaknesses of services for victims of violence against women in the Dominican Republic. This research will contribute to the extant literature by evaluating current access and barriers to services for victims in both rural and urban contexts, as well as the relationships between service providers from the public and private sectors. In the past three decades, the country began to address violence against women, and an evaluation of these services, as well as access afforded to victims, is a necessary part of the process that has only been minimally explored. Based on the literature that has identified barriers to help-seeking for Hispanic victims of IPV, survivor's perceptions of law enforcement, services for victims of violence, as well as challenges faced by states to address the violence against women epidemic, there are multiple research questions this study seeks to answer, including:

1. What institutions are currently serving female victims of violence in the Dominican Republic?
2. What services are available for, and provided, to female victims of violence in the Dominican Republic?

3. What provisions or policies are in place to ensure female victims of violence in the Dominican Republic have access to these services?
4. What individual, institutional, systemic, and/or cultural barriers limit access to services for female victims of violence in the Dominican Republic?

Findings from these research questions can inform organizations and professionals working with victims as well as victims themselves about the strengths and weaknesses of service provision in the Dominican Republic. Additionally, findings can assist with the development and refinement of efforts to assist female victims of violence.

## CHAPTER 3

### METHODOLOGY

Due to the limited amount of research on service provision for victims in the Dominican Republic, this study is exploratory to assist with filling this gap in research. For this, an inductive qualitative methodology was selected to allow service providers to answer and describe the perceived realities faced by victims and providers in the Dominican Republic. This methodology permitted the collection of substantial data and allowed for open-ended responses that might be missed if quantitative methods had been employed.

#### *Sample and Data Collection*

This study used a purposive sampling strategy that included public service providers from the Attorney General's Office and the Ministry of Women, as well as service providers from non-governmental organizations. All participants were selected from a publicly available list of institutions providing assistance for victims (Instituciones de Atención a Víctimas) extracted from the Ministry of Women of the Dominican Republic website, as well as referrals. The sample included service providers, some of which were also attorneys, researchers, and activists. Due to a lack of response by the institutions, law enforcement officials and prosecutors were not included in the sample.

Subjects were selected from 2 regions of the country, North and South, and the capital city, Santo Domingo, operating in both rural and urban environments. This was intended to provide a better understanding of the challenges and barriers faced by victims in vastly different contexts. Differences in the availability of resources, infrastructure, income, employment, education opportunities, and service provision between urban and rural environments in the country are significant and will be expanded upon in the following chapter. The goal when selecting the sample was to include perspectives from different sectors to combat any biases that might arise otherwise during data collection.

Inclusion criteria include that all subjects must be legal adults (18 and over) and have an established profession that involves services for victims of intimate partner violence. Potential respondents were identified from the list and initial contact was completed by email. For those that indicated an interest in

participating in the study, a letter of recruitment was sent, and the time and location for the interview were agreed upon. Respondents did not receive any compensation for participating in the study. Approval for the study was obtained by an academic institutional review board (IRB) before recruitment.

A total of 9 face-to-face respondents were included and completed face-to-face interviews. One was excluded at the request of the respondent. Of the remaining 8 respondents, 1 was male, 7 were female. One worked in the Southern region, 3 worked in the North, and 4 in Santo Domingo. The educational level of respondents ranged from high school graduates to professional degrees. The respondents' years of experience working in the field of service provision ranged from 6 to 36 years.

#### *Interview Instrument and Procedure*

An interview schedule was constructed to guide the semi-structured interview process. Questions were formulated to cover access and barriers to services at the cultural, systemic, institutional, and individual levels while also tapping into relevant law and law enforcement, processes, intervention programs, victim rights, as well as available resources and services. The interview schedule was designed to gather relevant information from all sides regarding key aspects of addressing violence against women currently practiced in the Dominican Republic.

The interview was divided into 4 sections. The first section posed general questions for all respondents regardless of their field of work. This section included questions regarding their current position, their years of experience in the field, and their perceptions about laws in place related to the victimization of women and girls, as well as victim's rights. The second section included questions for law enforcement authorities regarding protocols in place for law enforcement to follow when cases of IPV, femicide, or child marriage were reported, as well as law enforcement accountability in these cases and the relationship between law enforcement and service providers. The following section included questions for prosecution officials regarding protocols in place for prosecuting cases of IPV, femicide and child marriage, institutional accountability, and the relationship between the prosecution office and other service providers. The last section of the interview consisted of questions for service providers from the public and private sectors regarding the nature of their institution, the extent of services provided, strengths, and challenges

faced by providers, as well as strengths and weaknesses in their relationships with law enforcement and prosecutors and perceived challenges faced by victims trying to access services.

Interviews were scheduled at a mutually convenient time for the researcher and the participant. Accordingly, the researcher and respondents met at an established location with a recording device and note-taking materials, as well as the IRB approved research instrument. Before the start of each interview, respondents read and signed an informed consent form approved by the IRB. The location for the interviews was selected taking into account safety and confidentiality. Interviews took place during July and August in 2019 and ended due to time and travel constraints after 45 days in the Dominican Republic.

To ensure the confidentiality of all participants, data were de-identified. Per IRB, participants were asked to provide a pseudonym of their choice to serve as their name for the duration of the interview. Directly following the recorded interviews in the Dominican Republic, interviews were transcribed and translated from Spanish to English by the researcher. These transcripts and their corresponding translations were done verbatim and reflect speech patterns present in informal conversations among Dominicans.

These transcripts were stored via secure online storage and sent back to the United States using FileLocker. Once transferred, transcripts were stored by Dr. Jonathan Grubb in the form of encrypted files in his office under lock and key in the Carroll Building, which is locked on nights and weekends.

### *Analysis*

As data collected from this study is qualitative, the analysis involved systematically analyzing the semi-structured interviews to tap into the questions outlined above. Since the unit of analysis for the current study are phrases described by the participants, specific attention was placed on identifying discourse regarding service provision and barriers to service for female victims of violence in the Dominican Republic. More specifically, a content analysis was carried out to investigate common themes across different participants and sectors. In this context, content analysis can best be understood as a qualitative research technique used to analyze and interpret verbal or behavioral data.

This analytic process consisted of five stages. The first stage included becoming familiar with the data collection and gathering first impressions that became evident looking over the data. The second stage

centered on defining emergent themes as they related to service provision or barriers to services and creating initial broad categories. These categories were “Laws”, “Respondents”, “Topics”, and “Victims”. The third stage involved coding data into specific and coherent categories and subcategories. For this purpose, NVivo 12 (Nvivo) software was used. NVivo is a research software intended to organize and analyze qualitative data. The software allows users to classify, sort, and arrange information; examine relationships in the data; and combine analysis with linking, shaping, searching, and modeling (QSR International, N.D.). Transcripts were uploaded to NVivo, where master nodes were created for each broad category mentioned above. Secondary nodes were then created under each of these categories, and tertiary nodes were created where applicable. The detailed coding structure is included in Appendix G.

The fourth stage centered on identifying patterns and connections within the coded data. Finally, findings were interpreted from the identified patterns and connections. This allowed for an in-depth exploration of service provision and barriers in the Dominican Republic. The results are presented in the following chapter.



## CHAPTER 4

## RESULTS

*Forms of Victimization**IPV*

Respondents identified IPV as a pervasive issue affecting Dominican women and girls and increasing in lethality and severity over time. The cycle of violence was described by respondents from both the private and public sectors as they elaborated on the types of cases they see. Respondents have also observed an evolution in the forms of violence experienced by women and girls, as well as in their ability to identify different forms of abuse at the hands of perpetrators. As described by respondent 4 when discussing the process of victims reporting IPV and escaping abuse,

*...when he feels that he is losing control, the threats become stronger, the violence is stronger, he harms the children when he sees that she is no longer responding, that he is not guiding her, then he begins with the issue of lack of support, with the theme that he begins to say "your mom left me because she left with another man", "your mom is bad, look where I'm living, I'm alone", and the violence changes, if it was physical or sexual or psychological then it changes to patrimonial, to economic, he begins to take away the goods, that is, a series of strategies that ends up disintegrating women.*

-Respondent 4

Respondent 4 elaborated further on the effects of IPV in female victims seeking services from her organization, and the process women and girls go through to identify and acknowledge victimization and start the process of recovery. This also underlined the effect of cultural norms regarding the role of women in the home and how it enabled perpetrators to abuse women and children. As stated by respondent 4,

*We have even had to review the psychological intervention program because sometimes it is no longer necessary now, because before there was a large quota that was very psychoeducational because they did not make violence visible. Then they began to tell us "he tells me this, he insults me, he tells me that I am stupid, that I am useless, that I stink, that I am bad at sex, that I am a bad mother," we said, "oh well, he disqualifies you, he devalues you, he humiliates you". Then we said, "that's psychological violence, that's emotional violence, that's verbal violence ". We saw 6, 7 children, then we said "ok, that*

*is sexual violence" because she had no right to say no. That she was a victim of violence in the marital room because they assumed that sexual violence was only when it was a stranger, so it was very psychoeducational. They felt that they did not deserve that because of those tasks they performed in their homes, they did not deserve anything, so we told them how economic violence and patrimonial violence occurred, so now they arrive knowing that they are victims of sexual violence, victims of emotional violence. They know that they are victims of psychological violence and that they are being mistreated. That is, they already come with that, with all that information that is now more affordable to them.*

-Respondent 4

### *Femicide*

Respondents from both public and private sectors identified femicide as a pervasive and prevalent problem in the country. Weaknesses in the state's response to cases of gender and family violence leave victims vulnerable to further victimization that can eventually result in femicide. Under the Dominican criminal procedural code, the accused can be released after arrest under certain circumstances. This may lead to offenders targeting the women that reported them post-release. As described by Respondent 1,

*I do not think that any victim is notified here when they are going to release him, on the contrary, they often release the aggressor and find out he was released when he goes and kills her at her house.*

-Respondent 1

Respondents also described perceived changes in forms and extent of violence against women, most notably, forms of femicide that were not seen before. Specifically, femicides are becoming more brutal and gruesome. There is also a level of premeditation that was not observed before, including cases where the victim has been killed by hitmen, instead of directly by the abuser. Respondents also perceive an increase in cases involving more than one victim, including the woman's children. As explained by respondent 8,

*The violence has changed, the scenarios have changed. For example, there are now femicides and violence by hitmen. That was something that you didn't see before. Another thing that I find has changed is cruelty. Before you saw that a woman was killed*

*with a stab or two. Now you see 27 stabs, 37 stabs. There is now a viciousness, much more aggressive masculinity. It is what we see...We have had a change in the way we attack and torture and kill. There is a change. There is much more cruelty now.*

-Respondent 8

### *Additional Forms of Violence Against Women*

Respondents from both the public and private sectors referenced forced child marriage as one of the main problems affecting women and girls in the country, perpetuating poverty and affecting their ability to escape violence. Respondent 4 stated,

*...the fact of being women and girls makes us vulnerable and we still have a serious, severe problem here with the issue of child marriage, that women are like a property object for men, which is there to serve and for their gratification...*

-Respondent 4

Respondents also identified sexual abuse as a pervasive problem affecting women and children in the country. Intrinsicly tied to cultural beliefs about relationships and child marriage, child sexual victimization often goes unidentified and unreported, as families often resort to covering up the assault and “keeping it in the family” or allowing the abuser to continue a relationship with the child. As explained by respondent 6,

*I had few cases of girls because I was focused on women, but yes, I remember a special case of a girl who was raped, and the family said it was not rape, but (it was) a relationship of a 15-year-old girl with a 60-year-old male. We managed to get a conviction.*

-Respondent 6

### *Cultural Context*

#### *Roles of women and girls in Dominican society*

Providers from both the public and private sectors emphasized how society’s views on the proper roles for women and girls constituted a barrier for these groups to access services, as well as enabling victimization from an early age. As mentioned in chapter 2, child marriage is legal in the country, and early

unions are common and widely accepted. Although the law states that boys can marry as young as 16 and girls as young as 15 with parental consent, girls are often married well before they reach 15 years of age to older men through informal unions approved by the parents and can involve some level of financial support for the girl's family in exchange for the child.

