Child Sexual Abuse in the Eastern Caribbean

The report of a study carried out across the Eastern Caribbean during the period October 2008 to June 2009

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Perceptions of, Attitudes to, and Opinions on Child Sexual Abuse in the Eastern Caribbean

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It is now up to all of us to work towards the rebuilding of childhood as a safe place for children to be.

Adele D. Jones and Ena Trotman Jemmott

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
BCA	Basic Cooperation Agreement (with UNICEF)
BOT	British Overseas Territory
CARICOM	Caribbean Community – an organisation primarily for the purpose of regional economic development, comprising the governments of 15 Caribbean countries (members) and five associate member countries
CPAP	Child Protection Action Plan
CRC	Convention on the Rights of the Child
CSA	Child Sexual Abuse
CSE	Commercial Sexual Exploitation
CSEC	Commercial Sexual Exploitation of Children
ECPAT	End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes (a global networking organisation working in over 65 countries to eliminate CSEC)
FBO	Faith-based Organisation
HIV	Human Immunodeficiency Virus
ICT	Information Computer Technologies
IOM	International Organisation of Migration
NGO	Non-governmental Organisation
NPA	National Plan of Action (for Children)
NSPCC	National Society for the Prevention of Cruelty towards Children (a UK-based NGO)
OECS	Organisation of Eastern Caribbean States
PAHO	The Pan American Health Organisation
PAOQ	Perceptions, Attitudes and Opinions Questionnaire
PTSD	Post Traumatic Stress Disorder
STI	Sexually Transmitted Infection
TSA	Transactional Sexual Abuse
UN	United Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

CHAPTER ONE
Executive Summary

This Executive Summary provides an overview of some of the main findings of a study of Perceptions of, Attitudes to, and Opinions on Child Sexual Abuse in the Eastern Caribbean carried out during 2008/9. A brief outline of the social context and the research methods is provided and a regional overview of the key themes to emerge from both quantitative and qualitative aspects of the study is presented. Although there were some differences in relation to specific countries, and according to different variables (age, gender, socio-economic status and so on) there were fewer differences than one might have expected and these are not discussed in any detail here. Data from the individual countries that participated in the study are discussed in subsequent chapters of the report.

BACKGROUND

Although there is extensive international research, few empirical studies of child sexual abuse have been carried out in the Caribbean and there are no reliable data on the prevalence of child sexual abuse, or indeed on attitudes and perceptions of abuse across the region. Statistics are generally collected on convictions for sexual offences involving children, however these figures do not include the numbers of reported cases, they do not address the problem of under-reporting and quantitative methods are, in any case, inadequate in investigating this social problem. In many Caribbean countries the onset of sexual activity is occurring at younger ages; the World Bank's Caribbean Youth Development Report (2003) shows that the Caribbean has the earliest age of sexual 'debut' in the world with many young people being initiated into sexual behaviour as a consequence of child abuse as early as 10 years (in some cases even earlier) (World Bank, 2003). Early sexual initiation has also been positively correlated with child sexual abuse in other studies. Another problem is the increasing practice of the commercialisation of sex among minors as a commodity for material exchange. Recent research suggests that boys and girls, especially those in poverty, are increasingly using sex as a source of economic exchange (exchanging sex for money or material goods) (Phillips, 2006), and young girls especially are at risk of being solicited for child prostitution. Understanding the significance of these factors is important both in terms of addressing the social and psychological effects of child sexual abuse, turning around the Caribbean's high teenage pregnancy rate, and also in changing behaviours that contribute to the spread of HIV and other sexually transmitted infections.

This is the context in which the study of *Perceptions of, Attitudes to, and Opinions on Child Sexual Abuse in the Eastern Caribbean* was carried out. The study was commissioned by UNICEF/UNIFEM, with the agreement of the respective governments, as part of an initiative aimed at reducing sexual violence against children.

THE STUDY

This was a landmark study since not only was it the first time that a comprehensive investigation of child sexual abuse had been carried out across several Caribbean countries, it was unique because it was underpinned by the philosophy that policy and programmes for dealing with child sexual abuse should be relevant to the cultural and social context in which abuse occurs. Whereas most research on the topic is often premised on knowledge that has emerged out of Western (predominantly the UK and the US) contexts, *this* study aimed to understand how Caribbean people perceive the problem, what behaviours and social conditions contribute to it, what the impact of child sexual abuse is on those most affected, and what views are held about the forms of action that might be needed.
The objectives were to:

- Increase understanding of the perceptions and behaviours associated with child sexual abuse, including incest, within the cultural contexts of the Eastern Caribbean region.
- Increase research capacity in the Eastern Caribbean into issues affecting children.
- Provide base-line data on perceptions on the scale of the problem within the region.
- Investigate the manifestations of child sexual abuse across diverse ethnic, religious, and socio-economic groups.
- Sensitise stakeholders to the socio-cultural and psycho-social issues underlying child sexual abuse.
- Develop partnerships with key stakeholders and professionals in order to enhance country and regional capacity for addressing child sexual abuse and addressing its psychosocial effects.
- Identify inter-country and country-specific policies and strategies for reducing child sexual abuse.
- Contribute to the establishment of a shared language on the definition of child sexual abuse and to regional partnerships and consensus on what needs to be done to address the problem within Caribbean contexts.
- Make recommendations for the development of relevant policy, protocols and programming.

The study was carried out across six countries collectively considered representative of the region: Anguilla; Barbados; Dominica; Grenada; Montserrat; St. Kitts and Nevis.

Methods

Conceptualised as a *socially transformative action research project,* the study was designed to provide opportunities throughout the research process to generate awareness of the effects of child sexual abuse, to share strategies on appropriate interventions, and to develop alliances for social transformation towards the greater protection of children. A mixed-methods approach was used to gather data from five stakeholder groups: the general population, professionals in relevant fields, policy makers, survivors of sexual abuse, and parents. The research tools were designed to facilitate the meaningful participation of diverse populations across all the participating countries. The methods used:

1. Literature Reviews:
    i. Overview of International Research (including the Caribbean) on Child Sexual Abuse
    ii. The Commercial Sexual Exploitation of Children and Adolescents
2. Policy and Legislative Analysis
3. Stakeholder Consultation Sessions
4. Stakeholder Engagement at the Regional Level
5. Focus Group discussions
6. Practice-focused interviews with key informants (e.g. teachers, police, social workers, health professionals, staff of NGOs and FBOs)
7. Policy-focused interviews with key informants (e.g. government staff and other professionals)
8. Narrative interviews with Adult Survivors in three countries
9. Community Survey of Perceptions, Attitudes and Opinions across a representative sample in each country

Participants

About 1,400 people participated in the study overall: approximately 120 people attended stakeholder consultation sessions; 859 respondents completed the community survey, 300 people participated in 35 focus groups; 110 interviews (42 policy-focused and 68 practice-focused) were carried out with policymakers, practitioners and clinicians in the disciplines of the police, judiciary, education, law, social work, nursing, policy and planning and the church; and 11 adult survivors of child sexual abuse participated in narrative interviews. The study aimed for an equal representation of men and women. This was largely achieved with focus group participants, however more female than male key informants were interviewed. With regard to the Community Survey, although extensive efforts were made to recruit male respondents, there were still more women than men - 37.9% (319) of the respondents were men and 62.1% (522)

female. We found many men supportive of the study; however, overall, more men declined to participate than women.

RESULTS

Defining childhood

We explored the different ways in which childhood might be understood. The majority of the respondents were of the view that children were children at least until the legal age of sexual consent (16 years). However, there was a significant number of people who believe that childhood ends at 13 years. This may help to explain why, in the focus group discussions, some men indicated that they considered girls to be 'legitimate sexual targets' once they reach their teens. Another important issue was that some people believe that childhood ends if a girl becomes pregnant. This suggests that at the conceptual level, for a significant number of people, the state of motherhood is not considered compatible with the status of childhood. This highlights the contradictions and dilemmas that many teenage mothers face as they come to terms with being mothers while they are still children. Juxtaposed against the construction of young motherhood, however, is the reality that these respondents overlooked the fact that for a girl to become pregnant, she must have first been a *child* victim of rape or unlawful sexual intercourse. The study shows that defining child abuse is linked to the way in which childhood is defined.

Defining sexual abuse

The study showed that for most people there was clear understanding about the types of behaviours that constitute sexual abuse, although there were differences in relation to abuse involving 'consenting' teenage girls and older men (transactional sexual abuse). The findings suggest that despite sexual offences being clearly defined in legal terms, at the conceptual level, sexual abuse is not fixed; it depends upon a range of circumstances and how abuse is defined is influenced not only by the characteristics of the victim and the abuser, but also the characteristics (such as gender) and experiences of the person who is asked the question. Asked whether sex between older men and underage girls is increasing, a person might say 'yes'; however, if the same person is asked whether sexual abuse is increasing, he or she might say 'no'.

Our findings suggest that the term 'sexual abuse' may be too limiting and narrow to fully capture the complexity and multiple ways in which sexual behaviour harms children. One way forward would be to clarify the definition of sexual abuse and to introduce two additional terms '*harmful sexual behaviour*' and *'behaviour that contributes to the sexual harming of children'.* We do not propose these as legal definitions; however we argue that they are useful in guiding policy formulation, practice interventions and public education. These terms are defined as follows:

> *Child sexual abuse may or may not involve actual physical contact and includes penetrative acts (e.g. rape or buggery) and also non-penetrative and non-contact activities, such as involving children in watching sexual activities, encouraging children to behave in sexually explicit ways and exposing them to inappropriate sexual material. Child sexual abuse also includes involving children in prostitution and pornography. Child sexual abuse occurs in all racial, ethnic, religious and socio-economic groups and affects children of all ages, including infants. Both boys and girls are sexually abused although girls are more at risk.*

Drawing on the findings of the study and the diverse views expressed about sexual abuse, we define harmful sexual behaviour as:

> *Harmful sexual behaviour is sexual behaviour which is harmful to children both at the micro level, affecting children as individuals and also at the meso and macro levels in that it contributes to creating situations in which children are placed at risk of sexual abuse.*

While 'harmful sexual behaviour' refers to acts of commission, i.e. acts involving children, the study identified other ways in which adults such as non-abusing parents (who know about the abuse) and professionals (who are aware of abusive acts) contribute to the sexual abuse of children through 'omission', i.e. failing to act to protect children from sexual abuse. We describe this as *'behaviour that contributes to the sexual harming of children'* and define this as follows:

> *Behaviour that contributes to the sexual harming of children is the failing to act to prevent a child being sexually harmed or abused when one is aware that a child is at risk, failing to support a child in one's care who has been abused, failure to report sexual abuse to the appropriate authorities or, failing to fulfil professional responsibility for child protection or, acting in a way that minimises or hides the sexual abuse of children.*

We offer these definitions as a basis for further discussion. The definitions are intentionally contentious and problematic - they shift debates about child sexual abuse from discussion of individual psychopathology to societal responsibility. This approach to child sexual abuse conceptualizes the problem not only in terms of the abuser's behaviour and the effects on children but also includes the complicit behaviour and attitudes of adults who have committed no offence, who are not abusers but who, through inaction, contribute to the social sanctioning of child abuse at the societal level and maintain risk for children at the individual level.

Despite some differences, overall most respondents were in agreement that child sexual abuse included the following behaviours:

- Rape
- 'Consensual' sexual intercourse with a minor
- Incest
- Children used as sexual objects in videos, photos or as pimps
- Exposure to sexual material through different media e.g. radio, photos, movies, text, mobile telephone, Internet, parent/adult sexual toys, sexual DVDs
- Exposing the child to the sexual act deliberately or unknowingly
- Uncomfortable or intrusive touching of child

Scale of the problem

Drawing on personal experiences in many cases, respondents presented an alarming picture of a social problem that is escalating, has increasingly severe consequences for Caribbean societies, has multiple layers and is perpetuated not only by adults who carry out harmful sexual practices with children but also by non-abusing adults through complicity, silence, denial and failure to take appropriate action.

While this was not a prevalence study and being cognizant of the limitations of prevalence studies, we can nevertheless state that there is both heightened awareness of child sexual abuse and, in the perception of the majority of people who participated in the study, an increasing problem. The study suggests that there are particular issues for Caribbean societies which affect the reporting of abuse and which may also add to problems of estimating scale:

- In small societies anonymity and confidentiality cannot be assured;
- The perpetrator may be in a position of power or is likely to know someone who is and may be able to influence the outcome of a report;
- The procedures for dealing with reports, systems for monitoring abuse and services to deal with the impact of disclosure are underdeveloped;
- Cultural values about the status of children means that they are not always believed;

- Poverty and the economic and social reliance of many Caribbean women on men mean that action which may affect the main breadwinner (such as reporting abuse) is often undermined by women themselves.

In addition to these factors, we are mindful of evidence that shows that for adult survivors of abuse, denial or minimisation of the abuse is a common defence mechanism that helps the adult to function in their daily lives and that many survivors do not actually remember their abuse. Other research studies show that as many as one in three incidents of child sexual abuse are not remembered by adults who experienced them, and that the younger the child was at the time of the abuse, and the closer the relationship to the abuser, the more likely one is not to remember. For all of these reasons the study is unable to provide any definitive evidence on the numbers of children and adults who are affected by child sexual abuse. However, if one was to assume an under-reporting rate of 20% (international studies would suggest a higher under-reporting rate than this) then based on the Community Survey, the numbers of people who have experienced behaviour that could be described as child sexual abuse can be estimated at between 20%-45%. This would suggest that child sexual abuse may be more prevalent in the region than in some other countries in which studies have been carried out. General population surveys of child sexual abuse among adults have been conducted in at least 19 countries in addition to the United States and Canada, including 10 national probability samples. These studies have found rates ranging from 7% to 36% for women and 3% to 29% for men. Most studies found females to be abused at 1.5 to 3 times the rate for males (Finkelhor, 1994). It is important to treat prevalence data and predictions on scale with caution for reasons already stated and also because methodological and definitional differences make country comparisons difficult. Nevertheless, our estimations, based on the perceptions and experiences of respondents, concur with findings from other studies which show that sexual abuse is a serious and wide-spread problem in the Caribbean.

Victims

Most victims are girls. Girls of all ages are at risk of intra-familial sexual abuse and this can happen at any age (the abuse of babies was reported by some respondents). Most reports suggest that the abuse usually begins while the child is quite young (before the age of ten) and continues until the child reaches mid-adolescence. Often the abuse ceases at the point at which the girl is beginning to show an interest in boyfriends or once the abuser has turned his attention to a younger child; however, some young people continue to be abused as young adults and the abuse only stops when they leave the household. Victims of transactional sexual abuse tend to be post-pubescent teenage girls. While most victims are girls, the extent of sexual abuse of boys seems to have been largely overlooked by researchers and we found evidence that the abuse of boys was a serious problem and that, in the public perception, is an increasing problem. The growing phenomenon of the abuse of boys (both within and outside the home) was reported as a major issue in all except one country and in *this* country, the view was offered that such was the extent of homophobia, the problem is deeply buried.

Abusers

The study confirms findings reflected in other studies, that most child sexual abuse is committed by adult men (both heterosexual and homosexual) of all ages and across all levels of social class, educational background and professional status.

The role of women

The study also shows that while women abuse children too, the major contribution that women make to the problem is in failing to protect children even when they are aware that abuse is going on, disbelieving the child, putting male partners before the protection of the child, minimising the harm that abuse does, physically abusing children and, in some instances, permitting or actively encouraging abuse to take place for material gain. We identified a number of factors that contribute to this state of affairs:

- Poverty - single mothers who are unable to sufficiently provide for their family, and being economically dependent on men, ignore abuse within the home in order ensure the family's economic survival.
- The commodification of sex within society more widely.
- Patriarchal values typified by men's sense of entitlement to sexually abuse the female children of their partners because they were the breadwinners. One reported common attitude of non-biological fathers is *'They [step-daughters] are not eating my food for nothing'.*
- Gender socialisation and gender norms.
- Cyclical abuse - many mothers in these circumstances will have been victims themselves and perhaps do not know how to end the cycle of abuse.
- Predatory behaviour of some men who target and exploit vulnerable families.

It is important to stress, however, that poverty in itself was not found to be a cause of child sexual abuse, since many poor families provide good protective care for their children. Furthermore, while many people are victimised by child sexual abuse most victims do not go on to engage in behaviours which place children at risk.

Main forms of sexual abuse

We found evidence of three main forms of child sexual abuse: intra-familial abuse (abuse that happens in the privacy of the home) and includes incest and step-father abuse; non-family abuse (abuse that takes place outside of the family setting) and transactional sexual abuse. The first two forms of sexual abuse take place in an atmosphere of secrecy and are kept hidden.

The key defining features of **intra-familial sexual abuse** are:

- Secretive, invisible, silenced
- Often multiple victims within a household with several siblings involved
- May involve informal paedophile networks - grandparents, uncles, brothers, cousins, sometimes abusing the same child
- Main perpetrators said to be step-fathers, mothers' boyfriends, biological fathers
- Women often know but fail to act for various reasons

The main features of **non-family sexual abuse** are:

- Most abusers are known to the child – stranger abuse was considered very rare since in small societies there is a very high chance the child knows their abuser
- Abuser is usually a trusted adult (neighbours, teachers, shopkeepers etc.)
- Evidence of adolescent boys with predatory behaviour targeting vulnerable girls and seeking out households with low levels of parental supervision
- Some non-family abuse is 'opportunistic' – the abuser finds themselves in a situation where they can abuse a child (e.g. turning up to a house and finding a child alone)

The key features of **transactional sexual abuse** are:

- Primarily older men and teenage girls
- Increasingly boys are involved
- Isolated examples of women targeting young girls and boys
- High rates of transactional sex *between* young people which makes young people more vulnerable to being targeted by adult men
- Often carried out openly
- Is sometimes widely known about
- In some circumstances is socially sanctioned

Incest

Incest is generally understood as meaning sexual intercourse between biologically-related siblings and between children and biological parents; however, respondents defined incest as also including sex with non-biological parents such as step-parents and adoptive parents. This broadening of the definition marks an important shift in attitudes and is probably linked to changes in the nature of the Caribbean family with many more families now including step-parents (usually stepfathers) and perhaps reflects a wide acceptance of this family type. It will be important for legislators and policy makers to ensure that the incest laws also fully reflect the contemporary nature of Caribbean family life. However, for the purposes of this report, we discuss stepfather abuse separately as particular issues arose in relation to the role of stepfathers in the sexual abuse of children. Some focus group participants held the view that incest is largely a problem of poor families, poor education, specific isolated communities (e.g. some ethnic groups and some religious groups), or rural communities. These views were influenced by the passing down of stories about specific sectors of the society which became established as commonly held 'knowledge'. It is likely, however, that there *are* some social factors that increase the likelihood of incest among some groups. Factors that were identified include impoverished households with inadequate housing in which children and adults have to share beds and bedrooms and where children are exposed to the sexual activities of their parents. This was noted in communities that had suffered from natural disasters, when families were re-located to temporary shelters and the usual physical boundaries between adult and child behaviour had been removed. Another social factor described was social exclusion – families and communities that are alienated from mainstream society or choose to live in social isolation. The main finding that emerged from the study in relation to incest, though, was that it occurs in both rich and poor families, in all communities, cuts across social class and is not affected by levels of education, religious affiliation, professional status or social standing.

Stepfather abuse

Respondents reported stepfather abuse as a major problem both at the perceptual level and also at the level of social reality. This finding concurs with international studies which show that stepfather abuse is significantly higher than abuse by biological fathers. One view offered for this was that biological fathers have a bond with children from the child's infancy and that the biological ties function as a protective factor that is non-existent among stepfathers. This may be the case in some circumstances; however, given that biological fathers also abuse children, that incest is often intergenerational and that there are stepfathers who do not abuse children, the likely explanation in most cases is simply that some men abuse children in their care and some do not.

Abuse by mother's boyfriends

A stepfather implies a more stable relationship than the status 'mother's boyfriend' and suggests the adoption of a parenting role (although this was not investigated). However, no distinction between the terms was made in the study and both were used interchangeably. Nevertheless we believe there *is* a distinction to be made between a household in which there is a stable stepfather over the course of a child's childhood or several stepfathers (or mother's boyfriends). While the presence of a stable stepfather does not indicate reduced risk, the study suggests that the presence of several stepfathers may increase it. In some communities, female single-parent headed households account for almost 50% of family form and in many of these families the adult male in the household is the mother's boyfriend or boyfriends. Characterised by impermanence, multiple partnering or serial partnering is common in these circumstances. In many of these families, despite the lack of permanent attachment, the man is either the main breadwinner in the family or substantially contributes to the family's household income. We explored whether children were more at risk from mother's boyfriends than from other men and respondents were overwhelmingly of the view that multiple partnering or serial partnering increased the risk for children.

Transactional sexual abuse

We have coined the term 'transactional sexual abuse' because this accurately describes the nature of the problem – transactions in which sex is exchanged for money, goods, favours but which also involves the

sexual abuse of a minor. Commercial sexual exploitation (a term we also use) more usually applies to persons who make money or derive income from the sexual exploitation of children; in this study, men did not make money out of sex with children, it was the young people themselves or their families (mothers) who derived income or goods through the prostituting of children. While we do not seek to minimise or condone the behaviour of women who allow or do not stop the prostitution of their daughters, it is important to ensure that primary responsibility for this form of abuse is laid at the feet of the abuser. 'Transactional sexual abuse' places the responsibility for this behaviour with the men who engage in sex with girls (and boys) in return for material goods, while 'commercial sexual exploitation' focuses attention also on those who derive material benefit. Transactional sexual abuse was reported as being widespread and while it primarily involves girls and older men; increasingly boys are being sexually exploited. Transactional sexual abuse was described as quite visible, i.e. an 'open secret'- and often happens with the full knowledge of parents, communities and officials. Such is the extent of this problem, that it was considered a firmly entrenched and established pattern of behaviour that did not need to be hidden since it was unlikely to attract penalty and, in some circumstances, would not even attract disapproval. Transactional sexual abuse was reported as being committed by men at all levels of society, including politicians and senior professionals. However, while some men in the focus groups voiced the opinion that this type of behaviour is not harmful, the survey results showed that both men and women believed transactional sexual abuse is destructive.

Emergent trends

We found evidence of new trends in child sexual abuse and also patterns of abuse that are not new but that emerge as a consequence of specific events such as natural disasters. We term these collectively as 'emergent trends'. These were identified as:

Cell phone pornography - this was reported as a growing problem among children. Children use the cameras on their cell phones to take sexual images of themselves and their friends and then distribute the images.

Internet abuse - there were disturbing reports of children being approached by predators through social networking sites.

Child sex tourism - there was clear evidence of a growing market for child sex tourism. There were several specific examples given, such as the existence of an organised paedophile network set up to service cruise ships, boys were a specific target of this activity.

Opportunistic abuse linked to natural disasters - many examples were provided of the ways in which natural disasters increase risks for children. Natural disasters often result in families being relocated to temporary shelters where children are sharing living space with adults who take advantage of them; families are disrupted and focused on survival, this may lead to children being left unsupervised; children may have to fend for themselves and their siblings and are at increased risk of being sexually exploited in return for money. In one country, an example was given of electrical technicians demanding sex from young girls in order to reconnect the electricity supply to their houses following a hurricane.

Sexual aggression by girls - there was evidence from several countries of girls engaging in sexually aggressive behaviour in which groups of girls gang up on individual boys and sexually abuse them.

Transactional sex between children - this issue was reported as a problem across all countries with young girls agreeing to sex with teenage boys for money and material goods.

Interlocking system of factors that perpetuate the problem

The key informant interviews pointed to some powerful factors which help to maintain child sexual abuse at the level of the individual (both victim and perpetrator), the family, the community and wider society, government and their policy directorate and departments. The dominant role that these factors play must be deconstructed and fully understood in order to begin to stop the sexual violation of children. In summary, the study identified interlocking factors that perpetuate abuse as follows:

- Harmful sexual cultures (implicit social sanctioning)
- Males with sexually abusive behaviours

- Females with complicit behaviours
- Officials with collusive (condoning) behaviours
- Lack of awareness of effects and consequences
- Lack of collective public/professional outrage
- Ineffective systems for reporting and responding to abuse
- Patriarchal values which place protecting male status and privilege above protection of the child
- Disempowerment of children

Risk factors
All children are at risk of child sexual abuse. With regard to transactional sexual abuse, children from economically disadvantaged families are more at risk. Risk factors that increase a child's vulnerability are:

- Poor relationships between adults in the family
- History of violence in the home
- Alcohol or drug use
- Families who are isolated and unsupported
- Children required to be quiet and to 'know their place'
- Children often left by themselves
- Financial hardship – difficulty in providing basic amenities (e.g. food, clothing etc) – risk for transactional sexual abuse
- Serial or multiple partnering of parents
- Lack of protective nurturing role provided by mother and father
- Lack of appropriate sexual boundaries
- History of abuse (cycle of abuse)
- Unsocial working patterns of protective caregiver
- Poor housing which requires children and adults to share sleeping arrangements
- Males in the household with a predilection for sexual abuse

It is important to note, however, that these risk factors do not mean that abuse is present and to also understand that even in the absence of risk factors, children may be abused. The most significant risk for children is the presence of a male in the household with a predilection for sexually abusing children and even in families that do not have any other risk characteristics, this person will often seek out and create opportunities to abuse children.

Effects of child sexual abuse
We found evidence of devastating consequences of child sexual abuse at the individual, family and societal level and there were physical, social psychological and economic effects. The effects to the child and the family also impacted on the quality of life in the community and this impacted upon the economic progress of society more widely. In some instances the state was responsible for the medical bills of individuals who had suffered psychological breakdown. In other instances, the state became the financier of the education and health of the teenager's unplanned offspring, especially if the mother was unable to complete her education and/or gain a valuable skill in order to secure employment. We summarise the consequences at the micro, meso and macro levels as follows:

Consequences at the level of the individual:
- Emotional Problems: difficulties in inter-personal relationships, aggression, difficulties with sexual boundaries, inability to trust
- Psychological Problems: depression, self-harm, low self-esteem
- Behavioural Problems: poor school performance, challenging behaviour, risky sexual behaviour, substance misuse, violence
- Physical problems: injuries to reproductive organs; STIs, HIV, abortion and associated risks

- Teen pregnancy and associated consequences

Consequences at the family level:

- Divorce and family break-up
- Distorted boundaries
- Betrayal of trust
- Co-abusing behaviours
- Impact on family of individual consequences
- Increased domestic violence
- Learned behaviour and cyclical/intergenerational abuse

Consequences at the societal level:

- Teen pregnancy and associated consequences for young mothers and their children
- Unwanted pregnancy and abortions
- Abortion complications
- Drug and alcohol abuse
- Transmission of STIs and HIV
- Crime and violence
- Cycle of devastation
- Psychosocial impact on others
- Economic consequences of the above

The effects of child sexual abuse were described as never going away – *'key is learning to manage them'.* Family relationships were distorted – this was described as '*trust, betrayal, hate and love all mixed up*'; child often gets on well with the abuser because he showers her with attention, gifts and special treatment; child often hates non-abusing parent for failing to pick up what is going on and having no ability to protect her; can destroy sibling relationships but equally siblings may try to protect one another; difficulty in forming relationships in later life. While there were reports of damaging psychosocial effects on the teenage girls, there were also other consequences such as unwanted pregnancies and abortions.

Treatment of abusers

While some respondents believed that perpetrators should be subject to severe punishments, these views were in the minority and we did not find a great appetite for treating abusers any more harshly than the law currently permits. The main concern was that prosecution and law enforcement are ineffective and that most perpetrators of abuse are not apprehended and, if they are, there are so many impediments to successful prosecution, that convictions are rare. Many people believe that abusers should be given treatment and that rehabilitation is possible in some instances, although the view was expressed that there are some abusers that cannot be treated. Some respondents thought that heavy jail sentences for sexual offences against children met society's needs to show disapproval but that in actuality were often counter-productive as they did not think that law enforcement officers were genuinely prepared to send a man to prison for 20 or 30 years for behaviour that was widespread and implicitly sanctioned.

The role of government, organisations and professionals

Legislation to adequately protect children was generally regarded as ineffective and was seen as being compounded by the failure of the criminal justice systems. Many respondents singled out the police for their response/non-response to child sexual abuse although most people still think the police have an important role to play. Respondents pointed out that there was a severe shortage of skilled persons to intervene and provide therapeutic interventions for victims, with the main reasons being the non-prioritisation and underfunding of the statutory agencies and the other support agencies dealing with this area of work as the major impediments to progress. Another issue raised by many respondents was the complicity of professionals who are aware of abuse and do not act to report it or to protect the child. One

issue that illustrates this is the carrying out of abortions. We found evidence that abortions were performed in hospitals on young girls who had been raped by adult men.

Why children don't tell

Children should be able to tell their non-abusing parent about sexual abuse or any adult in a position of authority or trust. However, the study suggests that most children would not risk disclosing to a parent or other adult and they would most likely tell a friend. Numerous reasons were cited as to why children don't tell. While all children want the abuse to end, it seemed that reporting child abuse often came with significant costs.

RECOMMENDATIONS

1. The development of a **Regional (and Country-Level) Strategic Plan for Building Abuse-Free Childhoods** based on a *whole of society approach.* This should be a scaled-up comprehensive response which makes best use of limited resources, harnesses and enhances community and family protective strengths, and has long-term sustainable impact.

2. The reframing of child sexual abuse at the policy level as a **public health issue**. While it is important to maintain sight of the principle that abuse is a children's rights issue, its most tangible and costly effects for Caribbean societies are health implications in that it contributes to teenage pregnancy, abortions (and related complications), mental illness, drug and alcohol abuse, STIs and HIV transmission. Treating child sexual abuse as a public health issue would push the problem higher up the political agenda and would enable governments to access funds from different sources to tackle the problem.

3. We argue that there is need for governments to adopt the **child/family friendly approach to budgeting**, social planning and economic development that has been promoted by UNICEF and Action for Children. This approach advocates making the support of the family and the well-being of children the responsibility of every Ministry; it involves identifying multi-sectoral targets and requires the ring-fencing of budgets to achieve progress. In relation to CSA, this approach would result in making restoring childhoods everyone's business. It recognises that while the most profound effects of child sexual abuse are felt by the victim there are also huge financial costs for governments and that it makes sound economic sense to view the protection and support of children and families not as a cost to be borne, but as a saving of other costs.

4. The introduction of **child-sensitive justice systems for child sexual abuse crimes** based on the following:
   - Acknowledgement that the mandate for child protection rests in the evidence of its effects and should not be constrained by producing evidence from the courts;
   - A review of the whole system of investigation and prosecution of child sexual abuse cases to bring these processes in line with the standards required in a modern society;
   - The obstacles to the implementation of the OECS Law Reform Project should be identified and rooted out and the proposed laws adopted across the region;
   - Fairer sentencing that is responsive to the different types of CSA and restorative justice for some cases of child abuse should be introduced;
   - Reconsidering of the approach to mandatory reporting, which requires adequate infrastructure for implementation and monitoring, is unlikely to result in the social transformation needed to stop CSA and may simply impose further constraints on governments.

5. The introduction of **specific interventions based on evidence** of their effectiveness in other contexts that can be adapted for the region and which are not high-resource dependent. Examples of specific interventions that are discussed in the Recommendations Chapter include:
   - Building capacity and infrastructure for child protection

- Child protection
- Work with abusers
- Education intervention
- Child-safe tourism
- Protecting children from sexual abuse in disaster and emergency situations
- Transactional sexual abuse - empowering girls
- Public messages
- Technology and abuse

In addition to these recommendations, the report also details other suggestions and ideas put forward by research participants and through stakeholder consultations. Some of the recommendations should be acted upon speedily by stakeholder interest groups, professional bodies, NGOs, FBOs and government departments, while other changes require planning and will take time. Not all of the recommendations require resources and many of them are about behaviour and attitude change and providing supportive interventions for children and families. It is vitally important that people do not sit back and wait for government to lead the way. There is much work for governments to do but there are changes that can be implemented today or tomorrow by every section of society. In order to progress these recommendations and to propel the movement for abuse-free childhoods two major developments are recommended:

- The **Regional Strategic Plan for Building Abuse-free Childhoods**
- The establishment of a **Regional Child Protection Hub**

These developments will be the primary drivers of systemic, sustained action for the building of abuse-free childhoods. There is also specific action required in relation to the dissemination of this research report.

ACTIVITY	TIME	WHO
Report presented to CARICOM for discussion	Short term	UNICEF and Researchers
Report presented to Cabinet in participating countries	Short term	UNICEF and Researchers
Wide country level dissemination programme involving a range of stakeholder groups	Short term	UNICEF and Researchers
Establishment of Abuse-free Childhood Website as a resource for professionals and NGOs	Short term	Researchers
Regional Strategic Plan for Building Abuse-free Childhoods	Medium/long term	CARICOM, Heads of Government International Development Partners, stakeholders
Establishment of Regional Child Protection HUB	Medium/long term	CARICOM, government departments, NGOs and International development partners
Implementation of *Regional Strategic Plan for Building Abuse-free Childhoods*	Long term	CARICOM, government departments, NGOs and International development partners, stakeholder groups

CHAPTER TWO
Introduction

BACKGROUND

Although there is extensive international research, few empirical studies of child sexual abuse have been carried out in the Caribbean. Child sexual abuse is universally criminalised across the region, however there has been little research into the social and cultural factors that contribute to its existence. Statistics are generally collected on convictions for sexual offences involving children, however these figures do not include the numbers of reported cases, they do not address the problem of under-reporting or under-conviction (worldwide estimates are that only 10% of child sexual abuse cases result in a conviction) and quantitative methods are, in any case, inadequate in investigating complex social problems when a deep understanding of experiences and effects is needed. Of studies that do exist, the following findings have been reported.

In a study of adult survivors in Latin America and the Caribbean 30% of female participants (in Barbados) reported being sexually abused as children (there were no figures for men); in Costa Rica the figure was 32% of women and 13% of men, and in Nicaragua 26% of female and 20% of male respondents reported having been subject to sexual abuse. The study concluded that forced sexual initiation and early childhood abuse were not uncommon in the Caribbean (World Population Council, WHO, 2003). In many Caribbean countries the onset of sexual activity is occurring at younger ages and early sexual initiation has also been positively correlated with child sexual abuse (Ruland and Finger, 2004). Also linked with early sexual 'debut' is the increasing practice of the commercialisation of sex among minors as a commodity for material exchange. Recent research suggests that boys and girls, especially those in poverty, are increasingly using sex as a source of economic exchange (exchanging sex for money or material goods) (Phillips, 2006) and young girls especially are at risk of being solicited for prostitution. In contextualising these issues, the World Bank report 'Caribbean Youth Development, Issues and Policy Directions' (2003) lists several negative outcomes common to the Region's youth:

1. Sexual and physical abuse is high in the Caribbean and socially accepted in many Caribbean countries . . . According to the nine-country CARICOM study 1 in 10 school-going adolescents have been sexually abused.
2. The high incidence of sexual abuse among Caribbean boys stands out in comparison to other countries.
3. The onset of sexual initiation in the Caribbean is the earliest in the world (with the exception of Africa, where early experiences take place within marriage). Early sexual debut is known to predispose young people to early pregnancy, HIV/AIDS and other sexually transmitted infections (STI's).
4. The region has the highest incidence of HIV/AIDS outside of Africa and youth are an at-risk group. Among other things, HIV/AIDS is linked to cultural values about sexuality that are particular to the Caribbean.
5. The incidence of rage among young people is extremely high: 40% of school-going CARICOM students reported feelings of rage. High rates of sexual abuse and physical abuse among children likely play out in rage among young people, which can affect their school performance and lead to violence.
6. Youth unemployment is especially elevated in some Caribbean countries. According to World Development Indicators from 1996 to 1998, St. Lucia had the highest youth unemployment rate in the Americas, followed by Jamaica.

7. Gang violence is also high in the Caribbean, with 20% male students and 12% female students at one point having belonged to a gang.
8. Although data on drug use are scanty, anecdotal evidence suggests a widespread social acceptance of alcohol and marijuana use in some Caribbean countries among both in-school and out-of school youth . . . Further complicating the situation, the Caribbean is a major trans-shipment point for drugs entering the United States and Europe.

The truth of the matter is that these outcomes arise from risky environments and experiences which children are exposed to or have forced upon them as part of their everyday reality. Environmental factors and the attitudes and behaviours they give rise to provide the broader context in which child sexual abuse is able to flourish, and action to address CSA is thus inextricably linked to social change. It is for these reasons that we conceptualised this study as a s*ocial transformation action research project*. Social transformation begins with the recognition that despite the many great strengths and achievements of the Caribbean region, something must be deeply wrong to produce the kinds of outcomes identified above. Social transformation also requires a deeper understanding of social attitudes to children, to sex and to abuse. There is also need to explore whether perceptions about what constitutes sexual abuse leads to it being sanctioned in some settings. For instance, are there communities in which incest has become 'normalised' through socialisation and intergenerational behaviour patterns and thus is not perceived of as abuse? There are also factors of particular relevance to the Caribbean region which may lead to increased risk for children, for instance there is increasing recognition that the 'taxi' culture is a breeding ground for transactional sex with children (exchanging bus or taxi rides for sex), and for predatory grooming behaviours. Another factor is tourism, which while recognised as presenting risks for children in countries such as Thailand and the Philippines, has not been identified at the policy level as a particular threat to children in the Caribbean, even though sex tourism is a common feature of Caribbean tourism (Kempadoo, 1999). In addition to these areas of potential risk, there are new threats to children such as the growth of technologically-driven forms of abuse (e.g. internet abuse) and while increasing children's access to computers is an important development strategy for many Caribbean countries, this has not been matched by adequate safeguarding measures.

This is the context in which the study was undertaken.

Commissioned by UNICEF as part of a joint programming initiative (UNICEF, UNIFEM together with key stakeholders across the region) aimed at reducing sexual violence against children, the study was based on the view that investigating perceptions and attitudes to child sexual abuse will increase understanding of underlying causes and lead to programmes and policies aimed at:

- Increasing societal awareness
- Prevention
- Reducing the associated psychological trauma and subsequent psychopathology for children and young people.

CHAPTER THREE
Situational Analysis of Children Exposed to Sexual Abuse: A Review of Relevant Literature

AIMS AND METHODS

The aim of this literature review is to provide an overview of research on child sexual abuse and to generate insights into contributing situational factors, the effects of abuse and treatment and rehabilitation processes. This general and broad-based approach situates this landmark study within the context of the wider research on the topic rather than focusing on other studies on perceptions of abuse.

A systematic search for relevant articles was carried out using the computerised databases Medline, Psycinfo, Childata, and Cinahl and the websites Questia.Com and Science Direct. Key words included: child sexual abuse, prevalence studies, effects, history, treatment, situational factors, gender and post- traumatic stress disorder. Inclusion criteria were as follows: meets the aims of the review; is either a seminal text, is recent research (within the last ten years) or has specific relevance for the Caribbean context; is published research; has been subject to a peer review process.

There is an extensive body of research on child sexual abuse and it was beyond the remit of this project to produce a comprehensive review of all of the literature available. We are mindful therefore that much important work has been excluded and we acknowledge this as a limitation of the review.

Overlapping Layers and Interlocking Issues

> No single study, no matter how large, can provide all the answers about the complex topic of child abuse. We need to know more about the psychological and functional outcomes of victims of childhood sexual abuse and we urgently need to know more about why some adults sexually abuse children. . . . How can we devise effective treatments or interventions for child abusers if we have no idea what drives their actions . . . (Cannon, 2001).

A cursory exploration of the research on child abuse suggests that in cases of physical abuse the abuser is often the mother, although when abuse leads to the death of the child, the father or live-in boyfriend is usually responsible (Stanton, 1990, reported in Seidl et al, 1993). These researchers also cite Finkelhor and Baron (1985) saying that 'In situations involving sexual abuse, the victim is more likely to be female and the molester more likely to be the father, step-father, or other male family member. When boys are sexually abused however, the perpetrator is not likely to be a family member'. Research findings such as these provide only minimal understanding of a hugely complex problem and in this review we hope to explore the overlapping layers and interlocking issues that Cannon draws our attention to.

