Pan Caribbean Partnership against HIV and AIDS (PANCAP)

Policy Brief advocating for Law reform in Suriname to Respond to Gender-Based Violence, Stigma and Discrimination
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I. Summary
Suriname reports a higher prevalence of sexual and economic violence than Trinidad and Tobago and Jamaica. In general, 32% of women in Suriname experience at least one act of physical or sexual violence perpetrated by their male partner. Non-partner violence against women is also prevalent with sexual violence being the most common.

The ‘Women’s Health and Life Experiences in Suriname Survey Report of 2019’ identified several risk factors which heighten women and girls’ exposure to gender-based violence (GBV). These include young age, lower level of education, pregnancy, and early cohabitation with male partner. Additionally, social and cultural attitudes significantly contribute to the maintenance of entrenched gender roles within society.

While Suriname has enacted significant advances in its legal framework to reduce GBV, gaps and challenges remain in the legal and implementation frameworks. Legal and policy reform is, therefore, urgently needed in order to remove the obstacles that obstruct persons, especially women and girls, from accessing GBV protections.

II. Introduction
GBV is one of the most prevalent human rights violations in the world. Evidence shows that women and girls are disproportionality affected by GBV, with intimate partner violence (IPV) being the most common form of GBV. Indeed, data shows that 1 in every 3 ever-partnered women will experience IPV in their lifetime. In recognizing GBV as a global problem, the 2030 Agenda for Sustainable Development set gender equality and women’s empowerment as one of its goals.

In 2019, Suriname published its first comprehensive study on the nature and prevalence of GBV in Suriname. The study presents both quantitative and qualitative data. While the study present invaluable data on GBV, sustainable methods in data gathering and systematization remains a challenge in the region. For this reason, the work of civil society organizations (‘CSOs’), such as the Caribbean Vulnerable Communities Coalition (‘CVC’), and Suriname Men United, among others, is essential. Currently, these CSOs are working through the Shared Incidents Database, an online platform, supported by the Global Fund, to provide a sustainable data gathering mechanism through which GBV incidents may be reported. Under this mechanism, victims are also supported and accompanied in seeking redress.

This advocacy brief is based on the “Women’s Health and Life Experiences in Suriname Survey Report of 2019” as well as reports and data from CSOs. The brief will describe the situation of GBV in Suriname and propose specific legal and policy reforms needed to enhance the effectiveness of the country’s response to GBV.

III. Prevalence of GBV in Suriname
The 2019 Survey makes some dire findings about GBV in Suriname. In line with the global estimates of at least one in three women being either physically or sexually abused at some point in their lives by their romantic partner, the survey found that in Suriname 32% of the women have or will experience at least one act of physical or sexual violence perpetrated by male partners. Additionally, it also confirmed that women and girls experience violence by partners as
well as non-partners. In this respect, the study showed that sexual violence has higher rates for non-partners than partners. Furthermore, Suriname shows higher rates for sexual and economic intimate partner violence than in Trinidad and Jamaica. 26% reported experiencing sexual violence at some point in their lives.

The Survey further identified common risk factors which increase the vulnerability of women and girls to GBV. For instance, younger women, between the ages of 25 and 29 were more likely than women from any other age group to be currently experiencing physical IPV (9 per cent). Further, women who entered early into their first union also reported a higher prevalence than those who entered into their first union after 19 years. There is also higher prevalence for women in arranged marriages, with 43% of women in non-consensual marriages experiencing physical violence and 38% experiencing sexual IPV. Additionally, women with lower levels of education also showed higher prevalence of physical intimate partner violence. And, alarmingly pregnant women were also seen to be in a position of higher vulnerability. Of ever-pregnant women, 6% experienced physical IPV during a pregnancy, of which 36% experienced worse violence during pregnancy and 38% reported having been punched or kicked in the abdomen while pregnant.

Particular social and cultural norms also contribute to the risk women and girls face. For instance, 29 percent of women agreed that, if a woman does not fight back, it is not rape and 35 percent agreed that violence between a husband and wife is a private matter. These attitudes serve to discourage women from reporting incidents of GBV. As the study showed, a majority of women who experienced physical and/or sexual IPV did not seek help from any organization or support agency. 31% percent of women chose to either tell their mother or to tell no one at all. Relatively few women chose to disclose IPV to professionals such as the police (6%), a counsellor (3%), or health workers/doctors (2%).