As reflected by societal beliefs influenced by machismo and marianismo, women and girls are often expected to have many children and submit to the husband. Having numerous children is seen as a sign of manhood in the country and access to birth control is severely limited. This results in women and girls becoming caretakers from an early age, affecting their ability to complete their education, obtain gainful employment, and become financially independent, thus making them vulnerable to continued victimization. Furthermore, underage pregnancy rates are among the highest in the region, and access to reproductive education and birth control is limited, especially in rural areas where poverty is widespread, and resources are scarce. In more extreme cases, girls are prosecuted by their parents to support the rest of the family. As stated by respondent 1,

*...if you get to see the cultural issue of the people who live in these communities, you realize that there is a greater vulnerability for these population groups. The girls are prostituted by the parents, or the mother because the father is never there, to feed the other brothers. You find cases like a girl from Batey Santana who at 17 had two births and was 8 months pregnant, and you ask her: "but when you gave birth the first time, didn't they give you an education?" because you're obviously surprised... "Yes, yes, they gave me some talks, they talked to me about prevention, they told me about infectious and contagious diseases, HIV, Hepatitis, yadda yadda" ..., ok, that was the first time, it happened a second time ... "yes but you know that one is alone here, my mom threw me out of the house, and one has to look for living, and then I got involved with a man", read, a girl .. Does the cycle again ... and the third one? "I really do not know whose baby this is." ...and that happens 250,000 times.*

-Respondent 1

Respondent 1 also mentioned an encounter that reflected these norms. As stated by respondent 1, *I remember that when I got there, a man in a place that I went to, the first thing he told me was that he was a stud and that he had 16 children from five different women and that was a term, something that made him proud.*

-Respondent 1

Respondent 4 further emphasized the vulnerability of young girls concerning forced child marriage and early pregnancy, and expressed concern over systematic victimization of women and girls through legal child marriage as well as the treatment victims receive when reporting their victimization to authorities,

*...the fact of being women and girls makes us vulnerable and we still have a serious, severe problem here, with the issue of child marriage, that women are like a property object for men, which is there to serve and for their gratification. (Regarding)The issue of teenage pregnancy, the Dominican Republic is among the top countries, and a system that revictimizes a woman when she goes to file a rape complaint, that they question her about "what it was like, what time it was, where were you, who you were with, but how were you dressed? like that?"*

-Respondent 4

While in the Dominican Republic during data collection, there was a case of a woman whose child was killed while she was sexually involved with a man, causing public uproar. This story, in the context of the interview, was mentioned by respondent 8 as an example illustrating how women and girls are victimized from an early age due to social customs that result in early childbearing. Respondent 8 stated:

*I saw that 19-year-old girl who said that she had 3 children because she has that one (the one that died) and two more, and what she was doing, she was working to be able to buy a glass of milk for her boys, and I felt sorry because you do not know the pain with which she says "I believed that if I said it, they were going to say that I am an assassin, I am not an assassin "And she cried because she could not speak. And the journalist, because you know that here they do not respect the rights of the victims, asking him as if it were nothing, he says "and how many children do you have?" "Two more, he was the third" crying with spasms, "and the same father?" "No, no, from different fathers".*

-Respondent 8

*IPV as a private matter between man and wife*

Respondents believe that socioeconomic status is a significant factor for victims seeking services, as well as influencing the perception of the public regarding domestic violence and violence against women. Due to the nature of the victimization phenomena, which occurs mostly in the private sphere of the home and close personal relationships, underscoring cultural beliefs that a couple's dispute is nobody's business but their own, it was mostly believed that domestic violence was a problem exclusive to the lower social classes. IPV among middle and upper classes was, and still is, seldom if ever discussed, since men from "good" families are portrayed as incapable of such abusive and criminal behaviors. Although these have been viewed as problems between a couple, a shift has been observed over the past two decades. Once a law was enacted that typified violence that took place inside the home and among the family, this form of victimization officially moved to the public sphere, constituting a before and after for victims and providers in the country, as well as the justice system. As respondent 4 explained:

*...it was also widely perceived that violence occurred only among the lower socioeconomic strata...and you'd see these men being arrested, it was total chaos. But those were the beginnings, and they were very important because for a law to recognize and typify a private matter such as violence, because where this occurs is inside the homes, so to take a social problem such as domestic violence, from the private to the public sphere, was a breakthrough.*

-Respondent 4

Providers from both the public and private sectors believed that deeply ingrained cultural norms are one of the main factors negatively affecting access to victim services for women and girls, as these patriarchal beliefs anchored in machismo are reflected in the institutions tasked with assisting victims of crime and violence. As expressed by respondent 6:

*Look, with the police, (you have) the issue of machismo. That the same police officer understands that she was asking to be punched if you can say that. She was asking for it because "if she does what her husband tells her, that will not happen".*

-Respondent 6

When victims report their victimization to authorities, they are sometimes met with discouraging responses that may impact their willingness to seek services and safety. Institutional policies also reflect these cultural norms. For example, respondent 2 stated:

*I remember, for me, it was very impressive when I entered the Public Prosecutor's Office that there were signs in the office prohibiting women from arriving with spaghetti strap tops. That was so shocking for me, I did not know that that was the case and when I read it I said, but, "but what is the meaning of this?" We are in a tropical country, it is very hot, the offices do not have air conditioning, that is, it is to confirm the violence, to see the woman as a sexual object even in a context where it is assumed that she is protected, and she has to cover her body because her body is bad because she carries a negative message because women's arms carry a negative message.*

-Respondent 2

Although respondents believe that government institutions partake in perpetuating cultural norms and stereotypes that negatively affect women and girls, this issue is not exclusive to government institutions. Societal norms regarding women's roles are found to be closely linked to conservative religious views and the influence of church leaders may impact victims' behavior when seeking assistance and safety. Patriarchal beliefs tied to machismo regarding the role of men and women in matrimony and the sanctity of matrimony itself are factors that may influence the victim's decision to report their victimization, press charges against the perpetrator, and whether or not to escape violence.

*...we received pastors here, in the beginning, and this is something that has happened at times. Pastors, especially the pastors from Christian churches, not that it doesn't happen, but they have sent women to withdraw the complaint, because "that is her cross and God does not want this and that is a sacred bond" and everything else. Now with the deaths of women, you know, it has been changing, but let's say that a barrier, a challenge, is that lack of protection from their primary context, from their family, from the guilds, from the places where women move, because that is very determined by what happens culturally.*

-Respondent 2

Respondent 4 further elaborated on the topic of the victim's socioeconomic status, explaining how it was a surprise for their organization when they realized that most of the victims they served were not poor, leading to a better understanding of the prevalence of IPV among the middle and upper classes.

*...even though our mission said that it was a mental health program for women of limited resources, soon we began to see that high-level executives were coming, vice presidents of financial institutions, wives of judges were coming, wives of pastors, psychiatrists came, psychologists came, women who sold bottles came, women came to collect irons in the street to sell them later came, doctors....we ourselves had to live part of the myth, that it wasn't the poor women who came, but all women. Even to our surprise, the highest, the highest percentage of women who come here to PACAM are women with college degrees, few have only primary education.*

-Respondent 4

The concept of IPV as a private matter was also reflected in the medical field. Respondents believe that medical professionals fail to identify signs of abuse when victims arrive at the emergency room for treatment following an attack by the abuser, even though training has been provided and there are protocols in place that should be followed when a patient shows signs of abuse. Shared views based on the aforementioned cultural norms result in high levels of male-to-male solidarity, creating a barrier to services for female victims seeking medical attention, especially if they are accompanied to the doctor or hospital by their abuser. As respondent 2 explained,

*As we know, the man accompanies the woman to the emergency room as a way to monitor (her) and as a way to manipulate her so she will not say what is happening, and the doctor sees that man but does not identify what the role of that man in that emergency room is, or he does and becomes an accomplice. Male solidarity is very terrible, and because of fear, or for the sake of not getting involved, for not getting into a couple's problems, then, the woman is abandoned by the first place where she should be treated, which is the medical service.*

-Respondent 2



Respondent 4 provided a similar perspective regarding the influence of cultural norms on seeking services from the medical community,

*Well, the complaint is always, not only of PACAM but of all the institutions of civil society, the big problem is public health, the ministry of public health, which although it does have a rule and right now they are reviewing it, and right now they are updating it and they are going through a fairly advanced process, again there is the problem that the lack of coordination when a woman arrives, and the ignorance, because she almost always where she arrives is through the emergency area, then it is as if would not want to see where that blow comes from...*

-Respondent 4

### *Laws and Law Enforcement*

#### *Laws addressing violence against women and girls*

Respondents from both the public and private sectors view Law 24-97 as an important tool for addressing domestic violence in the country that marked an important milestone when passed in 1997.

Although gaps are present, it created a framework for law enforcement and prosecutors to begin addressing these cases. Respondents expressed mixed views regarding the scope and application of the law. As expressed by respondent 6 when asked to describe which laws exist to prevent victimization of women and girls,

*Well, there is only law 24-97, which is the only law that protects us, it is the only thing that we have been able to achieve here in the country to be able to fight violence a bit. And it is still not enough.*

-Respondent 6

Respondent 5 also acknowledged the impact of the law and its role in criminalizing and sanctioning gender and family violence,

*We have law 24-97 which is a law that was revolutionary at the time, in 1997. This was the law that began to sanction violence against women. There was also a revolution regarding the definition of sexual abuse, which wasn't well detailed in the criminal code before that law. So, what that law does is that it modifies several articles of the penal code,*

*so some penalties are introduced, sanctions are introduced for violence against women, sanctions to domestic violence.*

-Respondent 5

Respondent 2 elaborated on the challenges that the law presents to those charged with enforcing the law and providing services to victims. Although the law is regarded as an important step in the right direction, it is seen as outdated and limited in scope, thus preventing service providers from serving victims following the knowledge acquired since the law was passed in 1997 about the victimization of women and girls in the context of domestic and gender violence in the country,

*Well, Law 24-97. As a country we are a bit stuck in this law, which does not typify femicide, a law from 1997, let's say from conditions we had in 1997. ...we have a backward law that does not help, that needs to be modified. There are proposals for modification. We have a Criminal Procedure Code stalled by a topic also linked to this issue, that is the topic of abortion. So at the law level, we have a long way to go. What we have is a legal instrument that does not allow us to do the work we have to do.*

-Respondent 2

Criticisms of the law centered around its application by law enforcement institutions. Although groundbreaking at the time, its limitations, compounded with other issues such as the influence of cultural norms in the institutions result in the failed application of the law and eventual revictimization for those seeking justice. These issues are present throughout the victim's journey across the legal system, from the moment the crime is reported to the final stages of the trial. As expressed by respondent 4,

*...you found that when the woman went to file a complaint, the police officer was a friend of the denounced, was a friend of the defendant or gave value to whether he was the son of so-and-so, or that that person had a certain economic power or was the son of an entrepreneur or an official, then he stopped there.*

-Respondent 4

Respondent 6 described issues faced by victims and providers when pursuing charges against a perpetrator of domestic violence, specifically when the case landed in front of a law enforcement agent, prosecutor, or judge that had not received specialized training and whose understanding of domestic and

gender violence is still deeply influenced by aforementioned cultural norms, resulting in revictimization at the hands of the justice system. As respondent 6 explained,

*...go directly to the penalty stage, that is with the judges. If a case of victimization, of assault on a woman with a stabbing weapon or firearm, arrives at the hands of a judge who is not sensitized, or at the hands of a prosecutor or a police officer who is not sensitized to the cause, that they do not understand what gender violence or domestic violence is, the victim is going to be revictimized by the system, that is, first by the perpetrator, but also by the system that is in charge of protecting her.*

-Respondent 6

When asked to describe laws that may exist to protect victims from further victimization or revictimization, responses were mixed. Respondents believe that there are no laws specifically designed to prevent revictimization, however, some viewed certain legislations such as provisions regarding protective orders and the establishment of women's shelters as serving this purpose. There was consensus among respondents regarding victims facing a high risk of revictimization, both at the hands of the perpetrator and the justice system. As stated by respondent 1,

*Look, there are not enough prosecutor's offices, and the prosecutor's offices that are there are not close to the people who need that support. When a victim arrives at the prosecution office, many times they are not received with the support they need, they do not work 24/7 and crimes happen 24/7, they do not have an 8 to 5 for them to happen. Prosecutors also do not have all the resources they need to be able to fulfill that. Once a victim sounds the alarm, there is nothing to protect them beyond a piece of paper and maybe after filling out the paper what happens is a lot worse than what they reported, then I think there are problems also in that sense.*

-Respondent 1

Respondent 5 described systemic issues resulting in revictimization at the hands of service providers due to inadequate training and infrastructure of State agencies tasked with victim service provision,

*It is a form of revictimization, because for example, if you do not have the appropriate training to deal with such cases, cases of violence against women have their particularities, and often for the victims if you do not have the adequate space, you can revictimize, if you make them needlessly repeat their story, you are revictimizing. That is if you do not follow a proper protocol, you can revictimize. For example, she goes, she has to wait in long queues before accessing services, which is the case in many prosecution offices here where sometimes they have to wait a whole day to file a complaint, you are revictimizing her. So the State, apart from the problem you have, is revictimizing.*

-Respondent 5

Certain policies were viewed as tools for preventing revictimization, such as the establishment of protective orders under Law 24-97, and the establishment of battered women's shelters. Respondent 3 stated,

*Well, not laws exactly, but legal provisions. The penal code through which Law 24-97 was amended establishes protection orders, which within them there is the distance that the aggressor or victimizer must keep to prevent it, and the shelter home law that also provides measures to be able to protect women in emergencies.*

-Respondent 3

Besides the policies mentioned above, respondents described initiatives from the private sector that have emerged to assist victims and prevent revictimization. However, the lack of legislation aimed specifically at addressing revictimization was underscored, as expressed by respondent 6,

*Well, there are no laws to protect them. What there are small groups, there are campaigns, groups that have joined, women who are survivors who have decided to take the initiative, take that issue to help others not to go through the same situation, but there is not a law to help cope with your situation.*

-Respondent 6

### *Victim's Rights*

Although there are rights defined in the Constitution for everyone participating in the judicial process regardless of gender or their role as plaintiff or defendant, these protections are not extended to

everyone in practice, and the code leans heavily towards protecting the rights of the defendant over those of the victim. Victim's rights and their integrity are further endangered by prosecutors and law enforcement when they fail to follow protocols in place to prevent victimization and protect victims.

Differences of opinion were present among respondents from the private and public sectors, and among respondents from the public sector as well. Most respondents believe that Dominican law does not establish specific rights for victims and that any Constitutional rights fail to be respected during the victim's process. Respondents from the public sector acknowledge that victim's rights exist but differ in their opinions on whether they are symbolic or practical. These differences were expressed as follows by respondents 2 and 5,

*Let's say the most basic, most basic rights, but let's say that the principle, one of the main rights that is violated is the right to information, for example. Victims go through the process without being informed of what is happening, or how it is going...*

-Respondent 2

Respondent 5 stated that there are specific rights for victims that are practical and are invoked during the legal process by attorneys on behalf of victims.