Contextual Reference

Before discussing the literature, we refer to some of the prevailing general views on child sexual abuse in the Caribbean that were revealed in the study that is focus of this report. Some of the views offered by Focus Group participants were as follows:

- *Child sexual abuse and the early sexualisation of children are widespread . . .*
- *Incest and sex-for-trade are normal . . .*
- *Because this phenomenon is widespread and normalised, victims often take it in stride and perpetrators don't really fear daunting consequences for their actions. Thus, it goes on.*

On the question of male sex with girls under the age of 16:

- *This has not started now, but has existed for a long time. There is now a magnification of it today. It is escalating. The community needs to look closer at children.*
- *It's completely wrong.*
- *Castrate them!*
- *Jail them!*
- *Some girls dress up and act up in ways to provoke you. They want something from you and they think sex is the way to get it. They know how to turn you on.*
- *Yes it happens. A young girl in my area when she was 11 she got pregnant. The man used her and gave her a baby. The mother throw her out - books and everything. The mother throw her out.*

On the question of incest

> *There was a father who was molesting his baby, and his sister told him that he 'must stop the foolishness'. They all knew about it. The whole thing was disclosed when the baby was found to have gonorrhoea in its mouth. He can't think that he is doing anything wrong, when everyone knows and nobody calls the police.*

These quotations from respondents in the study resonate with the findings of other studies that show that child sexual abuse evokes strong reactions which are often contradictory. For example, on the one hand, there is the common response of victim-blaming while, on the other, the most extreme forms of punishment for perpetrators are advocated. Respondents are alarmed at the extent and gravity of the problem and at the same time other comments suggest almost an acceptance of child sexual abuse as normal and inevitable. All are to blame: men, women, even children, but yet no-one is held to be responsible for stopping abuse. These responses illustrate the fact that there is much confusion generally about child sexual abuse and although the subject generates strong emotions, it is a problem bound up in paradoxical contradictions that add to its complexity. There are no easy answers as to the causes of child sexual abuse and fewer as to how to effectively protect children from harm; this is evident from countries in which extensive research has been undertaken since child sexual abuse was first acknowledged as a major problem.

Literature from the UK and the USA suggests that awareness of child sexual abuse as a specific problem that was distinct from (if related to) other forms of child abuse began to grow during the 1970s and 1980s following an upsurge in child sexual abuse allegations and reported cases. During this period many adult survivors of child sexual abuse came forward, seeking treatment and therapeutic help for pathologies they associated with their childhood sexual violations. The increase reflected in child abuse statistics was probably also a result of increased reporting, some cases arising from legislated mandates and others as a consequence of increased public awareness. The response to these emerging concerns was to create complex, bureaucratic administrative child protection systems primarily aimed at surveillance, monitoring and risk assessment.

Child Protection Systems

Understanding the relationship between child protection systems (a collective term for the legislation, policies, protocols, procedures, tools, techniques, rules and roles that govern child protection practice) and lessons learned from research findings will be crucial for Caribbean governments in crafting appropriate responses. In the UK, following the upsurge of cases and subsequent investigations, child sexual abuse was made into a mainstream social work issue; professional roles were re-defined, legislation and policy crafted, practice revisited and research into the problem extended. The system that emerged from this process (made up of: multi-disciplinary approaches, case conferences, register of children at risk, clearer

risk assessment procedures, specific legislation and mandatory guidance) was designed to better safeguard children from all forms of abuse. However continued failings in protecting children, illustrated by some very high profile cases, indicated that all was not well and there have been subsequent changes to these child protection systems. The process that has developed over the years is dynamic with inquiries into systems and employee performance whenever serious or preventable harm befalls a child. Such scrutiny comes from the highest governmental level and is also carried out at local and regional levels whenever the system appears to have 'failed' a child. Child protection legislation and organisational frameworks have been developed at the strategic level and procedures have been put in place for improvements in practitioner performance and case management. Management systems at the operational level are continuously informed by child case reviews into serious child injuries and deaths in the UK. Notable recent deaths of children - Victoria Climbié in 2003 and baby Peter in 2008 - from horrific injuries at the hands of their carers and parents resulted in the respective Lamming reports (2003; 2008), with many recommendations for institutional changes based on the evidence from the inquiries. Reconfigurations of service delivery with the concomitant additional resources are often deployed to ensure a better service for the protection of children, since it is held that increased financial resources for overall service improvements are critical to keeping children safe.

Despite the responses summarised above and the creation of an elaborate and expensive child protection system, child abuse has not diminished in the UK and systemic failings continue. Indeed there have been criticisms that the systems designed to protect children are themselves contributing to the harm to children that they are trying to reduce and that costly inquiries into individual or organisational failing do little to address the structural issues:

> Unfortunately, despite the huge volume of resources poured into these audits, the inspection process can seem to amount to little more than an elaborate game of cat and mouse, rather than a useful exercise of organisational learning in which pertinent 'systems-focused' questions are posed. When errors do surface in the context of a serious case review, public inquiry or inspection, a connection is not always drawn between one incident and the *routine dysfunctional practices* that created the conditions of its possibility (Broadhurst et al, 2009).

Despite extensive scrutiny, ambitious training programmes and well-resourced child protection services, the UK child protection system, in common with systems in other economically advanced countries, is increasingly being seen as ineffective at best and at worst sometimes simply substituting one form of abuse for another – the subjection of children to invasive and insensitive institutional procedures which themselves may be harmful.

These systems are costly and overly complex to administer. In the USA the child protection 'industry' costs over $US100 billion annually, yet child abuse is said to be increasing. Similarly in the UK, the cost of maintaining child protection systems is over a £1 billion a year. Despite some successes, the child protection systems in the UK, the US, Canada and Australia have been collectively described as:

> Bankrupt economically and in terms of helpfulness to children and families… (Lonne et al, 2009).

The main criticisms of these systems are:

- Investigation and surveillance driven
- Procedure-led, overly bureaucratic and complex to administer

Paradox…
Despite extensive scrutiny, ambitious training programmes and well-resourced child protection services, the UK child protection system, in common with systems in other economically advanced countries, is increasingly being seen as ineffective at best and, at worst, sometimes simply substituting one form of abuse for another

- Focus on risk rather than on beneficial outcomes for children
- As ideas run thin there is an increasing emphasis on risk assessment tools - reduces professional skills to the ticking of boxes
- Most resources spent searching for perpetrators and little left for victims and for healing families
- Procedure-led, institution-based approach fuels adversarial relationships
- Children feel failed by the system not protected – often the outcome is worse than the situation the child was in

In developing local and regional responses to child abuse, it will be important for Caribbean countries to learn from these findings and ensure that services that are developed do not replicate the costly child protection mistakes of some of the more economically advanced countries.

PREVALENCE OF CHILD SEXUAL ABUSE

The Caribbean Picture

No known prevalence research within the Caribbean has been found in the literature. However in pulling together what evidence there is, a distressing picture is painted.

In Jamaica, Eldemire (1983) conducted seminal research into child sexual abuse during the period 1982-1983. In her research conference paper she presented some graphic data as part of her conclusion stating *'These facts support the argument that the true incidence is much higher than reported.'*

In Dominica there was a dramatic increase in reporting linked to a sustained five-year awareness programme from 1989 to 1996. Numbers showed that child abuse reports rose from 71 to 1,740, of which child sexual abuse allegations were nearly 50% of the total (Trotman Stoby, 2002 p.53).

Paradox…
The reporting of abuse has increased suggesting a growing awareness and willingness to confront the problem…the actual number of child sexual abuse cases is increasing suggesting an acceptance of the problem

In Barbados, The Daily Nation (3rd October 2006) reported on child sexual abuse, citing figures from the statutory body - the Child Care Board (CCB). It was reported that '...there are 226 reported sexual abuse cases between April last year (2005) and March this year (2006), compared to 190 for the April 2004 to March 2005 period….. '*That is nearly one a day,'* remarked chairman of the Child Care Board. The Director of the CCB was also reported as saying *'… for April 2004 to March 2005, ten perpetrators were arrested and charged with sexual offences ranging from indecent assault to rape. However, only one of these matters could be pursued. In the other nine cases, the child, parent or guardian refused to give a statement over the alleged incident. You cannot prosecute an individual without evidence.'* From April 2005 to March 2006, police were summoned in 80 of the sexual abuse cases. This compared to 73 for the corresponding period 2004/05, showing an increase of seven police reported matters.

Blum et al (2003), in a Caribbean study of the association between physical and sexual abuse experiences and school performance among groups of teens (aged 10-18 years), comment: 'As was true for violence and substance abuse, there was a strong association between early initiation of sexual activity and skipping school' (p.4). Other research has shown that sexual exploitation and abuse is related to socio-economic needs. For example a 1999 study commissioned by the Inter-American Children's Institute (IACI) found evidence that, in Jamaica, girls as young as twelve years, and boys as young as nine, were thought to be involved in the sex trade. 'Most of the children spend the money they earn from selling sex on food for their families and school fees. Many young girls from poor communities are involved in long-term sexual relationships to earn income for their families' (p.1). Barrow and Ince (2008) remind us of some of the findings on child abuse and reasons for teenage pregnancy in the Caribbean e.g. fragmented families,

defective sex education, and high levels of drug and alcohol use. Additionally in the two countries under study it was mentioned that 'Surveys show most children becoming sexually active before the age of 13 years, with low levels of condom use and large numbers of partners. In addition, many young girls are the victims of exploitative sexual practices, including prostitution' (p.43). The authors (p.38) also point to the child rearing successes in some families despite huge obstacles, including extreme poverty - a reminder that protective factors must also be researched for their positive resiliency. It is of vital importance to identify and understand the resilience and competencies factors where ever they exist which protect children from sexual abuse and exploitation**.**

Empirical and anecdotal evidence from the Caribbean suggests that the reporting of abuse is increasing (suggesting growing awareness and willingness to confront the problem). However it also suggests that the actual number of child sexual abuse cases is increasing (paradoxically, suggesting an acceptance of the problem).

The high incidence of sexual abuse is also reported in a World Bank Study which states:

> Sexual and physical abuse is high in the Caribbean and socially accepted in many Caribbean countries … According to the nine-country CARICOM study, 1 in 10 school-going adolescents have been sexually abused. The high incidence of sexual abuse among Caribbean boys stands out in comparison to other countries (World Bank, 2003).

International Picture

The first prevalence study in the USA among adults was carried out by Finkelhor et al (1990) and childhood sexual victimisation rates of 27% for women and 16% for men were found. The average age for occurrence of the sexual abuse was reported at 9.9 years for boys and 9.6 years for girls. Confirmation of the worldwide pervasiveness of child sexual abuse was shown in an international epidemiology prevalence study of child sexual abuse (Finklehor, 1994). The results from the 21 countries studied, including the USA and Canada, found prevalence rates comparable to the North American research of 1990. Rates ranged from 7% to 36% for women and 3% to 29% for men. Females were found to be abused at 1½ to 3 times the rate for males. Other studies in that decade report that sexual abuse occurs from infancy to adolescence. 'Among the 127 participants who could identify how old they were when they were first molested, average age at onset of the sexual abuse was 6.8 years . . . Nearly half the women stated their abuse began before age 5' (Gold et al, 1996).

A recent prevalence study by Pereda et al (2007) compared prevalence rates to Finklehor's 1994 study. The results obtained from the 38 independent studies for 21 countries suggest that child sexual abuse remains an international problem. It was stated

> Comparison of the two reviews reveals what appears to be a general pattern that remains more or less constant over the years especially in women. However, there are two main differences: In Finklehor's review there were no studies reporting prevalence rates higher than 50%, whereas the present review includes two studies, conducted in South Africa and the USA, which did report such rates.

Childhood sexual abuse appears to be such a common feature of childhood that its everydayness is often presented as inevitable. Research findings on prevalence (in the USA) suggest that a third of women and approximately one in eight men have been subject to some form of child sexual abuse. However, under-reporting of the incidence of sexual abuse of young males conceals the magnitude of male victimisation (Cermak and Molidor, 1996).

The universality of child sexual abuse is not in doubt. However while some aspects of this abuse have existed in a specific form over hundreds of years (for example, prostituting children), child abuse is not a

static, fixed phenomenon and technological advances and globalisation have provided opportunities for different forms of child sexual exploitation. In the last 20 years or so, new violations, in the form of the commercial sexual exploitation of children nationally and internationally and different forms of abuse for sexual gratification and commercial gains, often involving paedophile rings, have emerged. Furthermore, we have witnessed the advent of child pornographic images on the internet, with the volume of such images and the numbers of persons accessing them reported to have reached epidemic proportions (Sanderson and Kingsley, 2006, p.10). Gallagher (2007) in his research on internet-initiated child sexual abuse, reminds us of the research carried out within the last ten years on internet child sexual abuse in the specific areas of the grooming of children and the use of child abuse images by sexual predators. Gallagher (2007), in the first study of its kind, found evidence of another insidious and virulent form of internet abuse i.e. where offenders initiate contact with other individuals over the internet to incite, or conspire with them to commit child sexual abuse. Anecdotal evidence from the Caribbean points to a growing problem in these 'new' areas of child sexual violation.

THE COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN

The continuing escalation of the commercial sexual exploitation of children (CSEC) worldwide was discussed at the Third World Congress against the Commercial Sexual Exploitation of Children and Adolescents (Brazil, 2008). Government and civil society organisations, including corporate leaders from around the world, acknowledged that the concerted international commitment, which began with the first and second CSEC World Congresses (held in Stockholm, Sweden, in 1996 and Yokohama, Japan, in 2001 respectively), must be expanded. The Eastern Caribbean was represented at the November 2008 congress where all forms of exploitation ('traditional' sexual abuse, prostitution, child pornography, trafficking and Internet abuse) of children of all ages and ethnicity were discussed. The size, geography, economic status, ethnicity or religious persuasion of countries, makes little difference to those involved in the exploitation of children. Whilst many Caribbean governments may still be struggling to admit and face the harsh reality of child sexual abuse, including insidious forms of exploitation for financial gain within their country, exploiters on the other hand maintain and expand their abuse with their considerable networking resources and technical capabilities. The specific issues for the Caribbean in respect of the commercial sexual exploitation of children are discussed below and a review of relevant literature pertaining to this topic is included as an appendix to this report.

CSEC and the Caribbean

According to the Pan American Health Organisation, information on child abuse in the Caribbean is difficult to obtain due to the lack of surveillance systems within countries (PAHO, 2001). However, what research has been carried out shows that in common with many countries of the world, the commercial sexual exploitation of children in the Caribbean is a persistent and growing problem (IOM, 2005). Referring to child abuse in Latin America and the Caribbean, a PAHO report stated 'child abuse is a problem in both Latin America and the Caribbean' and further commented that '…sexual abuse and exploitation is one of the more common types of abuse in the Caribbean' (PAHO, 2001). Regionally, the Caribbean has many of the negative social and economic characteristics generally associated with CSEC, such as high unemployment rates, poor levels of education in deprived communities, social class inequalities, gender inequalities and social deprivation (UNICEF, 2007), although there are variations from country to country. There is little evidence to suggest that economic growth leads to economic equality and therefore even in Caribbean countries that are relatively prosperous (such as Trinidad and Tobago) the drivers of commercial sexual exploitation are not reduced. On the contrary, ECPAT (2008) suggests that areas of rapid industrial development are often associated with a growth in sex markets to provide sexual services for construction workers, miners, workers from international companies and so on. Teenage girls in particular are often targeted for exploitation and even when foreigners move out, the sex markets often remain and are used by local men (ECPAT, 2008).

The specific problem of the commercial sexual exploitation of children is not widely recognised in the region, although within many Caribbean countries the commercialisation of sex is an accepted feature of society. Many forms of economic/sexual relationships exist as evident by the terms 'sponsoring', 'sugar daddy' and 'sugar mommy'. Transactional sex, in which young people (especially young women) exchange sex with older men for material goods and money, is a common form of economic security (Dunn, 2001; Kempadoo and Dunn, 2001; Ahmed, 2003; Barrow, 2005).

Migration and Trafficking

Migration, a key aspect of the social mobility of people in the Caribbean, has also been linked to commercial sexual exploitation. The liberalisation of trade barriers and the free movement of workers as a consequence of globalisation have resulted in both legitimate and illicit migratory flows in the region including an increase in trafficking (IOM, 2005.2):

> There are three primary migration flows in the Caribbean: internal migration (e.g. from rural areas to a city); intra-regional migration (e.g. movement among islands); and outward migration (e.g. movement to Latin America, Europe or North America). Three of the most important factors influencing these flows are socio-economic inequalities (both within the Caribbean and globally), tourism and human trafficking (IOM, 2005.2: 10).

As previously stated, CSEC is difficult to measure and the inability to quantify the problem means that there are no reliable statistics. A review of research into the trafficking of persons in the Caribbean undertaken by the International Organisation of Migration concluded that researchers had often speculated about the characteristics of trafficking of children for CSE in the Caribbean. Furthermore, most of the research carried out involved only a small number of Caribbean countries, leading to the view that the findings were not generalisable (IOM, 2005.1). Not only were questions raised about inaccuracies in data on trafficking, it was also noted that there was a dearth of reliable research on children who are sexually exploited and abused in the region more generally (IOM, 2005.1). Migration, especially undocumented and informal migration, although not a direct cause of CSEC, can mask trafficking activities. Also the migration of parents can place children left behind at increased risk of predatory behaviour, especially when surrogate care arrangements are inadequate. Children in the Caribbean may also become vulnerable to CSE and trafficking due to displacement caused by natural disasters (UNICEF, 2007).

Tourism

Many of the smaller countries in the region have limited exportable assets and rely on tourism as a source of income and employment (IOM, 2005.1). Kempadoo (2004) argues that commercial sex has long been an integral feature of Caribbean tourism (Kempadoo, 2004). Some Caribbean countries have become known as sex tourist 'hot spots' and the image of sexual permissiveness is a key subliminal message in many tourist advertisements. While prostitution is not officially condoned, 'tourism-orientated prostitution' and commercial sex transactions are by-products of the tourist market with legitimate tourist businesses often being used to legitimise or hide illicit tourist activity. There are two sides to this picture – the foreigners in search of destinations for sexual 'romance' and adventure, and local people who view sex with tourists as a viable means of making a living or improving their economic conditions. Much of this activity is quite legal and involves consenting adults; however, the increasing commercialisation of sex and pornography is also a contributory factor to the sexual exploitation of children and an increase in the prostituting of children. Where sex markets exist and where the cultural and social environment is one in which illicit or clandestine sexual exploitation occurs, children, and teenage girls in particular, can easily get drawn into prostitution.

Sex tourism is often blamed for the increase in CSEC worldwide; it is important to note, however, that most people who sexually exploit children in any given location are likely to be local residents. In Thailand, 90 per cent of those sexually exploiting children are said to be local people, and in the Philippines the figure is said to be 50 per cent (Manion, 2004). Foreign sex tourists are a major source of the demand for child sex;

however, they are not the main source and it is important to ensure that in targeting sex tourists, other risks to children are not neglected.

Economic deprivation and poverty have been listed as the foremost causes of children engaging in CSE and it is clear that children, and girls in particular, are rendered vulnerable especially when they have low economic and social status. Sealy-Burke (2006), in a study carried out in one Caribbean country, revealed how some Caribbean parents disregard the sexual exploitation of their children when the family needs the income it brings:

> The plight of sexually abused children is exacerbated by poverty, which, among other things, encourages parents to turn a blind eye to their child's involvement in transactional sex, because of the economic benefit it can bring to the entire family (Sealy-Burke, 2006, p.7).

This practice is not the same as selling children into prostitution, a problem that occurs elsewhere in the world, but the evidence does demonstrate the ways in which the degree of poverty some children in the Caribbean experience increases vulnerability to sexual exploitation. As with children elsewhere, economically deprived and poorly educated children in the Caribbean are the ones most susceptible to risk of CSE (Sealy-Burke, 2006). Approximately 60 per cent of children under 12 and 50 per cent of young people aged 13 to 19 years live in poverty in Latin America and the Caribbean (UNICEF/ECLAC, 2002). Most children who live in poverty do not become involved in sexual exploitation and it is important to understand that there are specific factors that increase risk in particular situations. Most poor parents would not 'turn a blind eye' to their child's involvement in commercial sex and questions about the situational factors that contribute to the abandonment of the protective functions of family life must be taken into account.

WHO IS AT RISK OF CHILD SEXUAL ABUSE?

It is important to point out that children from all socio-economic, ethnic and educational backgrounds are at risk of sexual abuse. However, a review of some of the research findings shows consistency in the factors associated with higher risks of child sexual victimisation. Girls are at higher risks than boys and more likely to be pre-adolescent, i.e. 10-12 years, and are also likely to have fewer friends. Being socially isolated may create a need for contact and friendship on which sexual abusers can capitalise. A feeling of shame and stigma from sexual victimisation may also cause children to withdraw and isolate themselves. Equally it has been shown that children who are abused within families can be prohibited from having friends. Other studies (Miller, 1976; Finkelhor et al, 1984; Finkelhor and Araji, 1986) concern family dynamics in which parental unavailability and poor relationships are correlated with sexual abuse in childhood. These studies show that girls who are victimised are more likely to have lived with step-fathers, to have mothers who were employed outside the home, to have parents who were disabled, ill or affected by substance addiction, to have witnessed conflict between parents, to report a poor relationship with one of their parents, particularly with mothers. With regard to step-fathers, several studies have shown the presence of a non-biological father as an increased risk factor for child sexual abuse. Gruber and Jones (1983) and Finkelhor and Araji (1986) showed that whereas an absent father was a risk factor, the presence of a step-father further augmented the risk.

Some reasons offered for this are:

- Lack of bonding and the development of a nurturing, caring role by step-fathers (as is more likely to occur with fathers), weakens the incest-taboo protective environment.
- Stepfathers might be less protective of girls who are targeted by step relatives, and friends.
- Dating mothers may bring home men who are sexually exploitative and opportunistic.

Other research findings, such as those reported by Flemming, Mullen and Bammer (1996) found that in abuse by a family member, vulnerability factors for CSA were physical abuse, having no one to confide in, having no caring female adult, and parental substance abuse. For girls abused by someone outside of the family, the significant factors were physical abuse, social isolation, mother's death, and parental substance abuse. Findings such as these emerge from retrospective studies with adults and while they may not be carried out with child victims for ethical reasons, they nonetheless are critical to our understanding of some of the factors which co-exist with allegations of sexual abuse in children.

Blame Attribution

In examining factors that contribute to who is blamed for child sexual abuse, Back and Lips (1998) show that blame attribution tends to be along gender lines. In their vignette portrayal describing a sexually abusive interaction between an adult male neighbour and a child, they found that greater blame or responsibility was assigned to older victims than younger ones. Both parents were ascribed similar levels of responsibility. However, the male observers in this experiment attributed greater responsibility and causality to both the victim and the parents than did the female observers. Taylor and Lloyd (2001) refer to studies (see for example, Ford et al, 1994*;* Kalichman et al, 1990) that show that a reluctance by professionals to report child sex abuse correlates with 'blame attribution' of the sexually abused child victim. Adolescent victims of sexual abuse, especially intrafamilial abuse, were found not to be believed when they disclosed abuse and were more likely to be blamed for the abuse by teachers, clinicians, the judiciary and the general community. Ford et al (1994), in research conducted in Britain on attitudes among teachers and social workers to interfamilial sexual abuse, particularly father-daughter rape, found both groups demonstrated a willingness to attribute blame to the child victim.

EFFECTS OF CHILD SEXUAL ABUSE

The devastating consequences of child sexual abuse are reflected universally in studies from around the world and there are remarkable consistencies across research findings. A history of childhood sexual abuse is associated with numerous psychological sequelae including depression, anxiety, substance abuse, somatisation, and eating disorders. Waller (1994) found that

> …of 115 eating-disordered women, a secondary diagnosis of borderline personality disorder was associated with a reported history of sexual abuse. The association was specifically with childhood sexual abuse (first experience at less than 14 years), rather than with abuse later in life… (p.264).

In the Caribbean region, a study carried out in Trinidad (Baboolal et al, 2007) yielded a positive association between childhood sexual abuse and attendance at psychiatric outpatient clinics. It was reported that victims of CSA were 2.2 times more likely to be seen in psychiatric consultations than people from the control group. The authors state that this finding is in keeping with other studies across different cultural settings.

A qualitative study by Denov and Myriam (2004) on the long-term effects of child sexual abuse by females, which derived data from in-depth interviews with 14 adult victims (7 men, 7 women) of child sexual abuse by female perpetrators, revealed some disturbing findings. Most of the participants reported that the experience of female-perpetrated sexual abuse was harmful and damaging. As a result of the sexual abuse, both male and female respondents reported long-term difficulties with substance abuse, self-injury, suicide, depression, rage, strained relationships with women, self-concept and identity issues, and a discomfort with sex. Research on the topic reminds us that the abuse of children by male or female perpetrators is damaging to both boys and girls. Furthermore we must disabuse ourselves of the popular misconception that sexual abuse by women is relatively harmless as compared to sexual abuse by men. While female perpetrators of abuse are very much in the minority and are less likely than men to use force and violence, they nevertheless inflict serious psychosocial damage on children.

Surviving Child Sexual Abuse

Knowledge and in-depth understanding of the complexity of why some children are abused and why some adults become abusers are important issues. They inform treatment interventions which is critical to childhood functioning and recovery in the immediate and longer-term. The perpetrator's perspective is the other side of the coin. Two theoretical approaches which are particularly useful for understanding more about the effects of child sexual abuse are:

- The Sexual Abuse Accommodation Syndrome
- Post-Traumatic Stress Disorder

The Sexual Abuse Accommodation Syndrome

Furniss (1991) drawing on the work of Summit (1983) identifies the psychological 'accommodation' of abuse as a coping strategy:

> …the sexually abused child in secrecy, helplessness and entrapment begins psychologically to adapt to what is an unliveable situation over time. The abusive situation which may continuously threaten the child's physical and psychological integrity and life is turned, in the process of accommodation, into a seemingly normal event (p.28).

Summit speaks to the creation of pseudo-normality which results from 'the impossible psychological task of integrating the experience'. This existence includes:

- Pretending it is not they who are abused
- Going into altered state of consciousness and pretending to sleep
- Pretending during intercourse that the lower body does not exist, all of which ironically can fit the perverse view of the abuser that the interaction is 'permitted'.

Post-Traumatic Stress Disorder (PTSD)

Research suggests, and the study discussed in this report shows, that women who experienced childhood sexual abuse are at increased risk of Post-traumatic Stress Disorder (PTSD) in adulthood. Schaar et al (1998) in their study of sexual and physical abuse in childhood (before age 15 years) and adulthood (after age 15 years) looked at the overlap of childhood sexual and physical abuse. What the analyses revealed is that persons who experienced combined childhood sexual and physical abuse reported the highest rate of sexual and/or physical victimisation and significantly higher rates of PTSD and trauma symptoms compared to those who suffered no abuse. Confirmatory evidence of PTSD being one of the long-term effects of child sexual abuse in women is also demonstrated in a study by Briggs and Joyce (1997). This study reported that women, who suffered multiple abusive episodes which involved sexual intercourse, suffered increased symptoms of PTSD. Gidycz et al (2008) in a survey examining the relationship between health-risk behaviours and sexual victimisation among a sample of college women, found that after controlling for age and parents' education, a history of adolescent sexual victimisation was associated with the following health-risk behaviours:

- Increased likelihood of cigarette smoking and marijuana use
- Suicidal ideation
- Experience of physical violence within a dating relationship
- Use of diet pills and vomiting or laxatives to lose weight
- Multiple sexual partners and early sexual intercourse
- Prospectively, women's history of adolescent sexual victimisation was the strongest predictor of sexual victimisation during the 3-month follow-up.

Re-victimisation

Messman-Moore et al (2009) in their retrospective and prospective study tested a model of revictimisation that included multiple childhood (i.e. child sexual, physical, and emotional) and situational variables, such as substance use and sexual behaviour, for predicting rape. During the 8-month follow-up period of 276 women: 9% of participants were raped and 88% of the assaults involved substance use by the victim. Rape, substance use, and risky sexual behaviour also predicted post-traumatic stress disorder (PTSD) symptomatology. Another study of victimisation in later life, showing the complexity of the connectedness with physical, emotional and social consequences stemming from child sexual abuse, was carried out by Kessler and Bieschke (1999). The odds of victimisation in adulthood were greater for women who were abused in childhood than those who were not abused. Studies of predatory behaviour show that child abusers seek out and exploit perceived vulnerability and often continue to do so as they move through their lives, replicating situations in which they are better able to target children. The studies reported here suggest that these behaviours are not confined to children alone and may help our understanding of the overlapping vulnerabilities and the association between post-traumatic symptomology and increased revictimisation of women who suffered childhood abuse within a Caribbean cultural and social context.

Intergenerational Abuse

Child sexual abuse often results in patterns of behaviour, vulnerability and re-victimisation which increase the likelihood of the children of survivors being more exposed to risk of abuse. Furthermore the socialisation and internalisation of abusive behaviours may lead to some children who were abused becoming abusers themselves. Intergenerational abuse is often stated as a particular problem within Caribbean communities. Noll (1993) cites evidence supporting 'a persistent cycle of violence perpetrated against women that begins in childhood in the form of sexual abuse, re-emerges later in adolescence and early adulthood in the form of physical assault or sexual revictimisation, and ultimately places the next generation at considerable risk for victimisation. Supporting this finding of the intergenerational cycle of abuse is the work of McCloskey et al (2004) who reports that a maternal sexual abuse history indicates a greater likelihood for a woman to be subject to re-vicitimisation and her children to be targeted for abuse.

Victims who become Abusers

The research evidence shows possible links but not necessarily causation as we seek explanations as to why some people who were victims of abuse become perpetrators of abuse. Glaser et al (2001), in their retrospective study of clinical notes, reviewed 843 persons - 747 males and 96 females who were attending a specialist forensic psychotherapy centre in London, UK, and found the following: a high percentage of the male subjects who were abused in childhood by a female relative became perpetrators of abuse. No similar link was found for the female subjects in this study. In other words, men who had experienced abuse as children were more likely than women who had been sexually abused to become perpetrators of abuse. While there were limitations to the study, it nevertheless throws light on this complex issue. Cannon (2001) reminds us that 'there is however not just one causal agent for a single outcome' and there are other risk factors that may affect the likelihood of someone who has been abused becoming an abuser. A study by Seghorn et al (1987) showed that child sex abusers who were sexually abused as children were more likely than those who were not abused to have had fathers with a criminal and/or substance use history, parents with psychiatric problems, sexual deviance within the family and a high incidence of childhood neglect.

Economic Impact

Unsurprisingly the known long-term deleterious effects of child sexual abuse on the social, psychological and the mental health of adults who were abused as children, often show up in performance and earnings in the workplace. Robst (2007) attributes the 25.9% gender wage differential and gender differences in the prevalence and wage effects from childhood sexual abuse. In his paper he cites a plethora of documentary evidence pointing to the likely effects of childhood sexual abuse on later workplace performance. He states:

> CSA is associated with poorer economic outcomes among women for many reasons. The experience of childhood sexual abuse lays a foundation of shame (Kessler and Bieschke, 1999), low

self-esteem (Ketring and Feinauer, 1999), and difficulty trusting others. Through time, such negative attitudes lead to adverse outcomes such as difficulty with relationships and trouble in school. CSA may affect wages because traumatic events during childhood may also lead to psychological disorders as adults including depression, phobias, post-traumatic stress disorder (PTSD), dissociation, addiction, and borderline personality disorder (Kendler et al, 2000). Psychological disorders have economic implications such as lower wages and work difficulties.

Poor concentration, anxiety or fear, and difficulty dealing with others, which are markers for mental illness, were obstacles to employment for one sample of sexually abused women (Hall, 2000). Survivors of CSA were more likely to report job related problems, financial problems, and problems with absenteeism. CSA survivors were more likely to work in unskilled or semiskilled occupations, and suffered a decline in socio-economic status relative to their family of origin. It should also be noted however that many survivors of abuse compensate for what they see as their failings (by being targeted for abuse) by over-achieving both in higher education and also in their careers.

Economic Vulnerability and the Caribbean Family

The global financial downturn will undoubtedly negatively impact Caribbean households, particularly those with children, especially in countries that are heavily reliant on tourism (as tourism is predicted to be one of the casualties of the economic crisis). Single women-headed households, a common family form in the Caribbean, particularly among poorer and economically disenfranchised communities, may expose children to increased risk of prostitution and transactional sexual abuse especially where there are partners or boyfriends who have no biological connection or nurturing paternal bond with the children of the household. Le Franc et al (1996) help us to understand the perceived economic vulnerability and cultural adaptation of women in their Caribbean study. Some of their behavioural responses include multiple partners who serve as 'economic security' (bolstered by calculated child-rearing as an 'investment activity') as these women strive to provide for themselves and their households. The study also refers to other studies (Gonzales, 1981; Rubenstein, 1983) in which the concept of simultaneous and serial partnerships with multiple 'baby fathers' possibly providing economic support to a single household is described as an economic survival or coping strategy for women. Le Franc et al (1994) suggest that, increasingly, the norm for family relationships is a series of short-term relationships as distinct from simultaneous sexual partnerships. While the work of Le Franc and others describe these family formations as reflecting the need for economic survival, in *this* study of child sexual abuse, such behaviours were not seen as decreasing women's social and economic vulnerability, but rather increasing their exposure (and their children's exposure) to risky sexual encounters. Culturally accepted norms which include women and men's perceptions of each others' financial responsibilities (often to children who are not of the relationship and with whom there is unlikely to be any nurturing paternal bond), serves to help us understand the wider impact of gender inequality and poverty on the creation of risk environments for children. Families, which in other circumstances may be able to fulfil the functions of child protection, can easily be transformed into places in which children are at risk of abuse and exploitation, especially where mothers are in short-term relationships, where fathers take little responsibility for care and protection and where there are men with abusive behaviours.

THE TREATMENT PARADIGM

In the section that follows we discuss some of the issues that need to be taken into account in establishing treatment programmes. We are mindful however of concerns about the appropriateness and cost-effectiveness of transporting models developed elsewhere to the Caribbean context. Nevertheless, where evidence of benefit exists and where interventions have cultural relevance or applicability, it is important that they are explored. The discussion that follows focuses not only the therapeutic needs of individual survivors but also the individual pathology of abusers. While these approaches are appropriate in some circumstances, there are also limitations. For example, interventions focused on individual abusers are costly, generally require high level resources (e.g. skilled professionals trained to an advanced level), have

little proven effectiveness and detract resources from prevention and support of survivors. Family-based support and community/public engagement/education programmes geared towards prevention may be more effective overall and more cost effective.

Secrecy and Addiction Syndromes

In exploring treatment modalities, the dynamics of child sexual abuse need to be fully understood. There are two unique characteristics or syndromes which characterise CSA and set it apart from other forms of childhood abuse. These characteristics, the syndromes of secrecy and addiction, provide important insights into the effects and maintenance of CSA and the chance of therapeutic 'success'.

The syndrome of secrecy - implications for the child

Child sexual abuse is often maintained by external factors such as disbelieving the child - which can and often extends into the legal processes, the absence of an ally for the child (the most powerful being the mother), the punitive approach to perpetrators which can contribute to children's denial of abuse, the issue of threats to the abused child and their family, the child's fear about what is happening, anxiety about the consequences of disclosure (which incidentally includes fear of imprisonment of an abusing father – who, paradoxically, is often loved by the child, but who they also want to stop the abuse) and an absence of forensic medical evidence. The power of these factors in the maintenance of this open secret of child sexual abuse is that lying and denial by the child (and mother) are often confused. The child is fully aware of the facts, but overwhelmed by the consequences of admission is thus unable to tell the truth.

Paradox…
The abuser is often loved by the child he is abusing. The child fears imprisonment of an abusing father and so has to keep the abuse secret…
The child wants the abuse to stop but this does not happen because the abuse is kept a secret

The syndrome of addiction

Furniss (1991, p.33) describes the syndromes of secrecy and addiction in child sexual abuse as interlocking processes. The addictive element shows a striking resemblance with other addictions as follows:

1. Child sexual abusers know that the abuse is wrong and that it is a crime
2. The abuser knows that the abuse is damaging to the child, yet it continues
3. Guilt feelings and knowledge of this damage to the child may lead to attempts to stop the abuse
4. Such attempts to stop the abuse can lead to withdrawal symptoms such as anxiety, irritability, restlessness and other symptoms
5. Sexual abuse, like other addictions, does not primarily (or solely) create a pleasurable experience but serves as a tension release
6. The sexually arousing aspects of child sexual abuse and the subsequent tension relief create psychological dependence
7. Dependence on child sexual abuse at the individual level appears to operate independently of legal threats.

What Furniss does not discuss, but has been raised by other commentators, is that the ability to have power and control over the victim also feeds into the addictive process. It is not difficult, therefore, to see how this process of stimulus and response might enable the learning of abusive behaviours in people who have been abused and who then become abusers. Nevertheless, it is also important to be reminded that the majority of people who were abused as children *do not* become adult abusers and critics of Furness's work point out that no explanation is provided as to why some people develop a psychological dependence on sexually abusing children and others do not. Furthermore, the problem with the notion of 'addictive' behaviour or psychological dependence is that these terms imply that the person has no control over his actions. Despite the limitations of Furniss's work he does identify the challenges posed for rehabilitative

and therapeutic interventions with perpetrators and highlights the need for treatment interventions which address the interlinking factors which increase the risk of some survivors becoming perpetrators.

Furniss (1991, p.34) further reminds us of the addictive responses which are a feature of the lives of many survivors of child sexual abuse, such as drug addiction, alcohol and nicotine abuse, and dependency on minor tranquilizers and other tablets. The literature on substance misuse and CSA shows that the long-term sexually abused child often develops various maladaptive coping mechanisms for reality avoidance and the relief of their stress and anxiety and that these coping mechanisms may lead to addictive behaviours.

Challenges for Treatment

There are many challenges associated with the treatment of some abused children. These include dependence on the perpetrator(s) for the basics and essentials of livelihood, emotional attention and the 'forced' living together maintained in some cases by threats of withdrawal of material goods, the attachment and loyalty (psychosexual dependency) often created between abuser and abused (Furniss 1991). The morally corrupting effects of rewards, bribes and the divisive labelling of the abused child's 'specialness' above others in the family, can lead to strong injurious attachment bonds in the absence of an alternative caring, nurturing adult/child relationship. This situation is reinforced and maintained by the powerful aforementioned secrecy syndrome. These factors all pose serious treatment intervention challenges.

The physiological arousal occurring in sexual abuse has been described as 'extremely painful and frightening for children. Yet this sexual arousal by its physiological, involuntary responsiveness can also be strongly habit forming and may be pleasurable.' Furniss (1991) states:

> The habit formation of sexual arousal and tension relief through sexual stimulation can lead to strong sexualisation which we see in children of young age and adults alike. The physiological aspect of arousal …and the strong habit-forming element can lead to addictiveness in sexually acting-out behaviour which can be extremely difficult to treat (p.32).

Systemic and Contextual Approach

There are indisputable long-term negative effects of child sexual abuse which demand that treatment interventions are taken seriously. The two broad approaches to treatment described in the literature are a victim advocacy/child welfare approach and a family-systems model. Over the last two decades several clinicians and researchers have concluded that a comprehensive treatment model that utilises elements from both the child advocacy and family system approach are the most effective. A comprehensive programme will treat all members of the family and include the larger legal and social justice systems, recognising that there are many causes of child sexual abuse in the family, and many types and levels of vulnerabilities to abuse.

The aim of 'the primary therapeutic Intervention is that of changing family relationships and not of punishing the abusers or removing children as isolated measures in their own right' (Furniss 1991, p.117). The following steps are advised:

1. Blocking further sexual abuse in which the intervention seeks to minimise secondary psychological damage to the child.
2. Establishing the facts of abuse and the abuse as shared family reality. In this approach, the secrecy and addiction syndromes of the abuse are recognised.
3. Paternal responsibility for the abuse - which seeks to restore proper parent/child relationship.
4. Paternal responsibility for general care - re-establishing the true parent/father role to the child (and not one of a pseudo-partner).
5. Work on the mother-child dyad which is critical in helping the mother to be non-rejecting, emotionally central, present and protective. To believe and support her child. Work on re-

establishing the trustworthiness and dependability in the child's life; by extension, fostering the later adult trusting relationships and emotional secure relationships with women.

6. Work with the parents as partners - where the couple's own emotional and sexual expectations of each other are explicitly recognised for their potentially scapegoating and injurious 'ganging-up' against the victim child.
7. Work on the father-child dyad - in which there is acknowledgement of any intensive and psychologically damaging attachments; where the emotional trust and expectations of protection and 'hero-worship' are profoundly violated; where the child can rebuild some trust in the father, father figure and in later adulthood, with men.

Hetzel-Riggin et al (2007) in their meta-analytic investigation of therapy modalities outcomes on the sexual abuse of children and adolescents ages 3-18, conducted on the reported treatments between 1975 and 2004, provides this overview. After examining the reported outcomes on play therapy, cognitive-behavioural, abuse specific, supportive therapy, individual therapy and family therapy, they conclude that therapy modality should depend on the child's main presenting secondary problem (e.g. behaviour problems, psychological distress etc). They state in their conclusion:

> The results of the present study suggest that the effectiveness of different treatments will be different across secondary problem outcomes. The main implications of the current study's findings are that the most beneficial treatment for a client is likely to be client-specific and rely heavily on the client's secondary problems.

A systemic and contextual approach to child sexual abuse will therefore share similar philosophies and therapeutic goals of which the following are the foundation:

- A family sex abuse treatment programme goal of the immediate cessation of all forms of abuse within the family.
- Reduction in the family's vulnerabilities to abuse to help ensure success.
- Treatment plans should also include a therapeutic team approach with the family and all professionals involved with the case to help a sense of power and control within the family and ensure everyone is 'on the same page' throughout treatment and therapeutic journey.