IV. Legal and Regulatory Response
As a signatory to the Convention on the Elimination of all Forms of Discrimination against Women, Suriname is required to take all appropriate measures to eliminate discrimination against women. This includes changing the conditions which leave women and girls in situations of vulnerability and risk of violence. In this sense, Suriname has enacted essential gender related laws and policies.

a) The Law on Combatting Domestic Violence 2009
This law is the principal law governing domestic violence in Suriname. The law includes protections against physical, sexual, psychological and economic violence perpetrated against a partner or child or any other member of the family. Further, the law adopts gender-neutral standards.

b) Law against stalking (2012)
The Law creates the offence of stalking and enables public prosecutor to protect a potential victim by applying for preventative measures. The law punishes the stalker with a maximum of 4 years of prison and the maximum of SRD 50,000 maximum.

c) Penal Code
The Penal Code, which regulates criminal activity in general, is an important piece of legislation in addressing violence. The Code was amended in 2012 to recognize marital rape by removing the require for non-consensual intercourse to occur “out of
marriage”. The Code was also amended to adopt gender neutral definition of rape thereby recognizing rape of men as punishable acts.

In addition, the Penal Code regarding Trafficking in Persons was revised in 2006 and further in 2015 to prohibit all forms of human trafficking.

d) Law on Protection of the Family in Employment

The Law was amended in 2019 to provide for the right of women employed in the private sector by companies to be given paid maternity leave for 16 weeks. Under the law, men are also entitled to 7 days paternity leave. Women who give birth to multiple births, i.e. three or more children, are entitled to maternity leave up to a maximum of 24 weeks.

V. Gaps and Challenges

Despite the existing legal framework addressing GBV in Suriname, there is still a high incidence of GBV. The protective scope of the laws remains limited as a result of their conservative framing. The Law on Combatting Domestic Violence, for instance, is restricted to violence perpetuated within the home, leaving violence in public spheres unaddressed.

Furthermore, though a draft legislation to address sexual harassment in the workplace has been developed, no law seems to have been enacted to date. There is also no specific legislation addressing protections for persons with HIV. Likewise, there is no provision for the protection against discrimination on the ground of sexual orientation.

Lastly, it is also noted that the implementation of the laws is hindered by a lack of training and operational tools at the institutional level for their effective implementation.

VI. Recommendations

Noting the inter-connections between GBV and HIV, as both a root cause and consequence of HIV, PANCAP urges the State to implement the following to reduce the incidence of GBV in Suriname:-

Legal Reform

a) Adopt the PANCAP Model Anti-Discrimination Legislation to prohibit discrimination on the grounds of HIV status, sexual orientation, lawful sexual activity, disability, and gender in order to enhance the protection and support offered under the existing legal framework.

b) Amend the Law on Combatting Domestic Violence to cover violence in the public sphere in order to effectively address all the ways which domestic violence is enacted.

c) Enact specific legislation to address sexual harassment, in particular sexual harassment in the workplace.

Policy Reform

d) Adopt protocols for communal authorities, prosecutors, medical professionals, social workers and the police on gender-based violence and introduce mandatory training on their application;

e) Implement programmes to support survivors including counselling and support services for survivors’ children as a preventative measure against future abuse.
f) Ensure that public awareness campaigns aimed at reducing IPV target the community support systems to which survivors of GBV often turn; ensuring that that these organisations, faith-based leaders etc possess and are able to provide adequate information to survivors to help the situation and refer them to the appropriate existing service(s).

g) Support CSOs work with communities and advocate for the use of the SID to provide data to fill the evidence gap and link victims to support mechanisms.

h) Continue outreaches to religious leaders, such as programmes previously sponsored by the Ministry of Home Affairs, to sensitise them to VAWG and provide them training and resources to prevent and identify it and properly support survivors among their congregants.

i) Address the reality that GBV survivors living inland or in coastal areas other than Paramaribo were less likely to receive help from government authorities or their communities than women living in the capital and its outskirts, therefore, targeted efforts must be made to increase sensitisation and provide support services in these areas.