*Yes, there are specific rights established for the victims...there are guidelines in article 42...where it says specifically that the state has to respond to cases of violence against women. That means that the victim has the right to a lawyer, that is why we exist as a department, to give legal representation. And the accused are entitled, free of charge to a lawyer. Also, the constitution establishes...that the victim has the right to free legal representation from the state. That is the constitution. Now, within the criminal procedural code, in article 84, there is a list of the victim's rights, and it establishes you, within which it states that the victim You have the right to dignified and respectful treatment, and to be informed of your process...they are functional. Why? Because we invoke them in the courts, that is, we as lawyers of the victim invoke it daily in the courts, and demand them in the prosecution, so they are not symbolic.*

-Respondent 5

In contrast, respondents from the private sector believe that the victim's rights are not well established, and their application is deeply flawed. Respondents described issues with the State provided legal representation and the judicial process for these cases related to inefficiency and the influence of cultural norms that negatively affect the victims throughout their case's processing. As expressed by respondent 6,

*Yes, victims have rights. They exist. There is the problem of them being applied accordingly. For them to apply accordingly, the system must be sensitized to the cause, that is to say, that this case should not be adjudicated by a general judge but rather by a specialized judge who is especially dedicated to that, not to be in favor of the victim and against the aggressor, over-sanctioning, but that understands the seriousness of the matter, what leads the aggressor to attack and what leads to the victim being victimized.*

-Respondent 6

This was further underlined by respondent 7, who stated the following,

*They exist, but we are very vulnerable. Even if they exist, we are too vulnerable because they are not applied to what they have to apply.*

-Respondent 7

Respondents emphasized how the State fails victims through service provision programs as well as the justice system. Although services are in place, these do not meet the needs of victims and result in revictimization for those who pursue a case against their abuser. As expressed by respondent 4,

*Well, the Constitution itself mentions the right to life and also speaks of the importance of not only physical but also psychic health, and the issue of the fundamental rights of men and women. It has been attempted, when in that process, to protect the victim. There is also one, I forget the name ... which is offered to the woman company by lawyers from the state, but they do not provide, and there is nothing else here in Santo Domingo. There are offices in the Women's Ministry, which are provincial offices, but there it appears to me that what they have there is a psychologist, but I do not think there are lawyers in each of these provinces. There is still a lot left to do because the most tedious part where a bottleneck happens here is the judiciary when the cases are prosecuted and the woman that is, the victim, is next to her executioner in the same environment. There is no area*

*where she can be with family members or witnesses. They feel intimidated or threatened all the time. There is still a lot of work left for the protection that the victim must have during that process. We have denounced that it is the moment when she is most alone when she starts the race of reporting, that is when she is most alone, and when she is at most risk and danger is when she enters the system.*

-Respondent 4

### *Law Enforcement*

Respondents described law enforcement efforts to address the victimization of women and girls, including strengths and weaknesses, and cooperation efforts between their organizations and the Dominican Police. Respondents from both the public and private sectors described cooperative efforts centered around training and raising awareness of domestic and gender violence among the police and combatting preconceived notions about these forms of victimization that are influenced by cultural norms. As stated by respondent 2 when asked about weaknesses or challenges faced by her organization in their relationship with the police,

*Limitation, well ... especially in men, in the male staff, we need to train them so much so that they understand that they can not tell a woman who comes there to “see, my love, sit there”, and that they have to treat her with respect, that his language, his looks, that those women are not a woman that he sees on the street and that he likes, that he cannot look at her butt, understand? That she cannot be violated in this space, that “compliments” are violence, those lascivious looks are violence, so it is like constantly having to go above all that cultural learning because the answer is “but I am not doing anything wrong, but I am helping her, but I am being nice. ” She has a name, call her by name, treat her as a lady, even if she is young.”*

-Respondent 2

Respondent 5 also described cooperation between institutions as well as weaknesses in law enforcement’s approach to domestic violence that center around the need for better training.

*Well, we with the police...there have been many approaches with the police, we do common courses...we provide courses and instruction to them. There are cooperation agreements, there is all that, but there are still limitations regarding what the police are,*

*of raising awareness on the part of them regarding victims of violence. But, at the level of the relationship between institutions, yes, there has been an approach regarding these issues and cooperation agreements between both institutions on several occasions.*

-Respondent 5

A parallel issue faced by law enforcement is the lack of essential resources. Problems such as not having enough fuel to drive to the incident location and unreliable transportation hinder law enforcement's ability to respond to reports of gender or domestic violence, leaving victims in dangerous and potentially fatal situations. Perceived unreliability or lack of faith in law enforcement's ability to help may impact a victim's decision to report their abuse. These issues were described by respondent 4,

*Here, sometimes the police can not move because the van has no fuel, or the engine is damaged, because there is very little staff or it is not specialized, and then they do not know how to detect it, that they can arrive at a house and everything be calm and that the woman will answer, "no, it was a mistake, no, I thought, but it is over" that intervention of the third party, of the third party that becomes the state, they still do not have that strength, that although the woman says no, they have to continue acting because they would know that woman is there conditioned by fear.*

-Respondent 4

Additionally, respondents described high turnover rates within law enforcement departments and offices as a barrier to establishing strong relationships with the institutions and seeing the results of specialized training in practice. As stated by respondent 1,

*Weaknesses, look, the southern regional police post is one of the places where maybe the heads change the most. There is no sustainability in terms of the staff that stays there...the weaknesses in itself, the greatest one would be the non-permanence of the top brass of the police in the post. It is very cyclical, every time, every two or three months they change.*

-Respondent 1

### *Legal Professionals and the Courts*

Respondents described prosecution efforts to address the victimization of women and girls, including strengths and weaknesses, and cooperation efforts between their organizations and the Attorney



General and District Attorneys' offices. Respondents from both the public and private sectors explained the process of reporting a crime of domestic or gender violence at a prosecution office. There was consensus among respondents regarding how a woman must file a report with the prosecutor before she can be referred to services including shelters and other services provided by the state, and how this constitutes a barrier to services for vulnerable women and girls. As described by respondent 3,

*The first thing is that to file the complaint...to be able to act...or to be able to refer the woman to a shelter, the prosecutors need her to file a complaint. Without that, without the presence of the complaint, they cannot act. So let's say that this helps them so much on the one hand, on the other hand, if the woman does not file a complaint due to all the situations we know and the reasons she has for not filing, she is also left unprotected. The State cannot intervene or refer her if she does not file the complaint, it is what we would call a double-edged sword.*

-Respondent 3

Respondents expressed mixed views when describing efforts between service providers and prosecutors, including strengthening channels of communication and providing prosecutors with specialized training related to handling cases of domestic and gender violence. Some respondents described these efforts positively, while others believe results to be insufficient. As stated by respondent 6 regarding specialized training and lack thereof,

*Well, it makes it difficult for prosecutors, in the sense of not understanding why they have to be given special training for them to understand the issue of domestic violence, the issue of gender violence. That makes it difficult in the sense that they are not going to have any progress with the victim, because in many cases if you do not understand me as a victim of domestic violence, and you are here to protect me, I end up leaving, because you didn't understand, or because you just do not know how to handle the issue.*

-Respondent 6

Respondent 4 also described issues with prosecutorial efforts and explained that her organization no longer encourages all victims to report, but does so on a careful case by case basis, due to weaknesses

in the prosecutor's office performance that may put the victim at increased risk of revictimization. As stated by respondent 4,

*...we no longer motivate the victim to report, and it is very strategic when we do tell them to report, because like we just said, it is when they are most alone, it is when they are in the most danger, the level of response is slow, deadlines are not met, but we do have a relationship with the public ministry, the judiciary, and the police. It is very good because we are always training, we are always forming...*

-Respondent 4

One of the main issues described by respondents when discussing cases of domestic violence handled by the prosecution centered around the lack of information and follow up. Victims are not given proper information regarding their cases, and there is very limited guidance on how to navigate the bureaucracy of the judicial system. As stated by respondent 2,

*...women are left alone with their cases, and that puts them at greater risk because that man knows that woman has filed that complaint...the prosecutor represents the women, and prosecutors represent women in criminal matters, but, in all other subjects, women are left alone, without information and without someone to represent them.*

-Respondent 2

Respondent 3 also described challenges faced by victims when pursuing a case against their abuser. Cases often involve multiple court dates that stretch over long periods, making it difficult for victims to be present at every hearing, especially if they have other obligations such as work or child care obligations. There are no protections for victims if the employer chooses to not allow them to take time off from work to attend their court date. This often results in victims stepping back, leading prosecutors to drop these cases, even though the law establishes that they must continue prosecuting reported cases regardless of whether the victim cooperates or not. As explained by respondent 3,

*When faced with a legal process, first, getting to the stage of the hearing is a big step. Then they go beyond the entire preliminary phase of the presentation of the complaint, for that they have to go again to the prosecutors, and then, if the case goes to a court, everything, having to deal with all the extensions, if they work they have to ask permission*

*to attend those extensions. There is no guarantee that they can report their employers in case they lose their job for that reason. There is a lack of security, and they leave the case. It is assumed that in legal terms the public ministry must continue the case even if the victim withdraws, but it is not what happens because if they do not have the accompaniment of the woman, they do not continue. Then, according to what they call the economy of the process, and having other cases that have more potential, because what interests them, the prosecution and the prosecutor's office what interests them is to increase their number of winnings, of sanctions, so they prefer to take another drug or theft case, or whatever else it may be.*

-Respondent 3

Another important issue relayed was insufficient resources for the prosecution to operate and handle cases. The lack of resources hinders their ability to respond to female victimization and results in an overwhelmed system unable to provide services for all victims in a timely manner. Lack of essential resources for the prosecution are similar to issues faced by the police, such as lack of fuel or unreliable transportation, and insufficient personnel to handle reported cases properly. As explained by respondent 5,

*You have to follow the processes, even the name says so. Exactly. Many times, I believe, the difficulty that a prosecutor faces when implementing what the law establishes is often the lack of resources that prosecutors have for operating. For example, if a prosecutor does not have a vehicle, the (prosecution) unit that needs it, or perhaps hiring a social worker that is needed, it will be really difficult to implement what the law says. The lack of resources...that a single prosecutor has to take many cases, you see? So I think that is the biggest limitation.*

-Respondent 5

Respondent 7 also underscored how insufficient personnel affects the prosecution's ability to handle all cases that are reported.

*Well, the weaknesses are that the population is very large and the prosecutors are few, that unfortunately there should be more personnel in that part. There is very little for the number of cases there is very little.*

-Respondent 7

## *Service Provision and Barriers to Service*

### *Shelters*

Respondents from the public and private sectors believe that the establishment of shelters for battered women through Law 88-03 is a step forward in the right direction. Shelters provide respite for victims, allowing victims to escape violence and find safety along with their children. These shelters are controlled and managed by the government and replaced previous, unregulated shelters that had been made available by the private sector. As explained by respondent 3,

*...especially with the laws of shelter homes, this was primarily a framework to open and regulate (shelters), because before shelters were operating from the private sector, some churches, without any type of regulation.*

-Respondent 3

Respondents also described the extent to which shelters are available, the process for accessing these shelters, including requirements for victims to be referred to the shelters, and conditions under which they are allowed to stay. There are 3 shelters in the country which can accommodate 12 women, all of which are in undisclosed locations. These are managed by the Ministry of Women of the Dominican Republic. For victims to access these shelters, they must file a report with the prosecution's office, who then refers them to the Ministry of Women. As stated by respondent 3,

*Referral to the shelters can only be done by the Ministry of Women or the prosecution, but, regardless of whether it is by either of them, a complaint is required. Without the complaint, they cannot be referred.*

-Respondent 3

Respondent 8 also elaborated on the process victims must go through to access these shelters. The decision lies in the Ministry of Women or the prosecution. Risk assessments are made and if the woman is found to be at risk, they are referred to the shelter. As described by respondent 8,

*The procedure to enter the shelter...there is a law, which is law 88-03 and according to that law, and there is a regulation as well, but according to that law and its regulations, the prosecution is the one that can decide, or the Ministry of Women, that can decide if the woman needs shelter. What we do is that we call the prosecution and they speed up immediately. When a woman is in danger, a risk assessment is done here as in the prosecution, when there are weapons, when there is a history of violence, then she is heading towards the shelter.*

-Respondent 8

Once the victim is referred to the Ministry of Women for access to the shelter, certain requirements have to be met, which may present barriers to access for victims seeking safety. Respondents described restrictions for accessing shelters that may influence a victim's decision to seek services or stay at the shelter once they have been referred. These restrictions include victims not being allowed to leave the shelter once they have entered, often resulting in loss of income, inability to obtain and retain gainful employment, and the inability for their children to attend school. Additionally, victims can stay at the shelter for a limited time that is determined on a case by case basis. At a minimum, until the abuser is arrested, which may be as soon as within a day or two, and up to 3 months. Respondents also believe these restrictions affect women's decisions to access or stay at the shelter. When asked to explain requirements and the length of time victims can stay at the shelter, respondent 5 stated,

*Well look, it is supposed to be 3 months, but that will also depend... because it is a temporary shelter, it is until the aggressor is arrested. Immediately after the aggressor is arrested, the victim is safe, or a decision has been made regarding her case that she is already safe, then immediately she can be released from the shelter. Many cannot stand being there, they feel like they are the ones who are imprisoned before the aggressor is arrested and that prevents them from leaving the house.*

-Respondent 5

Shelters were described as having limited resources, including essential resources such as enough food for all the victims housed at the shelter. Respondents also explained that some victims feel trapped or incarcerated at the shelter, while the abuser is free, either because they have not been arrested, or because the legal process allows them to be released under specific circumstances. Respondents from both the public

and private sectors viewed these restrictions as re-victimizing women and children seeking services while in danger, as well as constituting a barrier for victims who would otherwise seek shelter but are unable to isolate themselves to the extent that shelters demand. As described by respondent 5,

*There are many challenges, I find. Because what happens is that, for example, many women do not want to go to shelters or refuse to go to the shelter because they feel they are in prison...They cannot leave while they are in the shelter, they cannot go to work or anything like that, because it is a safety issue.*

-Respondent 5

Respondent 3 also described the experiences of women seeking shelter, as well as the barriers faced by these women during their stay at the shelter and after they are released. Factors related to the victim being displaced from her environment and transported to a shelter that may be relatively remote presents a barrier that affects women while seeking shelter as well as after their release.