Identifying Specific Needs

The effects of abuse on children are contingent on the duration and type of child sexual abuse, the relationship of the perpetrator to the child and the child's internal resilience and coping strengths. Children's needs are both specific and general. Children have general needs for protection and justice; however they also have specific needs for therapeutic intervention based on the circumstances and effects of their own unique set of circumstances. In considering children's needs we can summarise these under three main headings:

Therapeutic needs

Children's needs for counselling and support are usually the least well-resourced aspect of a country's child protection system. The NSPCC (2009) report into child protection in the UK states that only a quarter of children sexually abused who are in need of services receive them, although from the child's perspective and in terms of reducing the long term negative effects of CSA, this should be much higher up the agenda. However, therapy will have no benefit where a child is in a situation of ongoing risk or is still being abused and thus the child has protection needs.

Child protection needs

These needs relate to children generally within a society and require the establishment of arrangements and processes to identify, reduce and respond to the circumstances that place children at risk. These needs also relate to the child as an individual and one of the challenges is to ensure that the systems designed to protect all children are not so crude as to be ineffective in individual circumstances or that they do not

create further harm for children (this issue was discussed earlier in relation to the UK child protection system)

Child justice needs

Children's sense of justice often differs from that of the adults around them. Adults are often satisfied to see an abuser imprisoned; justice for a child may mean this but it may equally mean that the child has been believed, adequately supported and protected and that she and her family have not been subject to invasive, destructive investigative processes. In many Caribbean countries, the resources for child protection, limited as they are, are disproportionately spent on criminal justice processes rather than on the support or protection of children. These processes are costly, highly resource-intensive in terms of the skills and training of those involved, yield poor results in terms of convictions and are generally experienced by children as harmful. These experiences have also been reported in studies carried out elsewhere. While the criminal justice system can and should be improved and should always be an important part of any overall strategy on CSA, the evidence from the literature on the topic is that a criminal justice-led approach to child abuse is unlikely to bring about the changes needed to prevent abuse in the first place. Further to this, studies with children who have been abused suggest that justice requires firstly that the child is believed, secondly, prosecution and conviction may not always be appropriate and thirdly that different forms of justice (such as restorative justice) should be explored.

The literature identifies many different factors and variables which impact upon the effects and consequences of sexual abuse for individual children. In pulling these factors together, we have developed a CSA Consequences (variables grid) which shows some of the interconnecting factors involved in determining the extent and consequences of abuse. Each cell represents a different variable and different combinations of different variables will produce different outcomes for different children.

CSA Consequences (variables grid)

Child	***Abuse***	***Abuser***	***Non-abusing adult***	***Family***	***Society***
Age	Type	Age	There is a non-abusing adult available to the child	Make-up of family	Structural issues e.g. gender inequality , poverty, social marginalization,
Gender	Whether anyone else involved	Gender	Gender	Gender roles relationships	Gender socialisation and patriarchal values
Place in family	Measures used	Relationship to child	Relationship to the child	Economic circumstances	How sex is portrayed/promoted or discussed
Other characteristics (e.g. disability)	Frequency	Views about sex	Relationship to the abuser	History of abuse	Society's response (e.g. victim-blaming, condoning abuse, etc)
Status in family	Where When	Status in family	Believes the child	Social status	Political commitment to addressing the problem
Resilience factors	Effects of abuse	Risk behaviours	Status	Other risk factors	Professional expertise & resources available
Personality	How long abuse went on for	History of abuse	Can access support	Protective factors	Status of children

Example - using the CSA Consequences (variables grid)

Child A

Child's characteristics - Child A is 13 years old, the eldest child in her family, has learning difficulties, is quiet and reserved, and is easily overshadowed by others in the family.

Abuse characteristics - Raped at the age of ten within the home, both fear and gifts used to silence her, has continued to be raped on a regular basis, sometimes an implement is used, recently had an abortion.
Abuser characteristics - Abuser is step-father, believes sex with the females in the household is his right as he is the main breadwinner, occupies a high standing within the family, risk behaviours also include drinking - he is physically violent when drunk, he has abused children from his former relationship.
Non-abusing adult - Mother, does not want to believe the child, is subject to physical violence herself and is frightened of challenging her partner, is dependent on her partner for the family's livelihood, is isolated and has no-one to confide in.
Family - family is poor, three children from three different fathers, only the father of the youngest takes any interest in his child, the man is viewed as head of the household, longstanding problems of physical violence, have little social standing, protective factors are largely around the close relationship of the three siblings and their involvement in the local church.
Society characteristics - Women generally have considerable freedoms; however, many women are economically dependent on men, men given special privilege and status - this resonates at every level of society, men control sexual decision-making, transactional sexual abuse is widely tolerated, professional help is available but constrained by lack of political will, children valued but not expected to assert their views.

Changes to any one or number of the variables in the grid might change the consequences, effects and outcomes of the abuse Child A is subject to. For example, having a non-abusing parent who believes her and has access to support to stop the abuse and having professionals and systems that are effective would not undo the damage that Child A has been caused but may prevent long term psychological damage or speed her psychological recovery. This grid shows us that while we may have set systems and procedures for dealing with abuse, every situation is unique and may require a unique set of responses.

Boys
The specific needs of abused boys must also be addressed (Furniss, 1991). Boys find it even more difficult than girls to talk about sexual abuse; they often fear becoming homosexual and may struggle to make adolescent relationships with the opposite sex. They also may develop intense loyalty or violent feelings of aggression towards the person who abused them and often fear becoming an abuser themselves. Furniss states:

> Homosexually abused adolescent boys are in a different position towards their mother as the non-abusing parent, compared with girls. Adolescent boys usually find it impossible to turn to their mothers as the non-abusing parent to talk about issues of sexuality and even less about homosexual abuse. (They) need to find a non-abusing male confidante to whom they can talk… (p.150).

We are reminded by the research that 20-40% of sexually abused children are boys (Baker and Duncan, 1985; Finkelhor, 1979; Furniss et al, 1984, reported in Furniss, 1991, p.15).

Children who Abuse other Children
From a recidivist and treatment of perpetrators perspective, it is important to acknowledge that a significant percentage of adolescents are abusers and the provision of early robust assessment and treatment is critical to the prevention of further abuse. For example Myers (2004) cites Kaufman et al (1996) pointing out that the sexual activity between teenagers and younger children is sometimes clearly abusive and is a 'clear red flag' for the identification of teenagers who may develop a deviant sexual interest that might last a lifetime. Myers' adolescent sexual offenders study which was carried out in the UK states: 'National estimates suggest that adolescents are responsible for 20% -30% of all rapes and 30-60% of all cases of child sexual abuse committed each year' (p.417).

Inter-professional Collaboration

Policy makers and professionals responsible for therapeutic services, health care, child protection and legal interventions must challenge themselves to understand fully how bureaucratic practices, discriminatory and outdated legislation, absence of basic tools of the trade and lack of knowledge on the causes and effects of child sexual abuse combine to compound damage at the individual, community and national levels. The aforementioned sequel of abuse is maintained by secrecy and a lack of effective action, whilst at the same time the effects are evidenced in dysfunction and ill health which demand resources for treatment and rehabilitation. Child protective measures are required to maintain the child's safety and mental health, which are bound up in the actions taken by the police and legal services as they undertake their duty to prevent crime, protect the victim and dispense justice.

Furniss (1991, p.18) reminds us of the difference between the legal admission by abusers and their 'owning-up' psychologically. Superficial admission might take place to spare the abuser the long and difficult process of fully facing up to his behaviour and taking responsibility for his actions. In cases in which justice appears to have been served, in reality often nothing has changed in the predilection of the person for sexually abusing children. It is here, for example, that the legal professionals can work with therapists and other professionals in ensuring that meaningful therapeutic intervention is not aborted by scheming perpetrators who feel that their admission of guilt and a few short therapy sessions are sufficient. The particular child or children may still be at risk and perhaps are at increased risk as society takes it eye off the apparent penitent victimiser. Equally, inappropriate intervention by child protection workers resulting in removing the child prematurely who is often subsequently returned after allegations, counter-allegations and denial by the child and is then placed at further risk of harm, only serves to reinforce the secrecy syndrome and the continuation of abuse. Furniss (1991, pp.97-100) refers to these counterproductive professional interventions as 'crime-promoting crime prevention and abuse-promoting child protection'.

Respectful regard for and fully understanding professional roles and the inherent pitfalls to be faced by each professional in protecting abused children from harm, are essential principles that must underpin inter-professional collaboration. Such collaboration cannot be willed into existence and it is clear that specialist training for professional groups together with joint interagency training is imperative. Wenger (2001) has developed an approach to understanding and developing inter-professional working which he calls the *communities of practice approach* (Wenger, 2001). This approach promotes the mutual engagement of different professionals, which in working to protect children from CSA and apprehending perpetrators can lead to a coherent strategy that fully acknowledges and benefits from the diversity of perspectives brought by each professional group. Implicit in this approach is the mutual knowledge exchange that occurs – 'shared histories of learning' (Wenger, 2001, p.86). The approach is based on the understanding that 'learning is the history of practice and practice is the history of learning' and acknowledges that 'most situations that involve sustained interpersonal engagement generate their fair share of tensions and conflict' (p.77) which is cathartic to the group's performance. For any training programme and effective multidisciplinary collaboration to stand any chance of success, the views and attitudes of the professionals must be taken into account.

Care and Protection from a Caribbean Perspective

The effectiveness of the care and protective services to sexually abused children in the Caribbean is severely restricted by the limited numbers of trained staff who largely work generically. In those islands which attempt some degree of child protection specialism, no additional resources or specialist training are made available. Trotman Stoby (2002, p.17) states:

> The failure to see the importance of this sector can be evident in weak political and managerial leadership, which exists from time to time, coupled with inappropriately low budgets to do significantly important jobs.

1. Restorative justice approaches.
2. Community/family-empowerment approaches (e.g. Family Group Conferencing).
3. Enhancing the protective role of women.
4. Enhancing the protective role of men.
5. Ongoing public education that the whole of Caribbean society, print and electronic media, corporate and civil society subscribes to.
6. Working with faith based organisations (FBOs) that understand the importance of working with other groups irrespective of their faith or non-faith.
7. Interventions in preschool, primary and secondary schools.
8. Training and support for teachers who are often the 'trusted person' chosen for the child's disclosure of sexual abuse.
9. Counselling and therapeutic responses in resource-limited contexts (trained professionals in the Caribbean pooling knowledge to develop culturally specific responses.

Generally speaking, the response to vulnerable children's needs and to sexual abuse in particular is on an emergency basis, with little room for ongoing support should a case be dismissed in court, as is often the case.

> Professionals in the field are clearly frustrated by the inadequate legislation to handle child abuse cases and by the ease with which alleged perpetrators can sometimes avoid criminal proceedings and sentencing (Trotman Stoby, 2002, p.16).

There are some parallels between the Caribbean and the UK and USA experience of child sexual abuse, but there are also some differences. There has been a slow emergence from the 'taboo stage' in which sexual abuse was not talked about, to its fuller recognition among professionals and the wider society. Patterns of secrecy and denial however still exist, in this respect mirroring what existed in the UK in the 1940s and 1950s. This is compounded by an absence of grassroots advocates to complement the work of agencies such as UNICEF. There are also limits with regard to legislative and policy reform and the systematic collection of data on vulnerable children and the patterns of known abusers appear to be largely non-existent. Freeman-Longo and Blanchard (1998), in examining the public's awareness of and responses to child sexual abuse, argue that society's response to sexual abuse has focused on increased public spending to label and incarcerate known offenders, with 'minimal funding for community-based treatment for sexual offenders, little or no support for effective public education about sexual abuse and effective prevention efforts, and continuing resistance to universal instruction of children and adolescents on human sexuality and the interpersonal skills necessary for safe and satisfying intimate relationships'.

In developing an approach relevant to the Caribbean social and cultural context, we propose that sexual abuse be viewed not only as a children's rights issue but also as a public health problem (rather than a criminal justice problem). Public health approaches include an emphasis on education and prevention, comprehensive treatment of identified cases, and dealing with abusers who fail to respond to treatment or present a serious risk to the community. Approaches to the management of child abuse in the region will require courage and the adoption of radical, progressive and effective measures (rather than those that are simply politically acceptable) to tackle the known effects of child sexual abuse. Drawing from the literature, we identify interventions that should be considered.

There are several good practice models that can be modified for the Caribbean cultural context, such as the alternative approach in the Belgium system (Gilbert, 1997) with its emphasis on:

- Direct assistance and management of abused children and their families, with the child remaining in the family whenever possible;
- Support, supervision and counselling for the professions confronted by child abuse;
- Focus on changing public opinion, not just the family.

It is important that models and approaches developed in other countries are carefully assessed for their cultural relevance and usefulness (supported by evidence) for the Caribbean and that strategies adopted are effective, sustainable and affordable.

Paradox…
The family is the natural environment for the care and protection of children but is also the place where most harm occurs

SOME POLICY AND LEGISLATIVE CONSIDERATIONS

A recent report[1] into the state of child protection legislation and policy in Barbados stated:

> …Disharmony plagues the system … There is a dire need for reform of the Child law system in Barbados. Such reform should include the consolidation of all the relevant legislative provisions relating to children, amendment of inadequate provisions and repeal of provisions which do not accord with international standards along with increased clarity on child protection procedures and obligations (p. 4).

The lack of proper resourcing for the implementation of the law and the services which support the law was a commonly recurring complaint cited by practitioners and policy interviewees within the research. Although there are variations in the policies and legislative frameworks across the region, the concerns highlighted in Barbados could equally apply to many Caribbean countries. Examples of the failings and injustices which result in a failure to protect children from sexual abuse are well documented by Sealy-Burke (2007)[2]. Within that report and others[3] many paradoxes and deficits can be seen within child protection systems which are struggling under the heavy burden of inefficient legislation and uncoordinated multidisciplinary responses, the effect of which results in a huge medico-socio-economic price to the state. Examples of these paradoxes are:

1. The family is the natural and traditional environment for the care and protection of children but as seen from the CSA research is also the place where harm most often occurs. Family members e.g. mothers can choose not to bring a case against an alleged perpetrator for the sexual abuse of a child - current legislation expressly allows this.
2. Mandatory reporting of abuse offences against children is hailed as vital in the fight, yet those countries which have mandatory reporting do no better than those who do not because of lack of training in the implicit fundamental philosophy and principles of the reporting, the pre-requisite multidisciplinary team approach, and ineffective law enforcement and inadequate resources to support children and families in cases where reports have been made.
3. Those countries which have child abuse reporting protocols fare no better than those which do not because of the delay in or non-implementation of said protocols.
4. Those countries with higher numbers of qualified frontline staff such as social workers have the same challenges as those with lesser qualified staff.

[1] Ince, S-A. and Cornelius, J. (2009) A harmonized approach to child protection in Barbados - A case for reform. UNICEF/Barbados Family Law Council
[2] Sealy-Burke, J. (2007) The Status of Child Protection in St.Kitts/Nevis - The need for a national reporting protocol
[3] Sealy-Burke, J. (2007) The Status of Child Protection in Barbados - The need for a national reporting protocol

Legislation Relating to CSEC in the Caribbean

The International Organisation of Migration has commented on the lack of wide-ranging, cohesive legislation to tackle trafficking in the Caribbean, although of note, the organisation praises CARICOM for introducing model legislation to facilitate the implementation of laws to combat trafficking (IOM, 2005.1). CARICOM provides support to member governments in drafting laws which cover prostitution and trafficking offences. One of the major challenges in regional cooperation on CSEC is that Caribbean countries often have differing interpretations and definitions within the laws that deal with prostitution:

> The age at which the victim is considered a minor differs between countries, and frequently differs from the age of sexual consent for other offences within the same country. For example, in The Bahamas, St Lucia and Jamaica, the age of sexual consent is 16 years, yet procurement of a person (or woman in the case of Jamaica) for sexual purposes is prohibited for those less than 18 years of age. Despite the fact that Guyana has the lowest age of sexual consent, the law prohibits procurement of women under the age of 21. However, procurement of minors for prostitution, as a specific offence in Guyana, deems the age of consent to be 12 years of age (IOM, 2005. 1, p.17).

Other countries, such as Surinam, have no explicit legislation to deal with the exploitation of children for the purpose of prostitution or pornography (ILO, 2005), while in St. Vincent and the Grenadines, legislation does not consider that young boys can be sexually abused through prostitution and sexual intercourse (Sealy-Burke, 2006). Significantly, a number of Caribbean countries limit the definition of sexual intercourse to vaginal intercourse and rule out other sexual acts such as anal/oral sex or penetration by other methods (Sealy-Burke, 2006). Some Caribbean countries prosecute children between the ages of twelve and eighteen for adult prostitution offences even if perpetrated under circumstances of violence and intimidation. To some extent this mirrors criticisms of the UK where children who have been trapped into CSE and trafficking are sometimes treated as offenders rather than as its victims (National Children's Bureau, 2008). These contradictions in legislation create confusion, lead to conflicting priorities and provide legal loop-holes which leave children at risk of abuse and create opportunities for paedophiles. The wide variations across the region also indicate a lack of consensus within the Caribbean on the definition of commercial sexual exploitation.

Many countries in the Caribbean have signed up to international agreements to protect children's rights and to safeguard children from involvement in CSE. However, Caribbean countries are currently experiencing a weakening of their economic stability and high levels of unemployment (UNICEF, 2007) which undermine the implementation of these agreements. Governments may be reluctant to inject funds into social policies to combat CSEC and this may be particularly the case in countries that have become identified as a destination for sex tourists especially where such tourists are viewed as contributing to the economic growth of the country. Development in the region is, by and large, determined by economic policies, and the constraints posed by international debt agreements (e.g. economic restructuring policies) may be one reason why CSEC does not appear to be given sufficient priority within the political agenda. This may also partially explain why although all Caribbean countries have ratified the Convention on the Rights of the Child, not all countries have signed or ratified documents relating to the trafficking of children, or the sale of children for prostitution and pornography, since ratification requires governments to commit resources to the implementation of these agreements. The tables below, based on an analysis across seven Caribbean countries, illustrate a generally low level of engagement with these international policy frameworks:

Convention on the Rights of the Child (1989)

Country	*Signed*	*Ratified*
Bahamas	30th October 1990	22nd March 1991
Barbados	19th April 1990	8th November 1990
Guyana	30th September 1990	13th February 1991
Jamaica	26th January 1990	13th June 1991

Netherlands Antilles	26th January 1990	7th March 1995
St Lucia	30th September 1990	16th July 1993
Suriname	26th January 1990	31st March 1993

(IOM, 2005. 1)

Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (2000)

Country	*Signed*	*Ratified*
Bahamas	9th April 2001	No
Barbados	26th September 2001	No
Guyana	No	No
Jamaica	13th September 2002	29th September 2003
Netherlands Antilles	12th December 2000	No
St Lucia	No	No
Suriname	No	No

(IOM, 2005. 1)

Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography (2000)

Country	*Signed*	*Ratified*
Bahamas	No	No
Barbados	No	No
Guyana	No	No
Jamaica	8th September 2000	No
Netherlands Antilles	7th September 2000(via Neth.)	No
St Lucia	No	No
Suriname	10th May 2002	No

(IOM, 2005. 1)

In respect of the sexual exploitation of children, it seems that the global agenda as outlined in the agreements above is not adequately enforced throughout the region (IOM, 2005.1). Furthermore, although all Caribbean countries have ratified the CRC, UNICEF (2007) states that the harmonisation of domestic laws across the Caribbean with the CRC is still either fragile or non-existent despite the fact that this policy framework obliges all who have ratified it to ensure its implementation.

Policy and Legislative Reform

For child sexual abuse to be properly and rightly addressed it must be part of a much wider family law framework complemented by a national child and family care agenda which establishes the importance and centrality of the family unit to the care and protection of its family members and acknowledge this dynamic in relation to the wider society. Such a framework recognises the equitable distribution of justice, particularly to those who have traditionally suffered inequity such as children born out of wedlock and single mothers (e.g. in the case of the child maintenance arrangements).

A harmonised, relevant and up-to-date legislative framework is central to the protection of children's rights. A good example of such a framework is the UK Children's Act of 1989 with its emphasis on the paramountcy of the child's welfare, the importance of parents in a child's life (when in his/her best

interest) and the judicious intervention by state through targeted intervention to children most in need. Within the Caribbean, there is need for clearly articulated child protection policies together with a prioritisation of children's rights both as citizens and also as persons in need of special protection in line with the Convention on the Rights of the Child.

Reporting Systems

Resources are however only part of the challenges facing agencies working to protect children. One institutional system in which substantial resources have been expended and service delivery guided in both the UK and the USA is mandatory reporting and the creation of child protection registers which flow from mandatory reporting. In the UK, the child protection register was a source of major contention since families were seen as being pathologised by being identified with harm to children, while registration in itself often did not bring with it the services needed to improve the child's life or the family's circumstances. Recent shifts have attempted to change the focus from one of monitoring and surveillance to one of support, by ensuring that children at risk of harm are provided with a child protection plan with clear responsibilities and services identified for its implementation. While there are strong proponents for such systems and there are clearly some benefits, the overall value of mandatory reporting and the establishment of registers which in themselves are not a service that children benefit from but which never the less are expensive to maintain, must be carefully scrutinised. Gilbert[4] (1997) estimates that there was a doubling in the incidence rates of child abuse from 20 children per 1,000.00 in the population to 43 per 1,000.00 between 1982 and 1992 as a consequence of the increased emphasis on mandatory reporting but there was no concomitant increase in the provision of services. However, Gilbert also reminds us that reporting statistics do not demonstrate the true scale of abuse (as abusing parents and carers are unlikely to report) and that reporting still relies on professional recognition of abuse for diagnosis. There is a further issue in that vulnerable and poor families always come more readily to the attention of child protection agencies. In the UK, research by Farmer and Owen (1995) reported in Gilbert (1997) recounts the situation where families in which child sexual abuse is reported fits a different profile to families in which neglect and physical abuse are reported. They cite the latter's description as characterised by lone parenting and reconstituted families, poverty and unemployment and point out that these families are more likely to face scrutiny than middle class families. Farmer and Owen pose the question 'what happens when sexual abuse occurs in suspected middle class families for which social services seem not to have a significant role?' There is a concern here that CSA is more investigated in poor families and that middle class families are able to avoid such close scrutiny. Clearly the implications of introducing mandatory reporting in the Caribbean must be carefully thought out.

Lessons for the Caribbean

The need for a mandatory reporting system was often recommended by both policy and practice interviewees in *this* study. Many respondents were however mindful of the enormous increase in reports likely to be made to social services who could not cope and the potential for any cases brought before the Court to be thrown out due to systemic weaknesses e.g. :

- Weakened investigative measures by the police and subsequent unfavourable (to the victim) judicial ruling from the deficits in evidence.
- Lack of trained and or specialist social work intervention.
- Poorly developed policies and intervention systems.

The question to be carefully considered therefore is what are the hallmarks of a Caribbean mandatory reporting system which are significantly different to those of the international community, which will make for better outcomes for the region's children? The worst case scenario would be the implementation of a poorly crafted and implemented reporting system in which significant resources were expended, but which was incapable of any added value other than reporting on increases in incidence! The Caribbean however

[4] Gilbert, N. (1997) Combating child abuse: international perspectives and trends. Oxford: Oxford University Press.

must move swiftly to a more holistic approach (supported by national child and family care policies) which recognise the interconnectedness of factors and variables which affect children and their families. One regional initiative to begin to address some of these deficiencies is the OECS law reform project.

OECS Law Reform Project

Five out the six countries participating in the research on child sexual abuse in the Eastern Caribbean are currently participants in the Organisation of Eastern Caribbean States (OECS) reform of Family Law and Domestic Violence. These counties are Anguilla, Dominica, Grenada, Montserrat, St. Kitts and Nevis. Barbados - the sixth research country - is not an OECS member. The OECS website describes this reformed process as follows:

> The OECS Family Law and Domestic Violence Reform Project forms part of the wider Judiciary and Legal Reform Project of the Eastern Caribbean Supreme Court (ECSC) aimed at increasing the capacity of the judicial system and related institutions to improve the administration of law and quality of justice in the OECS.

The project reflects the commitment by the OECS Governments to develop harmonised model family legislation for the Member States and to create a climate that will facilitate greater access and equity to justice as well as a more integrated and holistic approach to resolving matters related to the family and children'.[5] To date, the model family law bills produced are as follows:

- Child Justice
- Children Care and Adoption
- Domestic Violence
- Status of Children
- Status of Parenting Testing Procedures and Regulations

The Children Care and Adoption Bill, if adopted and adequately resourced by the respective governments, will rectify many of the current injustices, loopholes and failures to protect children from harm and violence (at the interdependent levels of the family, judiciary, police, social services and medical services).

[5] http://www.oecs.org/proj_fam_law.html

CHAPTER FOUR
Research Purpose and Objectives

A LANDMARK STUDY

This was a landmark study since not only was it the first time that a comprehensive investigation of child sexual abuse had been carried out across several Caribbean countries, it was unique because it was underpinned by the philosophy that policy and programmes for dealing with child sexual abuse should be relevant to the cultural and social context in which abuse occurs. Whereas most research on the topic is often premised on knowledge that has emerged out of Western (predominantly the UK and the USA) contexts, *this* study aimed to understand how Caribbean people perceive the problem, what behaviours and social conditions contribute to it, what the impact of child sexual abuse is on those most affected and what views are held about the forms of action that might be needed.

Objectives
The objectives of the study were to:

- Increase understanding of the perceptions and behaviours associated with child sexual abuse, including incest, within the cultural contexts of the Eastern Caribbean region
- Increase research capacity in the Eastern Caribbean into issues affecting children
- Provide baseline data on perceptions on the scale of the problem within the region
- Investigate the manifestations of child sexual abuse across diverse ethnic, religious, and socio-economic groups
- Sensitise stakeholders to the socio-cultural and psycho-social issues underlying child sexual abuse
- Develop partnerships with key stakeholders and professionals in order to enhance country and regional capacity for addressing child sexual abuse and addressing its psychosocial effects
- Identify inter-country and country-specific policies and strategies for reducing child sexual abuse
- Contribute to the establishment of a shared language on the definition of child sexual abuse and to regional partnerships and consensus on what needs to be done to address the problem within Caribbean contexts
- Make recommendations for the development of relevant policy, protocols and programming

Participating Countries
For the purposes of the study, the Eastern Caribbean countries were identified as: Antigua and Barbuda, Barbados, British Virgin Islands, Dominica, Grenada, Montserrat, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, and the Turks and Caicos Islands. Available funding facilitated the participation of six countries which were selected to reflect regional representation and diversity. Although many of the countries share similar histories and cultural mores, there were geopolitical and social factors unique to particular countries that needed to be taken into account. Selection criteria were developed – see below.

Selection Criteria

1. Legislative/policy readiness (determined by whether the government had signed up to the current Child Protection Action Plan (CPAP) for the period 2008-2011 or was supportive of it, the existence of National Plan of Action (NPA) for Children, or whether the country was part of the OECS legal reform programme for child protection).
2. Organisational support (whether the country had a Basic Cooperation Agreement (BCA) with UNICEF.
3. Inclusion of at least one British Overseas Territory (BOT).
4. Size (inclusion of both large and small states).
5. Ethnic diversity (ensuring countries reflected ethnic diversity of the region).
6. Geopolitical factors (political stability, inclusion of countries particularly affected by natural disasters).
7. Socio-economic factors (reflecting the diverse economic base of the countries in the region).
8. Practicality, cost and logistics.

Country Selection Information

Country	Pop	Diversity	BOT	Socio-economic factors	Geo-political factors	BCA	CPAP	Child Protection Legislation	NPA
Anguilla	13,500	90% Caribbean of African origin Inter-regional migration, recent influx of Chinese, Indian & Mexican labour	Yes	Relative wealth – less than average Few natural resources. Industries: tourism, off-shore banking, fishing	Internally self-governing overseas territory of the UK	NK		Part of OECS legal reform project	√
Antigua and Barbuda	69,481	Predominantly African Caribbean	No	Relative wealth - average Tourism-based economy	Stable	N/A		OECS legal reform	
Barbados	270,00	Predominantly African Caribbean	No	Relative wealth- above average Tourism-based economy	Stable	23 Sep 1994	√	Updated Child Protection legislation	√
British Virgin Islands	23,552	Predominantly African Caribbean	Yes	Tourism-based economy	Internally self-governing overseas territory of the UK. Stable	08 July 1960	**X**	OECS legal reform	√
Dominica	72,386	Indigenous peoples African Caribbean Syrian, Chinese settlers	No	Assistance from EU- Fragile economy	Stable	24 Sep 2002	√	OECS legal reform	
Grenada	89,971	Predominantly African Caribbean	No	Emerging from post-hurricane recession Tourism-based economy	Recent Elections	15 July 2002	√	OECS legal reform	

Montserrat	9,538	Predominantly African Caribbean Guyanese (East Indian, Chinese), Santa Domingo migrant workers	BOT	Economy- heavily dependent on UK Ongoing post-volcanic crisis reconstruction	Internally self-governing overseas territory of the UK Stable	08 July 1960	**X**	OECS legal reform	√
St. Kitts and Nevis	39,349	Predominantly African Caribbean	No	Tourism-based economy- fragile economy	Stable	22 April 2003	√	OECS legal reform	
St. Lucia	170,649	Predominantly African Caribbean	No	Tourism-based economy	Stable but some political turmoil	22 May 2003	√	OECS legal reform	
St. Vincent and the Grenadines	118,149	Predominantly African Caribbean	No	Tourism-based economy	Stable	17 June 2003	√	OECS legal reform	
Turks and Caicos Islands	21,746	Predominantly African Caribbean	BOT	Increasingly tourism-based economy	Internally self-governing overseas territory of the UK Emerging problems- current instability	08 July 1960	√	OECS legal reform programme by special request	√

Selected Countries

The six countries selected for inclusion were: Anguilla; Barbados; Dominica; Grenada; Montserrat; St. Kitts and Nevis. The governments of the six countries were formally approached and all agreed to their country's participation.

CHAPTER FIVE
Definitions

In this section of the report we discuss some of the definitional challenges in addressing the problem of child sexual abuse. We draw on the study findings to examine the links between the abuse of children and public perceptions about what constitutes abuse and, indeed, what constitutes childhood. We also refer to the wider literature to explore some of the contradictions and dilemmas in producing workable definitions. In helping to move us forward we suggest an approach to defining abuse and highlight specific definitions which we suggest are relevant to the Caribbean social context.

DEFINING CHILDHOOD

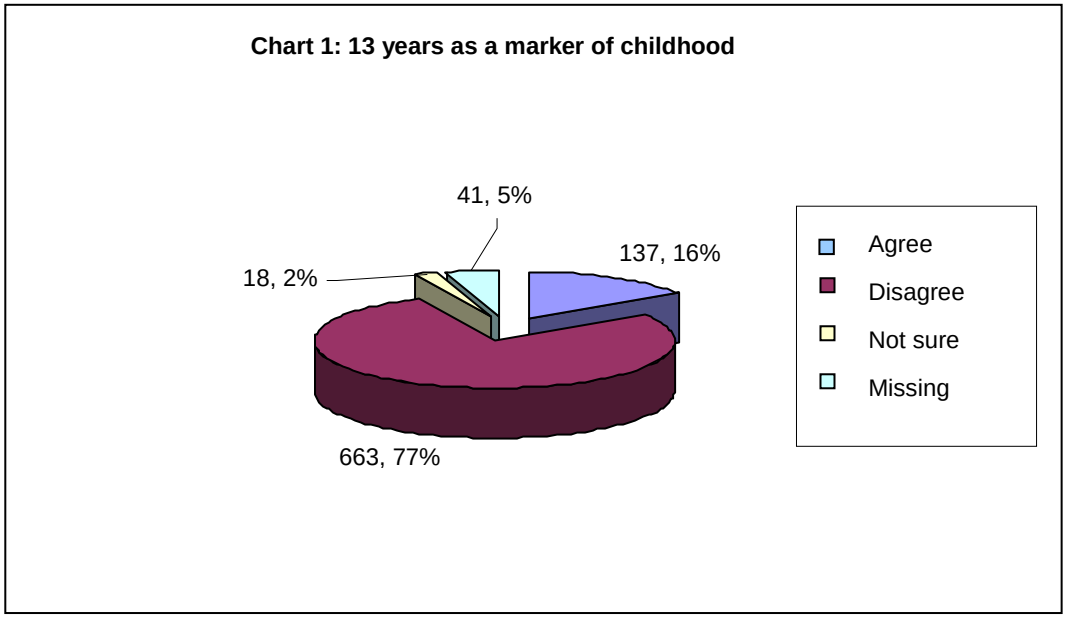
The UN Convention on the Rights of the Child defines 'child' as being a person under the age of 18 years and, as signatories to the Convention, many Caribbean countries are striving towards harmonising domestic law with this definition. Indeed current debates on the topic are concerned with whether the legal age of sexual consent should be raised to 18 years. It was beyond the remit of this project for us to explore whether this is a progressive or regressive step. Certainly, there are many ambiguities and contradictions in respect of age limits within the laws of the Caribbean and the lack of consistency and clarity regarding the legal status of the child may be a contributing factor to illegal sex with minors. However, it is also the case that much child sexual abuse occurs in situations in which childhood status is not in doubt and where the illegality of the act is abundantly clear. Furthermore, the law by itself can never be an effective protector of children and it is difficult to see, therefore, how increasing the age of sexual consent (with the risk of criminalising young people themselves and restricting some of their freedoms) will provide the necessary protection for young people, especially in contexts which lack the necessary infrastructure for the effective enforcement of existing laws.

In order to explore people's perceptions of child sexual abuse, we felt it was necessary to first examine the different ways in which childhood might be understood. Clearly while age is the legal and most commonly accepted social marker for the status 'child', we wondered whether there were other indicators that relate to the ways in which childhood is popularly conceptualised. For example, we wanted to explore whether puberty is considered as marking the end of childhood, whether sexual debut or sexual experience affects how people regard children, and whether motherhood and childhood are states that can co-exist for teenage mothers. We explored these questions in the Community Survey - Perceptions, Attitudes and Opinions Questionnaire (PAOQ) and also discussed them within focus groups. In reporting the findings we clarify whether data have been drawn from the PAOQ (i.e. are informed by perceptions or attitudes) or from focus groups (i.e. are informed both by perceptions *and* by lived experience).

PAOQ respondents' comments on childhood were as follows:

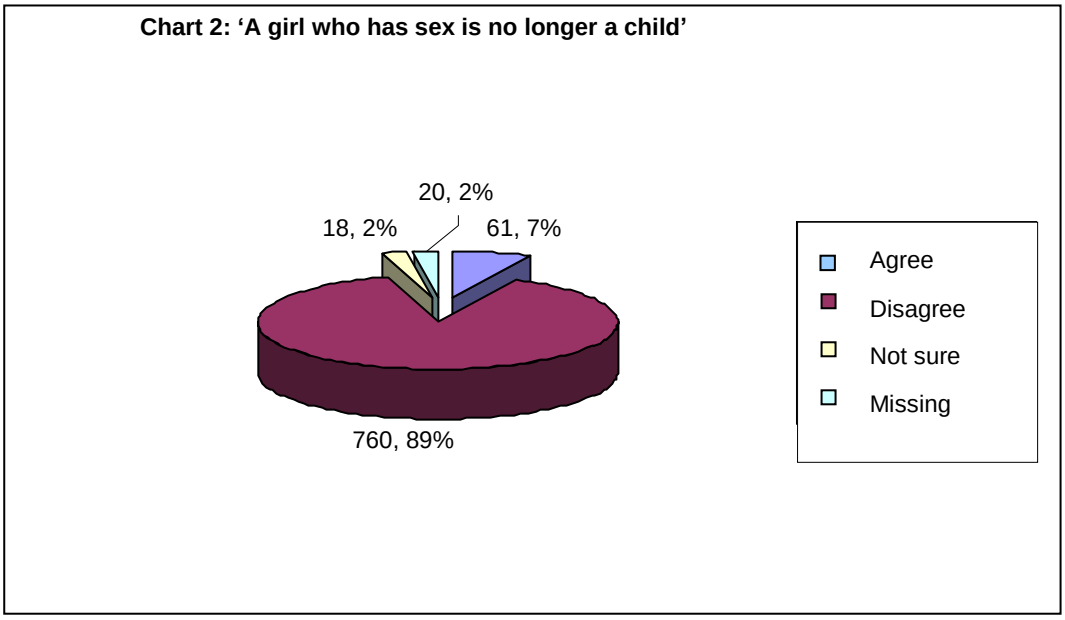
Children over 13 yrs of age
When asked to comment on the question: '*I do not consider anyone over the age of 13 to still be a child*' most respondents (77.2%, 663) did not agree with this although 15.9% (137) did and 2.1% (18) were not sure.
Girls at puberty - When asked whether commencing menstruation marked the end of childhood for girls, most people (82.2%, 706) did not agree with this although 13.5% (116) either did think this or were not sure.

Boys at puberty - A similar result was obtained when we asked respondents to comment on the statement: *'A boy is no longer a boy when he enters puberty'* - 80.2% (689) did not think this and 13.8% (118) either did agree or were not sure.



Sexual activity - boys and girls are still children

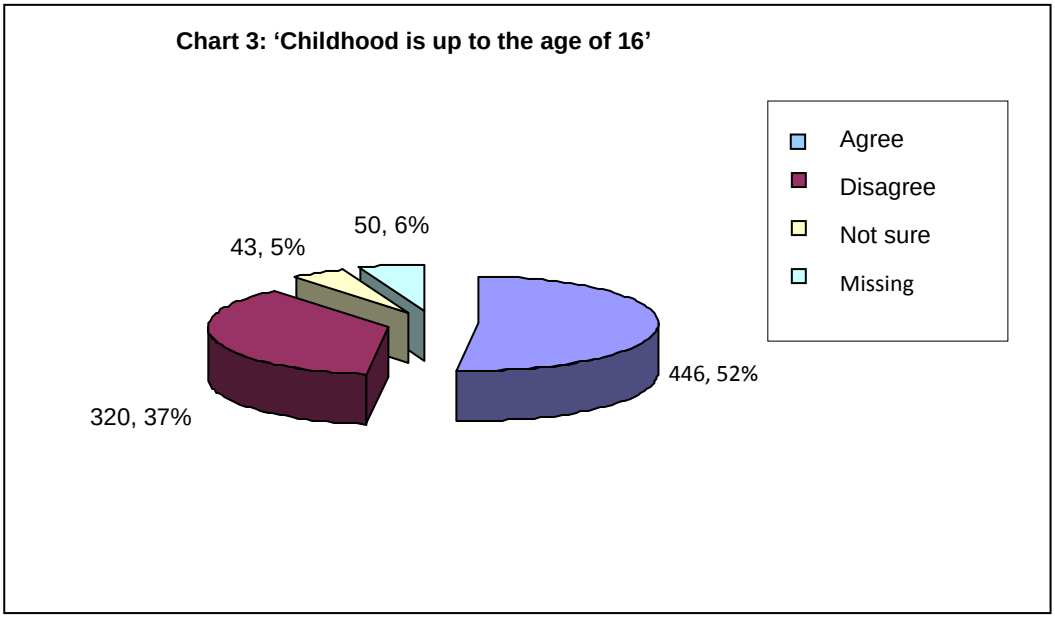
We explored people's perceptions about whether childhood status was considered to have ended if a child had had sexual experience. Most respondents did not agree with this. When asked to comment on the statement: *'A girl who has sex is no longer a child',* 88.5% (760) people did not agree, 7.1% (61) *did* agree and 2.1% (18) were not sure. Almost identical results were obtained when we asked respondents to comment on the statement: *'A boy stops being a boy once he has his first experience of sex'.*

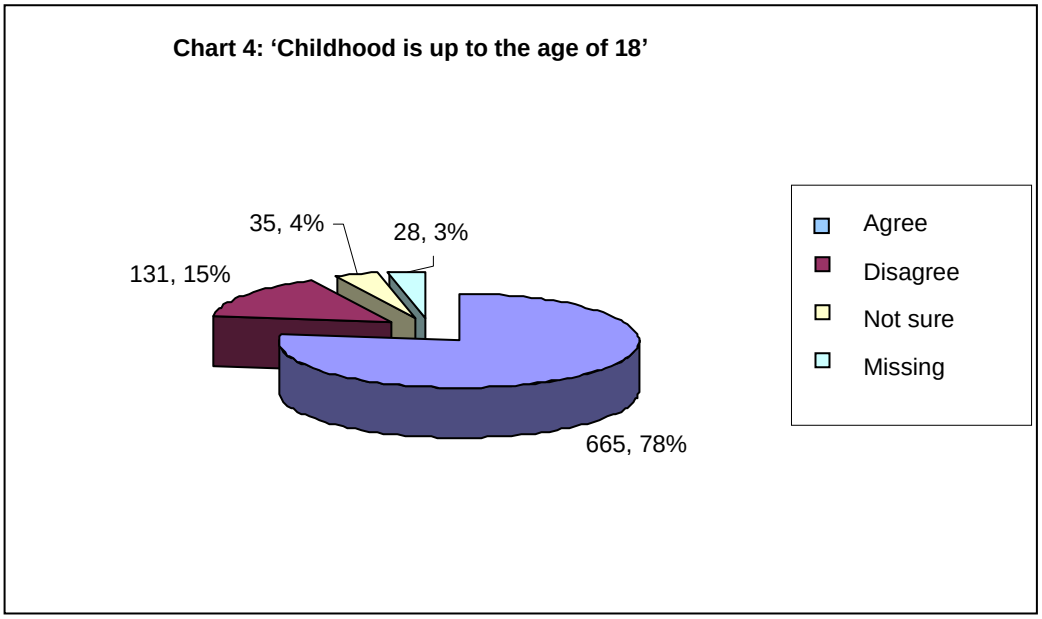


Age clearly seen as defining childhood - except in motherhood!

Age was the clearest marker of childhood for most respondents. For just over half of the respondents (51.9%, 446) the end of childhood is reached once the child is 16 years of age, although 37.3 % (320) did not agree with this, 5% (43) were not sure and 50 people did not answer the question. When asked whether

the age of 18 marked the end of childhood, 77.4% (665) agreed with this although 19.4% (166) were either not sure or did not agree. Motherhood was a different story.

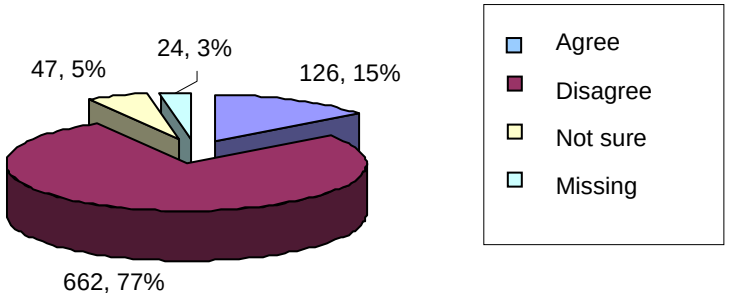




Children as mothers - incompatibility and a contradiction

While sexual activity was not considered a particularly significant marker of childhood, if the sexual experience led to pregnancy, then this was a different matter. Once a girl became pregnant, twice as many people (14.7%, 126) thought this marked the end of childhood than if she had had sex without becoming pregnant even though the majority of respondents did not agree with either of these statements - 77.1% (N=662) did not agree and 5.5% (N=47) were not sure. For a significant number of people, however, the state of motherhood is not considered compatible with the status of childhood. This is important as it highlights the contradictions and dilemmas that many teenage mothers face.

Chart 5: 'A girl who becomes pregnant is no longer a child'



Linking Conceptualisations of Childhood with Child Sexual Abuse

In linking these responses to child sexual abuse it was clear that overall the majority of the PAOQ respondents were of the view that children were children at least until the legal age of sexual consent (16 years). However, a significant number of people consider that childhood ends at 13 years. This may help to explain why, in the focus group discussions, some men indicated that they considered girls to be legitimate sexual targets once girls have gone through puberty (this phrase was taken to mean that a girl had begun menstruating);

> *The bible says that when a woman goes through puberty she is ready, so if it happens at 11 she is ready* (Male Focus Group Participant).

There was also some evidence that this view, i.e. that childhood ends when a child goes through puberty, may also be held by some women. It was the *belief* of the PAOQ respondents and the *actual experience* of many focus group respondents that some women permit their daughters to have sex with men (as a means of generating income for the family) once the girl reaches an age *they* (the mother) considers appropriate even though, in most of the instances reported (by FG respondents), the girls were minors. We did not (knowingly) speak to any mothers in this situation and were thus not able to check out whether mothers do permit their daughters to have sex for economic gain and if so whether the age at which this is 'permitted' relates to their own perceptions of childhood. It should be noted that the transactional sexual abuse of girls in order to supplement a family's income and the collusion of adults in this behaviour was reported as social reality by all 48 focus groups and by many key informants and was also expressed as a *perception* by many PAOQ respondents (this is further discussed in the findings section of the report).

While the CRC requires us to consider the status of childhood as distinct from adulthood and to provide children with protection in line with this, the boundaries between childhood and adulthood are clearly not universally accepted and there appears to be a gap between policy, legislation and professional practice on the one hand and the public perception of a minority of adults on the other.

Another important issue was that some PAOQ respondents thought that childhood ends if a girl becomes pregnant. This suggests that at the conceptual level, for a small (but significant) number of people, the state of motherhood is not considered compatible with the status of childhood. This highlights the contradictions and dilemmas that many teenage mothers face as they come to terms with being mothers while they are still children. Juxtaposed against the construction of young motherhood, however, is the reality that these respondents overlooked the fact that for a girl to become pregnant, she must have first

been a *child* victim of rape or unlawful sexual intercourse. This response also suggests a lack of awareness of the impact of early pregnancy on physically immature teenagers, as was raised by one participant:

> *In obstetrics, that 16 year old is a high risk pregnancy because she can fit to death. She is prone to arrest because her womb is not properly developed; she can end-up making a deformed baby. She has to leave school. She fails to fulfil her functions as an adolescent, fails to perform in school, fails to be a productive member of society. She ends up in a cycle of failure (Male key informant).*

There are two important public education lessons from these findings:

- Changing perceptions on who is considered a 'child' and thus in need of special protection is unlikely to be achieved simply by enforcing (or raising) the legal age of sexual consent.
- Public education strategies should address the view held by some people (especially men) that children can *ever* be considered 'legitimate' targets for sex.

Changing perceptions on who is considered a child is unlikely to be achieved simply by enforcing (or raising) the legal age of sexual consent.

Defining Child Sexual Abuse

The effects of child abuse are a part of the lived reality of survivors of abuse and as such are 'concrete' and real. However, it is also the case that perceptions and definitions of child abuse are socially constructed. This means that the meanings ascribed to the term are a product of a specific cultural, social and historical context. Child maltreatment has existed throughout history (infanticide, abandonment, severe physical punishment, prostitution, incest, harsh labour); however, the extent and interpretation of abuse, i.e. what is considered to be abusive in a particular society, alters over time and in relation to circumstances and context. For example, the growth of internet pornography, child prostitution and the trafficking of children have resulted in wider, more inclusive definitions than existed 20 years ago. Defining child sexual abuse is clearly both complex and problematic and is often influenced by political agendas and professional perspectives that may, or may not, reflect the views of abuse survivors or the social reality of specific contexts. Cultural and social factors are also important in the definitions and meanings associated with child abuse. In a study of 75 countries, however, ISPCAN (2008) found that there was greater commonality than difference in understandings of child sexual abuse with widespread agreement that this includes incest, sexual touching and pornography. This important work suggests that searching for commonality of understanding is an achievable exercise. For the Caribbean region, which, despite considerable diversity, has a shared history and common social characteristics across many aspects of life, reaching definitional consensus would strengthen collective efforts to address child sexual abuse. Furthermore the dialogue and process involved would provide what World Vision International describes as a 'strategic space' in which to work through the steps needed for harmonising law and policy across the region and improving transregional cooperation.

The Problem with Definitional Differences

While definitional differences may appear insignificant to the overall extent of the problem, the literature suggests that diverging emphases may lead to action based on different targets and thus may undermine collective efforts to address the problem (Dottridge, 2007). For instance, in defining the commercial sexual exploitation of children, some writers believe it is important to include the range of exploitative activities, others highlight the commercial aspect of these activities, while yet others focus attention on the illegality of these activities. Although these differences may appear unimportant, it is easy to see how they may contribute to decisions about how resources are used to tackle the problem. Child sexual exploitation as defined by the UN is incorporated into a broader statement that includes different forms of exploitation,

such as child prostitution, child pornography, forced marriage, and any occupation in which a child is forced to work or make money for someone other than a parent or guardian. The Declaration adopted at the close of the First World Congress against the Commercial Sexual Exploitation of Children and Adolescents, however, more clearly links this exploitation to its commercialisation. This is because it is the commercialisation of child sex which both drives and sustains demand.

It is clear from the literature that language and definitions are key constituents of the way child sexual abuse is viewed and is a contributory factor in how it is responded to. While the production of standard definitions can result in universal assumptions that negate the importance of particular circumstances, the lack of a common definition is problematic. It means, for example, that comparison on the effects of interventions and policy are difficult to assess and it also limits the comparative analysis of research findings since studies are often underpinned by different sets of assumptions and target different aspects of the problem.

PREFERRED TERMS

Child prostitute or prostituted child

While some definitions are particularly helpful, others may (unintentionally) create further obstacles to dealing with abuse. Take for instance, the problem of prostitution. There is agreement within the literature and among professionals that no child under the lawful age of consent can willingly enter into prostitution for the reason that any sexual activity between an adult and a minor is considered harmful, coercive and/or unlawful (and in many instances is legally classed as rape) (Save the Children, 2008). In line with this position, it is important not to use the terms 'child prostitute', 'child sex worker' or 'adolescent prostitute' as these terms mask the coercive and exploitative nature of child prostitution. Furthermore such terms reinforce the conceptualisation of children as sexual objects. The phrase 'prostituted' child, however, emphasises the exploitative nature of the commercial sexual abuse of children and is therefore more helpful.

Sexual abuse or sexual violence

Many key organisations and writers argue that the term 'sexual violence' more accurately represents the gravity and seriousness of the sexual abuse of children. Sexual abuse is undoubtedly a violation of the child and can be described as a specific manifestation of gender-based violence against children. Furthermore, linking child abuse into discussions of interpersonal violence can be helpful in drafting coherent, comprehensive policy that seeks to address the interconnected facets of violence within a society and the ways in which one may lead to another. Clearly the term 'sexual violence' has valuable currency; however, overall we refrain from using this term for several reasons:

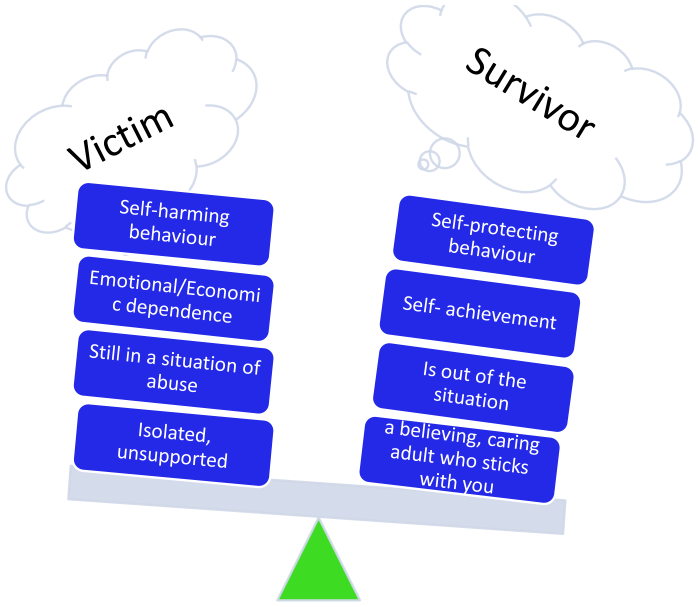
- The term 'violence' implies physical pain or hurt – some abusers *do* inflict pain, even severe pain; however for many children the pain is emotional and psychological – the harm that is done may not be immediately visible and children may have difficulty relating to a term that does not reflect the meanings they ascribe to their experience.
- The most pernicious forms of abuse happen when children are groomed, coerced and conscripted into behaviours in which physical violence may play little part or is subtle and difficult to identify as such.
- One of the most common forms of abuse we found was transactional sexual abuse in which the key issue is the exchange of material goods or money for sex. The term 'sexual violence' does not adequately capture the social reality of this phenomenon.
- We are unhappy about the use of a term which might enable perpetrators of abuse in which physical violence was not used to see their behaviour as less serious than abuse involving violence.

For the reasons cited above, we believe the term 'child sexual abuse' is more helpful. This is also in line with current thinking in relation to adult domestic violence – the preferred term increasingly is 'domestic abuse' since this better encapsulates the range of abusive behaviours that women (primarily) are subjected to (e.g. financial, emotional, control, repression and so on). Importantly, the term 'domestic abuse' has been found to be an important strategy for women's survival since it can help women to recognise the behaviours that often lead to physical violence and to take early steps to protect themselves and their children. The value of using the term 'abuse' in respect of children also lies in the fact that it implies the abuse of trust and the abuse of power which are key components of child abuse. Finally, despite differences in understanding about what constitutes abuse, the term 'child abuse' is widely understood by the Caribbean public and provides a common baseline for extending public awareness.

Survivors or victims

Generally speaking it is more helpful to use the term 'survivor' than 'victim'. 'Survivor' is an empowering, active term which implies resilience and strength in the face of adversity. It also suggests that it is possible to overcome the effects of abuse and to move on with one's life. 'Victim' on the other hand is a passive term which forever 'fixes' the person in a state of victimhood and implicitly suggests that the person has little power to change the outcome of their lives and is constantly vulnerable to further abuse. For these reasons, we generally prefer the term survivor. However our research and other studies reveal that the picture is more complex. Surviving abuse is not a linear process; the bottom line is that many people simply live with the fact that they were abused and may not have overcome the effects at all, or may have overcome some of the effects for some of the time and find that different effects are manifest at different times in different ways. Often, the effects of abuse appear in later life, many years after the abuse and can be triggered by any one of a number of life events. For some survivors, the effects of abuse recur in ways which indeed make them more vulnerable to being re-vicitimised. Many survivors also believe they have little power to change the outcomes of their lives and this is one of the factors that lies at the base of much substance misuse, mental illness and self-harm. Another important issue to consider is that while children are often more resilient than we think, 'survivor' may imply a level of empowerment that they simply have no access to and may minimise the extent to which they have been and perhaps continue to be victimised.

In summary, it is clear that those who have been harmed as children by sexual abuse may be both survivors and victims (sometimes simultaneously) and it is perhaps more helpful to view the process of dealing with the effects of abuse as a continuum between two states with some people moving progressively from the state of victimhood to survivorhood, while others move back and forth between these states. Within the study, we interviewed adult survivors of child sexual abuse and were able to identify some of the factors that contributed to 'tipping the balance' towards survivorhood.



Tipping the balance…

Paedophile, Sexual Offender or Child Abuser

All these terms are used (often interchangeably) within the literature, by professionals working with children (psychologists, social workers, counsellors, health professionals etc), by policy makers and by law enforcement officers. The term 'paedophile' is also commonly used by the media and the general public. We have some concerns about the term 'paedophile' for several reasons. Firstly, it is often used to sensationalise abuse and to generate anti-paedophile vigilantism; neither of which are helpful to children. It also suggests an external threat, however in reality most sexual abuse is committed by family members who would not identify with the term and are thus able to distance themselves from its negative associations. The term 'paedophile' also conjures up a specific profile of a child sexual abuser when in fact many abusers do not fit a stereotype at all. We also have concerns about the term as it is generally understood by abusers themselves. A 'paedophile' is an adult who is sexually attracted to children and 'paedophilia' is defined as a psychological disorder in which an adult experiences a sexual preference for prepubescent children (Freund, 1981). We are mindful of concerns that this clinical definition presents child sexual abuse as if it were simply a sexual preference (which is the explanation often given by abusers) and minimises its seriousness.

The term 'sex offender' is primarily a law enforcement term that refers specifically to those abusers who have been convicted of sexual offences. It is estimated that over 90% of sexual abuse cases do not result in a conviction and where we use the term, we reserve it for the minority of abusers who have been convicted of sexual offences against children. We generally use the term 'abuser' or 'child sexual abuser' since this term encompasses the range of abusive behaviours and clearly indicates responsibility.

There are, however, circumstances in which we think the term 'abuser' is also inappropriate. This is the case in circumstances in which the behaviour, although it may be sexually harmful, would not be considered to be sexual abuse. We draw on the study findings to explain further. Most respondents, for example, would have difficulty in describing a male of 18 who has 'consensual' sex (although it is acknowledged that legally a minor cannot consent to sex in any circumstances) with his girlfriend a week before her 16th birthday as sexual abuse and the effects of this would be very different than if the girl was much younger, if there was coercion or force, if the man was much older, or indeed if a whole range of factors were present. While the study showed that some men are dangerous serial predators who inflict devastating harm on children and the term 'sexual abuser' is appropriate, there are others (especially adolescent young men) who may unknowingly have had unlawful sexual intercourse with a minor but who

do not present any threat to children generally and for these men, the label 'sexual abuser' is unhelpful and unnecessarily pathologises young people. We suggest that describing such young people as engaging in 'harmful sexual behaviours' is a more appropriate focus as it implies the need for education and behaviour change rather than punishment.

CHILD ABUSE – THE WIDER CONTEXT

Although researchers have often studied specific forms of abuse (physical abuse, wilful neglect, exploitation or emotional abuse) separately and separate definitions exist for each of these phenomena children are often subject to simultaneous, interconnected forms of abuse. A child may be subject to physical abuse, sexual abuse, neglect or exploitation or to several forms of abuse simultaneously. Also almost all forms of abuse involve subjecting the child to emotional abuse. The definition below provides a useful starting point for understanding the broader context of sexual abuse and its relationship with other forms of child abuse:

Defining Child Abuse

Child abuse or maltreatment constitutes all forms of physical and/or emotional ill treatment, sexual abuse, neglect, or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power (WHO, 1999).

This definition contains several elements which are valuable in understanding the complex nature of child sexual abuse:

- it brings together all forms of the abuse of children within a single definition – a reminder that sexual abuse often occurs alongside other forms of abuse
- it underscores the fact that child sexual abuse cannot be tackled where other forms of abuse (such as physical abuse and neglect) are allowed to thrive
- the damage abuse causes to children is manifest in multiple ways
- children may be harmed both in actuality and also 'potentially' – we read this as also meaning that children's potential is harmed
- most child abuse happens in the context of relationships
- child abuse involves the failing of adult responsibility
- child abuse involves an abuse of trust and power
- the definition is broad enough to be relevant to most social and cultural contexts

Defining Sexual Abuse

Most definitions of child sexual abuse are based on the acknowledgement that sexual activity between an adult and a child or between a young person and a younger child involves a violation of the rights and personhood of the child, often with severe and long-lasting psychosocial consequences, and that the coercion and betrayal of trust involved in most acts of child sexual abuse is deeply destructive to both child and family. Child sexual abuse may or may not involve actual physical contact and includes penetrative acts (e.g. rape or buggery) and also non-penetrative and non-contact activities, such as involving children in watching sexual activities, encouraging children to behave in sexually explicit ways, exposing them to inappropriate sexual material and involving children in prostitution and pornography. Child sexual abuse occurs in all countries, across all racial, ethnic, religious and socio-economic groups, is far more common than previously thought and affects children of all ages, including infants. Both boys and girls are sexually

abused although in all reported studies girls outnumber boys. Although sexual abuse can occur as a single phenomenon, the presence and interplay of other social factors may indicate increased risk. These factors include: social norms based on patriarchal values, domestic violence, family history of sexual abuse, status of children, cultural perceptions and attitudes to abuse, substance abuse, witnessing abuse, low socio-economic status (particularly where this leads to the economic dependence of women), gender inequality and lack of social supports.

Commercial Sexual Exploitation

The sexual exploitation of children, both boys and girls takes different forms, from children being involved in sexually exploitative relationships and receiving money, drugs or accommodation in return for sex with one or more men, to being exploited in more 'formal' prostitution. In all cases, those exploiting the children have power over them by virtue of their age, gender, physical strength, or economic or other resources, such as access to drugs. While some element of coercion or intimidation is common, the involvement in exploitative relationships is more significantly characterized by choices borne out of the social emotional and economic vulnerability of the child (Barnardos, 2005: 11).

Harmful Sexual Behaviour

Our research suggests that the term 'sexual abuse' may be too limiting and narrow a term to capture fully the complexity and multiple ways in which sexual behaviour harms children. The term implies a fixed definition which, while useful for policy and legislative purposes, does not allow for the interconnection of different factors that determine the extent to which perpetrators are culpable or the extent to which children are harmed. The study revealed forms of sexual behaviour which might be harmful but which may not involve abuse and which may not have the same extensive and serious consequences as abuse. Examples of harmful sexual behaviours include sex between young people (where one or both is under the legal age of consent), young people engaging in transactional sex with each other, young people distributing sexually explicit images of themselves and young people using technology (cell phones, social networking sites, phone cameras etc.) for sexual experimentation and exploration, especially where this leaves them vulnerable to sexual predators.

Commercial Sexual Exploitation

With regard to the commercial sexual exploitation of children, a definition that is pertinent to the Caribbean economic circumstances that contribute to the existence of the problem is provided below:

Trafficking

Detailed definitions that list the activities included are important for policy and legislation. This is illustrated in this definition of trafficking from the Palermo Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (Article 3, 2000):

Trafficking

[Trafficking is] the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat of or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.

Recognising Child Abuse

Defining abuse is a means of describing the problem; however definitions give few clues as to the effects of abuse and they provide little help in recognising when a child is being abused or is at risk. There are several organisations that provide information to help parents and workers assess whether a child may be being abused. The following information has been adapted from the website of the UK-based organisation 'Kidscape' (webinfo@Kidscape.org.uk). Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree.

Signs and Symptoms: Sexual Abuse

- Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age
- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child minder
- Starting to wet again, day or night/nightmares
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism

Physical Abuse

- Unexplained recurrent injuries or burns
- Improbable excuses or refusal to explain injuries
- Wearing clothes to cover injuries
- Bald patches
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')

- Fear of suspected abuser being contacted
- Emotional Abuse
- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression

Neglect

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Emaciation
- Untreated medical problems
- No social relationships
- Compulsive scavenging
- Destructive tendencies

It is important to note that a child may be subjected to a combination of different kinds of abuse and that some children show no outward signs of abuse or may be unaware that they are being abused. If an adult suspects a child of being abused, he or she has a responsibility to stop it. We include below an extract from the Kidscape website which explains in clear terms how to respond to children who disclose abuse.

IF A CHILD TELLS YOU ABOUT ABUSE:

- Stay calm and be reassuring
- Find a quiet place to talk
- Believe in what you are being told
- Listen
- Say that you are glad that the child told you
- Say that you will do your best to protect and support the child
- If necessary, seek medical help and contact the police or social services
- If your child has told another adult, such as a teacher or school nurse, contact them. Their advice may make it easier to help your child
- Determine if this incident may affect how your child reacts at school. It may be advisable to liaise with you child's teacher, school nurse or headteacher
- Acknowledge that your child may have angry, sad or even guilty feelings about what happened, but stress that the abuse was not the child's fault.
- Acknowledge that you will probably need help dealing with your own feelings
- Seek counselling for yourself and your child

(Kidscape, webinfo@Kidscape.org.uk).

CHAPTER SIX
Research Methodology

SCIENTIFIC ROBUSTNESS

Although quantitative methods were used within the study, this was primarily a qualitative study since qualitative methods are more appropriate for understanding meanings and experiences and are particularly relevant for the study of complex social problems such as child abuse. Qualitative research has often been criticised for lacking scientific rigour and a number of authors have attempted to provide systematic approaches to assessing its 'quality'. Guba and Lincoln (1989), for example, identified five dimensions along which the reliability of qualitative studies can be assessed: credibility (do the findings give a true account of what respondents said), transferability (can the findings be transferred to other settings), dependability (are the methods clearly explained and justified), confirmability (are the conclusions supported by the data) and authenticity (does the research increase understanding of the issue). Guided by these principles and mindful that this was the first comprehensive study of CSA across the region and the importance of producing data that were reliable, credible and verifiable, we utilised the framework developed by the National (UK) Centre for Social Research (Spencer et al, 2003) which sets out a number of appraisal questions for evaluating methodological strengths and limitations. These appraisal questions were used to ensure:

- Research design addressed original aims and objectives
- Research design was defensible – multiple methods used
- Research methods were underpinned by theoretical justification/rationale
- Research instruments were designed for purpose, piloted and evaluated
- Sampling methods fit for purpose, underpinned by clearly articulated sampling principles
- Recruitment of research informants carefully handled to avoid introducing systematic bias to the results
- Research subject to highest ethical standards
- Researchers trained in methods and ethics
- Data collected in a timely manner, ensuring consistency and cohesion across countries
- Data analysis and interpretation subject to a process of cross-checking and re-checking against data sets
- Statistical analysis conducted in a way as to minimise bias
- Management checks at all stages of the work

This was a scientifically robust study as evidenced by the quality assurance mechanisms and procedures followed. These are summed up below.

Scientific Robustness

1. *Multiple/mixed methods used to explore different dimensions of the problem:*
   - *Quantitative survey of perceptions, attitudes and opinions*
   - *Focus groups across all sectors of society*
   - *In-depth policy-focused interviews*
   - *In-depth practice-focused interviews*
   - *Narrative interviews with CSA survivors*
   - *Stakeholder engagement at several key points during the study*
   - *Design of questionnaire based on review of key literature and development of a clearly articulated theoretical framework relevant to Caribbean cultural/social context*
2. *Questionnaire piloted and subject to internal validity test/re-test procedures*
3. *Focus group discussion guide and informant interview guides based on wide consultation*
4. *Sampling frame developed for each aspect of the study and replicated across the region*
5. *Comprehensive and detailed ethical protocol developed*
6. *Training provided to all researchers*
7. *Quantitative data analysed using SPSS*
8. *Qualitative data analysed on the basis of thematic templates*
9. *Interpretations cross-checked and re-checked to ensure they were supported by the*

METHODOLOGY

The design of the research involved a mixed-methods approach to ensure meaningful participation across diverse populations in the participating countries. As an *action-oriented* research project, opportunities were created throughout the research process to generate awareness of the effects of child sexual abuse, to share strategies on appropriate interventions and to develop alliances for social transformation towards the greater protection of children. The methods used:

1. Literature Review
2. Policy and Legislative Analysis
3. Stakeholder Consultation Sessions in each country
4. Stakeholder engagement at the regional level (with regional bodies)
5. Focus group discussions with adults
6. Practice-focused interviews with key informants (e.g. teachers, police, social workers, health professionals, staff of NGOs and FBOs)
7. Policy-focused interviews with key informants (e.g. government staff and professionals)
8. Narrative-interviews with adult survivors of abuse in three countries
9. Survey of attitudes and beliefs across a representative sample in each country

Project Objectives	Methods
Increase understanding of the perceptions and behaviours associated with child sexual abuse, including incest within the cultural contexts of the Eastern Caribbean region	• Review of literature and other studies • Stakeholder analysis and participation • Focus groups • General Population Survey • In-depth structured interviews with key informants
Increase research capacity in the Eastern Caribbean into issues affecting children with particular emphasis on: • qualitative methodologies • inter-disciplinary research	• Identification of relevant personnel within the countries of the Eastern Caribbean to undertake research training • Involvement of local people as Researchers and assistants • Design and delivery of research skills training • Design of culturally specific research tools
Provide baseline data on perceptions on the scale of the problem within the region	• Conduct inter and intra-country social research using both quantitative and qualitative methods into child sexual abuse • Collection of data from agencies, professionals, young adults and the public
Investigate the manifestations of child sexual abuse across diverse ethnic, religious, and socio-economic groups	Qualitative research with young adults (18+), professionals and the general public
Sensitise stakeholders to the socio-cultural and psycho-social issues underlying child sexual abuse	• Through research process • Timely dissemination of emerging findings • Project Report
Develop partnerships with key stakeholders and professionals in order to enhance country and regional capacity for reducing child sexual abuse and addressing its psychosocial effects	• Engagement with the research process • Stakeholder participation
Identify inter-country and country-specific policies and strategies for reducing child sexual abuse	Mapping, analysis and review of country-specific legislative, policy and planning documents
Contribute to the establishment of a shared language on the definition of child sexual abuse and to regional partnerships and consensus on what needs to be done to address the problem within Caribbean contexts	• Research process • Research findings • Operational policy recommendations • Stakeholder participation
Make recommendations for the development of relevant policy, protocols and programming	• Stakeholder feedback sessions • Project Report

While this was a study of perceptions, attitudes and opinions, the objectives also included ***investigating the manifestations of child sexual abuse across diverse ethnic, religious, and socio-economic groups***. We refer to this as the 'social reality' or 'actual reality' of child sexual abuse in contrast to *perceptions of CSA* since these data are based on reported experiences. This meant that we needed to check out not only what people's *perceptions* of the problem were but also what their *experience* and *knowledge* in relation to child sexual abuse were. In reporting the findings we clarify whether we are talking about perceptions, attitudes and opinions about child sexual abuse or whether we are reporting respondents' experiences.

Overall Number of Respondents

We aimed to obtain the views of 1,500 people over a six month period; however, given the sensitivity of the topic and issues generated by the study, some people declined to take part or withdrew at a later point. In the end approximately 1,400 people participated in the study across the six countries. The number of respondents in each cohort was as follows:

- Stakeholder Consultations 100
- Community Survey 859

- Focus Group participants 280
- Policy-focused informants 42
- Practice-focused informants 68
- Interviews with survivors 10

Stakeholder Consultations

Meetings with stakeholders were held in each country. The purpose was to sensitise people to the study, to obtain information about issues of most concern, to elicit support for the study, to obtain information on key agencies, and to identify factors specific to particular countries.

Stakeholder Analysis

A stakeholder analysis was undertaken in each country based on guidance issued by the Overseas Development Administration (1995). This involved:

1. Producing a list of all possible stakeholders and their interests
2. An assessment of stakeholders' relative power and influence, importance to the project, their possible contributions to the success of its activities
3. Identifying positive relations between stakeholders which can be used as an entry point for project activities
4. Identify and addressing potential conflicts of interests between stakeholders
5. Developing a stakeholder matrix – see below

Stakeholder Participation Matrix

Key Stakeholder Groups	Interests	Potential Impact	Importance of Stakeholder	Influence of Stakeholder	Pre-research Consultation	Dissemination Consultation	How
Parents	Information on protection of own children	+	Critical player	Modest	✓	✓	Through parent teacher association
Government Ministers	Policy impact CRC obligations	+	Critical player	High	✓	✓	Meeting at prestige venue
Children	Well-being Safety Improved services	+	Critical player	Low		✓	Information leaflets distributed in schools
FBOs	Social responsibility	-	Very important	High	✓	✓	Inter-faith meeting
Women	Empowerment	+	Very important	Modest		✓	General public information – use of media
NGOs	Increased influence in policy formulation Knowledge Skills	+/-	Very important	Significant	✓	✓	Policy meetings
Men	Engagement in protecting children	+/-		Significant		✓	General public information- use of media
People who abuse children	Behaviour change	+	Critical player	Low		✓	General public information – use of media
Professionals (teachers, health workers, social workers, police)	Knowledge Policy Improved skills Improved credibility	+	Critical player	Modest		✓	Practice meetings
Media	Knowledge Public awareness	+	Very important	High		✓	Involvement in dissemination

COMMUNITY SURVEY

In considering the research questions to be answered, an *integrated socio-cultural* research instrument was developed by the Principal Investigators. This instrument - the PAOQ (perceptions, attitudes and opinions questionnaire) - was informed by a review of literature and social/cultural factors relevant to the Caribbean and scientifically validated before being administered across a representative sample in each of the participating countries. The PAOQ was designed specifically for the Caribbean context, although it is anticipated that it will have application across different cultural and social settings. The theoretical framework that guided the design of the instrument is as follows:

1. Based on a review of the literature on perception research
2. Draws from literature on sexual abuse within the Caribbean
3. Linked directly to the objectives of the study
4. Avoidance of professional language and terms which are not empirically grounded - provides for the lay persons' perceptions to be revealed rather than simply testing their views against predetermined definitions (this was a weakness of most scales reviewed in the literature)
5. Where possible uses neutral terms – avoidance of value-laden terms such as 'abuser', 'paedophile', 'perpetrator', 'predator' – to avoid imposition of values
6. Does not focus on types of child sexual abuse or range of consequences, is concerned to explore *existence* of the problem and *perceptions* of the problem
7. Seeks to explore a range of psychological and social processes: cognitive processes (perceptions of abuse); affectional processes (attitudes towards…) and agency (power/powerlessness to bring about change)
8. While the notion of 'blame' is avoided, views about locus of responsibility are explored
9. Respondent is able to be either/both emotionally distant and emotionally engaged
10. While most abusers are male, the role of women is also explored, hence questions focus on 'men', 'women' and 'adults'
11. The relationship of CSA and gender inequality (a consistent theme in the literature) is explored in various ways
12. Literature on risk and protective factors was explored to produce items about family life.

Using a likert measurement scale, the PAOQ is a self-reporting assessment of perceptions, attitudes and opinions on child sexual abuse designed for adults with average levels of literacy. The questionnaire contains 73 items divided into sections: construction of childhood, perceptions of abuse, attitudes to those involved, opinions on action needed, and personal experiences of abuse and protection. The PAOQ typically took 20-45 minutes to complete when self-administered and 60-80 minutes when administered by the researcher within a group setting. (The questionnaire was administered verbally where there were concerns that respondents may have had literacy difficulties, with the researcher reading each question).

PAOQ Sampling Method

A multi-staged cluster sampling method was used for the PAOQ. We aimed to administer approximately 1,000 questionnaires over the six countries; however, given that country populations differ considerably in size a pro-rata distribution plan was created as follows:

- Anguilla 100
- Barbados 250
- Dominica 150
- Grenada 170
- Montserrat 100
- St Kitts/Nevis 100

We aimed for 50% males and 50% females, representative of the general population across four categories of informant:

1. Male 18-30 years
2. Male 30 years
3. Female 18-30 years
4. Female 30 years

And six key variables:

i. Age
ii. Rural/urban
iii. Socio-economic status
iv. Education
v. Gender
vi. Has/does not have children

Multi-staged cluster sampling- stages:

a. Listed parishes/districts of the country
b. Selected by simple random sampling 50% of the districts or parishes (or include all if practical)
c. Identified naturally occurring clusters/organisational groups for each category of informant and match against key variables in each district/parish (e.g. churches, colleges, work settings, leisure clubs, sports groups, health centres, hotels, youth groups, residential institutions)
d. Selected by simple random sampling two sites (one as back-up) for each informant group

PAOQ Data Analysis

The PAOQ data were analysed using SPSS (version 16).

Demographic Breakdown of PAOQ respondents

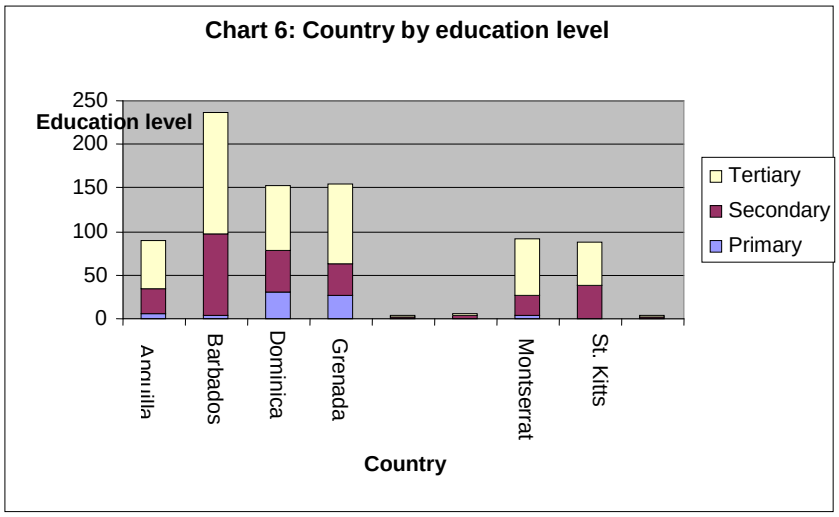
Using a multi-staged cluster sampling method, the study was designed to obtain the views of a cross-section of the population within each country. A total of 859 informants completed the questionnaire. The numbers of respondents for each country were proportionate to the size of population. Two methods of obtaining responses were used: dispersal of the questionnaire to individuals and administration in naturally occurring groupings (e.g. employment groups, social groups, support groups). Completion rate was very high – over 90% of persons who elected to complete the questionnaire by themselves did so and in the group settings only two people declined to take part. We attributed this high response rate to four factors: the use of Caribbean researchers who were either familiar with the local communities or else employed the assistance of someone who was; the small size of populations; public support for the study; and the 'compliance dynamic' of being part of a group of respondents. Almost all of the respondents were nationals of the countries involved in the study and only twelve respondents were from other countries (ten of these were from other countries in the Eastern Caribbean and only two respondents were from outside the region).

Education

Over half (58.6%) of the respondents were educated to tertiary level (post-secondary) and had gone on to community college, further study or university, and 33 % had been educated to secondary level. Only 8.4 % of the respondents had not been educated beyond primary level. This breakdown reflects the high levels of literacy and universal access to education across the Caribbean and is perhaps a contributing factor to the high completion rate of the questionnaire.

It is important to note, though, that there were considerable disparities on levels of education across the region (see chart 1). This may be the consequence of the sampling procedure or it may reflect regional

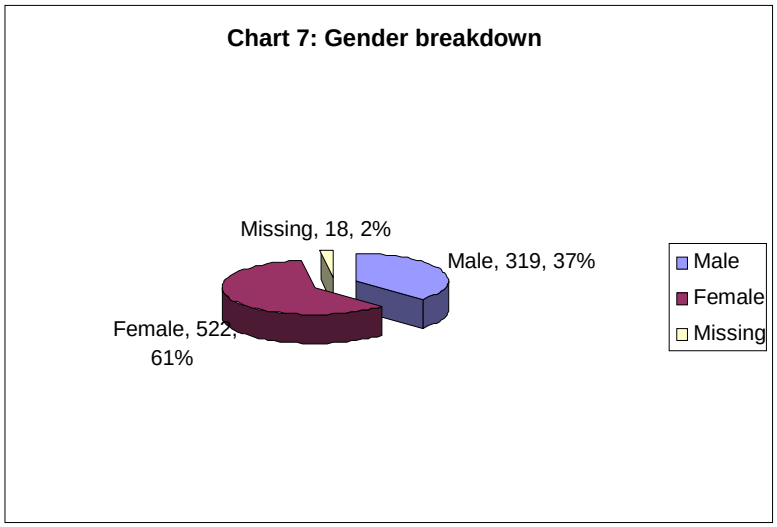
inequalities in educational opportunity. Of particular note is the number of respondents as a proportion of overall responses in Dominica and Grenada who had not had education beyond primary level (N=30 and 26 respectively).

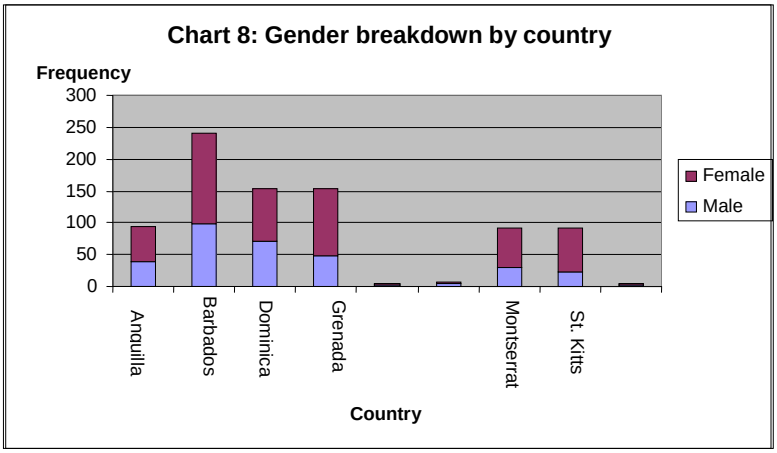


Gender

Although we had aimed for an equal representation of men and women, 37.9% (N=319) of respondents were male and 62.1% (N= 522) were female. There were several factors which affected the involvement of men:

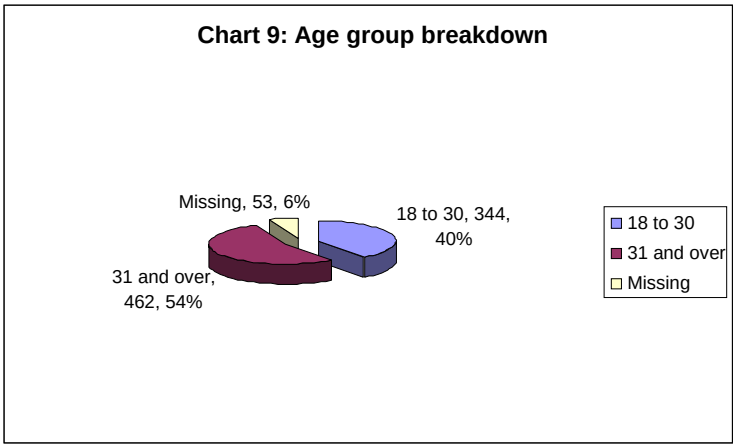
- Some men declined to take part once they understood the nature of the investigation. While we do not know the reasons for refusal, it is clear that for some men there may have been concerns about spotlighting their own behaviour, as typified by one case in which having originally taken the questionnaire, the man returned it explaining that he could not possibly fill it in because he himself had faced an accusation of child sexual abuse.
- In one research site, the researcher experienced overt hostility from men who were approached and there were many refusals to participate. It is important to point out, however, that in other parts of the country men did agree to participate even though overall more men declined than women.
- While males can be victims of sexual abuse, the majority of victims are female and women are therefore likely to be more strongly motivated to participating in a study on the topic





Age Group

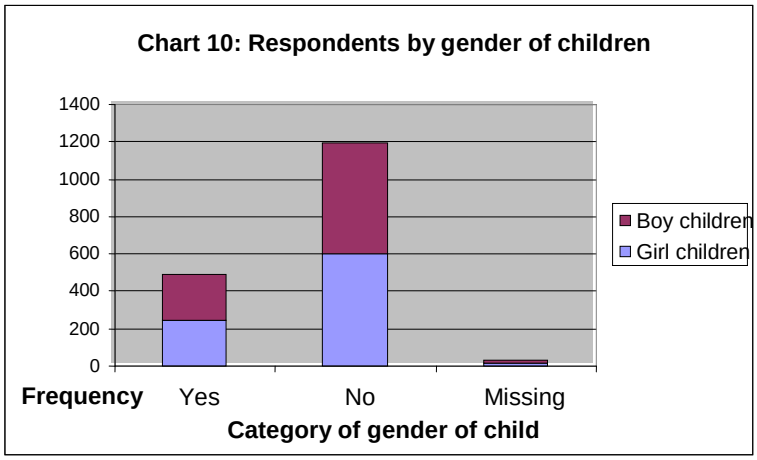
The study aimed to get the views of adults (persons aged 18 years and above) and to achieve a balance of younger and older persons. Respondents aged 18-30 were 42.7% (N=344) of the total, 53 respondents did not give their age and respondents 31 years and over comprised 57.3% (N=462) of the total (see chart 4).