*By having economic limitations, women are re-victimized, because, one, they are like prisoners in these places with food shortages. Women who are in crises do not have food security and very few options to eat. There is no, that is, the measures are supposed to be reintegrative, like how to assist them when looking for a job. The state does not have a program so that she can be reinserted. Also within the risks they face is that if they are removed from their environment, children cannot go to school, they cannot go to work, and if they are of limited resources, after they meet the term established by law, where do they go? It is a revictimization while the aggressor has all the legal measures of protection for arrest and to enjoy his freedom, which is the most well-preserved legal asset during the process.*

-Respondent 3

Respondent 5 additionally mentioned the issue of distance and transportation to the few existing shelters as a significant barrier for victims as well as providers to overcome.

*There are few shelters here. Here, for example, a woman from the deep South has to be moved completely at a very considerable distance to have access to the shelter, so I think that is an important limitation.*

-Respondent 5

### *Mental Health Services*

Respondents acknowledged the importance of mental health services for victims of violence and the perceived benefits these services have on victims during the ongoing process of escaping abuse, seeking justice, and safety. Respondents from both the private and public sectors described mental health services available for victims, which included individual and group therapy, psychiatric health, limited assistance for victims requiring psychotropic medications, and alternative forms of therapy and exercise.

In the public sector, services are provided by the Ministry of Women and the Attorney General's Office through its Center for Attention to Victims of Violence. The Ministry of Women has a total of 54 offices located in the capital and provinces, typically in the largest town within the province. These provincial offices are staffed with an office director, an attorney, and a therapist. The Center for Attention to Victims of Violence is in the capital's National District and focuses on providing services for victims within the National District, although at times it takes cases outside this territory. The Center for Attention to Victims of Violence is staffed with a multidisciplinary team that includes 4 psychotherapists, a psychologist in charge of training, a social worker, a psychiatrist, a psycho-body therapist, and the Center's director who is also a psychologist.

Respondents described issues related to coordination between social programs and victim services. The Dominican Republic currently has some social assistance programs including assistance for food, utilities, and health insurance, but these programs are not connected specifically to victims and victim service providers. Respondents believe that access to these programs would be significantly beneficial to victims who are escaping abuse while living in poverty. As explained by respondent 2,

*I think the biggest challenge comes from the Dominican state. When a woman agrees and files a complaint, the state should put at the service of that woman all the resources it has for that woman...unfortunately this issue is segmented, there are resources for example, from the vice presidency of the republic, there are resources from the first lady's office, there are resources from the economic dining rooms, see? So unfortunately those resources are not available to our women, so it would be easier for women to get ahead if they could have access to Bonogas, medical insurance...To the social safety net*

*offered by the state through different programs, see? Because that would offer the woman, for example, the health issue is a priority issue and if the woman ... an unemployed woman, or a woman who has a job as a street vendor, that sells ice cream, could, You understand? could access the health network offered through these services, that women can develop financially much better.*

-Respondent 2

Additionally, respondents from the public sector identified insufficient resources as a barrier for providing comprehensive mental health services for all victims that need them. These issues result in insufficient offices, staff, and other necessary resources of mental health service provision. Some efforts have been made to provide victims with necessary medication through informal alliances with the private sector. Respondent 2 explained this and focused on the cost of necessary medications as a barrier.

*...let's say that a limitation we have in that area is that medications are not provided by the state. Women have to buy their medications. Through alliances and with people of goodwill, we get samples because medicines are expensive, are very expensive, and if we want that woman to be emotionally stable to be able to pursue her case, she needs her medication.*

-Respondent 2

In addition to mental health services provided by government institutions, the private sector also offers some mental health services and initiatives aimed at assisting female victims of violence who are escaping abuse. These services include individual and group therapy, psychiatric health, and limited assistance with psychotropic medicines. Respondents described the perceived positive effects of mental health services in victims throughout the process of escaping violence and rebuilding life after abuse. Mental health services were seen by providers as a priority to ensure the victim's wellbeing and assist them in rebuilding a life free of violence. As described by respondent 4,

*(the institution)has specialized in psychological care for female victims of violence and their sons and daughters...So we have several programs, the program for treatment where we treat the sons and daughters of women victims of violence, the emotional recovery program for victims of*



*gender violence that is for women who are victims or have been, because of not only those who currently living it, those who are going through a moment of violence, but those that have been through it, because there is damage that needs to be repaired...*

-Respondent 4

Respondent 8 also described mental health services provided by her organization, which include individual and group therapies, and referral to other providers, as well as assistance with prescriptions when the organization's resources allow. As stated by respondent 8,

*Mental health yes, here you can have your follow-up with the psychologists, they are psychologists who are trained in gender and who know how to handle themselves well.*

-Respondent 8

Respondents described challenges related to mental health services provision. Most notably, insufficient resources interfere with their ability to provide comprehensive mental health services and sufficient psychotropic medications for victims in need throughout their process. As explained by respondent 4,

*The cost, the cost. Yes, here the issue of mental health is a bit expensive for the general population because it is a follow-up issue, it does not work in 3 or 7 days... Some women can pay for the cost of therapy. We have a fee what we call sustainability fee that is well below market, so those who can pay it, thousand pesos for therapy, but more than 80% of the women who come here are subsidized, some contribute 200 pesos, another 300, another 500, but the vast majority is free, attention is free.*

-Respondent 4

### *Medical Services*

Respondents from both the public and private sectors identified issues with medical services available to female victims of violence. Specifically, within the public sector, some providers have rejected the idea of referring victims to hospitals after victimization is reported because they do not trust that victims will receive the attention they need. As stated by respondent 2,

*When the center opened, the prosecutor's idea at that time was for women to be referred from here to a hospital. We stood our ground and said NO because that is where the case is lost.*

-Respondent 2

Respondent 4 also described issues with the way medical professionals handle cases of violence against women that arrive at the emergency room, despite protocols and policies in place to address these cases.

*...there is a process and it is written there in the rules, what that nurse should do, what that doctor should do, but they do not feel obligated, they do not feel obligated and there nothing happens.*

-Respondent 4

Respondents also mentioned how a lack of health insurance presents a barrier for victims seeking medical attention, especially victims with very limited resources. Respondents explained how they sometimes refer victims to friends who are doctors in the hope of providing low cost or free medical attention. As stated by respondent 8,

*The usual problem, not having a, what is it called ... not having insurance. The women here can tell you, for example, a girl who arrives beaten, severely beaten, if she does not have insurance or anything, one calls friendly doctors who can (see her).*

-Respondent 8

### *Legal Services*

Respondents described legal services available for female victims of violence from both the public and private sectors. Respondents described the extent of services available, as well as strengths and weaknesses in victim service provisions throughout the country.

Through the public sector, legal services for victims are provided by the Attorney General's Office and the Ministry of Women. The Attorney General's Office processes and prosecutes cases reported by victims of violence. The office is also tasked with keeping victims informed during the legal process and prosecuting the case regardless of the victim's participation or cooperation after the case is reported.

The Ministry of Women provides legal services through 54 offices in the capital and provincial offices typically located in the largest town or city in each province. Attorneys at these offices are tasked with representing the victim during her case and providing victims with legal counsel.

Respondents described issues with legal services provision from the public sector and barriers victims face when trying to obtain these services. One of the issues mentioned was that the prosecution often fails to keep victims informed about what is happening with their case, what the next steps are, and assist them with navigating the legal system. Respondent 2 described efforts by her institution to assist victims affected by these deficiencies. As explained by respondent 2,

*Victims go through the process without being informed of what is happening, how it is, what happens...We have had to do something that we have called Legal Advice Meetings, where a magistrate, an external prosecutor comes, and once a month we call on women to guide them about where to go, what to say, what their rights are... .. we have raised this issue in other forums, in recent years the great challenge for women is to get lawyers to defend them on the criminal issue because first, they are poor women who cannot afford a lawyer and are not offered these services, and then, the civil issue, the guidance, the information. The alternative that we have sought is that we do monthly legal advice meetings, where women receive information, but our services do not include the woman being treated in the legal aspect.*

-Respondent 2

Another barrier to the provision of legal services is the lack of resources. Respondents from the public sector identified insufficient resources as the main barrier to providing appropriate legal services for victims of violence. Lack of resources affects providers in several ways that include not having enough personnel to handle all the cases that are reported, resulting in overwhelmed attorneys that are unable to follow up with all victims whose cases they are handling, while also affecting the quality of services provided. Another problem due to lack of resources is that there are not enough offices throughout the country, so victims often have to travel long distances to arrive at a prosecution or ministry office where they can report and receive legal assistance. As explained by respondent 5,

*Well, the main challenge is the lack of resources, that is, more resources to be able to reach out, to provide better quality services, that is the main one.*

-Respondent 5

Respondents from both the public and private sectors expressed concern about victims being left alone throughout their legal process, without guidance or accompaniment to meetings and hearings related to their case, and the risks involved for victims who pursue charges against their abuser. As explained by respondent 2,

*...women are left alone with their cases, and that puts them at greater risk, because when that man knows that woman has filed that complaint, and that the prosecutor represents the women, and prosecutors represent women in criminal matters, but, in all other subjects, women are left alone, without information and without someone to represent them. And when, for example, the woman wants to file a complaint, right? She has no resources to do that, so I think that first the state has to assume, or see what resources from the state can be provided to women, and then the NGOs, because truthfully, no, they do not offer it.*

-Respondent 2

Respondent 8 also identified budget problems as a barrier to service provision for victims who need legal assistance. Specifically, she explained that there is no national budget allocation specifically for legal services for victims who are pursuing a case. As stated by respondent 8,

*The budget, there is no national budget, you will see that in the work, in the diagnosis we made for OXFAM. There is no national budget, not even in the women's ministry, for violence, at least in 2017 there was not, and I do not think they have allocated one.*

-Respondent 8

Respondents described legal services provided by the private sector, which include legal counsel and representation for victims who report and pursue a case against the abuser. Respondents acknowledge the importance of providing legal services for victims to prevent re-victimization and assist with navigating

the legal system. Although the public sector is supposed to represent victims and provide these services, public service provision is insufficient and private-sector alternatives are necessary.

Respondents identified barriers to providing legal services for victims, including costs and lack of resources as the main challenge faced by victims as well as providers. The legal process is complicated and time-consuming, and organizations struggle to afford to keep an attorney on staff to assist victims of violence. As explained by respondent 6,

*Well, I've worked directly with the legal criminal aspect since 2009, assisting victims in the violence unit of Santiago, in the city of Santiago de los Caballeros in the Dominican Republic. I had very little help because it is a matter that can not be covered by a single person, and apart from the fact that a single person cannot cover it, there is the issue that if I assume a certain responsibility, then the state does not support me. I had to stop, then I resumed but in the form of a campaign, already giving talks to survivors, how to get out of the problem, to victims, to teach them to report, how to report, what steps should be followed, and guidance in public schools, colleges and universities.*

-Respondent 6

Respondent 4 also elaborated on how a limited budget affects the organization's ability to provide legal assistance to victims, and how the organization has coped with this limitation. As stated by respondent 4,

*That is the leg we are missing. We have no budget, we have no budget. We once had a lawyer accompanying their legal process, that is, everything they had to sign, the lawyer here had to read and review it, then that lawyer was the one who said: "yes, sign this, do this, the other" and we reviewed the process as she was going through it, but because of budget we could not keep that lawyer. I do not think anyone lasts two years with us, so what we do is that we activate the network and, if we can, we refer her to other institutions that work in the legal area.*

-Respondent 4

Respondent 8 explained how her organization provides legal services for victims and the organization's approach to cases where the victim has very limited resources and cannot afford the minimum legal costs of her case, such as filing fees or certifications. As described by respondent 8,

*We charge something, (the director) can tell you that, because I do not know the exact rate now, but it is not a reason that we would say "ah, we cannot do it with you because you cannot pay". Many people cannot pay, of course, We even go Dutch for that, we have no other choice, but they are charged very little, and in the case of legal support, there are a series of legal expenses. We always ask that it be free, that women do not have to carry these seals, but you always have to pay. Then they pay if they can, if not, we pay it.*

-Respondent 8

Respondent 7 also mentioned limited financial resources as a barrier for victims as well as organizations trying to provide legal services. The costs of the legal process may influence a victim's decision to pursue a case against the abuser. Furthermore, not all service providers can provide legal services at low or no cost to victims. As stated by respondent 7,

*There will always be that factor, the economic factor that I cannot pay for it because when you are a victim, you are helpless. And when you have to go to one place, not all places have a lawyer who can help you.*

-Respondent 7

Additionally, respondents explained how weak institutions present a barrier for victims to access legal services and for their case to advance in the system if they pursue charges against the perpetrator. Specifically, the entanglement of the political and judicial branches is a barrier for victims whose case may involve someone tied to politics. As described by respondent 8,

*I believe that politics does not allow us to advance, for example, an aggressor who is from the (political) system, they call you ..."look, he is good, he is not how that woman says." It is a terrible thing how they do whatever they want.*

-Respondent 8

Furthermore, respondent 7 described the fear and lack of understanding of their rights as another barrier to victims accessing legal services.