Parenting Status

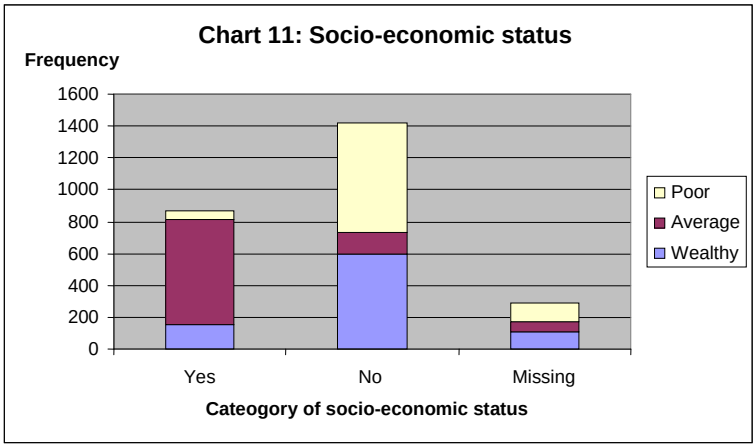
29.2% of the respondents had children (under the age of 16) and 70.8% either had no children or had older children (over the age of 16 years). We felt it was important to insure that parents of both girls and boys were included in order to ensure that no systematic bias was introduced into the results because of the

gender of children (this is related to the fact that girls are more likely to be victims of CSA than boys and parents of girls may have particular concerns). Chart five shows the gender breakdown of respondents' children.



Socio-economic Status

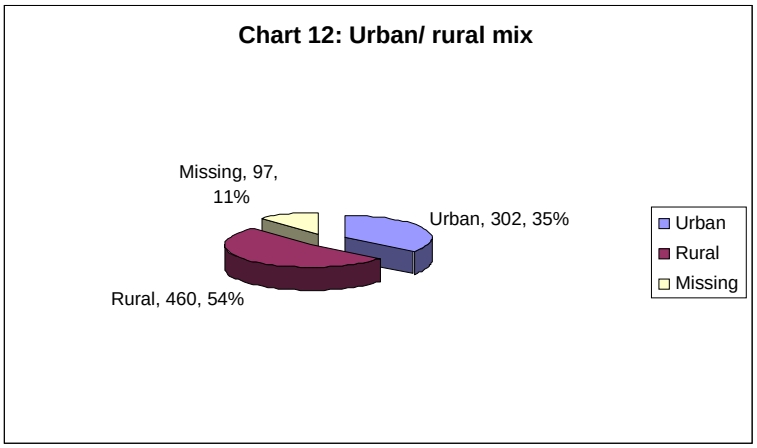
The main breadwinners within the households of respondents reflected a range of occupations (see chart seven). The largest category was professional workers (30.2%, N=234), followed by self-employed persons (14.2%, N=110), managerial (13.6%, N=106), and clerical workers who represented 9.7% (75) of the total. Only 20 respondents (2.6%) reported that the main breadwinner in the household was unemployed. We attempted to ensure that the full range of socio-economic circumstances was reflected in the sample. When compared to their counterparts, the majority (83.6%, N=663) of respondents were of average economic means, 20.6% (N=154) said they were wealthy and 6.5 % (N=48) described themselves as poor (see chart 8). These data are supported by other findings, such as the number of people who described their households as having the standard electrical appliances (97.5%, N= 785), as having adequate bedrooms for the occupants (indicates lack of overcrowding) (92.7%, N=757) and as having adequate bathing facilities (94.8%, N=762). Further to this 60.7% (N=472) of the respondents had their own transportation while 39.3% did not (N=305). It is important to note, however, that a larger proportion of respondents from Dominica and Grenada described themselves as poor compared to other countries. This too is supported by the responses on adequate bedrooms (this suggests that more households are overcrowded) and adequate bathing facilities.

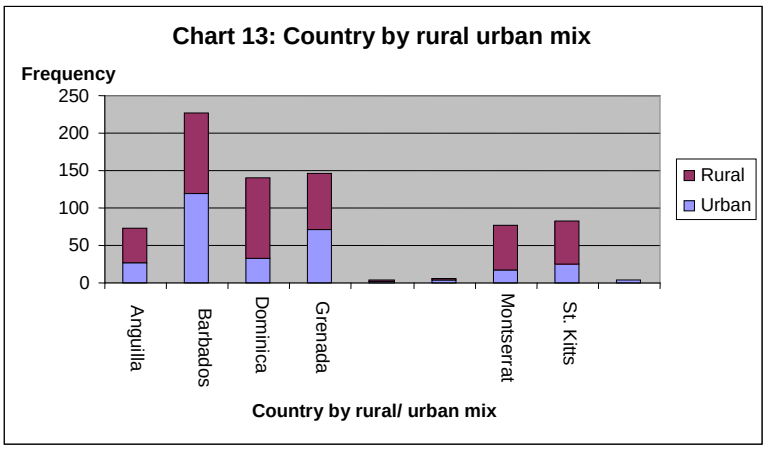


Urban/rural mix

Overall there were more respondents who lived in rural communities (60.4%, N=460) than lived in urban areas or towns (39.6%, N=302). There were differences depending upon the geographical landscape of the

countries involved. For example, in Dominica, three times as many people were from rural areas than urban areas and in Montserrat there is no discernable urban centre. The difficulty in describing location in these terms may also account for the fact that a significant number of respondents (N=97, 11.3%) did not answer this question.





FOCUS GROUPS

Focus group discussions and were carried out in each of the six countries involved in the project. Discussion topics were drawn up from the research questions and explored people's views about definitions of abuse, their own experiences of abuse (and of others they knew), retrospective reflections on prevalence and projective techniques to identify views on the type of services and responses needed. The aim of the focus groups was to provide *depth* of understanding and to enable respondents to discuss their actual experiences. The sessions were typically between one and two hour duration (including pre-discussion and briefing and post-discussion information sharing). Participants were selected from a range of settings (for example, community and religious groups, youth groups, sports groups, employment settings, institutions, further education settings). Six different categories of informant were identified and for each category of informant, each country was given a different setting, thus ensuring maximum representation (across all six countries) for each category of informant:

1. Men 18-30yrs
2. Men 31 and over
3. Women 18-30yrs

4. Women 31 and over
5. Mixed gender 18-30yrs
6. Mixed gender 31 and over

And across six different settings:

a. Church
b. Community/Service Groups
c. Sport/Leisure
d. Professional
e. Business
f. College/Higher Education

Focus Group Sampling Method
A purposive sampling method was used based on the stakeholder analysis. Inclusion was based on self-selection and informed consent – the only exclusion criterion was that persons must not be under the age of 18. Criteria for inclusion were that persons were willing to participate and that they fitted into one of the age-group categories

Data Analysis
Focus group discussions were recorded and transcribed. To gain analytical consistency across the whole data set of focus group discussions, a coding schema was used and generic themes were generated *a priori* from the research questions: nature of the problem of CSA; scale of the problem; risks; who the perpetrators are; effects of CSA; what can be done about it? These themes were modified and added to as each independent analysis progressed.

Demographic Breakdown of Focus Group Respondents
Two hundred and eighty people participated in thirty five focus groups; respondents were evenly split in terms of gender. Gender specific groups were held as well as mixed gender groups across age and socio-economic status. The demographic breakdown of respondents was as follows:

- Anguilla - Six focus groups: – two mixed gender service clubs over 31 years of age, two mixed gender service clubs under 30 years, a Church group of males aged 18-30, and a group of community males mostly over 50.
- Barbados - Six focus groups: a community group of males under the age of 30, a sports group of males over 31, professional females under 30, business females group over 31, mixed gender college students under 30, and group six comprised a mixed gender Church group over 31.
- Dominica - Five focus group interviews: a sports group of males under the age of 30, a mixed gender Church group, business women under the age of 30, a community group of males over 30 years and group five comprised a mixed gender community group over 30 years.
- Grenada - Six focus groups: group one comprised 9 male police officers all below the age of 30, group two comprised 8 female members of a Methodist Church and group three were a mixed gender group of 9 college students. Group four comprised 4 female residents from a Women's Shelter, group five comprised 4 female members of an affluent Social Club, and group six were 16 male Drag-Racers and Car/Sport enthusiasts
- Montserrat-Six focus group: a community group of females over the age of 31, a group of 10 female Church members under 30, a group of 6 professional males under 30, a mixed gender group of 5 sports participants under 30, a mixed gender group of 9 professionals over 31, and a mixed gender community group of 7 under 30
- St. Kitts and Nevis - Six focus group interviews: group one comprised females over the age of 30, group two comprised females under the age of 30, and group three comprised mixed gender

professionals, group four comprised males under 30, group five comprised males over 31, and group six comprised a mixed gender business group.

POLICY AND PRACTICE-FOCUSED IN-DEPTH INTERVIEWS

Policy and practice-focused interviews were undertaken with key informants in each of the six countries. In approaching this element of the research process, there was a conscious attempt at ensuring a wide representation of professionals and service providers who are either working closely with child victims, or are involved in the application of law and policy that will directly affect the way in which these matters are processed. Persons from a variety of backgrounds were selected for interviews and the level of willingness to contribute to the research was very encouraging. The level of co-operation with the project's research agenda was testimony to the high level of commitment on the part of professionals and service providers in the region to the prevention of child sexual abuse.

Policy/Practice-focused Interview Sampling Method

Informants were purposively selected based on the stakeholder analysis. Inclusion criteria were:

- Is drawn from one of the professional groups identified in the research objectives as relevant to CSA
- Person holds a relevant policy-related role and/or
- Person holds a relevant practice-related role
- Is not under the age of 18 years.

Data Analysis

Interviews were recorded and transcribed. To gain analytical consistency across the whole data set of practice and policy-focused interviews, generic themes were initially generated *a priori* from the research questions: nature of the problem of CSA; scale of the problem; risks; who the perpetrators are; agency roles and responsibilities; child protection laws and policies; role of professionals; role of families and communities. These themes were modified and added to as each independent analysis progressed.

Demographic Breakdown of Key Informants

Forty two policy-focused interviews and sixty eight practice focused interviews were carried out in total. Interviewees included medical and legal professionals, child protection officers, social workers, counsellors, Permanent Secretaries and other policy advisers, teachers, police, health professionals, and officials from NGOs and FBOs.

NARRATIVE INTERVIEWS

An important part of the study was to talk to adult survivors of child sexual abuse in order to explore the extent of the effects of abuse and the complexities of the issues involved. We also hoped to learn about resilience and coping strategies. We had hoped to interview 15 adult survivors of abuse from three countries and also aimed to include male survivors however this proved to be extremely difficult; we turned down one man, as we were concerned about his motives and another man did not feel he could face talking about his experiences. In the end, only one man participated in this aspect of the study and the other ten interviewees were women.

We aimed to ensure that these interviews were therapeutic in that they were conducted by researchers with counselling skills and presented an opportunity for reflection, narrative re-framing of experiences and healing. We believe that most interviewees agreed to participate not only because they wanted to be part of a study that would help other children, but also because they were trying to come to terms with their abuse and saw the interviews as an opportunity to move on with their lives; indeed several interviewees actually said this. Informants were offered ongoing counselling support and access to supportive agencies

and were also provided with a self-healing book which has been found to be very effective in dealing with sexual abuse. In facilitating narrative interviews, we hoped that through interaction and talk, we would help people to create a sense of order out of a situation that would have left them deeply disordered. As researchers, we also believed that people with the opportunity to give narrative accounts of their experiences can help to redress some of the power differentials inherent in the research process and can also provide rich information about the meanings attached to the experience of abuse that could not be captured in other ways. The content of the interviews were entirely driven by the informant rather than as is usual in research methods, by the researcher - participants were encouraged to tell their stories in whatever way and at whatever point they saw their story as beginning. In order to enable survivors of child sexual abuse to tell their own stories, it was necessary to create an environment in which they felt comfortable and safe in exploring their feelings. It was also important to ensure that the researchers who undertook this aspect of the work had the skills to help people to negotiate the huge distress that was released in the telling and to move past re-living abuse to seeing themselves as survivors.

Narrative Interview Sampling Method

There were major challenges in identifying people who were willing to talk to us because of the sensitive nature of the topic and the secrecy surrounding child abuse. We approached agencies and professionals working with survivors and also issued public invitations at stakeholder meetings and in one instance, via a popular radio show. Interviewees were self-selecting and contacted the researchers directly. The only criteria for inclusion were that the person was willing to share her/his story and had a story about child sexual abuse to tell. We specifically excluded any person who wanted to talk about experiences of abusing children. While finding information about perpetrators is an essential (and under-researched) area, we were mindful that abusers can be very skilled in intellectualising their experiences as a means of distancing themselves from responsibility and that they can also use the interview process as a means of re-living the sexual gratification they gained from sexually abusing children. Interviewees were selected through purposive and/or snowball sampling.

Data Analysis

Interviews were recorded and transcribed and a discourse analysis approach used to analyse the data. Analysing these data required a great deal of sensitivity to the interpretive procedures through which meanings are achieved.

Demographic Breakdown of Respondents

Eleven survivors of child sexual abuse agreed to participate in the study. Ten were female and one was male. The respondents reflected a range of socio-economic groups: unemployed, self-employed, high status professional, other professional, housewife, student, semi-skilled, business executive.

ETHICAL STANDARDS

The conduct of the research was based on clear ethical standards which assured confidentiality, privacy, anonymity and informed consent. A comprehensive *Ethical Protocol* was developed (see Annexes) to ensure that a *Duty of Care* was maintained to all research participants. Given the sensitive nature of the study extensive preparations were made to ensure that informants felt that their confidentiality was assured, going so far, in one country, as to offer respondents the opportunity of being interviewed by a non-national researcher.

In addition to protecting the research participants, our *Duty of Care* to the Country Researchers required us to carry out a research risk analysis and to put in place a risk management plan to ensure that all possible risks were minimised. Arrangements were also put in place to provide Country Researchers with their own personal counsellors to facilitate effective de-briefing and to support researchers in dealing with any emotional or psychological effects. All persons involved in gathering data were required to sign an Ethical Agreement Form and Country Researchers were provided with training on ethical issues.

An essential aspect of the methodology and the ethical imperative was the establishment of a National Response Team comprising volunteer counsellors in each country (see acknowledgements). Each member of the National Response Team was provided with briefing information and also required to sign an ethical agreement form. The National Response Teams were set up to serve two important purposes:

1. To enable research participants to access counselling in circumstances in which the study caused distress or resulted in them re-living past trauma.
2. For advice and direction in contacting the appropriate child protection agency in case of concerns about any known child who might be in need of protection.

All ethical arrangements were subject to rigorous scrutiny and discussion by the Advisory Group and ethical approval obtained from the University's Ethics Panel before the commencement of data collection.

COMMUNITY SURVEY OF PERCEPTIONS, ATTITUDES AND OPINIONS - REGIONAL OVERVIEW

The data from the community survey were analysed using SPSS (version 16) and the major findings were cross-tabulated with key variables: country; socio-economic status; urban/rural dwellers/gender; age (18-30 and over 30 years); whether the respondent had children (under the age of 16 years); level of education reached (primary, secondary or tertiary) and whether the person was religious. In reporting the results, these factors are discussed only where there were significant differences among groups or where they raise specific questions. Also, even though the overall sample was appropriate for a study of this complexity and yields generalisable findings, when disaggregated by country the sample sizes are small and the results should therefore be treated with caution, despite the fact that they may highlight important issues.

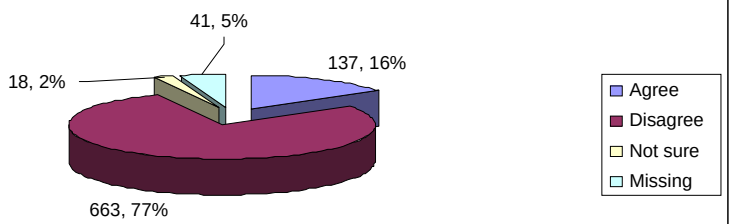
CONSTRUCTION OF CHILDHOOD

In order to explore people's perceptions of child sexual abuse, we felt it was necessary to examine the different ways in which childhood might be understood. The UN Convention on the Rights of the Child defines 'child' as being a person under the age of 18 years and, as signatories to the Convention, many Caribbean countries are striving towards harmonising domestic law with this definition. Clearly, while age is the legal and most commonly accepted social marker for the status 'child', we wondered whether there were other indicators that relate to the ways in which childhood is conceptualised. For example, we wanted to explore whether puberty is considered as marking the end of childhood, whether sexual debut or sexual experience affects how people regard children, and whether motherhood and childhood are states that can co-exist in people's perceptions or does becoming pregnant signal the end of childhood for teenage mothers.

'I do not consider anyone over the age of 13 to still be a child'

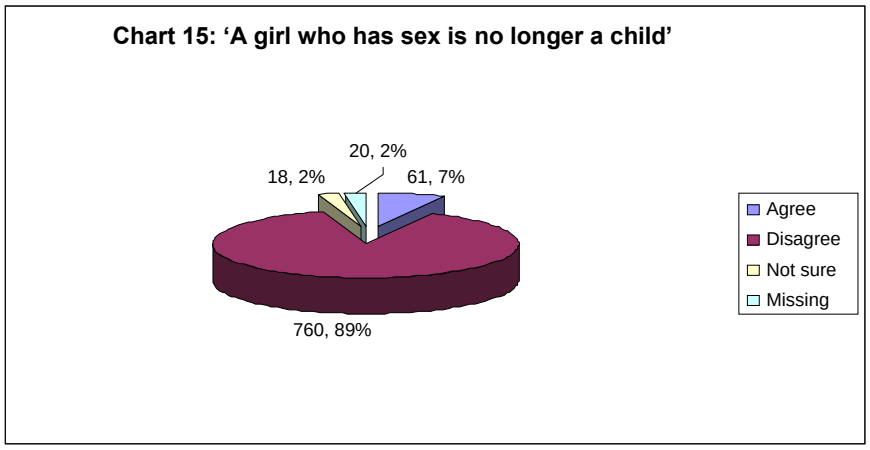
When asked to comment on the question: '*I do not consider anyone over the age of 13 to still be a child*', most respondents (77.2%, N=663) did not agree with this, although 15.9% (N=137) did and 2.1% (N=18) were not sure. When asked whether commencing menstruation marked the end of childhood for girls, most people (82.2%, N=706) did not agree with this, although 13.5% (N=116) either did think this or were not sure. A similar result was obtained when we asked respondents to comment on the statement: *'A boy is no longer a boy when he enters puberty'* - 80.2% (N=689) did not think this and 13.8% (N=118) either did agree or were not sure.

Chart 14: 13 years as a marker of childhood



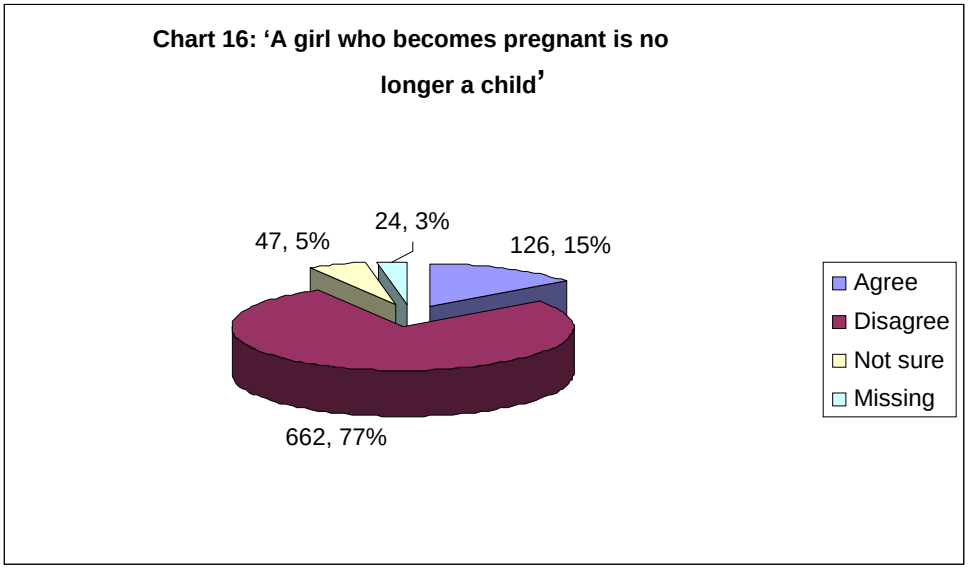
'A girl who has sex is no longer a child'

We explored people's perceptions on whether childhood status was ended as a consequence of sexual experience; however, most respondents did not agree with this. When asked to comment on the statement: '*A girl who has sex is no longer a child',* 88.5% (N=760) people did not agree, 7.1% (N=61) *did* agree and 2.1% (N=18) were not sure. Almost identical results were obtained when we asked respondents to comment on the statement: *'A boy stops being a boy once he has his first experience of sex'.*



'A girl who becomes pregnant is no longer a child'

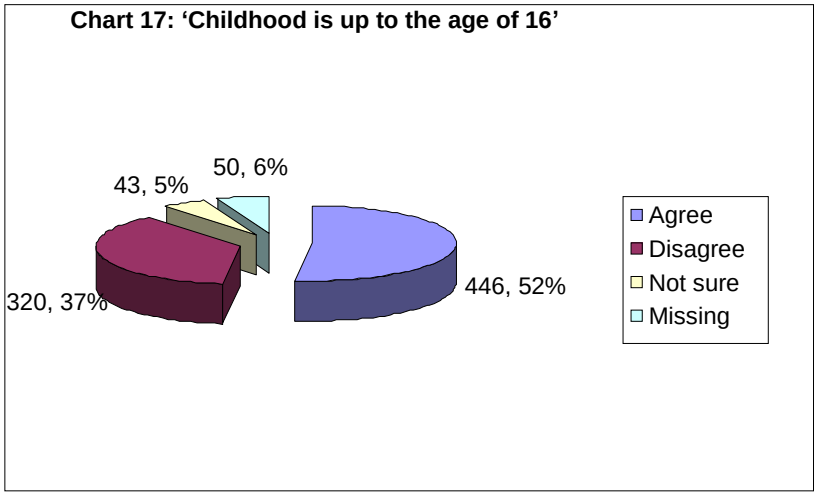
While sexual activity was not considered a particularly significant marker of childhood, if the sexual experience led to pregnancy, then this was a different matter. Once a girl became pregnant, twice as many people (14.7%, N=126) thought this marked the end of childhood than if she had had sex without becoming pregnant, even though the majority of respondents did not agree with either of these statements - 77.1% (N=662) did not agree and 5.5% (N=47) were not sure. For a significant number of people, however, the state of motherhood is not considered compatible with the status of childhood. This is important as it highlights the contradictions and dilemmas that many teenage mothers face.

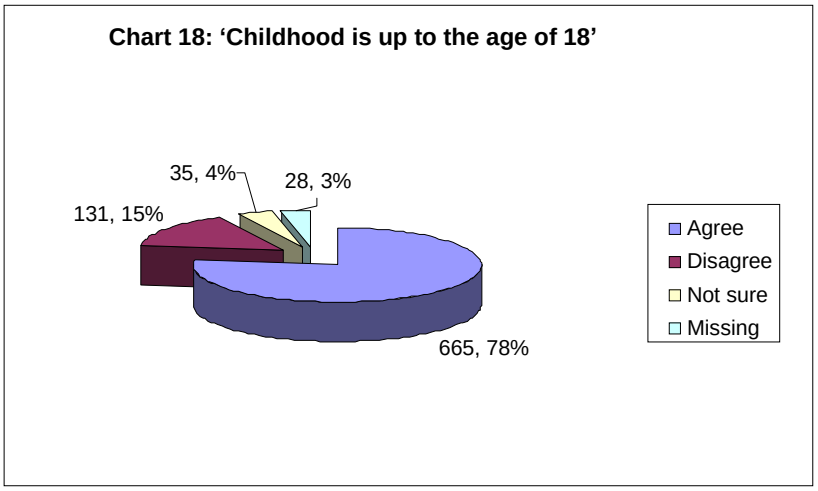


Age as the marker of childhood

Age was the clearest marker of childhood for most respondents. For just over half of the respondents (51.9%, N=446) the end of childhood is reached once the child is 16 years of age, although 37.3 % (N=320) did not agree with this, 5% (N=43) were not sure and 50 people did not answer the question. When asked

whether the age of 18 marked the end of childhood, 77.4% (N=665) agreed with this, although 19.4% (N=166) were either not sure or did not agree.





SCALE OF CHILD SEXUAL ABUSE

Writers on the subject of child sexual abuse tend to be unanimous on one particular aspect of the problem – the fact that it is largely under-reported. It is important to understand the findings of the next section in relation to the factors that impact on disclosure and reporting of abuse. There are many psychosocial barriers to reporting child sexual abuse and our research suggests that there are particular issues for Caribbean societies, which suggest that abuse is reported even less than in other contexts:

- In small societies anonymity and confidentiality cannot be assured
- In small societies the perpetrator may be in a position of power or is likely to know someone who is and may be able to influence the outcome of a report
- The procedures for dealing with reports, systems for monitoring abuse and services to deal with the impact of disclosure are underdeveloped
- Cultural values about the place of children means that they are not always believed
- Poverty and the economic and social reliance of many Caribbean women on men mean that action which may affect the main breadwinner is often undermined by women themselves

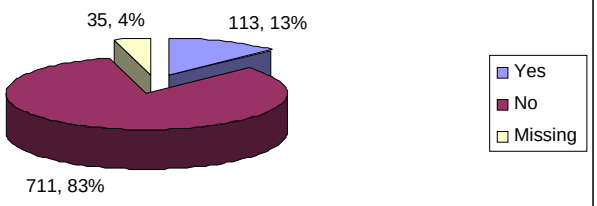
In addition to these factors, for adult survivors of abuse, denial or minimisation of the abuse is a common defence mechanism that helps the adult to function in their daily lives. For perpetrators of abuse, denial and minimisation are mechanisms employed not to help them to cope but to mask their behaviour. For all of these reasons, we were aware that there would be difficulties in trying to find out respondents' views on the scale of the problem and we began exploring this by asking respondents whether they had been involved in any type of behaviour that might be described as child sexual abuse. By phrasing the question in this way, we hoped that people who had been involved *either* as victims or as perpetrators of abuse might be willing to reveal this information.

Respondents who had had an experience of child sexual abuse

Most of the respondents 82.8% (N=711) reported that they had *not* been involved in behaviour that could be described as child sexual abuse, however a significant percentage 13.2% (N= 113) of respondents answered 'yes'. When asked whether respondents were concerned that a child they knew was being sexually abused at the time of the study, approximately one in seven of those who answered (12.2%, N=105) said 'yes', 82.3% (N=707) said 'no' and 47 people did not answer.

In relation to perceptions on the scale of the problem, there were no significant differences in terms of socio-economic status. The majority of those who reported experiences of sexual abuse (90%) were also described as 'average' in socio-economic terms and this is consistent with the fact the most respondents were in this category (83.6%). The numbers of people who had had experiences of child sexual abuse also reflected the overall sample in terms of education range, the number of people who were parents and those people for whom religion is important, and there were no significant differences related to these variables.

Chart 19: Proportion of people who had an experience of child sexual abuse



Unsurprisingly there were more women than men who had had experiences of child sexual abuse and almost three times as many women as men reported these experiences. Perhaps more surprising is that 31% of those who reported such experiences were men. Of those respondents who knew a child they thought was being abused now, 76 were women and 29 were men. There was also a perception that the abuse of boys is widespread.

There were differences relating to specific countries and also with regard to rural and urban communities. In one country the percentage of respondents who had had an experience of child sexual abuse was as high as 25% and in another, 10% of the population reported that they had had such experiences. The country-specific data need to be treated with caution, however; while the regional sample size is large enough to be able to draw some generalised conclusions, at the country level the samples were small and one cannot rule out the possibility that sampling methods may have led to a larger number of abuse survivors being engaged in the research (although this does not account for the lower numbers reported in one country). Nevertheless it is equally important that these findings are not dismissed and are followed up by country-

level prevalence studies. People from rural communities were almost twice as likely as people from urban areas to state that they had been involved in behaviour described as child sexual abuse. However, again, caution is needed as there were several methodological limitations: a) the findings do not take into account movement between urban and rural locations, and b) as discussed earlier, the distinction between urban and rural communities is unclear. What these findings do suggest, however, is the need to ensure that services are not solely concentrated in urban areas (however this is defined).

Defining Abuse

An important finding in relation to defining child sexual abuse is that when asked whether respondents had been involved in any kind of sexual behaviour that they themselves considered was sexual abuse, fewer people answered 'yes' – 11.4 % (N=98) as compared with 13.2% of people who had been involved in behaviour that generally would be considered as child sexual abuse. This suggests that for a very small number of people, the behaviours they had been involved in, which others would describe as abuse, would not be regarded in this way by them. Although the difference is small, this links in to other findings which suggest a lack of clarity and consensus on what constitutes child sexual abuse and that this may be the case even among those who are either victims or perpetrators. Differences in the conceptualisation of child sexual abuse were also picked up in relation to the age of the respondent. When asked the question – 'Looking back on the home you grew up in do you think anyone experienced sexual abuse?' - people over the age of 30 years were more likely than younger people to answer 'yes' (62 people over 30 answered 'yes' as compared to 39 people under the age of 30 who answered 'yes'), even though there were no significant differences overall in the age-related responses to the question on experience of child sexual abuse. This suggests that defining or understanding child sexual abuse may be influenced by the passage of time. This is consistent with studies that show that the effects of abuse are not only experienced as discrete events but as manifestations of harm that unravel over time. Also, the implications of early childhood abuse can take many years to be fully acknowledged and understood and it is often only at a later stage in life that many people are able to confront abuse they experienced or witnessed as children.

Who abuses children?

Respondents were asked whether most child sexual abuse happened within the family - 40.9% (N=322) agreed with this, 30.6% (N=241) did not think so, and 28.4% (N=224) were not sure. When asked whether trusted adults (teachers, priests, coaches etc.) were more likely than strangers to sexually abuse children, 67.3% (N=548) thought this was the case, 15.4% (N=125) did not agree, and 17.3% (N=141) were not sure. While it was acknowledged that most people who sexually abuse children are men, respondents also made it clear that they thought women too could be abusers. Only 10.1% (N=78) of respondents believed that women do not sexually abuse children, 80.1% (N=619) thought that women could be abusers, and 9.7% (N=75) were not sure.

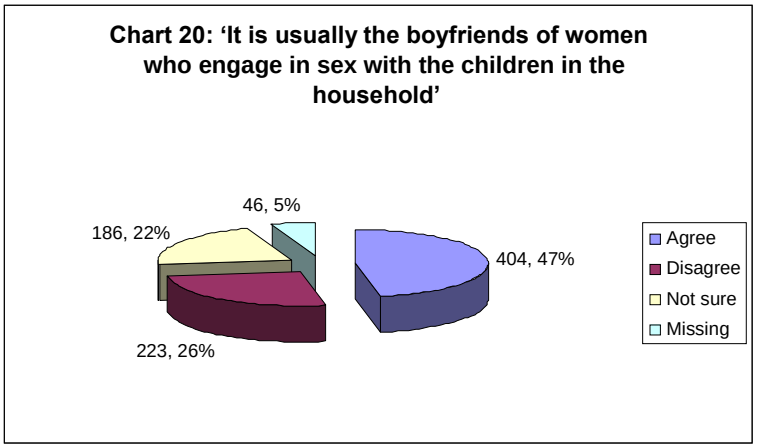
Most respondents (65.5%, N=563) believed that the most likely perpetrators of child sexual abuse are the child's parents, although 11.3% (N=97) did not agree with this, and 17.9% (N=154) were not sure. When asked whether the most likely perpetrators were other family members, the responses were more mixed: 37.8% did not think this, 28.1% agreed with this and 26.2% of respondents were not sure.

More than half of the respondents (53.6%, N=460) thought that step-fathers were more likely than biological fathers to sexually abuse children in the family, although a quarter of respondents (N=215) did not believe this and 16.4% (N=141) were not sure. Men were more likely to think this than women (61% of male respondents compared to 53.7% of female respondents agreed with this).

'It is usually the boyfriends of women who engage in sex with the children of the household'

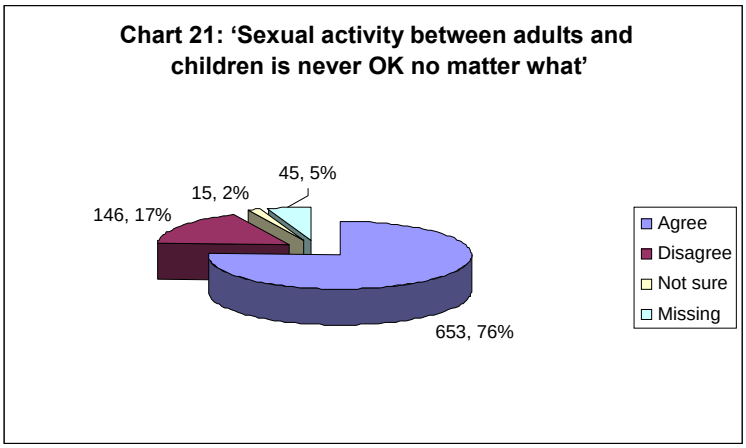
Almost half (47%, N=404) of the respondents thought the most likely person to abuse a child was the mother's boyfriend, although 26% (N=223) did not agree with this and 21.7% (N=186) respondents did not think this. Most respondents (79.6%, N= 684) agreed that education level was not a significant factor in whether a person abused children or not, although 9.7% (N=83) of respondents did not think that well

educated people abuse children, and 7.2% (N=62) were not sure.



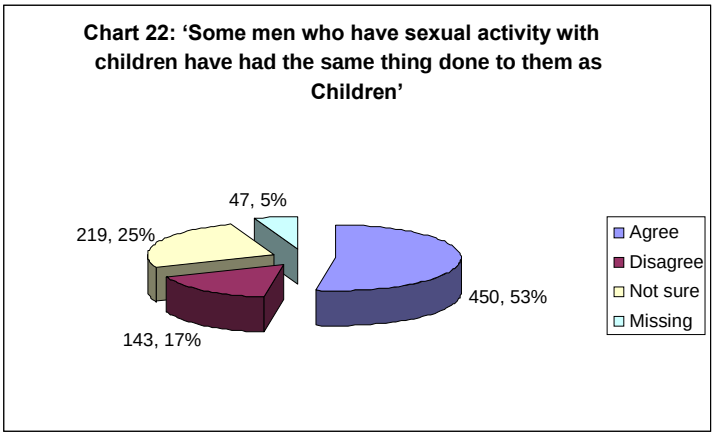
'Women sometimes turn a blind eye when their partners have sex with children in their families'
This question, though highly contentious, was designed to explore an issue (which interestingly emerged time and again during the stakeholder consultations) - the extent to which women know about abuse but do not confront it. The majority of respondents (70.2%, N=603) believed that *'Women sometimes turn a 'blind eye' when their partners have sex with children in their families'*; 14% (N=120) did not agree with this and 11.2% (N=96) were not sure.

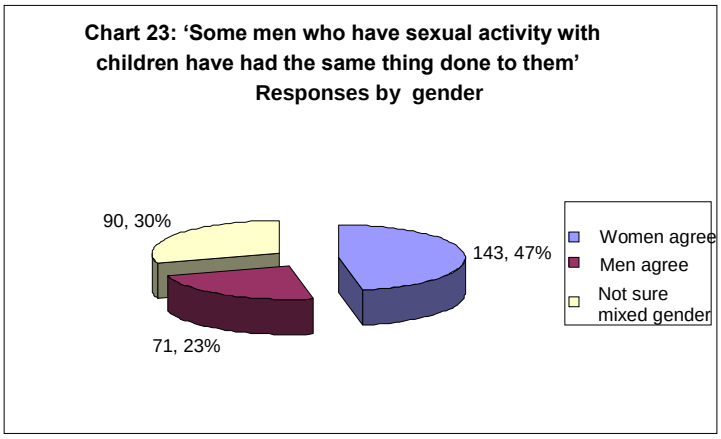
'Sexual activity between adults and children is never OK no matter what'
Most respondents (76%, N= 653) thought that sexual activity between adults and children was never acceptable no matter what the circumstances. However, 17% of respondents (N= 146) thought there were circumstances when sexual activity between adults and children was okay, and 5.2% (15 respondents) were not sure (chart 19). These responses were not significantly affected by socio-economic class, religiousness, or level of education; however, respondents without young children or with no children were more than twice as likely as the parents of young children to disagree with the statement. Of those who disagreed with the statement, people from rural communities outnumbered those from urban communities by 2:1 (please refer to previous discussion on limits of disaggregating data).



Cycles of Abuse

Respondents were asked whether they thought that men who sexually abuse children had been sexually abused themselves - 52.4% (N=450) thought this was the case, 25.5% (N=219) were not sure and 16.6% (N=143) did not agree. Women were twice as likely to think this as men (47% of women respondents as compared to 23% of male respondents thought this). A similar response was reported in relation to women who sexually abuse children, with 50.3% (N=432) of respondents agreeing with this, 17.6% disagreeing and 27.7% of respondents stating that they were not sure. This finding suggests that there is a perception that abuse is both cyclical and intergenerational and suggests that the link between being abused and becoming an abuser may be underpinned by the socialisation of the child.





CONTRIBUTING FACTORS

'Men's negative attitudes towards women is a reason for child sexual abuse'

More respondents (59.5%, N=481) did *not* consider that men's negative attitudes towards women were linked with child sexual abuse, than did. However a large number of people (40.9%, N=327) either *did* believe this (13.7%, N=107) or were not sure (27.2%, N=220). Men were more likely to disagree with the statement, than women - 64% of male respondents as compared to 56% of female respondents did not agree with this.

Patriarchal values, socialised gender roles and child sexual abuse

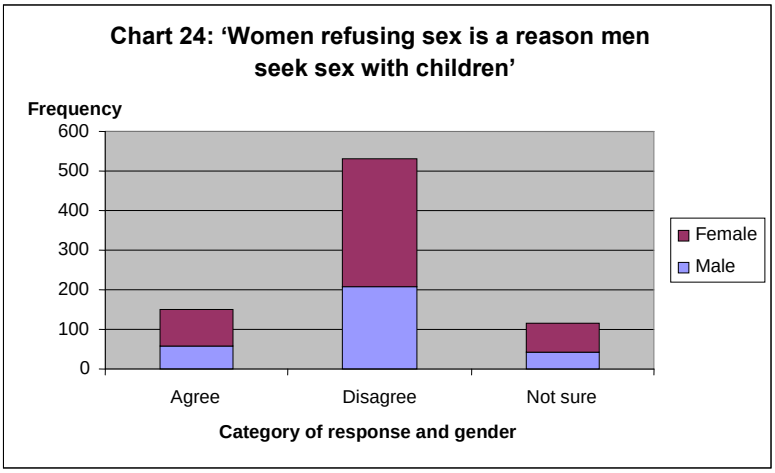
'As it is a man's role to provide for his children, it should be up to him to decide when it's OK for his children to be involved in sex'.