*Well, you know that it is about learning, because even if they say yes, then they repent, and it is a pretty strong challenge, because the woman who suffers violence is on a swing, going up and down, and it becomes an uphill battle. Unfortunately, they have not educated us to learn that we have rights.*

-Respondent 7

### *Financial Education and Assistance*

Only one of the respondents stated that her organization provides financial education and assistance for victims. The financial education program is part of the Center for Attention to Victims of Violence and consists of a multipronged approach to help victims reach financial independence and stability free of violence, as well as neutralize financial abuse. Respondent 2 explained how the program emerged as a response to changes in the victim's expressed needs. As stated by respondent 2,

*Before, women's needs were more primary, more economical. Today we have had to create services for women to get a job, for their sons and daughters to study, for women to learn financial education. We have for example self-saving and loan groups, where women build self-saving communities.*

-Respondent 2

Respondent 2 described how cultural norms rooted in machismo and marianismo negatively impact women and girls' ability to become productive and financially independent, and how her organization started the financial assistance and education program when these barriers were identified.

*Let's say that part is very important for us because without money women die because this culture tells women that they are not producers of wealth, and that is a lie because this culture tells them that they depend economically on a man, and that is a lie, so since the center opened, we have some resources.*

-Respondent 2

Respondent 2 elaborated on program details and achievements. One of the components of the financial assistance program is an alliance with ADOPEM bank that provides women with microloans at very low-interest rates so they can develop or strengthen a business. As explained by respondent 2,

*Since the center opened, we have an agreement with the ADOPEM bank, and women get microcredits at very low interest, at the lowest interest, to develop their business or potentiate a business they want. To date, until June 2019, RD\$8,548,700 has been disbursed through that fund. With money, women are trained, ADOPEM itself has workshops. It has two levels of workshops, one is basic financial development, which is a culture of basic savings, and another for women entrepreneurs. ADOPEM comes here, we form the groups, and ADOPEM comes here to train women as a condition to give them the money. Another resource we have is the self-saving groups, since 2016 it is a strategy that we learned from CRS\* and created the communities. It is aimed at very poor women...we send one of our professionals to learn it and we do it here with the methodology, and it has worked very well for us. Women come every fifteen days and bring their savings for the week. We make cuts at 6 months, a cut in June which is the time where women have to buy school uniforms, textbooks, so that money is for that, and we make another cut in December...We have face-to-face modalities of self-saving groups, those women who can come here every fifteen days, and we have the Ahorranet modality, we have called it, women who via the internet make their savings, for another let's say another population, and organize themselves, for example, In this cut, the total savings in the month in the first half of June was 150,500 pesos, the largest amount of savings for a woman was 12,627 and the lowest, 200 pesos, see? So it is that each one saves what they can, and they have the possibility in this modality of obtaining loans of the same savings, raffles are made raffles and they increase their amount, that is, it is a savings community that helps them to develop economically.*

-Respondent 2

*\*CRS stands for Catholic Relief Services, an NGO of the Catholic Church.*

Respondent 2 also described the perceived positive effects these services have on victims and how these services have helped them improve their financial situation after escaping abuse.

*...what has happened in that group is fantastic, because women have begun to put the roof on their houses, which had zinc and have been able to put a plate, buy a washing*



*machine to stop washing by hand, buy a refrigerator, and Putting a business to sell ice cream in your community, that is, I get involved every time I talk about this because what it is about is saving money so that your life changes, and achieving your economic independence.*

-Respondent 2

Another component of the financial education and assistance program is assisting with job placement. Respondent 2 explained how the organization has partnered with other institutions to assist victims in the process of finding a job. Respondent 2 stated,

*We also do training to get a job through the Ministry of Labor, trainers come to teach that woman how to do the first interview, how to dress, how to make a resume, that is, and we have also started with some companies, a few in recent years, at first we did not succeed, to serve as a filter for our women to get a job. So far we have two companies that we send a curriculum and women have been placed.*

-Respondent 2

Respondent 2 described challenges faced by victims concerning their education and job opportunities following their escape from violence. These challenges extend beyond the victim and can affect the victim's children, whose education and development may be affected by changes following the separation. The program seeks to assist victims facing these issues by incorporating education and vocational training opportunities for the victim's children. As explained by respondent 2,

*...sometimes there is not a full picture that when a woman lives violence, what happens more easily is that that man leaves and leaves the woman in charge of her children...so, for example, that agreement that we are going to sign with the Ministry of Youth, requires that it be not only for women but for the sons and daughters of women, because that woman is in charge of those children, then let's say that having a narrow perspective does not help. Let's say that an expanded vision of the social reality of a woman who decides to leave a relationship because she is experiencing violence but stays in charge of her children, then those education services make it easier for that woman to have her children develop, get jobs and make the family progress.*

-Respondent 2

### *Community Education and Awareness*

Respondents from both the public and private sectors described programs and campaigns designed to raise awareness of domestic and gender violence against women and girls, as well as denouncing cultural practices that violate the rights of women and girls, such as forced child marriage and masculinity concepts anchored in machismo. Respondents discussed strengths and weaknesses of these initiatives, as well as challenges faced by providers regarding service provision for victims as well as preventative efforts seeking to lower victimization rates.

Respondents from the public sector described state-run community education programs and campaigns for raising awareness about domestic violence and available resources for victims. Within the Ministry of Women, an education department is dedicated to developing community education initiatives which include mass media presence as well as in-person events and activities. As described by respondent 5,

*Yes, here there is an education department that is dedicated specifically to that, to raise awareness, give talks, workshops, organize graduates everything regarding violence prevention, to campaign in that direction...*

-Respondent 5

Respondent 2 described working with victims who had gained stability after escaping abuse, and who became multipliers of violence prevention programs in their communities, serving as agents of change among their peers. As stated by respondent 2,

*Yes, we do have a program ... We have a training manager. And one of the programs we have is aimed at women, in the sense that there are women who, after they advance in their healing, development process, after having experienced violence, become multipliers. For example, we had a woman who had a beauty salon in her neighborhood, so along with the person in charge of training, she helped her...to make a little flyer that was about violence prevention, so that she gave that to all the women who went to her salon, she gave that little flyer. Then she became a multiplier of violence prevention in her community.*

-Respondent 2

Respondents from the private sector also described programs developed by their respective organizations for raising awareness and educating members of the community. These programs are developed for different platforms, ranging from mass media to in-person programs designed for different communities and age groups. Respondent 3 described the work of her organization as follows,

*Here, well, we have, studies have been carried out, an evaluation of the implementation of 24-97 in its 20 years, of the implementation gaps of the laws on violence against women, we have a campaign now, RESET, that is prevention campaign, especially thinking of an analysis of the imaginary of violence in young people, and how to contribute to the prevention of violence.*

-Respondent 3

Respondent 3 also elaborated on programs designed for rural communities aimed at addressing masculinity concepts held by youth in underprivileged areas.

*...we are developing a project with young people from rural areas specifically in San Cristobal, through which we are promoting, in addition to leadership, their activism, this clearing of imaginariums and violence, also inviting young people to question masculinities. Also within the framework of the campaign, youth spaces have been created to discuss the construction of hegemonic masculinities and explore other ways of being men.*

-Respondent 3

Respondent 4 described her organization's work with training and raising awareness of violence against women and girls in the community as well as government institutions and other organizations. The organization has a diploma along with other training and intervention programs aimed at different organizations and age groups. As described by respondent 4,

*Yes, we are very active with the community. Offering talks, awareness talks, and those talks are specialized as requested. If it is a group of lawyers, if it is going to be a group of psychologists, if it is going to be a religious group, if they are going to be teenagers, if they are going to be fathers and mothers of school, we are always looking for results so we adapt the presentation to the group that will participate or be intervened.*

-Respondent 4

Respondent 4 elaborated on programs offered to the public by her organization,

*...we also have the community intervention program that we work with the population in general, schools, colleges, high schools, public ministry, national police, armed forces, neighborhoods, communities, neighborhood council, teenagers, churches, no matter the denomination, we work with all the churches, we have movie forums, we have a diploma that we are going through the 15th round of giving it, which is a diploma that has a duration of 4 months, it is called Comprehensive Approach to Abusive Systems and it is open to the public, but almost always psychologists, psychiatrists, doctors, prosecutors, lawyers, teachers, nuns, come ... we have had a range of professionals of all kinds, of all kinds. The experience is very rich when these groups are formed, which are always formed by more than 30 people.*

-Respondent 4

Respondents described challenges faced by their organization when providing community education and awareness services. The main challenges identified were related to cultural norms and insufficient resources. Respondents mentioned cultural norms as a barrier for successful provision of services aimed at raising awareness of domestic and gender violence at a systemic and institutional level.

Respondent 2 described a particular issue involving the private sector and its approach to current and potential employees involved in domestic violence cases. Some companies have resisted attempts at talks regarding domestic and gender violence for their employees, however recently there has been an observable shift in some companies, although this shift is centered around facilitating male employees who are accused of domestic violence to be hired or continue to work regardless of criminal record. As described by respondent 2,

*Look, I'm going to tell you what happened to us. When the center opened, I went, I met with the human resources managers of the companies, of the banks, to tell them that this issue is very important, that they should raise awareness among the population. The bosses did not want them to talk about it, that no, that this topic, that it does not occur here...Time passes, and it turns out that for 3 years it is precisely the companies that have*

*begun to approach us to request that we offer them training because they have a problem...but here's the problem...the problem is not violence.... The problem is that men who have a good profile as employees, have a file with the police, and they cannot employ them, a file for violence against women. You see?*

-Respondent 2

Respondents discussed how the education system presents a barrier to community education efforts, as policymakers retracted an initial directive to discuss gender policies in public schools. As explained by respondent 4,

*The challenge is the school system, that is, the Ministry of Education, which is a great obstacle because right now that gender policies were about to be implemented in the school system and all that, and now it was reverted again, and that is where the big bet of us is, that is, in the education system, because besides the family system, in the education system is where the individual lasts the longest, so that imaginary begins in the child, and that is where work should begin, with the issue of conflict management, with the issue of the roles assigned depending on "you are female, that you are male", it is a long-term project, but that is the basis, education, to generate all these changes in society in general.*

-Respondent 4

Respondent 4 also mentioned gaps in the implementation of state-run programs for preventing violence and raising awareness. Although the government usually has specific events on relevant dates, there is no implementation plan for these government initiatives that would guide providers. Respondent 4 stated,

*...the state does not have a program for prevention, or awareness...they have specific events on significant dates, dates like March 8, November 25, a march here , a march over there, and right now there is a plan that is being implemented by the Attorney General of the Republic, but it is a plan that is 21 points, I think you can look for it for you to see, but there is no document that supports each action*

-Respondent 4

Respondent 6 described a barrier faced by victims regarding access to community education and awareness of the problem. As some victims are reluctant to acknowledge the abuse, they may resist participating in events aimed at assisting them in recognizing and escaping violence, as well as gaps in services provided by the government that fail to address mental health and its impact on victims of violence.

As explained by respondent 6,

*The issue is as follows, that nobody wants to take on the problem of domestic violence. So not even the women themselves want to admit that they are going through a situation of violence. So, when you start, you cannot promote a course, for example "how to overcome domestic violence" or "how to get out of domestic violence." Nobody goes because nobody, even if they are killing her, they do not want them to know that they are suffering domestic violence. So, something that happens too, another challenge is that our government does not manage the issue of mental health, because violence is a health issue. It is more convenient for people to remain ill, if you can say that, emotionally.*

-Respondent 6

Respondent 8 also described issues with government programs that fail to address domestic and gender violence in their respective communities.

*The challenge is that the municipalities do not have programs for this and should have them. Furthermore, they do not have programs even for poverty in general, less for survivors. The great challenge is that the system is not ready, there are communities that are very very poor and that are unprotected from the official system. The municipalities have no programs. The town council's programs are for asphalt and garbage, and that is already believed to be the greatest thing they do. People are missing, even with older adults, and older adults who experience violence. In the latest statistics that have been given, for what I think is the day of the elderly, I do not remember when, CONAPE gives some numbers that you say gosh, it is true that adult people, especially older adult women suffer violence .*

-Respondent 8

Additionally, respondents mentioned lack of resources as a barrier to providing adequate community education and awareness services. As described by respondent number 5,

*...maybe we are not reaching the public, the masses, and also through the media ...you know that the ads and all that cost a lot of money and it is also not so simple (to have) the institution pay for such things, but it is still necessary.*

-Respondent 5

## CHAPTER 5

### DISCUSSION

The purpose of this study is to contribute to the limited body of research regarding services for female victims of violence in the Dominican Republic by answering four research questions, specifically, what institutions are currently serving female victims of violence in the Dominican Republic, what services are available for and provided to female victims of violence in the Dominican Republic, what provisions or policies are in place to ensure female victims of violence in the Dominican Republic have access to these services, and finally, what individual, institutional, systemic and/or cultural barriers may exist that limit access to these services.

Regarding the first research question, which questioned what institutions are currently serving female victims of violence in the country, findings indicate that public and private institutions exist to provide a wide range of services for female victims of violence. Victim services from the public sector are administered throughout the country by two government agencies, the Attorney General's Office and the Ministry of Women. Victim services from the private sector are provided by several agencies as well as individuals who mainly work with victims at the local or regional level, as well as in partnership with public entities. However, the private sector does not provide access to shelters or safe houses, as these are exclusively run by the state.

Regarding the second research question, which questions what services are available for female victims of violence in the country, results suggest that service provision in the Dominican Republic includes a number of victim services such as public temporary shelters, legal services, financial education, mental health services, and community education and awareness programs. These services contribute to the victim's safety, recovery, and wellbeing, and may also extend to the victim's children. This corresponds with findings from Sullivan's 2017 study regarding service providers' goals for victims and their role in the victim's recovery process (Sullivan, 2017; see also Diener, 2009). However, service availability and scope vary by location, and is impacted by other factors such as available resources and accessibility that may constitute a barrier to access.



In regards to the third research question, which questions what provisions or policies are in place to ensure female victims of violence in the Dominican Republic have access to these services, the data suggests that victim services provision is partially regulated through legislation and policies for handling reports of IPV and access to public victim services. Regulation stipulates that for victims to access services, victimization must be reported to a prosecution office. This presents a systemic barrier for victims to access services and contributes to an existing cultural barrier for victims who may not want to report due to fear of revictimization, escalation in violence and fear of violence against loved ones or perceived allies, as shown in studies regarding Latin American and Caribbean women's reasons for not seeking help (Bott et al, 2013). Additionally, the justice system often fails to follow these procedures with reported cases resulting in revictimization. When prosecutors drop cases if the victim steps back from the judicial process, when victims are not notified if the perpetrator is released by authorities, and when law enforcement officers do not respond to reports in a timely manner, victims are further endangered and their faith in the justice system may be weakened, reinforcing their belief that no one can help and help is not worth seeking.

In response to the final research question regarding what individual, institutional, systemic and/or cultural barriers may exist that limit access to these services, three important barriers for victims to access services emerged: 1) cultural norms rooted in machismo and marianismo, 2) lack of resources, and 3) inadequate infrastructure. These barriers are present at the systemic, institutional, and individual levels, affecting victims as well as service providers. Findings align with previous research on victim service provision and studies on violence against women at the global, regional and national level specific to the Dominican Republic, indicating that cultural norms regarding traditional gender roles within the constructs of machismo and marianismo present a barrier for victims to access services in the country. These are consistent with findings on the impact of cultural norms in Hispanic victims' decision to seek help (Rizo & Macy, 2011; Bott et al, 2012) and the way police and religious organizations respond to victims in support of maintaining the abusive relationship (Sorenson 1996; Acevedo, 2000). Risk of victimization may also be influenced by gender-based cultural norms. Findings suggest widespread acceptance of violence, forced

child marriage and IPV, consistent with regional studies conducted by Kimelblatt in 2016 (see also, EU & UN, 2018, Heaton & Forste, 2007) and national studies conducted by OXFAM (OXFAM, 2018).

The data suggests that lack of resources presents a significant barrier for adequate service provision. All respondents mentioned lack of resources as a barrier to providing services for victims in their respective areas, and as a perceived barrier for victims to escape abuse and seek services, as well as increasing the risk of victimization. These results are consistent with other studies indicating that economic or financial stress increases risk of IPV perpetration and victimization (Heise & García-Moreno, 2002; WHO, 2010). Results indicate a substantial difference in available resources dependent on geographic location, with urban areas like Santo Domingo and Santiago having more resources available for providers and victims than rural areas like Barahona (see map 1), presenting an additional barrier for providers and victims in these locations. Lack of resources also impacts providers' ability to hire staff to meet all victim's needs, and to provide ongoing training aimed at providing better services, neutralize deeply ingrained cultural norms and prevent revictimization.

Additionally, inadequate infrastructure presents as a systemic and institutional barrier for service provision and access to services affecting public and private service providers. Respondents described how there aren't enough prosecution units, shelters, shelter beds, facilities for victims to adequately report and receive services, and facilities for service providers to operate overall, resulting in reduced access to services and service provision that may result in revictimization. Furthermore, service provider facilities are not prepared to welcome victims with disabilities, presenting an additional systemic barrier for those who are particularly vulnerable.

#### *Implications for policy and research*

Results indicate several issues that interfere with successful victim services provision that may benefit from changes in existing policy. Although policy cannot be expected to significantly change cultural norms, modifications to existing policies that currently present a systemic and/or institutional barrier for victims to seek services are possible and encouraged. Specifically, policies dictating that access to shelters and other state-run services is contingent on victims reporting their case to authorities present a significant

barrier for victims to access services for a number of reasons, including the victims potentially fearing for their safety and their loved one's safety, inability to reach a prosecution or Ministry office where they can safely report their case due to lack of affordable transportation, unsafe roads, lack of affordable transportation, and lack of faith in the authorities' ability to respond or offer help.

Furthermore, it is recommended that policy makers focus on budget allocation for service providers from the public and private sectors, strengthening law enforcement institutions in ways that would allow them to properly respond to reports of victimization in a timely manner, increasing the number of shelters and provincial offices of victim services in order to facilitate access to said services for victims who may live in remote rural areas, modifying existing policies and legislation that perpetuate practices that victimize women and girls, including legal forced child marriage, and strengthening oversight and accountability bodies to ensure that procedures are being followed, cases are handled appropriately, resources are used efficiently, and victim's rights and dignity are respected. Additionally, in a broader context it is recommended that the state addresses widespread poverty in the short and long term through sustainable development policies that may have a positive effect on victims, especially those in the poorest areas of the country who are especially vulnerable to victimization and at the same time, furthest removed from authorities and victim service providers.

### *Limitations*

The generalizability of the results is limited by the sample size and the inability to include respondents from law enforcement agencies and prosecutors due to lack of response from the institutions, reducing the number of perspectives the study was designed to include. Due to the lack of data from these types of providers, results cannot confirm the extent of services and barriers to services provided by these institutions. It is beyond the scope of this study to measure and analyze the impact of these services and barriers to services on victims and providers currently and over time.

### *Future research*

Further research is needed to understand the impact these barriers to accessing services have on the population in rural and urban areas, as well as their impact across socio-economic classes. Future studies

should include a considerably larger sample size to emphasize reliability and validity. Research that employs quantitative data would allow for more accurate results regarding the impact barriers to services may have on victims as well as any changes to these policies or service provisions in the short and long term. It may also be beneficial to use a uniform research tool that can help establish a baseline as the initial component for longitudinal studies of victim services and barriers to these services. This would potentially assist policy makers and providers in making needed adjustments to improve access to and quality of victim services. It is also recommended that a comprehensive budget analysis be conducted for each of these institutions that would allow for informed decisions regarding resource allocation, effectiveness and efficiency in service provision and delivery.

### *Conclusion*

This exploratory study was conducted to establish a framework for addressing barriers that may exist for female victims of violence to access services similar to those described in the existing body of literature. Semi-structured interviews were conducted with service providers from the public and private sectors. The interviews focused on existing legislation and policies for addressing victimization of women and girls, service provision, and possible barriers to accessing these services. Qualitative data was gathered, coded according to emerging themes, provider type and services offered, and analyzed. Respondents were asked about existing policy, services, barriers to successful service provision and perceived barriers for victims to access their services. From these responses, it can be concluded that barriers exist for victims to access services as well as for successful and comprehensive service provision. Future directions in research and policy should aim to address these barriers and expand access to services as well as improve the quality of services provided through both operational and legislative efforts that strengthen service provision.

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## APPENDICES

## APPENDIX A

## Informed Consent - English



Department of Criminal Justice and Criminology  
College of Behavioral and Social Sciences  
Georgia Southern University  
1360 Southern Drive  
Statesboro, Bulloch County, GA  
30458, USA

**Informed Consent****Barriers and Access to Services for Victims of Violence Against Women in the Dominican Republic**

**Principal Investigator:** Catalina Hooper Armenteros, Graduate student of Criminal Justice and Criminology; Master's Thesis research project.

**Purpose of the Study:** The purpose of this study is to examine service provision and possible barriers for obtaining services faced by female victims in the Dominican Republic.

**Procedures to be followed:** You will be contacted for a face to face interview. The interview will be scheduled and the researcher will go to the established meeting location with a recording device and note-taking materials, as well as the approved research instrument. Answers will be recorded for subsequent data processing. If you choose not to answer any questions, these will simply be left blank. Interview location will vary, as subjects are located in different parts of the country and are members of different institutions. There will be no exclusive setting for interviews to take place. Interviews will be held individually. Interviews are expected to require approximately 1-2 hours of your time, and no follow-ups are expected or needed.

**Discomforts and Risks:** Possible risks of participating in this study are no greater than risks posed by exercising daily activities or risks that may present themselves to you during work. Questions are relevant to your daily activities and work.

**Benefits:** Benefits of participating in this study include the opportunity for dialogue and contributing to a study that seeks to evaluate the assistance system currently available for victims of violence against women. Benefits of the study for society include completing an analysis where barriers to access to

services for victims of violence against women are identified in the Dominican Republic and the possibility of contributing to possible solutions to the issue of violence against women in the Dominican Republic through findings and policy recommendations resulting from these.

**Duration/Time required from participant:** Participation in the study consists of completing a semi-structured, face to face interview, which is expected to require approximately 1-2 hours of your time. No subsequent interviews or follow-ups are needed.

**Statement of Confidentiality:** Interviews will be documented by assigning a pseudonym and case number to you. Your name and other identifying information will not be stored alongside your answers and identifying information will not be included in the findings. Interviews will be translated, transcribed, coded, and tabulated without including identifying information.

**Future use of data:** De-identified or coded data from this study may be placed in a publicly available repository for study validation and further research. You will not be identified by name in the data set or any reports using information obtained from this study, and your confidentiality as a participant in this study will remain secure. Subsequent uses of records and data will be subject to standard data use policies which protect the anonymity of individuals and institutions.

**Right to ask questions:** You have the right to ask questions and have those questions answered. If you have questions about this study, please contact the researcher named above or the researcher's faculty advisor, whose contact information is located at the end of the informed consent. For questions concerning your rights as a research participant, contact Georgia Southern University Institutional Review Board at the Office of research Integrity at P.O. Box 8005 Statesboro, Bulloch County, GA 30460 or by phone at (+1) 912-478-5465.

**Compensation:** Participation in this study does not include compensation of any kind. Research has been designed so that it does not present extraordinary expenses for you.

**Voluntary participation:** You are not required to participate in this study. You may terminate your participation at any time by telling the PI. You do not have to answer questions you do not wish to answer. Any findings that may reveal themselves during the course of research and may impact your disposition to participate in the study will be provided to you.

1. **Penalty:** There is no penalty of any kind for deciding to not participate in this study. You may decide to not participate at any point in the research process and may withdraw from the study without penalty or retribution.

2. **You must be 18 or older to participate in this research study.** If you agree to participate in this study according to the terms stated above, please sign with your name and date below.

3. You will be given a copy of this consent form to keep for your records. This project has been reviewed and approved by the GSU Institutional Review Board under tracking number H19347.

Project Title:

Barriers and Access to Services for Victims of Violence Against Women in the Dominican Republic.

Principal Investigator : Catalina Hooper Armenteros, Georgia Southern University, P.O. Box 8105, Statesboro, Bulloch County, GA, 30460, USA, (+1)(912)-478-0117, ch10952@georgiasouthern.edu.

Faculty Advisor: Dr. Jonathan Grubb, Ph. D., Georgia Southern University, P.O. Box 8105, Statesboro, Bulloch County, GA, 30460, USA, (+1)(912)-478-7351, jgrubb@georgiasouthern.edu.

I, the undersigned, verify that the steps for informed consent mentioned above have been followed.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Investigator Signature

\_\_\_\_\_  
Date

APPENDIX B  
Informed Consent - Spanish



Departamento de Justicia Criminal y Criminología  
Escuela de Ciencias Sociales y Conductuales  
Universidad Georgia Southern  
1360 Southern Drive  
Statesboro, Condado Bulloch, GA  
30458, USA

**Consentimiento Informado**

**Barreras y Acceso a Servicios Para Víctimas de Violencia Contra la Mujer en República Dominicana.**

**Investigadora Principal :** Catalina Hooper Armenteros, estudiante de Maestría de Ciencias Sociales en Justicia Criminal y Criminología, proyecto de investigación para tesis.

**Propósito del estudio:** El propósito de este estudio es realizar una evaluación cualitativa de servicios disponibles y acceso actual a servicios para víctimas de violencia contra la mujer en la República Dominicana, e identificar posibles barreras que pudieran presentarse a nivel sistémico, institucional e individual.

**Procedimientos a seguir:** Será contactado para una entrevista cara a cara. La entrevista se programará y la investigadora irá al lugar de reunión establecido con un dispositivo de grabación y material para tomar notas, así como el instrumento de investigación aprobado. Las respuestas se registrarán para el procesamiento posterior de los datos. Si elige no responder alguna pregunta, simplemente se dejarán en blanco. La ubicación de la entrevista variará, ya que los sujetos se ubican en diferentes partes del país y son miembros de diferentes instituciones. No habrá un entorno exclusivo para que se realicen las entrevistas. Las entrevistas se realizarán individualmente. Se espera que las entrevistas requieran aproximadamente 1-2 horas de su tiempo, y no se esperan ni se necesitan seguimientos.

**Incomodidades y Riesgos:** Los posibles riesgos de participar en este estudio no son mayores que los riesgos planteados por las actividades diarias o los riesgos que pueden presentarse durante el trabajo. Las preguntas son relevantes a sus actividades diarias y trabajo.

**Beneficios:** Los beneficios de participar en este estudio incluyen la oportunidad de dialogar y contribuir a un estudio que busca evaluar el sistema de asistencia actualmente disponible para las víctimas de violencia contra las mujeres. Los beneficios del estudio para la sociedad incluyen completar un análisis donde se identifican las barreras de acceso a los servicios para las víctimas de la violencia contra las mujeres en la República Dominicana, y la posibilidad de contribuir a posibles soluciones al problema de

la violencia contra las mujeres en la República Dominicana a través de los resultados. y las recomendaciones de política resultantes de estos.

**Duración/Tiempo requerido del participante:** La participación en el estudio consiste en completar una entrevista semiestructurada, cara a cara, que se espera que requiera de 1 a 2 horas de su tiempo. No se necesitan entrevistas o seguimientos posteriores.

**Declaración de confidencialidad:** Las entrevistas se documentarán asignándole un seudónimo y un número de caso. Su nombre y otra información de identificación no se almacenarán junto con sus respuestas y la información de identificación no se incluirá en los resultados. Las entrevistas se traducirán, transcribirán, codificarán y tabularán sin incluir información de identificación.