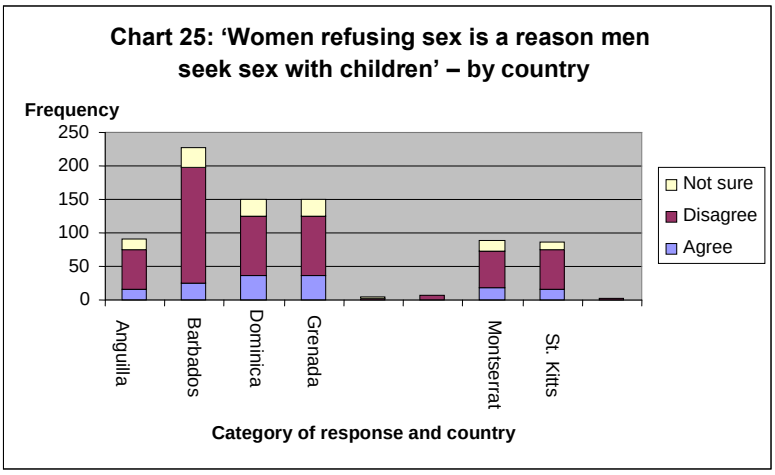
We wanted to examine the links between patriarchal values and child sexual abuse. We asked respondents to comment on the statement: *'As it is a man's role to provide for his children, it should be up to him to decide when it's OK for his children to be involved in sex'.* Most people (74.6%, N=641) did not agree with

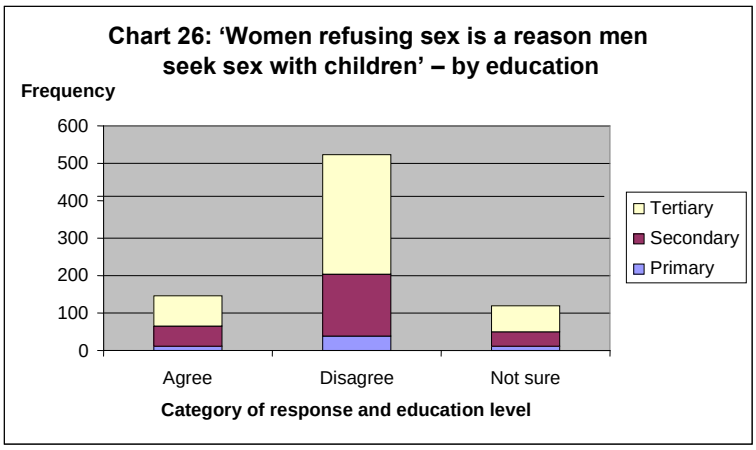
this, 12.8% (N=110) did agree; however, 7.8% (N=67) were not sure and 41 people did not answer the question.

'Women refusing to have sex with partners is a reason for men seeking to have sex with children'

In the stakeholder consultation sessions, frequent comments suggested that blame attribution was often directed to women. While this view was not on the whole held by the people consulted, it was stated that this was a common perception that needed further exploration. Most people (62.6%) did not accept that women refusing to have sex with partners was a reason for men seeking to have sex with children, although a significant proportion of respondents *did* think this (17.5%, N=150), 13.9% (N=119) were not sure and 52 people did not answer the question (chart 24). When the numbers of those who agree were combined with the numbers who were not sure, 51% of female respondents and 48% of male respondents either think that women who refuse partners sex is a contributing factor to child sexual abuse or were not sure. The disaggregated data by country showed considerable variance in respondents' views on this question - ranging from 15% to 41% of respondents who did believe that women refusing to have sex with men *was* a reason for child sexual abuse (chart 25). Also, people from rural communities were almost twice as likely as those from urban communities to have this view. A surprising finding was that of the people who did think that child sexual abuse was linked to women's refusal to have sex with their partner, younger people (18-30) were more likely to think this than people over the age of 30 (84 people under 30 thought this as compared to 59 people over 30 years). Although one might have expected this view to be associated with levels of education, the findings suggested that the impact of schooling was not a major factor.

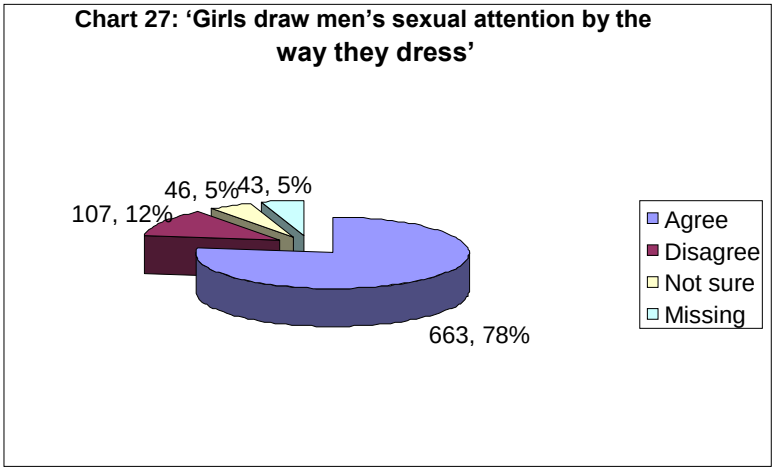






'Girls draw men's sexual attention by the way they dress'

In the literature review we comment on the topic of blame attribution and demonstrate that victim-blaming is not an uncommon response to child sexual abuse. This issue also arose in the stakeholder consultation sessions and many comments were received about the sexualised clothing and behaviour of girls being regarded as a contributing factor; this needed further exploration. The majority of respondents (77.2%, N=663) believe that *'girls draw men's attention by the way they dress'*. Only 12.5% (N=107) did not agree with this and 5.4% (N=46) were not sure. This finding was not affected by level of education achieved (71% of primary school educated respondents, 70% of secondary educated respondents and 68% of tertiary level educated respondents all agreed with the statement).



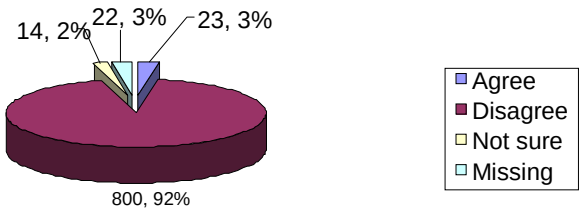
It was not clear whether respondents perceived this as a fact or whether it was their view that girls may in some way be contributing to their own abuse because of the way they dress. However, a further question helped to clarify things - respondents were asked to comment on the statement: '*Men view girls who show off their bodies as inviting them to have sex'* – although more respondents disagreed with this than the previous statement (19%, N=163), the majority of respondents (65.8%, N=565) agreed with the statement and 10.1% (N=87) were not sure. There were no significant gender differences in these views, between those who were parents of girls under the age of 16 and those who were not or between different education levels. This finding suggests that there is a dominant perception that men are weak and easily tempted and thus perhaps not able to control themselves. Conversely, this also suggests that girls are somehow held as partially responsible for men's behaviour because of the way they dress; furthermore the very fact of girls' physical/sexual development is considered a contributing factor to sexual abuse. Nevertheless it was also clear that respondents considered that sexual attraction was a contributing factor and not a cause of child sexual abuse and that even if girls were not considered attractive this would not prevent them from being abused. The majority of respondents 83% (N=710) did not agree with the

statement *'Girls who are not considered attractive are not likely to be approached for sex',* only 9% (N=79) did think this and 5% (N=42) were not sure. What is clear from this last point is that there is a dominant perception that the sexual abuse of girls is *not* linked to whether girls are considered attractive or not. This suggests that many people believe that the real issue to focus on is the abuse, and not girls' appearance.

Commercial sexual exploitation of girls – Transactional Sexual Abuse

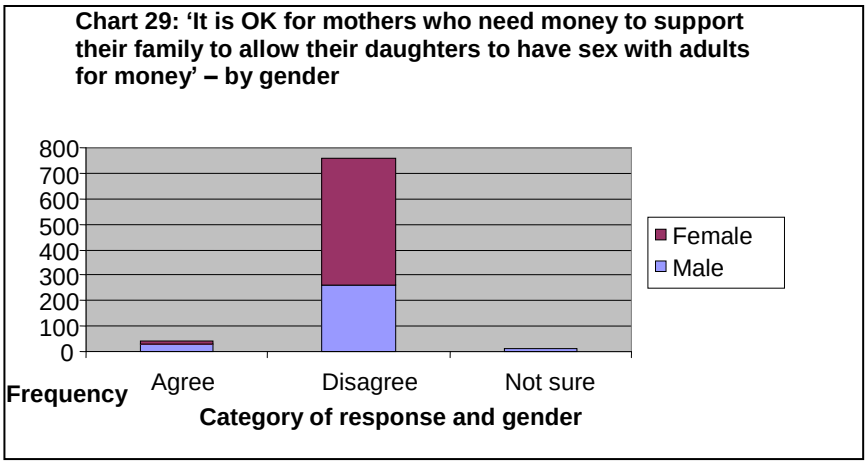
With regard to commercial sex between girls and older men, poverty was not accepted as a justifiable reason for the exploitation of girls in this way, with 93.1% (N=800) of the respondents rejecting this notion and only 2.7% (N=23) thinking that it was OK for girls to have sex with men if they can earn money to help themselves or their families, while 1.6% (N=14) of the respondents were not sure (chart 22). There were no significant gender differences.

Chart 28: 'Poverty is a justifiable reason for commercial sexual exploitation of girls'



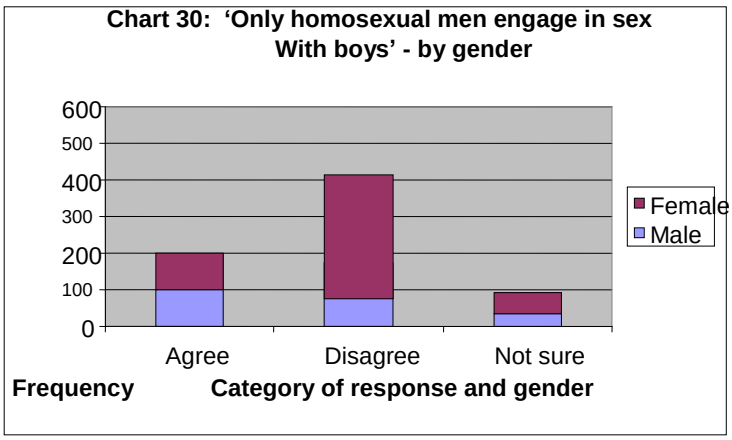
'It is OK for mothers who need money to support their family to allow their daughters to have sex with adults for money'

Another issue that was raised in the stakeholder consultations (on which the survey throws some light) was the commonly held view that some women allow or do not prevent their daughters from having sex with men if it brings money into the household. We asked respondents to consider whether in single parent female-headed households it was OK for mothers who need money to support their family to allow their daughters to have sex with adults for money. Although the overwhelming majority of respondents (89.5%, N=769) still considered this to be unacceptable, an increased number of respondents thought that, in these circumstances, girls having sex with adult males for money, was acceptable - 5.1% (N=44) of the respondents thought this. Although the numbers were small, men were three times as likely as women to state that this was acceptable (9.6% of men thought this was OK compared to 2.9% of women). With regards to respondents who were parents, there were no differences in relation to parents of boys but parents with girl children were three times *less* likely than respondents without girl children to think that this was acceptable. Of note, respondents who described themselves as poor were no more likely to accept this statement than wealthy respondents and respondents who were of average means. This finding suggests that for a minority of people, the issue of family survival is more important than protecting girl children from being exploited by adult males.



'Perceptions about links between child sexual abuse and sexual orientation?'

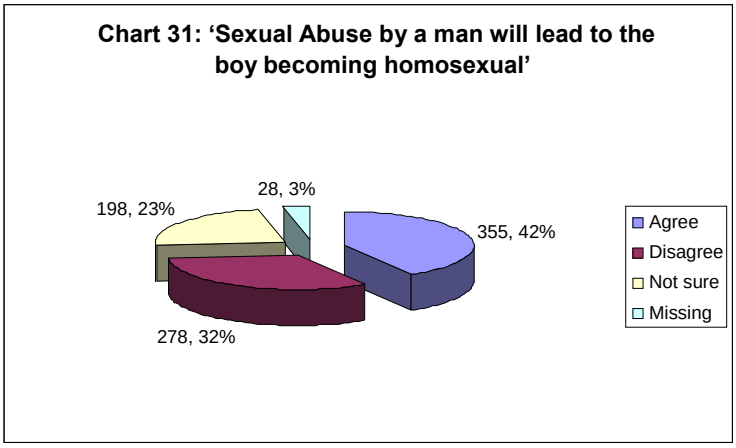
We were interested in exploring to what extent myths about links between sexual orientation and sexual abuse are commonly held. Most respondents (60.5%, N=520) did not agree with the statement: *'Only homosexual men engage in sex with boys'*; however, almost a quarter of respondents (23.9%, N=205) *did* think that this was true, 10.8% (N=93) were not sure and 41 people did not answer the question. Men were more likely to think that only homosexual men abused children than women – 32% of male respondents thought there was a clear link between sexual abuse and sexual orientation compared to 20.5% of women.

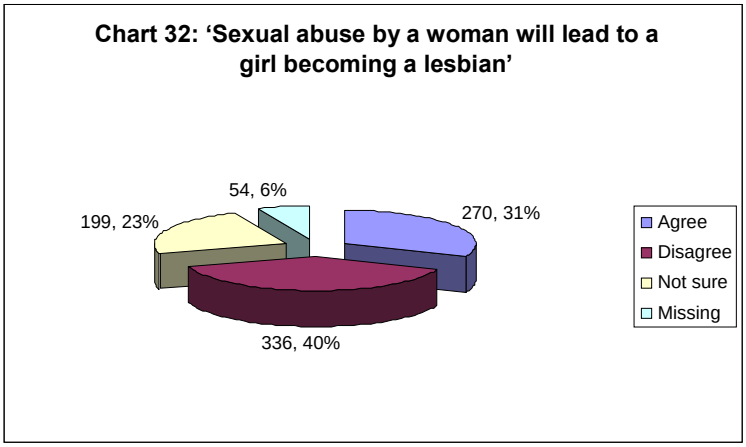


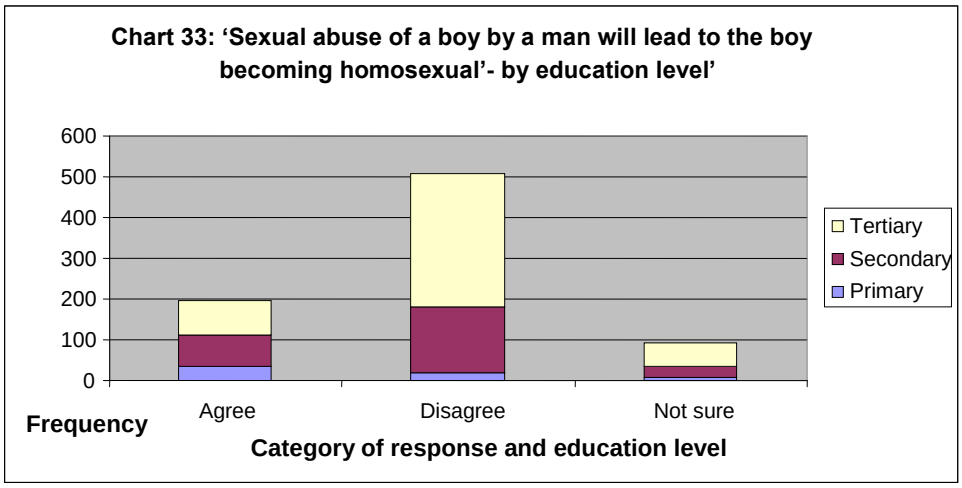
'Sex between a man and a boy will lead to the boy becoming a homosexual'

In order to further explore whether there are perceptions that sexual abuse and sexual orientation are linked, we asked respondents to comment on the statement: '*Sex between a man and a boy will lead to the boy becoming a homosexual'.* More respondents agreed with this statement (42.7%, N=355) than either disagreed (33.5%, N=278) or were not sure (23.1%, N=198). Additionally, while 39.1% of respondents (N= 336) did not think that sex between a woman and a girl would lead to the girl becoming a lesbian, 31.4% (N=270) *did* think this, 23.2% (N=199) were not sure and 54 people did not answer the question (chart 25). Men were slightly more likely than women to believe this (35% of men agreed with the statement compared to 31% of women). In some countries, more respondents believed that sexual abuse is linked to sexual orientation and when added to the number of respondents who were not sure, outnumbered people who did not link sexual orientation with sexual abuse. These overall findings suggest that a common belief is that sexual abuse of a child by someone of the same gender will influence the person's sexual orientation. Among those who held this view there was no significant difference in relation to key variables, although of note, people who had achieved higher levels of education were less likely to believe that sexual abuse by someone of the same gender would influence sexual orientation. For example, 53% of primary

school educated respondents believed that sexual abuse of a boy by a man would lead to the boy becoming homosexual, 29% of secondary school respondents believed this and 18% of tertiary level respondents believed this. This finding is important because these beliefs may create major barriers for boys in disclosing sexual abuse.







Incest

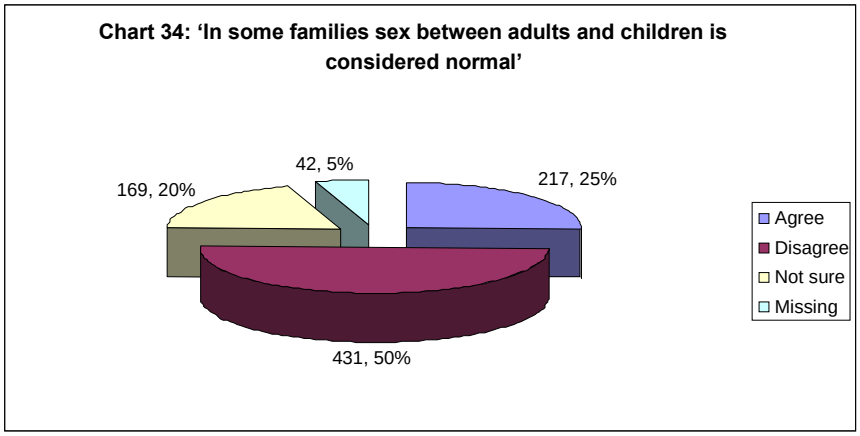
The issue of incest as 'normalised' behaviour in some families and communities is a longstanding concern of practitioners in the field, and this was also raised within the stakeholder consultations. We explored this in several ways.

'Families in which sex between children and adults has occurred for generations without any apparent harm is OK because it has become a family pattern'

When asked to comment on the statement *'Families in which sex between children and adults has occurred for generations without any apparent harm is OK because it has become a family pattern',* most respondents (84.1%) disagreed with the statement, however 5.5% (N=47) agreed and 56 respondents (6.5%) were not sure (there were no significant differences across countries). Of the small number of people who agreed with the statement, of significance, is that women were twice as likely as men to think this (6.9% of female respondents and 3.9% of male respondents agreed with the statement). Also of note is the finding that parents with children (under 16 years) were more likely to agree with the statement than respondents who did not have children of this age. Respondents without children were three times as likely, than those with children, to say that the statement was either unacceptable or that they were not sure.

'In some families sex between adults and children is considered normal'

Respondents were asked to comment on the statement: '*In some families sex between adults and children is considered normal'* – only half of the respondents (50.2%, N=431) did *not* think this was the case, 25.3% (N=217) *did* think that in some families incest is considered normal, 19.7% (N=169) were not sure and 41 people did not answer the question.



'In some families sex between brothers and sisters is considered normal'

Respondents were also asked to comment on the statement *'In some families sex between brothers and sisters is considered normal'* – 22.4% (N=192) thought that this was the case, 57.2% (N=491) did not think so and 16.6% (N=143) were not sure. There was variance between countries (ranging from 15% of respondents who *did* think this in one country, to 26% in another who also thought this). There were no significant differences in relation to most variables; however, the differences across education levels are worthy of note. The percentage of respondents who thought that incest between brothers and sisters was considered normal in some families increased according to education level, suggesting that this view pertains more to perceptions on cultural norms than to education standards. There were also significant gender differences - 17% of male respondents (N=52) thought this was the case and 26% of female respondents (N=137) thought that some families considered incest normal.

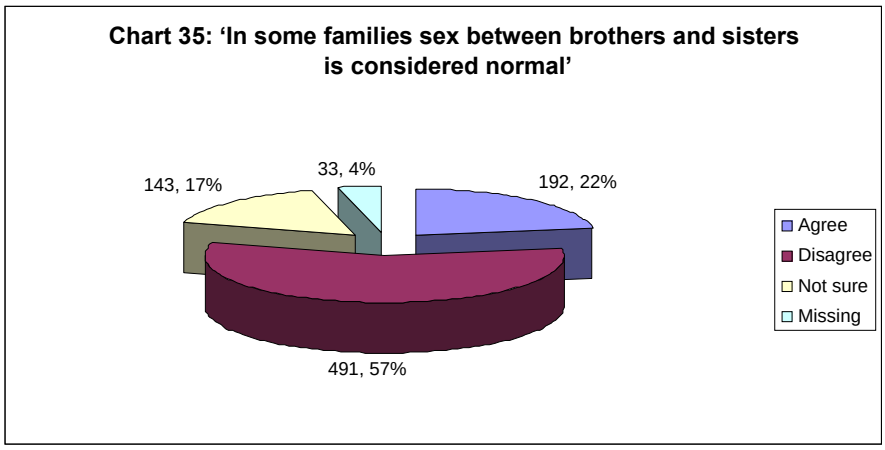


Chart 35: 'In some families sex between brothers and sisters is considered normal'
143, 17%
33, 4%
192, 22%
491, 57%
Agree
Disagree
Not sure
Missing

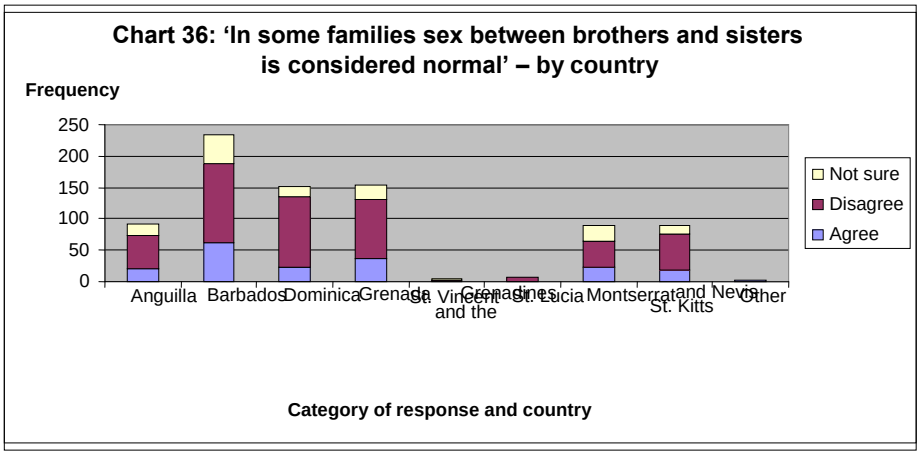


Chart 36: 'In some families sex between brothers and sisters is considered normal' – by country
Frequency
250
200
150
100
50
0
Anguilla
Barbados
Dominica
Grenada
St. Vincent and the Grenadines
St. Lucia
Montserrat
St. Kitts and Nevis
Other
Not sure
Disagree
Agree
Category of response and country

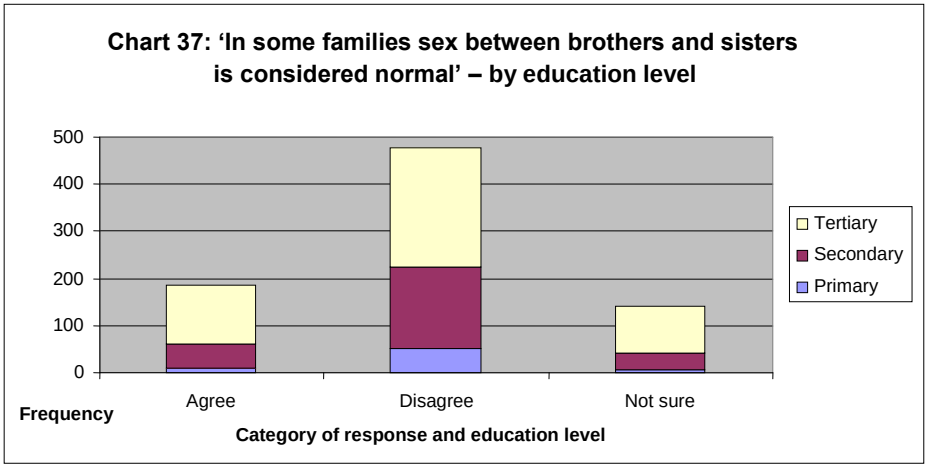
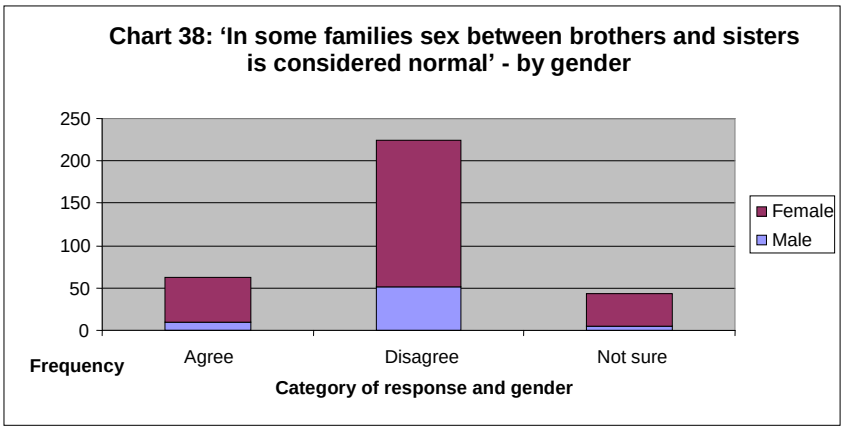
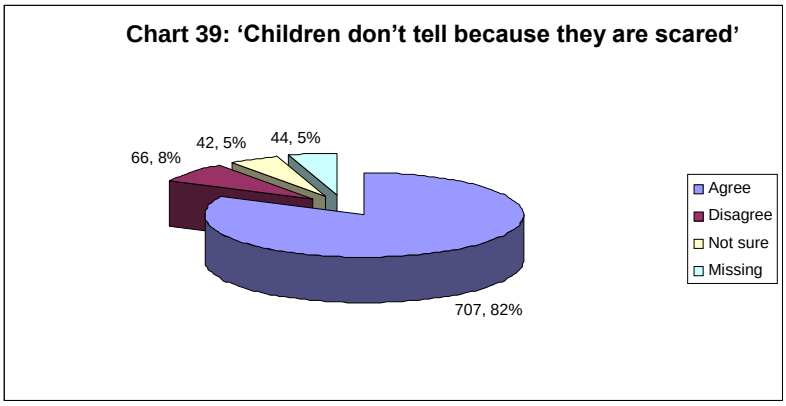


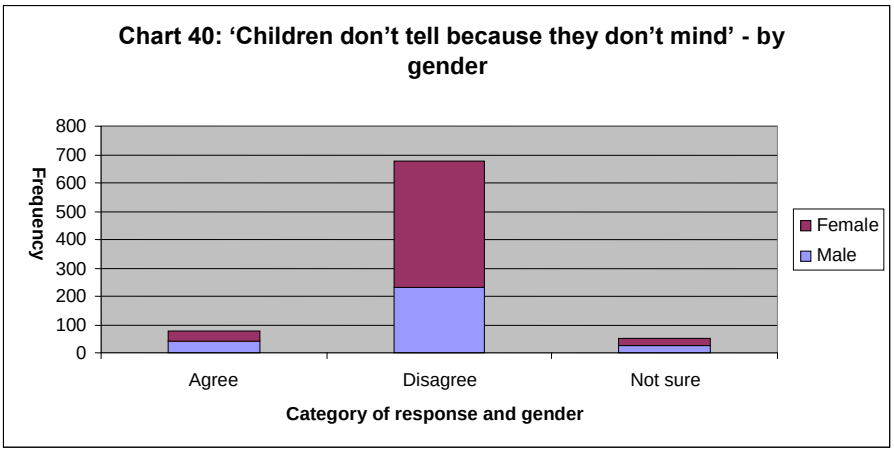
Chart 37: 'In some families sex between brothers and sisters is considered normal' – by education level
500
400
300
200
100
0
Agree
Disagree
Not sure
Tertiary
Secondary
Primary
Frequency
Category of response and education level



Children don't tell because they are scared

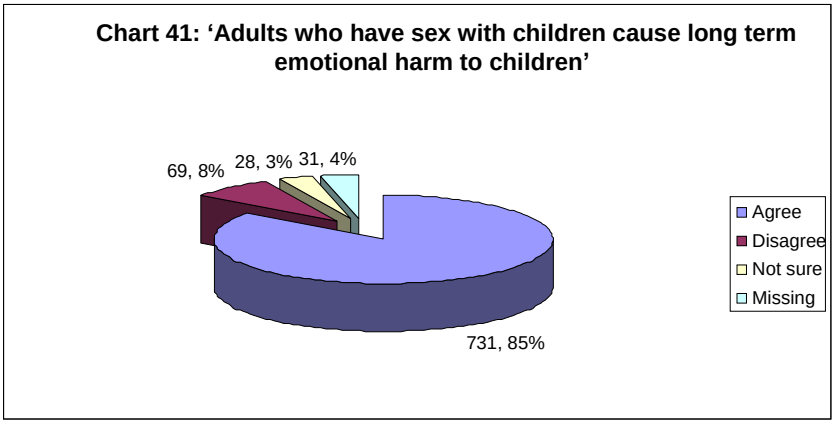
Most respondents (82.3%, N=707) believed that children don't tell about sexual abuse because they are scared of the consequences, 7.7% (N=66) did not think this was the reason and 4.9% (N=42) were not sure. Some people thought that children did not tell because they did not mind that this had happened to them - 9.2% (N=79) thought this, although the majority (79.7%, N=685) did not agree with this. Of note, men were almost twice as likely to think that children didn't tell because they did not mind, than women (13.5% as compared to 7.3%).





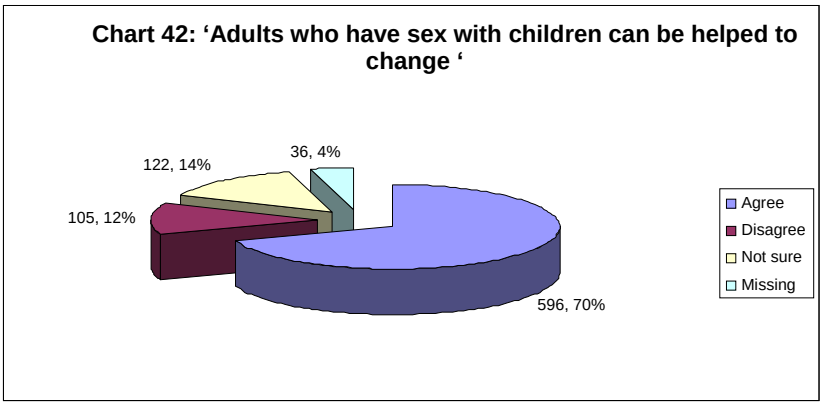
Consequences of CSA

Most people (86.4%, N=742) thought that children were damaged by sexual activity with adults even in situations in which the child felt loved by the person. However, 4.9% (N=42) did not think children were harmed in these situations and an equal number of respondents (N=42) were not sure. Most respondents (85.1%, N=731) believed that long-term emotional harm was caused to children as a consequence of sexual abuse.

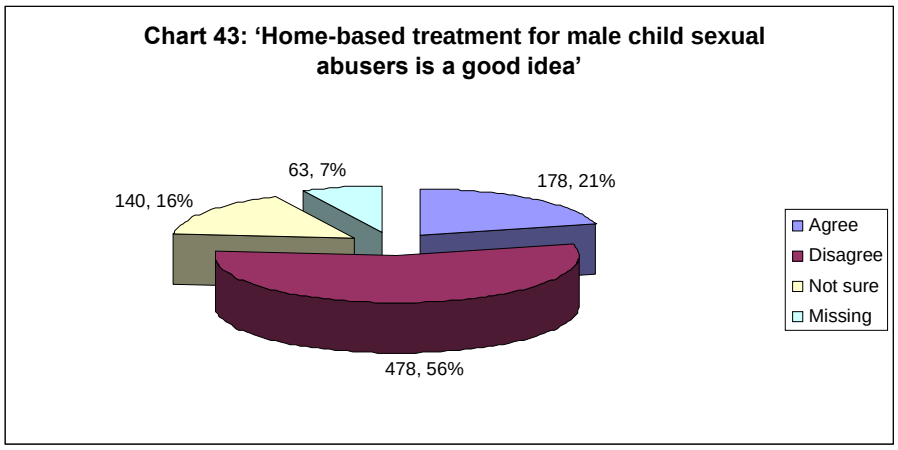


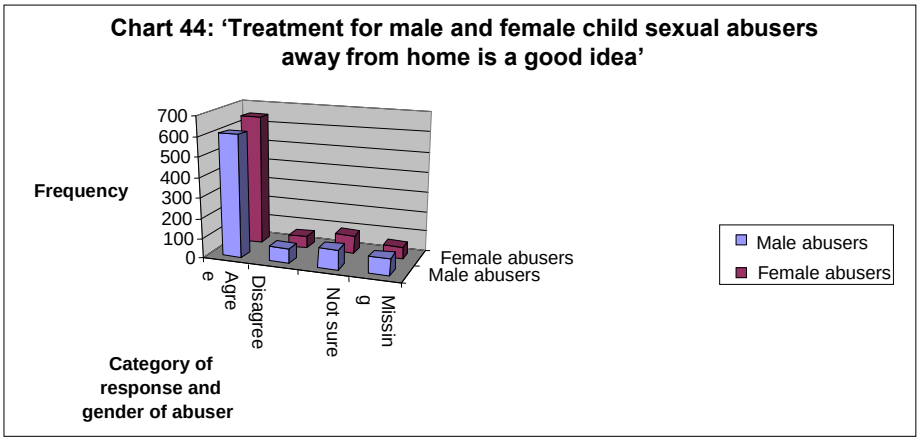
Changing Sexually Harmful Behaviour

Most respondents (69.4%, N=596) believe that people who sexually abuse children can be helped to change, although 12.2% (N=105) do not agree and 14.2% (N=122) were not sure.



More than half of the respondents (55.6%, N=478), however, did not think it was a good idea for such treatment to be provided while the person remained at home within their communities; however, a significant number of respondents (20.7%, N=178) thought that home-based treatment *was* possible and 16.3% (N=140) were not sure. Whether the perpetrator of abuse is male or female did not significantly change the response to this question. When asked whether male sexual abusers should be treated away from home and their communities, most respondents thought this was a good idea (70.8%, N=608) although the number increased to 76% (N=653) when the same question was asked in relation to women perpetrators of abuse. This difference is probably related to the fact that women are less likely to abuse than men and perceptions that they be more amenable to treatment. There were no significant differences between male and female respondents in respect of this issue.

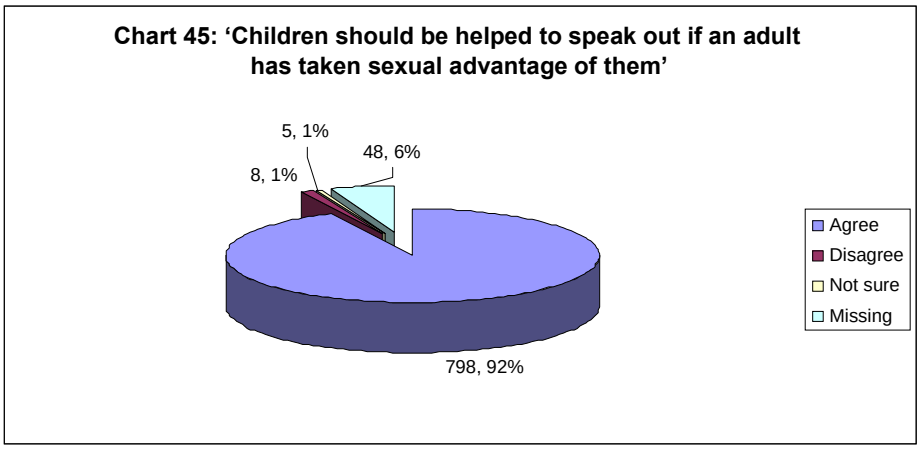




Empowering Children

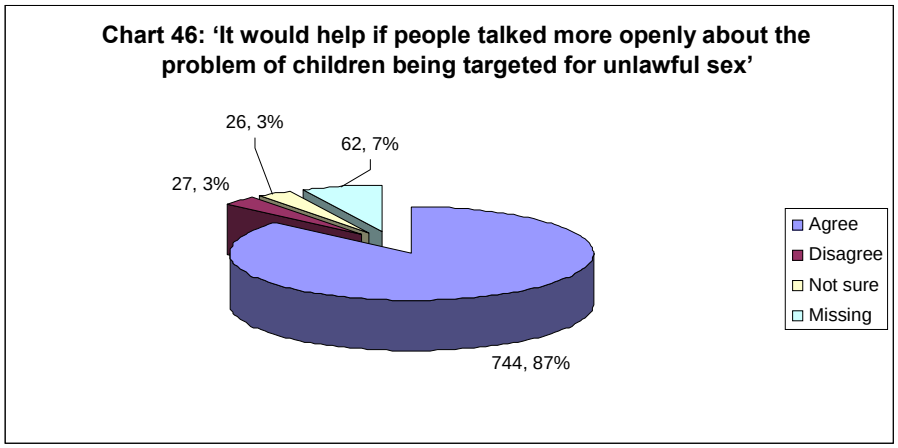
'Children should be helped to speak out if an adult has taken sexual advantage of them'

Respondents were overwhelmingly in support of the idea that children should be helped to speak out if an adult has taken sexual advantage of them - 92.9% (N=798) of respondents were in favour of empowering children in this way.



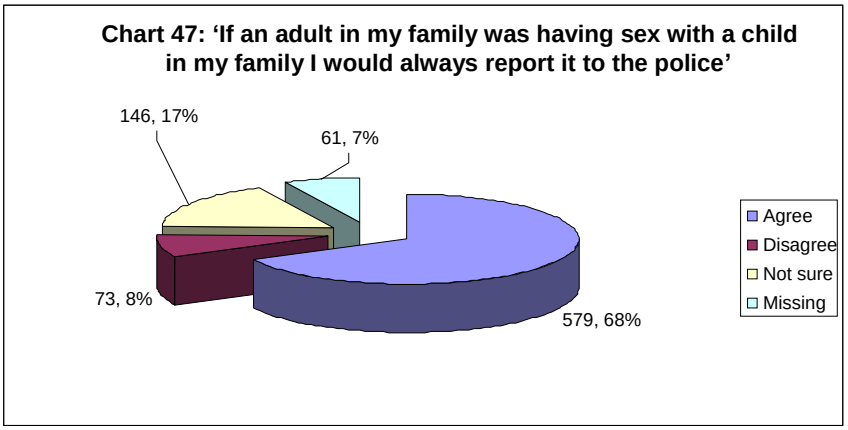
'It would help if people talked more openly about the problem of children being targeted for unlawful sex'

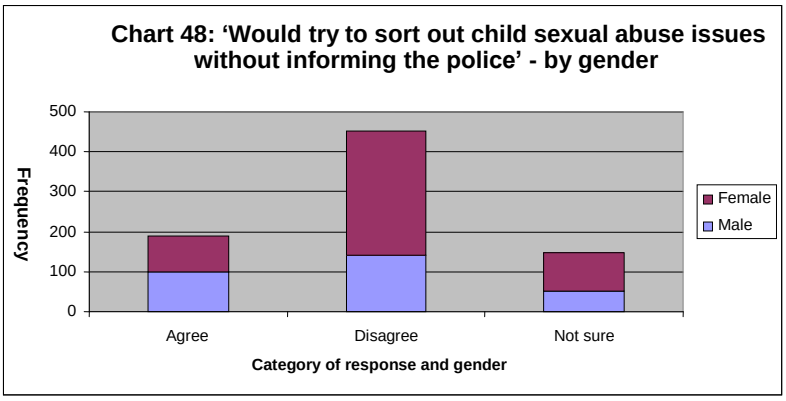
Most people (86.6%, N=744) also thought it would help if people generally talked more openly about the problem of children being targeted for unlawful sex.



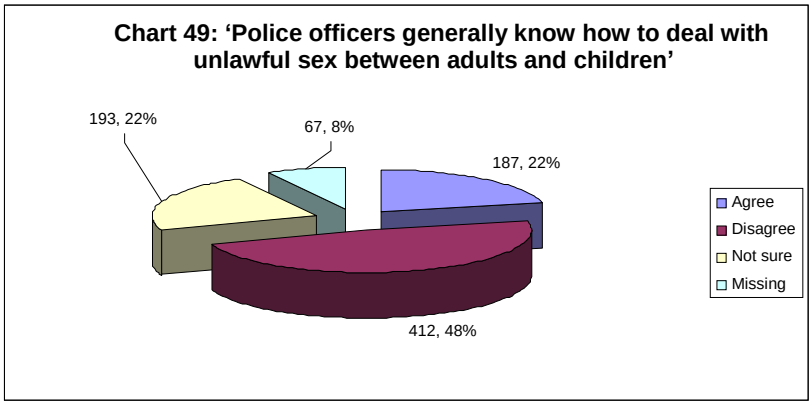
Role of the police

While the police have often been criticised for their responses to child sexual abuse, the findings suggest that most people still think they have an important role to play. The majority of respondents (67.4%, N=579) said that if an adult in their family was sexually abusing a child within the family, they would always report it to the police, 17% (N=146) were not sure and 8.5% (N=73) would not report it to the police. However, when asked a related question, a significant number of people said they would try to sort out such a problem *without* informing the police - 22.4% (N=192) said they would sort it out without informing the police, 53% (N=455) did not agree with this and 17.3% (N=149) were not sure. Men were twice as likely as women respondents to state that they would sort it out without going to the police (34% of male respondents said this as compared to 17% of female respondents).