**Uso futuro de datos:** Los datos desidentificados o codificados de este estudio se pueden colocar en un repositorio público para la validación del estudio e investigación adicional. No se le identificará por su nombre en el conjunto de datos ni en ningún informe en que se use la información obtenida de este estudio, y su confidencialidad como participante en este estudio permanecerá segura. Los usos posteriores de registros y datos estarán sujetos a las políticas de uso de datos estándar que protegen el anonimato de personas e instituciones.

**Derecho a hacer preguntas:** Usted tiene el derecho de hacer preguntas y que sus preguntas sean respondidas. Si tiene preguntas sobre este estudio, comuníquese con la investigadora mencionada anteriormente o con el asesor de la facultad de la investigadora, cuya información de contacto se encuentra al final del consentimiento informado. Si tiene preguntas sobre sus derechos como participante en una investigación, comuníquese con la Junta de Revisión Institucional de la Universidad Georgia Southern en la Oficina de Integridad de investigación en la dirección al P.O. Box 8005 Statesboro, Bulloch County, GA 30460 y al teléfono (+1) 912-478-5465.

**Compensación:** La participación en este estudio no incluye compensación de ningún tipo. La investigación ha sido diseñada para que no presente gastos extraordinarios para usted.

**Participación voluntaria:** Usted no está obligado a participar en este estudio. Puede cancelar su participación en cualquier momento informándose a la investigadora principal. No tiene que responder a las preguntas que no desea responder. Se le proporcionarán todos los hallazgos que puedan revelarse durante el curso de la investigación y que puedan afectar su disposición para participar en el estudio.

1. **Penalidad:** No hay ninguna sanción de ningún tipo por decidir no participar en este estudio. Puede decidir no participar en cualquier momento del proceso de investigación y puede retirarse del estudio sin penalización o retribución.

2. **Usted debe tener 18 años o más para participar en este estudio investigativo.** Si accede a participar en este estudio de acuerdo a los términos mencionados arriba, por favor firme con su nombre e indique la fecha debajo.



3. Se le dará una copia de este formulario para su archivo. Este proyecto ha sido revisado y aprobado por la Junta de Revisión Institucional de la Universidad Georgia Southern bajo el número de rastreo H19347

Título del proyecto:

Barreras y Acceso a Servicios Para Víctimas de Violencia Contra la Mujer en República Dominicana.  
Investigadora Principal : Catalina Hooper Armenteros, Universidad Georgia Southern, PO Box 8105, Statesboro, Bulloch County, GA, 30460, (+1)(912)-478-0117, ch10952@georgiasouthern.edu.

Consejero de Facultad: Dr. Jonathan Grubb, Ph. D., PO Box 8105, Statesboro, Bulloch County, GA, 30460, (+1)(912)-478-7351, jgrubb@georgiasouthern.edu.

Yo, el abajo firmante, verifico que se han seguido los pasos de consentimiento informado mencionados arriba.

\_\_\_\_\_  
Firma del Participante

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma de la Investigadora

\_\_\_\_\_  
Fecha

APPENDIX C  
Interview Schedule - English

Access and Barriers to Services for Intimate Partner Violence Victims in the  
Dominican Republic

General Questions (Applicable to All Participants)

1. Please provide your name (pseudonym), your current position, the organization/agency your work for, and how long you have been working for them.
2. Please describe how or why you chose to work in this field.

Questions About Laws (Applicable to All Participants)

3. Please tell me about laws that are in place to prevent victimization of women and girls.
  1. How do these laws help or hinder law enforcement in reducing or preventing crime?
  2. How do these laws help or hinder prosecutors for prosecuting crimes?
4. Please tell me about laws that are in place to protect victims from further victimization.
  1. How do these laws help or hinder law enforcement in reducing or preventing crime?
  2. How do these laws help or hinder prosecutors for prosecuting crimes?
5. Please tell me about what victim's rights exist in regard to law enforcement, courts, and corrections.
  1. (If applicable) Are these rights functional or symbolic in nature, and how?

Questions About Law Enforcement Authorities (Applicable Only for Law Enforcement Authorities)

6. Please tell me about protocols in place for law enforcement to follow when *IPV* is reported by victim or others.
  1. If applicable, describe to what extent these protocols are adhered to by law enforcement.
  2. If no protocols are in place, what specific protocols should be put in place to assist resolving cases of *IPV*?
7. Please tell me about protocols in place for law enforcement to follow when femicide takes place.
  1. If applicable, describe to what extent these protocols are adhered to by law enforcement.
  2. If no protocols are in place, what specific protocols should be put in place to assist resolving cases of femicide?
8. Please tell me about protocols in place for law enforcement to follow when forced child marriage takes place?
  1. If applicable, describe to what extent these protocols are adhered to by law enforcement.
  2. If no protocols are in place, what specific protocols should be put in place to assist resolving cases of forced child marriage?
9. Describe if and how officers are held accountable for reporting incidents of violence against women and girls.
10. Describe how law enforcement works with shelters and service providers when appropriate to address issues of violence against women.

1. What specific efforts or programs are in place to address IPV?
  - a. If applicable, are they evidence based?
2. What are some strengths that exist in this relationship?
3. What are some weaknesses that exist in this relationship?

#### Questions About Prosecution (Applicable Only for Prosecution Officials)

11. Please tell me about protocols in place for prosecutors to follow when IPV is reported by victim or others.

1. If applicable, describe to what extent these protocols are adhered to by prosecutors.
2. If no protocols are in place, what specific protocols should be put in place to assist resolving cases of IPV?

12. Please tell me about protocols in place for prosecutors to follow when femicide takes place.

1. If applicable, describe to what extent these protocols are adhered to by prosecutors.
2. If no protocols are in place, what specific protocols should be put in place to assist resolving cases of femicide?

13. Please tell me about protocols in place for prosecutors to follow when forced child marriage takes place?

3. If applicable, describe to what extent these protocols are adhered to by prosecutors.
4. If no protocols are in place, what specific protocols should be put in place to assist resolving cases of forced child marriage?

14. Describe if and how prosecutors are held accountable for prosecuting incidents of violence against women and girls.

15. Describe how prosecutors work with shelters and service providers when appropriate to address issues of violence against women.

1. What specific efforts or programs are in place to address IPV?
  - a. If applicable, are they evidence based?
2. What are some strengths that exist in this relationship?
3. What are some weaknesses that exist in this relationship?

#### Questions About Service Providers in General (NOT Applicable to Law Enforcement or Prosecution)

16. Tell me about the organization you work for, including:

1. How long has the organization been assisting victims?
2. How many staff does the organization currently employ?
  - a. Describe whether or not your office has enough staff to adequately serve the number of victims who require assistance.
3. How many volunteers currently assist the organization?
4. In the previous year, roughly how many victims does your organization assist?
  - a. Approximately what proportion of victims assisted in the previous year were women and girls?

- b. Describe whether the number of victims assisted has changed over the past three years.
  - c. Describe whether the needs of victims assisted has changed over the past three years.
17. To what extent does your organization provide shelter for victims?
  1. How many beds does your facility maintain?
  2. What is the maximum amount of time a victim is able to stay in the shelter?
  3. What restrictions exist for who can use the shelter (i.e., sex, sexual orientation, age, etc)?
  4. What challenges exist for providing victims access to shelter?
    - a. Which of these challenges are unique to women and girls, and how?
  5. What areas of improvement should be addressed regarding providing victims access to shelter ?
18. To what extent does your organization provide legal counseling services available for victims?
  1. Please describe these services in depth.
  2. Are there any restrictions for utilizing these services?
  3. What challenges exist for providing victims access to legal counseling services?
    - a. Which of these challenges are unique to women and girls, and how?
  4. What areas of improvement should be addressed regarding access to legal counseling services?
19. To what extent does your organization provide medical and mental health services available for victims?
  1. Please describe these services in depth.
  2. Are there any restrictions for utilizing these services?
  3. What challenges exist for providing victims access to medical and mental health services?
    - a. Which of these challenges are unique to women and girls, and how?
  4. What areas of improvement should be addressed regarding access to medical and mental health services?
20. To what extent does your organization provide individual or group therapy for victims?
  1. Please describe these services in depth.
  2. Are there any restrictions for utilizing these services?
  3. What challenges exist for providing victims access to individual or group therapy?
    - a. Which of these challenges are unique to women and girls, and how?
  4. What areas of improvement should be addressed regarding access to individual or group therapy?
21. To what extent does your organization provide financial aid resources, financial literacy, or job placement programs for victims?
  1. Please describe these services or programs in depth.
  2. Are there any restrictions for utilizing these resources and programs?
  3. What challenges exist for providing victims access to financial aid resources, financial literacy, or job placement programs?
    - a. Which of these challenges are unique to women and girls, and how?
  4. What areas of improvement should be addressed regarding access to financial aid resources, financial literacy, or job placement programs for victims?

22. To what extent does your organization provide assistance in completing the next level of their education?
1. Please describe this process in depth.
  2. Are there any restrictions for this assistance?
  3. What challenges exist for providing victims access to completing their next level of education?
    - a. Which of these challenges are unique to women and girls, and how?
  4. What areas of improvement should be addressed regarding completion of their next level of education?
23. To what extent does your organization provide community education and awareness?
1. Please describe community education and awareness efforts in depth
  2. What challenges exist for providing community education and awareness?
    - a. Which of these challenges are unique to women and girls, and how?
  3. What areas of improvement should be addressed regarding providing community education and awareness?
24. To what extent does your organization provide other services or programs for victims?
1. Please describe this process in depth.
  2. Are there any restrictions for utilizing these resources and programs?
  3. What challenges exist for providing victims access to these other services or programs?
    - a. Which of these challenges are unique to women and girls, and how?
  4. What areas of improvement should be addressed regarding access to these other services or programs?
25. Of the previously described services or programs, which are evaluated for efficiency and efficacy?
1. How are they evaluated?
  2. How often are they evaluated?
26. What additional challenges does your organization face related to providing services to victims?
1. Which of these are unique for women and girls?
27. From your perspective, what challenges do victims face related to obtaining services from your organization?
1. Which of these are unique for women and girls?
28. Describe the relationship between your organization and law enforcement in assisting victims.
1. What are some strengths that exist in this relationship?
  2. What are some weaknesses that exist in this relationship?
29. Describe the relationship between your organization and prosecutors in assisting victims.
1. What are some strengths that exist in this relationship?
  2. What are some weaknesses that exist in this relationship?

APPENDIX D  
Interview Schedule - Spanish

Barreras y Acceso A Servicios Para Víctimas de Violencia Doméstica y de Pareja en República Dominicana

Preguntas Generales (Aplican a Todos Los Participantes)

1. Por favor, proporcione su nombre (seudónimo), su posición actual, la organización o agencia para la cual trabaja, y cuanto tiempo tiene trabajando para la misma.
2. Por favor, describa por qué eligió trabajar en esta área.

Preguntas Sobre Leyes (Aplican a Todos Los Participantes)

3. Por favor, hableme sobre las leyes que existen para prevenir la victimización de mujeres y niñas.
  1. Cómo ayudan o dificultan estas leyes a quienes aplican la ley para reducir o prevenir el crimen?
  2. Cómo ayudan o dificultan a los fiscales que enjuician estos delitos?
4. Por favor, hableme sobre las leyes que existen para proteger a las víctimas de una mayor victimización
  1. Cómo ayudan o dificultan estas leyes a quienes aplican la ley para reducir o prevenir el crimen?
  2. Cómo ayudan o dificultan a los fiscales que enjuician estos delitos?
5. Por favor, hableme sobre los derechos de las víctimas. Existen con respecto a la aplicación de la ley, los tribunales y las correcciones?
  1. ¿Son estos derechos de naturaleza funcional o simbólica, y cómo?

Preguntas sobre las Autoridades Que Aplican La Ley (Policía)

6. Por favor, hableme sobre los protocolos en vigencia que deben seguir las autoridades cuando la víctima u otras personas informen sobre violencia doméstica o de pareja.
  1. Si corresponde, describa en qué medida las autoridades policiales cumplen con estos protocolos.
  2. Si no existen protocolos, ¿qué protocolos específicos deben implementarse para ayudar a resolver los casos de violencia doméstica o de pareja?
7. Por favor hableme sobre protocolos vigentes para que las autoridades los sigan cuando se produce feminicidio.
  1. Si corresponde, describa en qué medida las autoridades policiales cumplen con estos protocolos.
  2. Si no existen protocolos, ¿qué protocolos específicos deben implementarse para ayudar a resolver los casos de feminicidio?
8. Por favor, hableme acerca de los protocolos que deben seguir las autoridades cuando se lleva a cabo el matrimonio infantil forzado.

1. Si corresponde, describa en qué medida las autoridades policiales cumplen con estos protocolos.
2. Si no existen protocolos, ¿qué protocolos específicos deben implementarse para ayudar a resolver los casos de matrimonio infantil forzado?

9. Describa si los oficiales son responsables de reportar incidentes de violencia contra mujeres y niñas, y de qué manera.

10. Describa cómo las autoridades policiales trabajan con los refugios y proveedores de servicios cuando sea apropiado para abordar los problemas de violencia contra las mujeres.

1. ¿Qué esfuerzos o programas específicos existen para abordar la violencia doméstica o de pareja?
  - a. Si es aplicable, ¿están basados en evidencia?
2. ¿Cuáles son algunas de las fortalezas que existen en esta relación?
3. ¿Cuáles son algunas debilidades que existen en esta relación?

Preguntas sobre el enjuiciamiento (aplicable solo a fiscales)

11. Por favor, hableme sobre los protocolos en vigencia que deben seguir los fiscales cuando la víctima u otras personas denuncian violencia doméstica o de pareja.