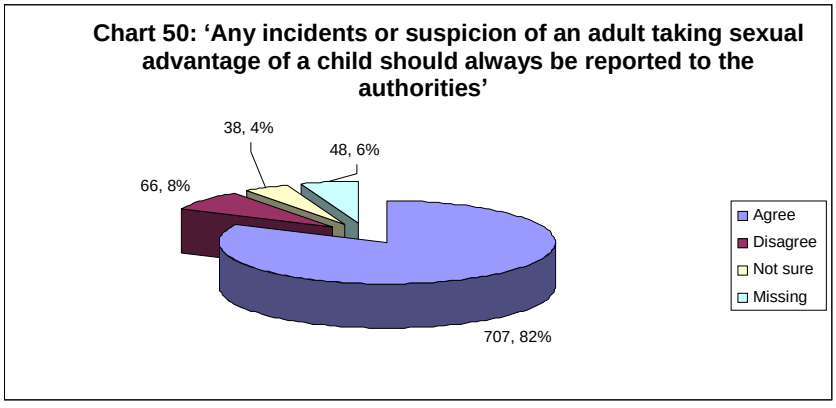




'Police officers generally know how to deal with unlawful sex between adults and children'
Almost half of respondents (48%, N=412) did not think that police officers generally know how to deal with unlawful sex between adults and children, 21.8% (N=187) *did* think so and 22.5% (N=193) were not sure.

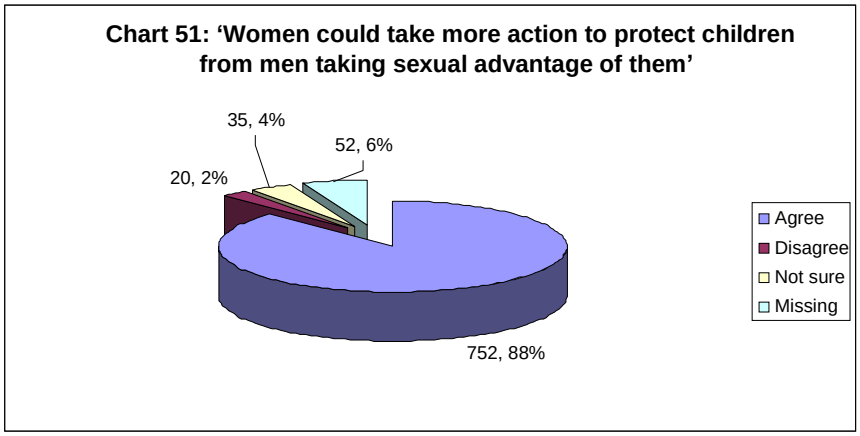


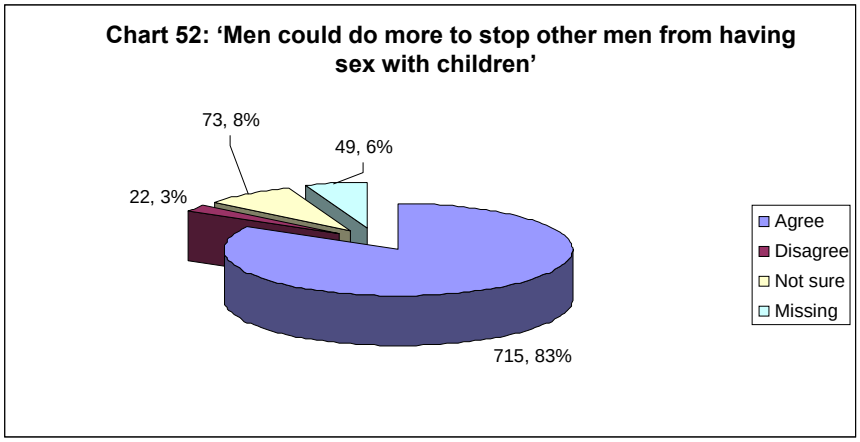
Respondents across all socio-economic groups were consistent in their responses to these questions. These findings show a lack of confidence in the ability of the police to deal effectively with child sexual abuse, nevertheless most respondents (82.3%, N=767) believe that sexual abuse should always be reported to the authorities which suggests that people *do* consider law enforcement to be an essential aspect of an effective child protection system.



Role of families and communities

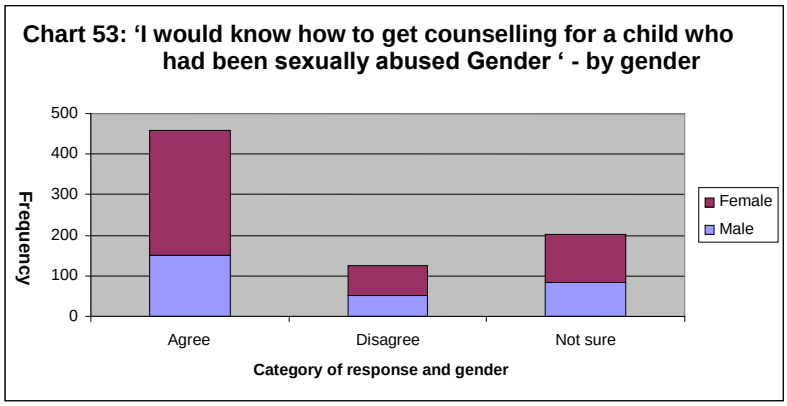
Respondents were strongly of the view that women could take more action to protect children (87.5%, N=752). They were also firmly of the view that men could do more to stop other men from sexually abusing children (83.2%, N=715).





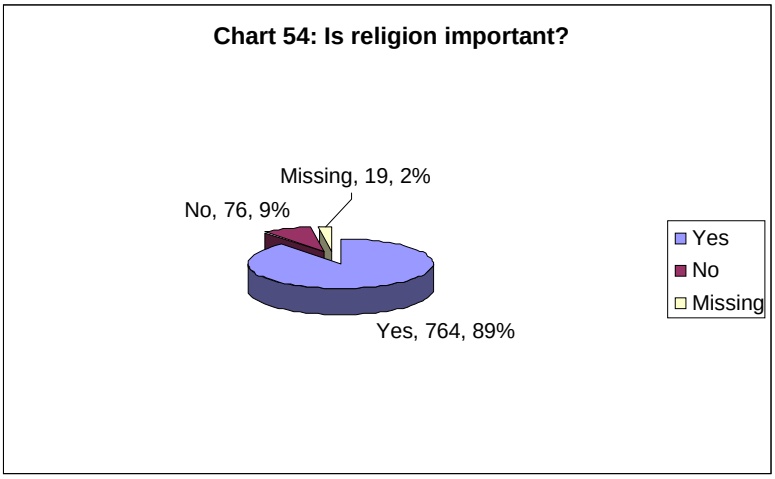
Support and Counselling Services

Over half of the respondents (53.8%, N=462) said they would be able to access counselling for a child in their family who had been abused, although 39% (N=336) were not sure or would not know how to get help. The number of people able to access help varied across socio-economic groupings and only 30% of respondents who described themselves as poor said they would be able to access counselling, 57% of respondents of average economic means would be able to get help and 63% of respondents described as wealthy would be able to get help. Women were more likely to be able to be able to access counselling than men (61.6% of female respondents said they could access counselling as compared to 52.7% of men).



Role of Religion

Religion was an important aspect of life to the majority of the respondents (91%, N=764) with 64.5% of persons describing themselves as active within their faith (regular attendance at place of worship). This finding was consistent across the countries in the study.

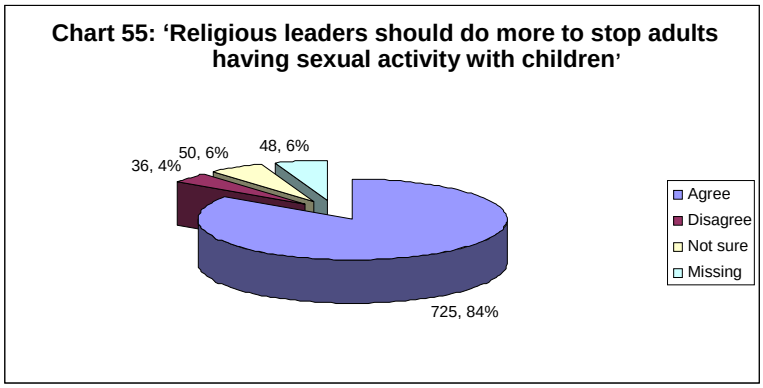


Religious leaders

Stakeholder consultations revealed concerns that religious leaders are often complicit in keeping child abuse secret, with the emphasis being on protecting reputations and preserving families at the cost of protecting children. Additionally, there were also concerns expressed that some religious leaders use their position of trust and authority to abuse children themselves. Given these three factors - the importance of religion to Caribbean people, the secretive methods for dealing with abuse within religious settings, and the actual abuse of children by some religious leaders - we explored respondents' views on the role of religious leaders in tackling the problem.

Religious leaders should do more to stop the sexual abuse of children

The majority of respondents (84.4%, N=725) think that religious leaders should do more to stop the sexual abuse of children, 4.2% (N=36) do not think this and 5.8% (N=50) were not sure.

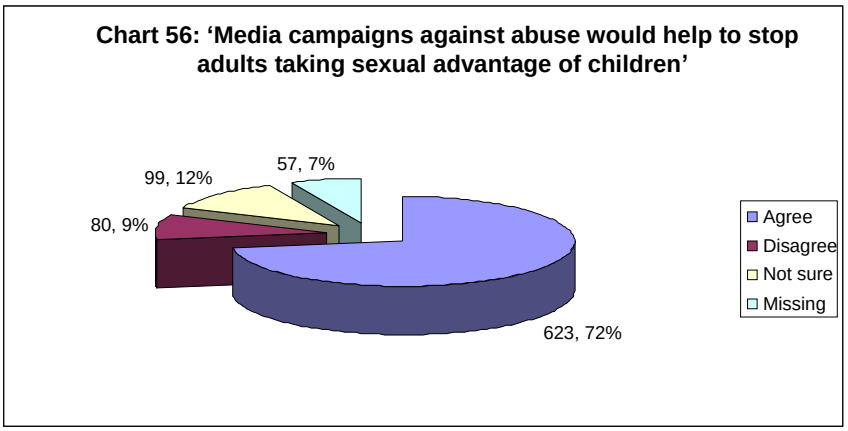


Role of the media

Stakeholder consultations revealed that the media is a central feature of the way in which sexual behaviour is portrayed within Caribbean societies and both reflects and contributes to values and attitudes held by the general public. With regard to child sexual abuse, several issues were raised about the role of the media which concerned the research team. Issues raised included the representation of women as sexual objects and the ways in which sexual abuse is sensationalised and regarded as a salacious media commodity often with little regard for the victims. Also, several people shared the view that media reporting on the topic often seems to perpetuate the notion of the man as victim – falling prey to temptations and girls being held responsible for their own abuse because of the way they dress. While these are important issues to explore, it is also the case that responsible media reporting and media involvement to address social problems can be an extremely effective tool for change.

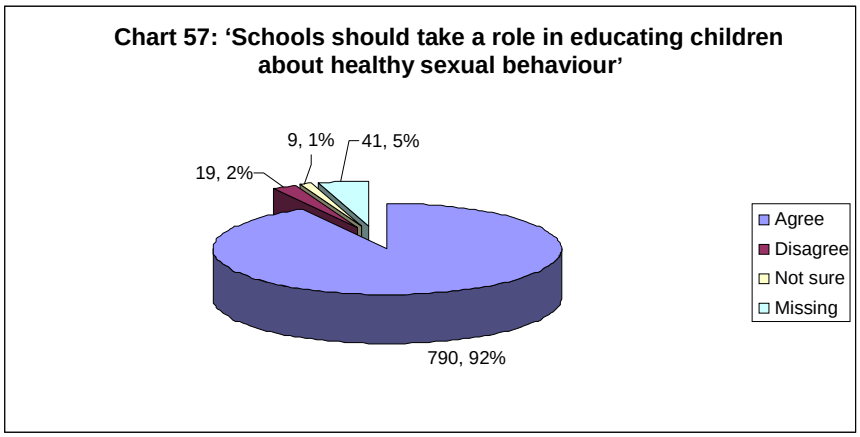
'Media campaigns against abuse would help to stop adults taking sexual advantage of children'

We asked respondents to comment on the statement: *'Media campaigns against abuse would help to stop adults taking sexual advantage of children'* – 72.5% (N=623) agreed with this, 11.5% (N=99) were not sure and 9.3% (N=80) did not agree.



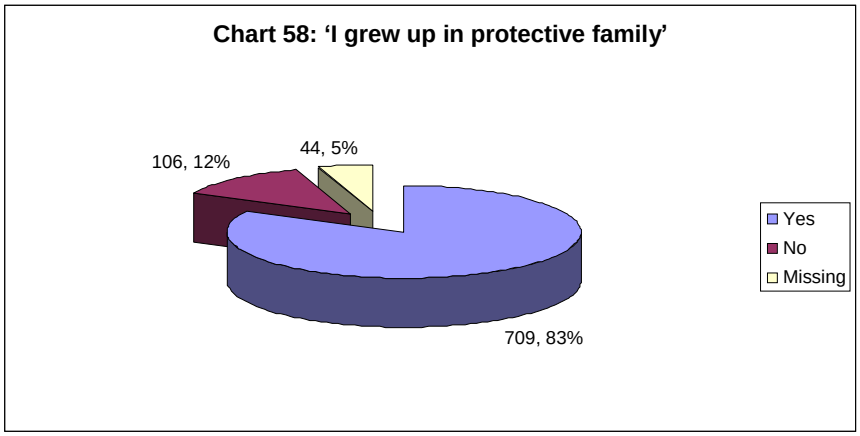
'Schools should take a role in educating children about healthy sexual behaviour'

Stakeholder consultations revealed the view that many Caribbean parents are generally not in favour of sex education being provided within the school setting, with the popular view being that this may actually encourage children to have sex (although no research evidence supports this and in fact the opposite has been found, i.e. sex education can delay sexual debut). However, in this study, respondents where overwhelmingly of the view that schools *should* take a role in educating children about healthy sexual behaviour – 92% (N=790) of respondents agree with this and only 2.2% (N=19) disagreed.



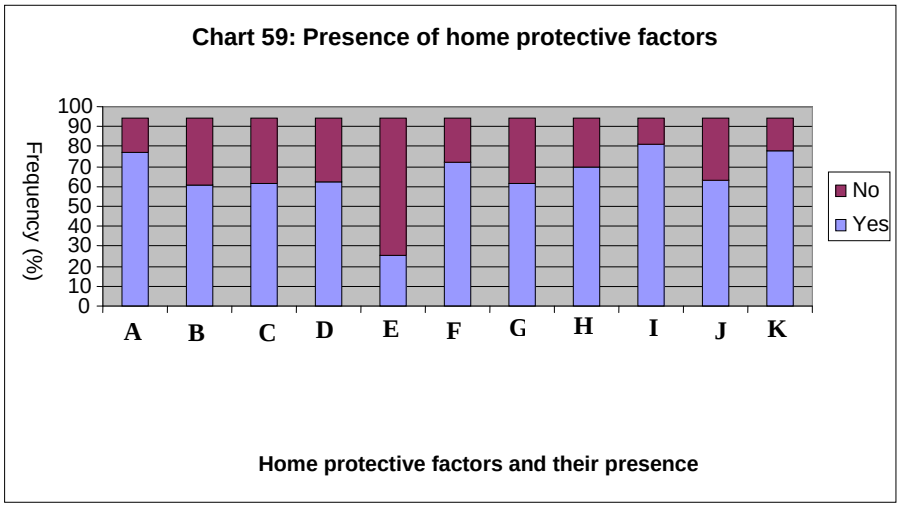
Risk and Protection

We asked respondents to comment on the extent to which risk and protective factors were a feature of their upbringing. In exploring this further, the findings revealed that the majority of respondents (82.5%, N=709) grew up in families in which they generally felt protected from sexual abuse.



Presence of home protective factors

We investigated this still further by examining the extent to which respondents' families contained the risk and protective factors we had identified from the literature. The findings are consistent with the numbers of people who reported that they grew up in protective households i.e. more people grew up in families with more protective than risk factors. Of note, however, is that while most respondents grew up in homes with good protective factors, less than 30% of the respondents report growing up in a household in which alcohol (or drugs) caused no problems.

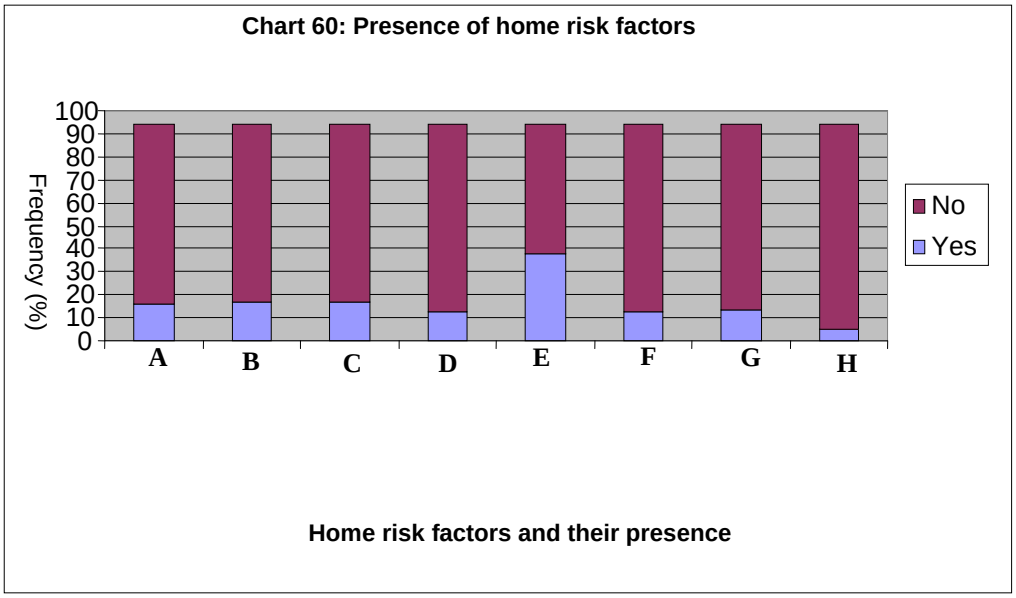


Key for home protective factors

A. Good relationships between adults
B. Parents had good problem-solving skills
C. Women in the household treated well by men
D. Men in the household treated well by women
E. Adults' use of alcohol (or drugs) caused no problems
F. Family had good social supports
G. Children encouraged to talk freely and were listened to
H. Children properly supervised
I. Family able to meet physical needs (food, clothing, housing etc)
J. Healthy sexual values and boundaries existed
K. Children's development was well supported

Presence of home risk factors

Most respondents reported low levels of risk factors within the homes they grew up in. Given this was a representative sample from across the six countries this finding bodes well for strategies that enhance family strengths in preventing child abuse. However, of note, a significant number of respondents reported that they had grown up in households in which children were required to be quiet and to 'know their place' (39% of respondents reported this). While this by itself does not indicate risk, the disempowerment of children linked to other risk factors both increases children's vulnerability to child sexual abuse and also constrains children's ability to disclose when abuse has taken place.



Key for home risk factors

A. Poor relationships between adults
B. Violence in the home
C. Adults' use of alcohol (or drugs) caused significant problems
D. Family did not generally interact socially with others
E. Children required to be quiet and to 'know their place'
F. Children often left by themselves
G. Financial hardship – difficulty in providing basic amenities (e.g. food, clothing etc)
H. Known sexually abusing adult in the household

CHAPTER EIGHT - RESULTS
Survivors Voices

An important part of the study was to talk to adult survivors of child sexual abuse in order to explore the extent of the effects of abuse and the complexities of the issues involved. We also hoped to learn about resilience and coping strategies. In this section of the report we present the voices of adults who have been through the experience of childhood sexual abuse.

We had hoped to interview 15 adult survivors of abuse from three countries. There were major challenges in identifying people who were willing to talk to us because of the sensitive nature of the topic, the secrecy surrounding child abuse and concerns about confidentiality. We approached agencies and professionals working with survivors, we issued public invitations at stakeholder meetings and we also reached out to survivors through popular radio shows. Interviewees were self-selecting and contacted the researchers directly. The only criteria for inclusion were that the person was willing to share her/his story and had a story about child sexual abuse to tell. We specifically excluded any person who wanted to talk about experiences of abusing children. While finding information about perpetrators is an essential (and under-researched) area, we were mindful that abusers can be very skilled in intellectualising their experiences as a means of distancing themselves from responsibility and that they can also use the interview process as a means of re-living the sexual gratification they gained from sexually abusing children. We conducted narrative interviews with 11 survivors of child sexual abuse. We had aimed to include male survivors but this proved to be extremely difficult: we turned down one man, as we were concerned about his motives and another man did not feel he could face talking about his experiences. In the end, only one man participated in this aspect of the study and the other ten interviewees were women.

We aimed to ensure that these interviews were therapeutic in that they were conducted by researchers with counseling skills and presented an opportunity for reflection, narrative re-framing of experiences and healing. We believe that most interviewees agreed to participate not only because they wanted to be part of a study that would help other children, but also because they were trying to come to terms with their abuse and saw the interviews as an opportunity to move on with their lives; indeed several interviewees actually said this. Informants were offered ongoing counselling support and access to supportive agencies and were also provided with a copy of 'The Courage to Heal' by Ellen Bass and Laura Davis (1988), a self-healing book which has been found to be very effective in dealing with sexual abuse. In facilitating narrative interviews, we hoped that through interaction and talk we would help people to create a sense of order out of a situation that would have left them deeply disordered. As researchers, we also believed that people with the opportunity to give narrative accounts of their experiences can help to redress some of the power differentials inherent in the research process and can also provide rich information about the meanings attached to the experience of abuse that could not be captured in other ways. The content of the interviews were entirely driven by the informant rather than, as is usual in research methods, by the researcher - participants were encouraged to tell their stories in whatever way and at whatever point they saw their story as beginning. In order to enable survivors of child sexual abuse to tell their own stories, it was necessary to create an environment in which they felt comfortable and safe in exploring their feelings. It was also important to ensure that the researchers who undertook this aspect of the work had the skills to help people negotiate the huge distress that was released in the telling and to move past re-living abuse to seeing themselves as survivors.

In presenting the findings of this aspect of the study, we include excerpts from interviews with two people, selected because they reflect both ends of the socio-economic spectrum and demonstrate a key finding across the study, that child sexual abuse cuts across class, education levels, social status and economic background:

***J** is a single, highly educated professional woman in her mid-30s who comes from a wealthy background*

***P** is a young single man of 18 years. His background is one of material impoverishment and financial hardship. He is not employed and describes himself as having learning difficulties*

These extracts illustrate some of the key themes that emerged from the data. These stories reflect real voices and we hope that the reader will be able to appreciate the emotional depth of the interviews and the courage of the people involved in participating. It is important to note, however, that this aspect of the study was carried out with a small unrepresentative sample and the findings are therefore not generalisable.

KEY THEMES

Child sexual abuse cuts across socio-economic and education levels

Although not purposively selected for representativeness, the interviewees reflected the range of socio-economic circumstances and social strata of Caribbean societies and confirm findings from focus groups, interviews and the community survey that children are abused in homes across the socio-economic spectrum. Furthermore, abuse occurs even in families which, according to the literature on the topic, present with a range of observable protective factors. While poverty was indicated in some of the interviews, material wealth and social standing offered no protection and interviewees in these circumstances had felt they were even less likely to be believed because their fathers were so highly respected.

Child sexual abuse is not linked to levels of education

In some of the focus groups there was evidence that some people believe that those who abuse children are largely those who are poorly educated and that perhaps do not understand the consequences of their behaviour. The first of these points was refuted within our own study through interviews with key informants, which revealed that child abusers come from all educational backgrounds; indeed many examples were given of known abusers operating *within* the education system. The second point has been refuted by other studies that show that understanding of consequences is not related to levels of education and that even when abusers are fully cognizant of the effects of their behaviour, this does not usually stop them. Narrative interviews with survivors of abuse also supported the finding that abuse cuts across educational background. Several of the interviewees were from highly educated families and their abusers were people who had achieved university level education and were likely to be fully aware both of the illegality of their behaviour and also of the social and psychological consequences. Education was not a protective factor for the interviewees but there was some evidence that it acted as a protective factor for the abuser. Some interviewees suggested that high status positions with educational backgrounds and qualifications to match provided their abusers with access to a closed educational/professional network of colleagues who protected their interests and reputations and would suppress any allegations that might threaten the 'boys network'. The commonly held view, that only persons of low educational background abuse children, was used in one instance to victimise an innocent man. The experience relayed was that the person had been raped at the age of nine by a man of considerable social standing within the local community, however the child was pressurised by the police to say that it had been another man, someone who had learning difficulties and was known as a local vagrant. The child was told repeatedly that she had been mistaken about her abuser's identity but she stuck to her story and refused to say that the innocent man had committed the offence; the policeman replied that in that case no further action would be taken and the case was closed.

Family life stressors and other risk factors (e.g. poverty, domestic violence, etc.) do not need to be present

In some families, there were clearly social pressures linked to poverty (especially in single-parent households); however this was not true of other families and it was clear that while social pressures may increase the risk of children being placed in vulnerable situations, stressors and negative social factors do not need to be present for children to be abused.

Sexual abuse often begins by grooming, predatory advances to test how far the abuser feels he can go
Some interviewees described being prepared for sexual abuse and witnessing this kind of behaviour with other siblings – this was called 'pre-sexing' the child by a number of respondents. The behaviour included singling out the child for special attention, treats and gifts, making sexual remarks, manipulating situations to be alone with the child. Some people recalled this happening to them and then watching in horror as the behaviour was repeated with a younger sibling.

Men protected by status within society and community
Men used their status within the community to influence people in positions of authority to ignore the abuse, to pay off victims' families or to intimidate families into keeping the secret. Men were described as considering themselves immune from detection and prosecution and were often very plausible and convincing. Many of the experiences revealed people in positions of authority, i.e. doctors, police, teachers etc., had been aware of what was going on and had done nothing.

Paradox between outward public image of caring, happy family life and inward private reality of child abuse
In many families, the outward façade was maintained that this was a happy healthy family even though, within the family, things were clearly *'unright'.* In other families, especially poorer families, there were often suspicions or direct knowledge of the abuse by people within communities, however in no instance did anyone intervene to help.

Social/cultural context of men behaving inappropriately sexually
Survivors described a society overly tolerant of a whole range of inappropriate sexual behaviours which seems to have contributed to the abuse and physical brutality which compounded it.

Most child sexual abuse happens in the home
Most people had been abused in their own home but others were abused by men who lived in the community and were abused wherever the men were: the homes of the men, a School Principal's office, a shop.

The perpetrators
All the survivors had been abused by men, none by women. Fathers and step-fathers were the people most likely to commit abuse, although other men were mentioned: cousins, a grandfather, a School Principal, mothers' boyfriends and young men in the community. Several survivors had been serially abused by several different men:

> *I remember it was my cousin who had abused me … it was two cousins actually, as one was old enough to get a girl friend the younger one started.*

In this extract, the interviewee describes being a victim of a network of paedophiles made up of both family and non-family members:

Interviewer:	You're saying that you were pregnant with your father's child at age 14.
A:	*You've got it.*
Interviewer:	What did you do? Was there anyone to help you?
A:	*Well that was the worst mistake I ever made.*

Interviewer:	*What was?*
A:	*I went and told the Principal.*
Interviewer:	Why was that a mistake?
A:	*He took me for an abortion…But then he was having sex with me too. …He gave me money… I didn't know whose child it was.*
A:	*…You see it keeps happening. I keep allowing it to happen. I mean that in England my uncle there tried the same damned thing too. The same goddamn thing too. He know why they send me there. They told him everything. And he tried the same thing too. Like when you post Christmas cake for people. Boy that made me so mad, like if he think I make for that now. I fight him. I fight him. And guess what he send me back.*
A:	*…But I'm not going by my granddad again.*
Interviewer:	Your granddad?
A:	*Yes. He touching my breasts. Up to last week. He touching me up.*

This young woman was abused by many men she should have been able to trust, she also sees herself as being responsible: '*I keep allowing it to happen'* although she was only ten when she was first raped by her father.

In small societies where everyone knows everyone else, children are unlikely to be abused by strangers, however four of the survivors had been abused by people who were clearly not close to the family:

> *Her first abuse was by an 'old' man who grew vegetables and to whom her mother would send her 'to get a cabbage'. He would coax her inside the house to get the vegetables where he would then have sex with her*

Fathers who abused children were described as viewing their children as their property and seemed to have convinced themselves this was their right and that they were doing no harm. An extension of this was that the father sometimes became jealous and resentful when the child he had abused grew up and viewed their boyfriends as sexual rivals.

Three interviewees who had been abused by men other than their fathers talked about their fathers as good and caring men who had not been aware of the abuse: *My father was a good man.*

The abuse

The abuse experienced by survivors took many forms including: rape, inappropriate touching, fondling and exposing children to adult sexual behaviour. All of the survivors who were interviewed had been abused repeatedly over a period of years.

> *He was so painful to me. He used to rub heself with Vaseline to get to put heself inside my private parts.*

> *I had three stepfather s… The second one used to feel me up a lot. That's what I mean, so it wasn't real abusement*

> *For a long time I lived in denial of what happened. I locked away all the memories of what my own father did to me over and over again. For me it was not just fondling but it went all the way.*

Domestic abuse and the physical abuse of children

Domestic abuse was a prominent feature within the lives of most of the interviewees. Many had grown up witnessing violence from men in the households. However, most of the physical violence to children that was reported in these interviews was inflicted by mothers. The extent of brutality experienced was often very extensive and was sometimes a consequence of the child disclosing the sexual abuse.

Behaviours that sustain abuse

A range of sustaining behaviours was described. Generally the men appeared to have been very skillful in manipulating situations so that they could sexually abuse children, choosing times when the child would be alone and setting up situations in which the child was vulnerable. From the narratives, these men seemed skilled at studying children's behaviour – knowing how to please, placate, create anxiety, tension, desire, fear or need and were often able to generate these responses without using force, with the use of subtle gestures and sometimes tone of voice. These behaviours usually went unnoticed by others or became part of the 'normal' fabric of the family.

Some survivors suggested that the men who abused them made them think that they were having a boyfriend/girlfriend relationship of which sex was a part –this meant that they were not always sure that the behaviour was not normal – although they always felt it was bad and wrong: *I thought it was just how things were supposed to be. Just normal*

In making children keep silent about the abuse, the men would sometimes use physical threats:

> *He show me a gun. He used to show me a gun. He tell me he woulda kill everybody in my family. Everybody.*

Many survivors said they had also been fearful that they would be beaten by their mothers:

> *My mother was good to us but I was scared of her. She used to beat me and I didn't even know why sometimes. So I thought she would say I encouraged it even although I didn't know about anything like that. She would lash me.*

Silence seemed to have acted as a powerful barrier with the survivors describing their fears that should they tell anyone, a tidal wave of negative repercussions would engulf them. Despite this, many survivors *did* tell someone, usually their mother. However of the respondents who reported abuse to their mothers, in no single instance did the adult (survivor) feel that they had been believed and supported. Interviewees describe not being listened to or being punished as if they were the cause of the problem. One survivor described how she had been raped at the age of 7 by a teenage boy of 15 or 16 and that when she told her mother, she was held down and beaten severely leaving her with a scar on her cheek 2½ inches long.

Some survivors described how their father/step-father would create the impression that the child could not be trusted, told lies, and was 'bad and disrespectful', thus sowing the seed for the mother to disbelieve anything the child might say.

Who is at risk

While some interviewees describe being specifically targeted by men, especially when abuse occurred outside of the home, within the home it appeared that all children in the family were at risk of 'serial abuse' – the abuser moving down the line from one child to the other as the children get older. Most of the victims were female although one interviewee (see P's story below) also describes his brothers being abused. Interviewees often only became aware that their older siblings may have been abused when the older child moved out of the home or got a boyfriend:

> *Yes. I was the last girl. I was not picked out…I believe he abused all of us*

Is not that they [older sisters] *leave but they didn't used to stay home. They going out all the time. They used to never stay home. I think it was he. I think he try the same thing with them and they leave the house but they leave me to take it. Sometimes I think my Mother knew*

The non-abusing parent

All the interviewees describe living in a family system that sustained the child's abuse and the non-abusing parent (the mother in most cases) was not available to the child to provide protection. In the cases in which children were abused by men outside the family, children did not tell their fathers because they were fearful of the response. Non-abusing parents were part of the lives of all except one of the respondents, but these parents offered no protection to their children either because they were unaware of the abuse or because they were unwilling to believe the child or act to stop the abuse. There were several reasons for this; mothers were described as being aware but not listening:

Sometimes I really ask myself why my Mum stayed there and let that happen to me she never listen.

There were situations described in which the mother was fully aware of what was going on:

She was right there! She'd be in the kitchen cooking or something – seeing about food. And I'd be right there in the living room watching TV and he would come in and put me to sit down on him. Right there! Right in her face! And I'd say 'Stop it! Why you doing that?' And she wouldn't even look. Now if you ask me, that was the abusement.

Women's dependence on men (emotionally, socially and economically) appeared to have made it difficult for them to confront the problem and effectively protect their children. Three interviewees talked about being put into situations of known risk by their mothers

He used to live down the street, right? Right on our same street. He had a lot of children living with him already. He even had children for his children, all in the same house, and all of us knew that. When he was coming over by us, I told Mummy. I told her look, this man has children with his children and you're letting him come in here with us? But she never took me on. She said she needs money to mind me, I better hush.

There were also several instances in which, even when presented with evidence of abuse, the mother chose to support her partner rather than protect her child, as described in this extract below:

D: *…And then I told Mummy. I told her. I said look just what I told you would happen, it happen. Mummy told me that if I can't show respect for her man, I better keep quiet. But I do for him. I do for him.*

Interviewer: What'd you do?

D: *One night, I open the lock. Yes, I leave the bolt open and I turn off the light and I lie down in bed waiting for him. I waiting. But I had a knife waiting.*

Interviewer: Oh, boy. Did he come in?

D: *Of course. Of course he did, and as he reach out his hand I stabbed him in it. Right through. Then I jumped up and I called out Mummy, Mummy come and see for yourself! Mummy came running. But guess what, you wouldn't believe.*

Interviewer: What?

D: *He told her I left the door open and lie down there begging him to come in.*

Interviewer: You're kidding me.

D: *For real! He told her that. And she put me out! Yes, ma'am. She put me out that night self.*

Interviewees often wondered whether their mother's collusion was a consequence of the mother having been abused herself - '*She is really the one with a story to tell, if you ask me'*

Effects

The effects of being abused were severe and far-reaching and perhaps the most worrying consequence is that these effects had impacted on every aspect of the person's functioning, relationships and adult life and in situations where the interviewee had children, the effects were rippling out into a further generation. Some people described how as children they felt uncontrolled rage as expressed in this comment:

> *I used to feel to kill him all the time. I start to walk with knives. I had a knife on me all the time…Even friends if they touch me I cutting them easy so. I tell people – do' touch mih body. Do' touch mih body*. (With increasing emphasis and volume.) *Do' touch mih body. I cutting you. I cutting you.* (Makes a gesture with her finger like a knife). *Yes, I cutting them. They used to say that girl mad like hell.*

Another common response described was self-hate and self-blame:

> *Then I started to read about other people who had been abused, and slowly I came to the realisation that it was not my fault. I was a child. I did nothing wrong. I never asked for it, I had no idea of what 'sex' was, the whole experience was forced upon me. I was a child!!! I read about other person's experience. I realised that the one person who I looked up to, who I trusted was the one who abused my trust. That was my mantra, which I hanged onto. If there is nothing else to be taken away from this, it must be realised that it is not the fault of children.*
>
> *Why do you think I allowed it? (*Interviewer- I don't think you allowed it! I have to say that I don't think you allowed anything! You were 10!)

These effects were such that most respondents had experienced severe depression, resulting in hospitalisation in one case and attempted suicide. For four of the interviewees their experiences had led to alcohol and drug abuse - '*in order to block out the memories'*.

Physical effects

There were also physical injuries. A woman who was first raped at the age of seven years said that her genital area was so badly injured she was unable to walk. She was also infected with a serious sexually transmitted disease. She recalled being part of a general health check up at school - this was how the infection was detected. A public announcement was made over the radio announcing to her parents that she needed to be taken to hospital. In re-telling this story, she was distraught at remembering the shame of public humiliation. She was admitted to hospital and stayed there for many months. She was kept in isolation and remembered feeling confused and sad. Her parents visited her infrequently and her mother only came when her hair needed to be re-plaited. She never knew what the infection was.

Teenage pregnancy

Two of the informants talked about becoming pregnant as a consequence of rape, one was 14 and one 15 years. Both had abortions. One interviewee talked about her sister trying to perform the abortion on herself with '*the stick from an umbrella'* and causing herself serious injury. The same woman said that young girls were having abortions all the time – she named the pharmacy where it was possible to buy drugs over the counter to induce an abortion.

Family break up

Interviewees were generally in touch with the families they had grown up in although relationships were fractured and they often described feeling hatred and disgust for their parents. They found it emotionally challenging living in situations where, outwardly, the family looked to be intact but, in reality, there was no

respect, trust, or love. In many families where interviewees had older sisters who they believed had also been abused, the girls had often left home (run away) at a very young age – 13 or 14 years.

Difficulties with relationships and inability to trust

Most of the interviewees described experiencing great difficulties in their personal relationships:

> *Every time I had sex with my husband I used to cry because I felt I was being raped all over again. I used to bathe all the time. I never trusted no one, even my husband*

Distorted sexual behaviours

Many interviewees stated that their sex lives as adults had been severely distorted. One person whose sister had also been raped said that her sister didn't have relationships *'she just has sex'*. This behaviour is also described in the comments below:

> *Things came to a head when I realised that a man who I was not in the least attracted to* (sounding incredulous and repeating the non-attraction*) felt that I had led him on and to stop being raped, I let it happen…So it was just short of rape.*

> *After that my life began to spiral out of control. I found myself looking in all the wrong places, giving myself and my love to men who did not deserve me, but I was desperate to please. So desperate for what I thought was love. My self-esteem was low, I did not think I was worthy, I had no idea of what it meant to love and be loved in return. I became bitter and unforgiving, I found it hard to really trust anyone. I thought if I ever got married and the doctor told me I couldn't have children, I would get a gun and shoot my father. At one time I actually convinced myself that God was a Woman, because I figured that men, all men were evil, even as I kept looking for 'the right man', looking to them to take away the pain, looking for them to comfort me and make me happy. No one could live up to that and so once the relationship broke down, in my mind it would confirm what I knew all along - all men were dogs!!!.*

> *Then I got a husband. It was very painful things. I could hardly believe I had to say yes to those things and give in to it myself willingly. As for kissing. I never want to kiss nobody. I couldn't kiss nobody. I just couldn't believe I had to say yes to those things. Sometimes when we lie down together I just bawl out. I just heave him off. I just push him off and I crying.*

Parenting and relationships with own children

Those interviewees who had children described being so concerned that their children might be abused that they were often over-protective, and suspicious of everyone. One person said that she trusts no-one and even though her children are very young (nine and two years old) she prefers to leave them by themselves after school/nursery when she has to work. She believes the dangers of them being alone are fewer than the dangers of being with an adult. Other interviewees, in attempting to protect their children sometimes repeated the physical abuse they had experienced themselves:

> *It was really a painful time. It still comes back to me. And every time I look at my daughter I see the same whole thing again. Yes. Oh God. I beating her if she come home late, or if she take too long getting from one corner to the next corner. I calling her. I beating her if she don't want to hear me. I still trying to let go my anger of men.*

Understandably, some women were unable to trust their husbands or fathers of their children:

> *Its when the oldest one turn 6 years old and I start getting real aggressive with my husband that he really make me sit down and tell him what happen. That's because I wouldn't let him bathe her again, or touch her, or hug her, or nothing, not even change she clothes. He thought I was crazy. I*

used to get on real bad in the house real aggressive. But then I tell him and he know. Now he know. Now he won't let his man friends come in the house and smoke weed and drink again. He know. I tell him these things could get serious and dangerous.

Some women had particular difficulties once their children became teenagers and started showing an interest in men:

I beat her. Oh God I beat her so bad. I beat her till I tired. My husband tell me Lord you going to kill that child today. Then I tell her okay, you take your licks, now lets talk. But she wouldn't talk to me. Is then I realise I make a mistake. I was pushing her away from me all the time. Too hard. Too aggressive. If she had look at man I would have hit she. I made a mistake.