1. Si corresponde, describa en qué medida los fiscales respetan estos protocolos.
2. Si no existen protocolos, ¿qué protocolos específicos deben implementarse para ayudar a resolver los casos de violencia doméstica o de pareja?

12. Por favor, hableme sobre los protocolos en vigor para que los fiscales los sigan cuando ocurra el femicidio.

1. Si corresponde, describa en qué medida los fiscales siguen estos protocolos.
2. Si no existen protocolos, ¿qué protocolos específicos deben implementarse para ayudar a resolver los casos de femicidio?

13. Por favor, hableme sobre los protocolos en vigor para que los fiscales los sigan cuando ocurre un matrimonio infantil forzado.

1. Si corresponde, describa en qué medida los fiscales siguen estos protocolos.
2. Si no existen protocolos, ¿qué protocolos específicos deben implementarse para ayudar a resolver los casos de matrimonio infantil forzado?

14. Describa si y cómo los fiscales son responsables de procesar los incidentes de violencia contra las mujeres y las niñas.

15. Describa cómo los fiscales trabajan con los refugios y proveedores de servicios cuando sea apropiado para abordar los problemas de violencia contra las mujeres.

1. ¿Qué esfuerzos o programas específicos existen para abordar la IPV?
  - a. Si es aplicable, ¿están basadas en evidencia?
2. ¿Cuáles son algunas de las fortalezas que existen en esta relación?
3. ¿Cuáles son algunas debilidades que existen en esta relación?

Preguntas acerca de los proveedores de servicios (NO se aplican a la policía ni fiscales)

16. Háblame de la organización para la que trabajas, que incluye:
  1. ¿Cuánto tiempo lleva asistiendo la organización a las víctimas?
  2. ¿Cuántos empleados tiene la organización actualmente empleados?
    - a. Describa si su oficina tiene suficiente personal para atender adecuadamente a la cantidad de víctimas que requieren asistencia.
  3. ¿Cuántos voluntarios asisten actualmente a la organización?
  4. En el año anterior, ¿aproximadamente a cuántas víctimas asiste su organización?
    - a. Aproximadamente, ¿qué proporción de víctimas atendidas en el año anterior fueron mujeres y niñas?
    - b. Describa si el número de víctimas atendidas ha cambiado en los últimos tres años.
    - c. Describa si las necesidades de las víctimas asistidas han cambiado en los últimos tres años.
17. ¿En qué medida su organización proporciona refugio a las víctimas?
  1. ¿Cuántas camas mantiene su instalación?
  2. ¿Cuál es la cantidad máxima de tiempo que una víctima puede permanecer en el refugio?
  3. ¿Qué restricciones existen para quién puede usar el refugio (es decir, sexo, orientación sexual, edad, etc.)?
  4. ¿Qué desafíos existen para proporcionar a las víctimas acceso a un refugio?
    - a. ¿Cuáles de estos desafíos son únicos para las mujeres y las niñas, y cómo?
  5. ¿Qué áreas de mejora deben abordarse con respecto al acceso de las víctimas al refugio?
18. ¿En qué medida su organización proporciona servicios de asesoría legal disponibles para las víctimas?
  1. Por favor describa estos servicios en profundidad.
  2. ¿Existen restricciones para utilizar estos servicios?
  3. ¿Qué desafíos existen para proporcionar a las víctimas acceso a servicios de asesoría legal?
    - a. ¿Cuáles de estos desafíos son únicos para las mujeres y las niñas, y cómo?
  4. ¿Qué áreas de mejora deben abordarse con respecto al acceso a servicios de asesoría legal?
19. ¿En qué medida su organización proporciona servicios médicos y de salud mental disponibles para las víctimas?
  1. Por favor describa estos servicios en profundidad.
  2. ¿Existen restricciones para utilizar estos servicios?
  3. ¿Qué desafíos existen para proporcionar a las víctimas acceso a servicios médicos y de salud mental?
    - a. ¿Cuáles de estos desafíos son únicos para las mujeres y las niñas, y cómo?
  4. ¿Qué áreas de mejora deben abordarse con respecto al acceso a servicios médicos y de salud mental?
20. ¿En qué medida su organización proporciona terapia individual o grupal para las víctimas?
  1. Por favor describa estos servicios en profundidad.
  2. ¿Existen restricciones para utilizar estos servicios?
  3. ¿Qué desafíos existen para proporcionar a las víctimas acceso a terapia individual o grupal?
    - a. ¿Cuáles de estos desafíos son únicos para las mujeres y las niñas, y cómo?



4. ¿Qué áreas de mejora deben abordarse con respecto al acceso a la terapia individual o grupal?
21. ¿En qué medida su organización proporciona recursos de ayuda financiera, educación financiera o programas de colocación laboral para víctimas?
1. Por favor describa estos servicios o programas en profundidad.
  2. ¿Existen restricciones para utilizar estos recursos y programas?
  3. ¿Qué desafíos existen para proporcionar a las víctimas acceso a recursos de ayuda financiera, educación financiera o programas de colocación laboral?
    - a. ¿Cuáles de estos desafíos son únicos para las mujeres y las niñas, y cómo?
4. ¿Qué áreas de mejora deben abordarse con respecto al acceso a recursos de ayuda financiera, educación financiera o programas de colocación laboral para víctimas?
22. ¿En qué medida su organización proporciona asistencia para completar el siguiente nivel de su educación?
1. Por favor describa este proceso en profundidad.
  2. ¿Existen restricciones para esta asistencia?
  3. ¿Qué desafíos existen para proporcionar a las víctimas acceso para completar su próximo nivel de educación?
    - a. ¿Cuáles de estos desafíos son únicos para las mujeres y las niñas, y cómo?
  4. ¿Qué áreas de mejora deben abordarse con respecto a la finalización de su próximo nivel de educación?
23. ¿En qué medida su organización proporciona educación y concientización comunitaria?
1. Describa en profundidad los esfuerzos de sensibilización y educación comunitaria
  2. ¿Qué desafíos existen para proporcionar educación y concientización comunitaria?
    - a. ¿Cuáles de estos desafíos son únicos para las mujeres y las niñas, y cómo?
  3. ¿Qué áreas de mejora deben abordarse con respecto a brindar educación y concientización a la comunidad?
24. ¿En qué medida su organización proporciona otros servicios o programas para las víctimas?
1. Por favor describa este proceso en profundidad.
  2. ¿Existen restricciones para utilizar estos recursos y programas?
  3. ¿Qué desafíos existen para proporcionar a las víctimas acceso a estos otros servicios o programas?
    - a. ¿Cuáles de estos desafíos son únicos para las mujeres y las niñas, y cómo?
  4. ¿Qué áreas de mejora deben abordarse con respecto al acceso a estos otros servicios o programas?
25. De los servicios o programas descritos anteriormente, ¿cuáles se evalúan por su eficiencia y eficacia?
1. ¿Cómo se evalúan?
  2. ¿Con qué frecuencia se evalúan?
26. ¿Qué desafíos adicionales enfrenta su organización relacionados con la prestación de servicios a las víctimas?
1. ¿Cuáles de estos son únicos para las mujeres y las niñas?

27. Desde su perspectiva, ¿a qué desafíos se enfrentan las víctimas en relación con la obtención de servicios de su organización?

1. ¿Cuáles de estos son únicos para las mujeres y las niñas?

28. Describa la relación entre su organización y la policía para ayudar a las víctimas.

1. ¿Cuáles son algunas de las fortalezas que existen en esta relación?
2. ¿Cuáles son algunas debilidades que existen en esta relación?

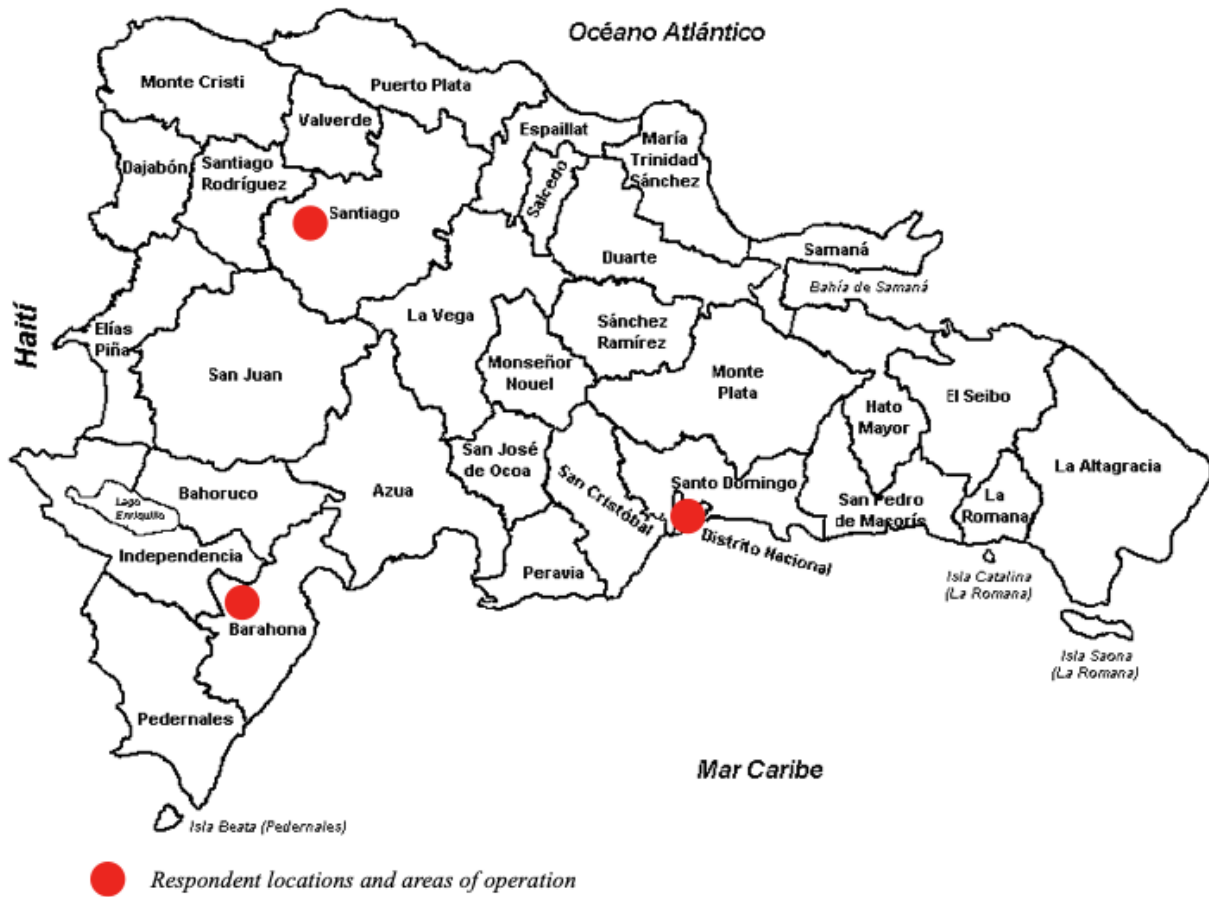
29. Describa la relación entre su organización y los fiscales para ayudar a las víctimas.

1. ¿Cuáles son algunas de las fortalezas que existen en esta relación?
- ¿Cuáles son algunas debilidades que existen en esta relación?

APPENDIX E  
Respondent Demographics

<b>R</b>	<b>Gender</b>	<b>Ethnicity</b>	<b>Time in position / institution</b>	<b>Time in the field</b>	<b>Type of work</b>
1	M	White/ Hispanic Latino	7	7	Community development
2	F	White/ Hispanic Latino	12	27	Victim services - government agency
3	F	Black / Hispanic Latino	3	3	Research and activism
4	F	White/ Hispanic Latino	17	17	Victim services - private sector
5	F	Black / Hispanic Latino	14	14	Legal services, victim services - government agency
6	F	Hispanic / Latino	11	11	Legal services - private sector
7	F	Hispanic / Latino	6	6	Victim services - private sector
8	F	White/ Hispanic Latino	34	36	Victim services, activism - private sector

APPENDIX F  
Geographic scope



## APPENDIX G Coding Structure

1. Laws
  - a. Victim's Rights laws
  - b. Revictimization laws
  - c. Prevention laws
  
2. Respondents
 

<ol style="list-style-type: none"> <li>a. Respondent 1</li> <li>b. Respondent 2</li> <li>c. Respondent 3</li> <li>d. Respondent 4</li> </ol>	<ol style="list-style-type: none"> <li>e. Respondent 5</li> <li>f. Respondent 6</li> <li>g. Respondent 7</li> <li>h. Respondent 8</li> </ol>
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3. Topics
 

<ol style="list-style-type: none"> <li>a. Law Enforcement           <ol style="list-style-type: none"> <li>i. Prosecution</li> <li>ii. Police</li> </ol> </li> <li>b. Victim services           <ol style="list-style-type: none"> <li>i. Shelters</li> <li>ii. Service provision</li> <li>iii. Provider Resources</li> <li>iv. Program Evaluation</li> <li>v. Mental health services</li> <li>vi. Medical services</li> <li>vii. Legal services</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>viii. Financial services</li> <li>ix. Education services</li> <li>x. Cooperation (among providers and agencies)</li> <li>xi. Community education</li> <li>xii. Challenges for service providers</li> </ol>
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4. Victims
 

<ol style="list-style-type: none"> <li>a. Victim Needs</li> <li>b. Victim Challenges           <ol style="list-style-type: none"> <li>i. Sexual abuse</li> <li>ii. Revictimization</li> <li>iii. Psychological Abuse</li> <li>iv. Intimate partner violence</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>c. Victimization types           <ol style="list-style-type: none"> <li>v. Financial abuse</li> <li>vi. Child sexual abuse</li> <li>vii. Child physical abuse</li> <li>viii. Child marriage</li> </ol> </li> </ol>
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