Cycles of abuse

Although three of the women described inflicting physical abuse on their children, there was no suggestion that their children were at risk of sexual abuse. The only male interviewee, however, had clearly come forward to participate in the study because he wanted help to make sure that he too did not become an abuser - his comment *'I have his ways'* referring to the abusive behaviour of his father is particularly revealing.

Strengths, resilience and moving on

People demonstrated a range of strengths in dealing with the abuse and though the experiences had been devastating many had gone on to succeed educationally, as parents and in developing successful careers for themselves. It appears from all the interviews that the most important factor in surviving abuse and being able to heal is having a person in one's life who is caring, believes what happened, understands and is willing to stick with the survivor no matter what. Several of the women described having partners who were extremely supportive

He really start to ask me what happen to me but I didn't accustom to talking. I shut down inside myself. But he was a good man. He could see a lot of love in me and he knew I love him. So he used to make me sit down once a week and talk to him one-on-one. He never force me to bed. We talk. He helped me see forwards instead of backwards. He was a real good man. We had a son. Then my husband died.

Being able to talk about the abuse was key to being able to move on and several interviewees had sought counselling:

I now understand that that was a release in the spirit, which the healing had begun. After that episode, I began to share with close friends what had happened to me. At first it was difficult, but the more I shared, the easier it became. But I still had a long, long way to go. I still saw myself as the victim and I began to use my past as weapon. Now I would just shut down. I became unapproachable and distant. I was the victim and therefore everyone must feel sorry for me. I had a bad upbringing, therefore I should be allowed to be miserable and make everyone else miserable.

One person described how religion helped her:

The turning point came when I was thirty years old. I had lost all my hope and decided that I wanted to die. My best friend at the time however talked me out of taking my own life and instead held me as I cried and screamed out to God over and over asking him why me, where were you God? What did I do to deserve this? I had my own bought apartment, I dressed fine, but no one knew what I was going through. I was dying inside. To this day I owe so much to people and they just don't know.

So after 10 years when I called him, his voice did not upset me anymore. I said daddy how are you? He was really shocked. I told him I forgave him. He broke down and said he was sorry.

In the section that follows, we present two complete interviews in order to demonstrate the range of intersecting factors that depict the complexity of child sexual abuse.

J

J is a woman in her mid-30s; well educated (university level); professionally qualified in a high status field

J: *….It started when my older sister moved out…Well. She ran away. She wasn't more than thirteen when she left. I'd hardly call that 'moving out', really. …It was the typical Caribbean home – that is. It was a family like any other. Mum, Dad, Sisters, Friends, Cooking, Parties, School. Very normal*.

Interviewer: The way you were raised seemed very normal to you.

J: *Let me correct that.* (Thinks deeply for a while.) *I knew it wasn't normal, not with what was going on. Actually, I felt it was wrong, but I was prepared to accept that it was normal. It seemed to me that all of my parents' friends were exactly the same as us. Laughing all the time. Jokes and drinking. Everything was jokes. And to me, the men were always a bit inappropriate.*

J: *…Dad is a business man and worked from home, Mum is a Nurse …Well,* (Deep long sigh), *I think I remember beginning to feel 'unright' when my sister starting acting up.*

Interviewer: Do you remember when that was?

J: *Forever. So what I mean is that from my earliest consciousness, my sister was weird…She was mad all the time. Jumpy. Angry. She fought at school. Wet her bed. ..She was close to Dad and seemed to hate Mum, but her closeness with Dad was weird too. He too, he seemed to hate her and then protect her too.*

Interviewer: Can you explain that?

J: *Well, behind her back, he'd make fun of her. He'd tell me and Mum that she was crazy in the head. He said she lied a lot and didn't know the difference between fantasy and reality. Stuff like that. He said things like that all the time.*

Interviewer: So what part of their relationship was protective, as you said?

J: *Well, in her company, when we were all together, he would act like her biggest, best friend. He'd defend her, stick up for her, give her things, and she'd go to him. She chose to go to him above all of us. It was…like…it was a bit pathetic. Because as soon as she was out of hearing, he'd start in telling us that something was wrong with her.*

Interviewer: Can I ask what your mother would do?

J: (Closes eyes. Silence. Deep sighs.) *I'm not sure how to answer that.* (Silence, Long silence.) *Perhaps Mum was completely taken in by him too. He was really good at speaking, you know. Good at convincing. Mum worked all hours at the hospital. Shift work, right? She depended on Dad a lot. She believed him.*

Interviewer: I understand. (Long silence.)

J: *Then one day she was gone…Yes. Well, I don't know if they knew something before, but to me, one day she was there and the next day she was gone.*

Interviewer: Do you know where she went?

J: *I remember my Mother crying and crying and being on the phone all the time she was home. She'd be calling people and talking to people about where her child went, and how could this happen, and what would people think. When she wasn't working, she spent a lot of time in church too. Praying for her child, I guess.*

Interviewer: And your father?

J: *He wouldn't talk about it. He'd just say he told us already that she was a bad one. Then he'd get furious. Nobody spoke her name in his presence after a while.*

Interviewer: Forgive me for asking, but is she alive?

J: *Well, that would be the obvious question. And I don't know how to answer it really. I feel sure, very sure that she's not dead, though I don't have any facts to support that. But dead to us, she definitely is.*

J: *…He started having sex with me about 3 months after she left. I was 11 years old. But….but I think he may have 'started' before that.*

Interviewer: You're not sure when he started?

J: *Yes, I'm sure I am 11 and I'm sure it was just after my sister left. But what I mean is that sometime before that, he used to make jokes to me about sexual things. He used to make explicit jokes. And when he came from the shower he'd walk about completely naked. Once or twice I saw his erection and he made no attempt to hide it. And he'd comment on how my body was developing. He made it seem like he had 'made' me, and was personally invested in the development of my breasts and things like that. But he never touched me till she left.*

Interviewer: I'm sorry for what you went through.

J: *I know.* (She begins to cry. I wait. Lots of pauses here.)*…When he touched me for the first time, it was a very hard touch, if you know what I mean.*

Interviewer: I think I do, but it's better for you to be clear, if you can.

J: *He raped me right away. And he kept on.*

Interviewer: Kept on until when?

J: *About one year ago.*

Interviewer: One year ago?

J: *Don't look at me.*

Interviewer: It's okay, J…. It's okay.

J: *No its not. Its not.* (Open, broken-down sobbing. I just wait. I pass a glass of water, some Kleenex. I wait*)…I may as well finish up this, having started.*

Interviewer: If you can….

J: *I just didn't know how to get out! I didn't know how to make him stop!* (Looking up imploringly*)…Do you understand?*

Interviewer: Yes. I do understand. I understand very well. I've heard this story many, many times before.

J: *You have?*

Interviewer: (Nodding).

J: *Oh.*

Interviewer: Please don't forget that list of counsellors I gave to you. I really want to encourage you to see one of them.

J: *… everyone here knows my Dad.*

Interviewer: It's hard coming from a small community when these things happen, do you think?

J: *Are you kidding me! This was the thing! This was a part of the thing! People just adore my Dad so much. I mean, everybody thinks he's this wonderful man who loves his family. Do you think anybody would want to know about this?*

Interviewer: I don't know how to answer that. Maybe some would be able to hear you. Maybe others would not.

J: *You'd think that me, a professional grown woman would know how to handle these things, wouldn't you?*

Interviewer: What I think is that I'm positive you're doing the very best you can. And don't forget, you can get help with the parts that are too difficult for you to face on

your own.

J: (Pounding on her thigh with a fist*). Fool, fool, fool.*

Interviewer; J…, don't hurt yourself. I know how you feel, but please don't turn it inward.

J: *Don't turn it inward? It's already inward! It's inside! It'll never get out !I mean I'm an alcoholic already!*

Interviewer: There are so many issues here, J. So very many things that need urgent attention, and further exploration.

J: *If!*

Interviewer: I have to ask you though. Did you say you live at home with Mum and Dad still?

J: (Eyes glazing over). *Yes. (*Very long pause. Tears drip.)…*I moved into my little sister's room. I sleep with her now… I want to make sure he doesn't start with her.*

Interviewer: Yes, I see. Do you feel her to be at risk?

J: *Isn't everyone?..Well, just his children really. I don't think he'd have the guts to do this to anyone else. Just his own family.*

Interviewer: What about yourself, J?

J: *To be honest, I moved into my sister's room equally for myself. I don't think he's going to follow me in there .Well.* (Straightening her back, pulling herself together). *That's the story. That's the story.* (Begins to get up.)

Interviewer: Don't rush out. Wait a moment with me.

(Silence. More slowly, she fishes for her keys, get out her sunglasses.)

Interviewer: You're going to call someone, yes?

J: *I think so.*

Interviewer: Please, please do.

J: *You don't have to beg me* (note of irritation in her voice). *I want a normal life too*. (Big, sudden, belly laugh)… *Well, when I say 'normal' life* …(She laughs hysterically for a long time)*….Do you know what the biggest joke is?...I stopped him because I got a boyfriend. Actually, he stopped himself when I got a boyfriend. As if I were now too tainted for him. Too dirty. He stopped speaking to me, as if* ***he*** *were my boyfriend and I left him for another man!*

Interviewer: I guess I see why you'd find that a joke! It's ridiculous, isn't it?

J: *The biggest joke is yet to come! Listen, I don't have the boyfriend anymore. Every time we had sex I could only orgasm by thinking about Dad!*

(Dead silence).

J: *You're looking at me as if I'm some kind of reject.*

Interviewer: I'm not. Not at all. I'm looking at you with the compassion that I feel. J, this is also a story I've heard more than I can tell you. Do you feel like a reject though?

J: *What do I do*? (Sudden note of hopelessness. S he has switched from broken-down sobbing, to hysterical laughter, to stiff-upper-lip, to hopelessness, within 20 minutes.)

Interviewer: There is a lot that you can do, and there are those who can help you.

J: *You tell me! Tell me!*

Interviewer: You know I have to refer you.

J: *This is bullshit. (*She gets to her feet.) *I sit here and pour my guts out to you and then you tell me you'll refer me!*

(J. flings open the door and storms out. I remain seated, pulling my own self together. She looks back in. Closes the door behind her. I remain where I am).

J: *That was out of line. I apologise.*

Interviewer: Thank you. It's okay.

J: *No hard feelings?*

Interviewer: Absolutely none at all. And it would be really crazy if you started feeling

responsible for me right now.

J: *(*Very straight-forward, back to 'normal' voice) *Does this always happen when professionals work with each other?*

Interviewer: My colleagues tell me so. I don't know. Do you think it does?

J: *I'm heading for a drink.*

Interviewer: Okay.

J: *You're not going to stop me?*

Interviewer: (I smile at her, ruefully, I think). Just make the call.

J: (Putting on her glasses). *Yeah. See you. Take care.*

Interviewer: You take care too.

P

P is a young man aged 18 years old, he has learning difficulties and comes from a socially disadvantaged background

Interviewer: P is it so that you came here to speak to me about the research I am doing?

P: *Yes. Yes I come for that.*

Interviewer: Do you know what it's all about?

P: *About child abusement.*

Interviewer: Yes. You have that right. And it's specifically about sexual abuse of children.

P: *Who, me?* (Eyes fly open. Instantly vigorously defensive). *Not me! That never happen to me yet. Never. What, ME, papa?*

Interviewer: Ohhhhh. Now I understand. That never happened to you yet!

P: *Never! Them others but not me. He know who to do them thing with.*

Interviewer: It's good you cleared that up then. It's good to be very clear about these things, isn't it?

P: (Drums his fingers on the arm of the couch. Snaps his fingers. A nervous tic manifests in his right shoulder.)

P: *…Is beat he used to beat us… Slam us down. Slam us down on the floor. Slam us up against the wall. Pitch us down. All we teet used to mash up. All we teet used to bust up. All we mouth was bleedin. He real bust us up.*

P: *…We father. He tell us he don't like no boys. He say he hate boy children. He tell us the minute, minute, minute we turn twelve years old is out we going. Out, he say. So from the time we is twelve, is out we living, like big man.*

Interviewer: Who is 'we'?

P: *Me brothers. Three of us. One older. One younger.*

Interviewer: Where was your mother?

P: *She leave and she go.*

Interviewer: How old were you when she left?

P: *I don't know. I don't really like this talking. She leave when the youngest one was still drinking milk*.(Silence for a while.)

Interviewer: Do you know where she went?

P: Yes. We know. She send for us after.

Interviewer: You're doing really well telling this story, P. For someone who doesn't like to talk much, you're doing really well. I can see you were extremely brave as a young boy.

P: (Moving his hands from his face for the first time. Big smile. Teeth all broken in truth! Jaw mis-aligned). *We had to teef fowl, you know… You think we father used to feed us? Only the girls he feeding*.

Interviewer: …So you had sisters?

P: *I have two.*

Interviewer: And your father spared them from beating?

P: *What you mean?*

Interviewer: Um. I'm not sure what I mean. Let me see if I have it straight. Your father used to beat you and your brothers and your mother too, right?

P: *Yes. He used to pelt we down. He used to raise we up in the air and heave we down on the floor braps! Blam!* (Mimicking the throwing down movement with surprising violence. There is a definite shift in his mood.) *All we face used to bust up. He used to be shouting at us how he hate boy children and he HATE us. He used to beat us with wood, belt, belt buckle, tambran whip, wire, anything he get. And for what, for no reason. He just HATE us.*

Interviewer: I'm sorry, P.

P: *That was a lota shit.* (Drums on the couch. Shoulders bunched up. Face tightening. This is a different part of the personality that walked in the door). (Long silence. He drums impatiently.)

Interviewer: …But he looked after his daughters well? Is that what you said?

P: (Sitting up straight and looking at me as though I missed the whole picture). *I tell you he feeding them. He feeding them, for he to eat. He eating them morning noon and night. Fast as he feeding them, he eating them too. Like cow. We mother know that and she still go to save sheself. He was taking those boys too. The two boys. But he beat them in their head for them not to know – to make them stupidy like they was. I don't even know if they really born so or if is he who mash up they head. He try to mash up mine too but not me! Not me!* (Sitting ramrod straight up, gritting his teeth.)

Interviewer: P, what do you mean when you say he was taking the boys? And eating the girls?

P: *What I mean? WHAT I mean? He sexing them. He fucking them up. And he used to take other boys too. They used to come over, those older boys, and play football and thing in we yard. He used to come out and play too. Then he used to send we in the shop and tell we don't come back and he used to take them boys inside.* (Silence. He's barely sitting on the edge of the couch. Chest heaving, eyes unfocussed.)

P: *But not me, that fucker. Never!*

Interviewer: P?

Interviewer: P? (He's not hearing me. I put down the pad and stand up. He's not seeing me. I clear my throat. Twice. Slowly, he begins to focus on me again. I hand him a bottle of water from my desk. I take deep, long breaths, hoping he'll pick up the rythmn.)

P: *Nah.* (No, to the water).

P: (Truly lost inside himself, frowning.)…

P: (After quite some time.) *I know that song.*

Interviewer: Song?

P: *You don't hear that*? (There is no song playing at all – not that I can hear.)

Interviewer: P, Look at me. Look at me.

P: (Bit of a faint little half-way smile. He looks at me). *I could sing pretty good.*

Interviewer: (Big smile) I bet you can sing very well. Listen to me, P, is Miss _ waiting for you?

P: *Yeah. She outside.*

Interviewer: She seems nice to me. Is she?

P: *Yeah. That is who I staying with now.*

Interviewer: Great. You have a nice home there? Are things kind of safe for you right now? In the new house? Now?

P: *Yeah. She take me in. She nice…Good. Its good.* (He settles back down. Looks at me relatively clearly. Face relaxes)….

Interviewer: So what do you say we end the story-telling for today? Would that be alright with you?
P: *I wanted to tell you one more thing though.*
Interviewer: What's that?
P: *I have he ways.*
Interviewer: You have his ways? Whose ways?
P: *Me father.*
Interviewer: You have your father's ways?
P: *Yeah.*
(Long, long pause. He begins to look off into the distance again.)
Interviewer: …By the way, do you want me to refer you to some counsellors we know? To talk more about things?
P: *I don't talking.*
Interviewer: Okay.
P: *But I could come back and see you. I could talk.*

CONCLUSION

All of the interviewees (except the young man) had experienced serious and prolongued sexual abuse that began at a very young age and continued throughout childhood and, in one case, the person was still being abused. In some cases the women had been raped repeatedly by the same man and in others they had been raped by more than one man. In many instances there was physical abuse too, this was often so extreme that it left the child with significant injuries. The young man had grown up in an atmosphere in which he and his siblings had been subject to severe forms of brutality and witness to the sexual abuse of his sisters. For him, one of his main concerns is that he fears repeating the abusive behaviour of his father and feels that he 'has his ways'. The people supposed to protect and care for these interviewees when they were children had betrayed them and while abuse was, in all of these cases, committed by men, mothers had not protected them even when mothers were aware of the abuse. There is no way to make these stories easy to hear and it would not be right to minimise the suffering that child sexual abuse causes, however it is important to acknowledge that there are loving, caring and sensitive people who are deeply distressed by child abuse. 'P' has such a person to help him through and some other survivors too had been able to find the love and acceptance needed to help with their healing:

> *At 33 years old, I met the man who would later become my husband. God placed him in my life. I was not looking, I had already decided in my mind that I was not going to get married and I would never have children, but God had other plans. I was not a Christian when we met and neither was he, but this relationship was different. We became friends, I told him about my past and we shared our dreams. I talked a lot and he listened, he was genuine and real. Three months after we met, he proposed. A year later we were married, but I was still going through the healing process.*
>
> *For the first five years of our marriage, I would wake up in the night, believing that it was all a dream, that eventually he would leave me. Although I was at peace with myself, I still did not believe that I was worthy. But my husband stood his ground, he taught me what it meant to love and be loved. In our love making it has always been about pleasing me. He loved me when I was happy, or when I was miserable. He just stood his ground.*

CHAPTER NINE – Results
Focus Groups and Interviews

INTRODUCTION

Focus group discussions and structured interviews with adults, including young adults (18-24 years) were carried out in each of the six countries involved in the project. Focus group discussions explored people's perceptions of abuse, retrospective reflections on prevalence and projective techniques to identify views on the type of services and responses needed. Participants were selected from a range of settings (for example, community and religious groups, youth groups, sports groups, employment settings, institutions, further education settings). To gain analytical consistency across the whole data set of focus group discussions, generic themes were initially generated *a priori* from the research questions: nature of the problem of CSA; scale of the problem; risks; who the perpetrators are; effects of CSA; what can be done about it? These themes were modified and added to as each independent analysis progressed.

Practice-focused interviews were undertaken with key informants in each of the six countries. Interviewees included medical and legal professionals, child protection officers, social workers, counsellors, permanent secretaries and other policy advisers, teachers, police, health professionals, and officials from NGOs and FBOs. In approaching this element of the research process, there was a conscious attempt at ensuring a wide representation of professionals and service providers who are either working closely with child victims, or are involved in the application of law and policy that will directly affect the way in which these matters are processed.

Persons from a variety of backgrounds were selected for interviews and the level of willingness to contribute to the research was very encouraging. Persons readily agreed to be interviewed and shared their opinions, experiences and recommendations with passion and candour. This was commendable, especially given the commonly expressed sentiment that prior research exercises had not facilitated meaningful changes, and the presence of a lurking uncertainty that academic research was going to pave the way for any real progress. Despite these reservations, the interviewees wanted to share, wanted to help in any way possible because for most of them to do otherwise was to concede defeat in the struggle to end sexual abuse and exploitation of our region's children. The high level of co-operation with the project's research agenda was testimony to the high level of commitment on the part of professionals and service providers in the region to the prevention of child sexual abuse.

Even in the face of some doubt about the practical value of the research outcomes, respondents were hopeful that a solution to child sexual abuse was achievable. They expressed the hope that comprehensive research which could probe this issue in a meaningful way was part of that solution. This backdrop of hopeful anticipation, blended with scepticism, reinforces the moral obligation that the research project confronts in its attempt to translate the findings into a broader strategy that will effect transformational change for children who experience sexual abuse.

To gain analytical consistency across the whole data set of practice and policy-focused interviews, generic themes were initially generated *a priori* from the research questions: nature of the problem of CSA; scale of the problem; risks; who the perpetrators are; agency roles and responsibilities; child protection laws and policies; role of professionals; role of families and communities. These themes were modified and added to as each independent analysis progressed.

Data from each of the interviews were collated and analysed using thematic analysis. Analytical findings are presented and discussed for each country in accordance with each type of interview, focus group discussions, practice-focused and policy-focused.

Anguilla

Anguilla Focus Group Discussions

Six focus groups were undertaken in Anguilla – two mixed gender service clubs over 31 years of age, two mixed gender service clubs under 30 years, a church group of males aged 18-30, and a group of community males mostly over 50.

Nature of the problem
In Anguilla, several discussants thought that everything possible takes place in the realm of CSA involving adult males and females, and children, including heterosexual and homosexual sex. As one participant put it:

> *In Anguilla, everybody is having sex with everybody else. That's the norm*

However, the Carnival was seen as a time when 'the rules change' and when children may be more at risk for CSA. Sex as taboo seemed evident in the challenge of the *two mixed gender service clubs with over 31s*, to name the types of abuse. Class considerations may also have been at play. There was greater readiness to do so in the *two mixed gender service clubs with under 31s* that had a younger age range. More homophobic attitudes were expressed in both male groups; young *Church males aged 18-30* made more references to homosexuality than any other group and similar views were expressed by *community males mostly over 50* of a similar income bracket. One older male discussant was passionate about determining the paternity of babies born to under age mothers, while a young mother was passionate about men involved in CSA not using condoms and possibly transmitting HIV. In both instances, the consequences seemed to warrant greater attention than the CSA itself. An older woman having sexual relations with young boys was readily acknowledged as a widely tolerated practice, and questions remained about whether sex *between* children constituted CSA.

Sexually abusing conditions were variously named by Focus Group respondents as paedophilia, sex addiction, hormonal imbalance and sickness.

Scale of the problem
Though there was an initial tendency towards denial in several groups (*not in Anguilla and not today*), as the focus group discussions advanced, there was acknowledgement that what was being discussed also occurred in Anguilla. There was consensus regarding toleration of older men engaging in sexual activity with young girls and every group acknowledged the common incidence of young girls engaging in sex and sexual activity for money, often with the knowledge, consent and sometimes at the initiation of the mother. Sex for money was spoken of as a matter of fact by all groups, though 'vanity'/materialism were sometimes given as the reasons and not just economic need.

Neither the phenomenon nor the response to it was determined by legal considerations. At times the age of consent seemed irrelevant: *It may not be legal consent but say a 12 year old child may agree*

The use of Information Communication Technology (ICT) in a variety of ways was also discussed and included the following sexually abusive acts and opportunities:

- Accessing pornography on the Internet
- Fathers using porn to socialise very young sons into heterosexuality
- Photographing children for the adult porn market

- Capturing sexual activity at school using mobile telephones then posting to the popular chat sites
- Girls posting sexual slander to these sites
- Children are also engaging in sexual exchange using the Internet sometimes creating false adult identities
- Children are 'virtually' alone

Risks – the recurring cycles of CSA:
The potential for a recurring pattern within the sexual abuse of children, with attendant cause and effect outcomes are noticed by the following assessments:

> *I heard that the guy who did it, his mother used to have sex with him at an early age*

- Abuser abused as a child and in turn he/she abuses children
- Abuser abused by person of the opposite sex and grows into habitual heterosexual abuser of children
- Abuser abused by person of the same sex, turns to someone of the opposite sex for support and this person takes advantage of the vulnerability to also become abusive
- Abuser abused by caregivers and in turn abuses children placed in his or her care (parents, step-parents, foster parents, babysitters/child minders)
- Abusers are authority figures against whose word the victim does not stand a chance. The abuse is institutionalised and allowed to continue – not sure if cyclically but endlessly.

Sex for money:
Financial gain was assessed to be one of the main reasons for the abuse of children some of which is sanctioned by mothers, some the expectation of the financial contributor and others a learnt response. The love of money was also seen as an important contributing factor.

> *Bribes – money for sex; bribing or giving the person money to do something;*
> *if kids grow up in a home where they don't have much, then they may have sex to get clothes.*

> *If you go to a man and ask for help/money he will say that if you want this help then you need to have sex with them to get it. But sometimes you have the sex and you end up with nothing*

> *Some parents 'allow' their children to be with an older man because the man is giving the mother money. Parents therefore know about it and will not say anything as they may be gaining or getting things for themselves from the same relationship*

> *Prostitution/whore – '…them young girls aint easy'. The child may not see it as such; for example, having sex for material goods, to get mobile telephones, brand name things or a top-up may not be seen as prostitution but it is ... They should ask for land or something more substantial (house and land)*

> *Sex is a big part in a relationship. The adult should not be courting a child. The child will come to understand that they have to give sex to get stuff*

> *If a man keeps giving, some sex is expected in return*

Inadequate parenting a mentioned cause of CSA:
Inadequate parenting was another frequently mentioned cause of CSA within the focus groups with lack of knowledge and sometimes willful intent being the reasons.

Ignorance – parents may not know they are being abusive;
Parents do not know how to talk with children about sex and sexuality;
Parents expose children inappropriately to sexual material as preparation for the future

Children's disempowerment
Groups recognised the disempowerment of the sexually abused child (and in some instances their own past abuse) by adult abusers 'who know no boundaries'.

Mother at 16 - I hate my child father. He should have known better

It's all about control – control by fear, bribery, force

Taking advantage of innocence and vulnerability including the sexual abuse of learning disabled children

Vulnerability of unsupervised children:
Children are virtually on their own 'I think we need a neighbourhood watch' (takes a whole village):

Girls and boys in the 15-21 age group watch a lot of porn

I leave home in respectable clothes then I change into more sexy clothes, belly out, exposed

Sleepovers – parents think they are in one place but they gone to dance or to a boy's house

Children skip school and play truant to meet in the park

During school hours men go in the shop and buy them clothes. I see that with my eyes self

11 year olds out till past midnight

We create an environment for abuse to happen:
Among the contributing factors to child sexual abuse was the lack of structure and guidance in children's lives.

Children have too much free time and freedom of movement

They have no home training. Though discipline starts at home some parents have no idea how their children act away from them

Some parents beat up on their children a lot and so it drives the child away to go and seek love from other adults

There is no age limit here. All ages can go to the same disco and no control over drinking. Drinking is a part of the problem

Nobody talks to children about sex … the men will give them attention and tell them all sorts of stories about sex

That type of exposure of just having sex leaves the child exposed/habituated to have sex full stop. They may have sex with an older person easier

There are not many young people in church now but before the church would have a big role that would tell you that you need to wait until marriage

Children display themselves in a very sexy way. Their behaviour and mode of dress is highly sexualised

The child may tell the parent but the parent may not believe them

If your parents don't do what they should, these other adults create a situation that you are so comfortable with that you don't even realise what is happening

Who are the perpetrators?

The perpetrators are usually known to the children and are often persons in positions of authority and trust. They may come from across the class spectrum but there was no agreement and indeed some contradiction regarding societal response:

It is more tolerated in society if the man or abuser is of a certain stature

'Higher up' people may prefer to keep their sexual preferences behind closed doors so they use children instead of prostitutes

How is it different for Doctor versus a security guard? If it's an ordinary man people would not think it is special but if it is a Doctor it is frowned upon even more because he is well to do. It's seen that he should know better

Are certain kinds of people involved in it more than others? Yeah - even school teachers. Teachers harassing them and things and telling them they look sexy. For example, the gym teacher can be touching private parts under the pretence of training

Teachers sweet talking, hitting on, harassing students – in school as well as after school math classes

Named relations who abuse children are parents, step-parents, uncles, cousins, siblings, close family, friends, neighbours, caregivers
Named arenas include family (including foster), politics, church, law enforcement, business (pimping)
Named professions extend to teachers, doctors, lawyers, social workers, security guards, and police.

Child Sexual Abuse in school:

The following cited examples by respondents are two very different types, one is sexual abuse by an adult and the other is harmful sexual behaviour between children of the same young age.

Case 1 – Report of a male teacher who was exposing his genitals and fondling boys in a primary school. The first child who reported was not believed and it was brought to school's attention that several students were reporting the same thing. Apparently, no formal reports were made by the school, nor were legal proceedings pursued. The teacher resigned and was either allowed to leave the Island or was deported. It is not clear what happened to the children.

Case 2 – 12-year-old boy touched 12-year-old girl inappropriately at school. Mother advised her daughter to slap the boy if he did it again. The touching was repeated, she slapped him and both were suspended.

However, the boy's parents went to the school and 'made noise'. The boy was allowed back in school but the girl was not allowed. The school knew what had led up to the incident, although generally may not know what is going on. Parents, teachers, other adults do not believe the child. The society we live in mistrusts the child.

The effects of CSA on the child's health and well-being

Mental health effects were readily identified by all groups and a diversity of behavioural manifestations were described. Teenage pregnancy, early motherhood and sexually transmitted infections were also identified but the costs of associated risks were not explored. The subject of abortion did not arise at all, though this is a well-known outcome of statutory rape. However, CSA was recognised as a form of physical abuse that could result in permanent injury to very young children and injury to children who have been sodomised.

What are the socio-economic consequences of CSA?

Early parenthood was also given as a cause of CSA in that parenting skills may never have been learned. While sex for money was discussed as a matter of fact in relation to family finances, materialism and the unequal relations between men and women were discussed in greater depth by younger persons in the mixed groups. This coupled with the seeming non-recognition of the rights of the child, suggests the need for deep institutional change at every level of Anguillian society.

Action and empowerment

The following actionable points were discussed, recognising the need to empower children, staff and communities, assist parents in their parenting and provide help for victim and perpetrator.

Education:

- to help children value themselves and empower them to avoid the risks of CSA
- to help parents and teachers avoid putting children at risk and to recognise signs of CSA
- to help the general public understand the phenomenon of CSA and its effects

Services:

- to empower children and parents to report in a climate of trust and confidentiality
- to provide places of safety for children
- to equip agency staff with specialised knowledge and skills for effective response to CSA
- to enable abusers and families to obtain help and support

Institutions:

- to popularise the Rights of the Child
- to create child-friendly structures and processes for the successful pursuit of justice
- to promote gender equality in development and integrate gender analysis in all provision for child care and protection

Communities:

- to identify children who are vulnerable and at risk and engage in preventive intervention
- to collectively ensure the overall well-being of children in the community
- to identify and respond to the ways in which parents need assistance and support in child-raising

Actionable points

Immediate (by end of 2009)

- Review Guidance and Counselling services and PSHE classes at Albena Lake-Hodge Comprehensive School- ALHCS (Review of the comprehensive system in operation at ALHCS will begin shortly)

- Plan series of workshops on CSA for all teachers and Guidance Counsellors to which parents can be invited

Short term (by end of 2012)

- Produce one radio programme on Child Care and Protection incorporating CSA that can be broadcast by all radio stations – perhaps in conjunction with other government initiatives in child care and protection
- MSHD, DSD, Police, Schools, Health Authority and Judiciary to collaborate in a workshop process to clarify and agree on protocols for reporting CSA and interventions to prevent CSA. The workshop can aim to produce a flyer for wide dissemination and popularisation and can discuss one discussant's recommendation to set up a CSA hotline
- Establish support centres for Parenting Education – some plans for PE already on stream with MSHD

Long term (by 2019)

- Relevant agencies to have specialised services to manage cases of CSA including treatment for abusers
- Facility for child care and protection in place

Anguilla Practice and Policy-Focused Interviews

Eight practice and seven policy focused interviews were conducted in Anguilla with participants drawn from government and non-government agencies (NGOs) and consisted of:

- Permanent Secretary, Health and Social Development
- Permanent Secretary Education, Library Services, Sports, Youth and Culture
- Social Development Planner
- Commissioner, Social Development
- NGOs
- Police officers
- Paediatrician
- Youth centre representative
- Guidance counsellor
- Social workers
- Community practitioners
- Magistrate
- Health professionals/educators
- Coach

Services' representation in study

All practitioners interviewed were in some way linked to the delivery of child care and protection services. Services included:

- Family Case Work provided by the Family and Social Services Unit of the Department of Social Development
- School Guidance and Counselling services at primary and secondary levels
- Medical and Health services provide by the Health Authority and private practitioners
- Prison Rehabilitation Services
- Domestic Violence Intervention services
- Juvenile Justice services
- Community Youth Centre after school services

- Youth and Sports Development (coaching) services

Both policy and practice groups were frank and thought that the research was necessary and timely. Participants were also very open about existing limitations and challenges of existing policy and provision and, except in one instance, thought that there could be some immediate changes in their responses to CSA from the perspective of their various offices. They looked forward to the report which is expected to enable Anguilla to respond to the increasing demand for evidence-based, child-centred policies and practice to address the phenomenon of CSA in Anguilla and the Eastern Caribbean.

One policy respondent said:

> *I think that the first thing that this research could do is highlight the issue in our minds (the entire nation), and particularly those dealing with the study first hand. How it would help to ensure that in our minds we need to sort of separate the 'Rights of the Child' from all the other Rights because of the vulnerability that is associated with being a minor and then it would naturally follow that the laws that pertain to minors need special treatment/attention.*

A common insight on the part of participants was recognition of CSA as one form of child abuse coexisting among others. There was recognition of the debilitating effect of psychological abuse often meted out to children by their parents and peers. Inadequate supervision and the neglect of children were identified as common forms of abuse in their own right. One policy maker thought that in terms of prevalence of types of child abuse in Anguilla, CSA would rank third.

Scale of the problem

All interviewees thought CSA was a common occurrence in Anguilla that needed to be addressed as a matter of priority, with attention paid to those directly affected by it as well as to improving the Island's institutional capacity to prevent, reduce and respond more comprehensively and effectively. The spread of CSA was indicated by the identification of types, perpetrators, locales, influential actors and challenges experienced from their various vantage points. The wide age range of persons was evident in references to infancy and grandparenthood, with the breadth of CSA spanning not only generations but gender lines, sexual orientations and socio-economic conditions.

Most common forms of CSA

The common forms of CSA were identified mainly by practitioners were:

- *Statutory rape*
- *'Consensual' sex and sexual activity between older males and girls under the age of consent for money and gifts*
- *Males abusing very young children*, as young as 6 years and younger - children not yet teenagers being abused by grandfathers
- *Incest* - father-daughter - but practitioners generally recognised CSA involving step-parents as incest. Other relatives also named were uncles and cousins, as well as neighbours and close family friends.
- *Fondling* - this was discussed as a form of CSA that takes place in the context of child care, for example, men bathing their young daughters.
- *Older women with boys under 16* - one community practitioner reported three cases of women who were sexually active with boys under 16 and linked this evolving trend with 'women offering economic protection and a sense of belonging'
- *Verbal sexual abuse*
- *Oral sex*
- *Young men over the age of sixteen, having intercourse with girls under 16*

- *Pornography* - involving children
- *Sodomy* - adult males having sex with young boys - sodomy of boys 3 or 4 years old.
- *Homosexual sexual abuse between older women and younger girls*
- *Homosexual sexual abuse between older men and younger boys*
- *Sexual abuse of boys (not necessarily by homosexual men)* - football players in the 16-20 age group and players in the 12-15 age group (especially noted during travel) with older players making overtures to younger ones.
- Similarly, school age children having cash at school and material goods which is patently clear their parents could not afford to give them was evidenced as a corollary of sexual abuse tolerated and sometimes actively encouraged by parents for its economic benefit

Reasons some (other) forms of CSA are tolerated

The status of the abuser was described as protective factor for perpetrators, aided often by the cover up of the sexual abuse by the family. In incest cases the financial security of parents and the desire to keep the family intact were seen as the motivating reasons.

Given the sex taboo and the traditional expressions of homophobia, the manner of ease with which all participants referred to homosexual orientations and practices in the context of CSA, was surprising. This was supported by one police officer who commented:

> *… something to think about because it suggests that young men are beginning to be more open about their sexuality*

Yet the taboo, the double standards, and gender discrimination persisted as the following response from one practitioner indicated:

> *I must say that I have never seen a boy's parents bring him in for checking … people are more concerned about the virginity of their female children. Parents never even bring in their boys under the suspicion of male homosexual activity/abuse. That appears to be a serious taboo no matter in the interest of the child or not*.

Age considerations:

The age of victims and the dispensation of justice linked to age were highlighted for various associated concerns. Among these were the sodomy of young boys 3 or 4 years old by adult men and the sexual abuse by a male of his 8-year-old niece. Often such abuse results in children talking about it (as children) without understanding exactly what happened. The view was that there the existing stiffer penalties for the abuse of a child under the age of 12 years should be raised to 16 years and the age of consent 18. The illegality of sex by children who are both below the age of consent (an example was given of two 13 year olds) was highlighted:

> *I spoke to …. about two 13 year olds – both can be prosecuted and can be sentenced to 10 years in prison – maximum – sex below the age of consent is ILLEGAL. Nothing happens with the parents at the moment but the new Probation Act will incorporate punishment for parents*

A suggested reason for the perpetration of CSA was that of mental deficiency and hence treatment of such sexual abusers was recommended, recognising the limitations of imprisonment as a punishment.

Views on causes and significance of some social factors

Certain socio-economic considerations were mentioned as contributing to CSA and also increasing children's vulnerability to the abuse. These are:

- Dysfunctional/unstable families and inadequate parenting

Children without parental or adult supervision for long periods of time and parental neglect led the way among the factors that increase vulnerability of children to CSA. One practitioner included unfulfilled emotional needs in the discussion of neglect, implicating CSA as the outcome of children going out to 'look for love.'

- Impaired parent child relationships
- Alienation, isolation, turning inward socially, marginalisation of some minority ethnic groups and some religious groups
- Children with learning difficulties and those who are mentally challenged who are less able to give an account of the abuse.
- Changed values (or their lack) from the traditional ones and the breakdown of moral fibre
- Impact of the media and information communications technology
- Cultural attitudes to sex/sex still a taboo subject
- Poverty and the materialism

Poverty and economic need and the quest for things material were cited as factors contributing to the incidence of CSA. Indeed, the research period was located in the context of a global economic recession impacting the Eastern Caribbean including Anguilla and this phenomenon may be an important factor in any current analysis of CSA.

- Fear of the outcomes of reporting; culture or code of silence (which serves to protect adults involved in CSA)
- Community acceptance of or tolerance for CSA
- Lack of respect for children

However it was said: *'children are beginning to know who they are and what their rights are and so are more willing to disclose nowadays'.*

Other factors contributing to children's vulnerability included peer pressure and gender issues. For example '…*younger girls listening to older girls who tell them how to get things'*; *Mature bodies and skimpy clothing* – girls looking older than their ages and g*ender imbalance and relationship between adults – '*…adults are not having satisfaction in their adult relationships'*; Shortage or unavailability of women.* However this counter was put forward*:*

'…*if you asked me 4 or 5 years ago, I would have said lack of women as there was a shortage of men. But there has been an influx of young men and not many women so the men are taking what's not necessarily theirs'.*

Discussed was the widespread CSA in Anguilla suggesting that children may be at risk in almost any setting. Different kinds of risk were identified and these included:

- Not knowing who sex offenders were
- Children getting lost in or cowed out of the system
- Availability and accessibility of children to CSA by tourists
- Unsupervised use of the Internet by children

Gender issues

While participants were clear that most abusers are men and most victims are women, they were concerned not to minimise the experiences of boys who were abused and the role of women who abuse:

> *I am hoping that going forward we do not commit the cardinal sin that 'victim' equals 'female'. As difficult as it is for girls to come forward it is even worse for boys because of our social mores*

A case of sexual activity between under aged (under 16) boy and girl was unearthed while investigating another matter. The boy was around 14 and the girl may have been 15. The boy was punished by the system – boys aged 14 cannot be charged but he was penalised even though there was the perception that the girls were more experienced and advanced – the boy was chastised

When boys were buggered there was an outcry by the community and interest in prosecuting the perpetrator but when there are allegations of boys abused by adult females not much interest is shown by the community

Adult females abusing male children takes longer to come to light

There is a rumour about a female showing her genitals to younger males and encouraging them to masturbate in her presence. The rumour is persistent but no one has made a formal report

Sometimes it is difficult to get the boys to come forward or to stay with the case because of the community's perception of boys and the vibes that boys are not abused. If you hear about this, there is sometimes the feeling like the person who has been abused, wants to be involved in that – people act this out more than say it

Oral sex takes place between adults and children. Younger males are kind of reluctant to accept this but younger women tend to talk more about enjoying oral sex. Mostly women would be more outraged than men about this – men feel like if she didn't want it she wouldn't be involved

…I am often conflicted when delivering this news [that a young girl is pregnant or sexually active], *because the parents handle it so poorly – sometimes physically abusing the girls there and then; hitting them. Other times berating them verbally. In these situations the girls seldom ever give up the name of the person with whom they are having intercourse and usually, in my view, consider themselves to be in love with or having a bona fide relationship with the person in question*

One respondent thought that when it was established that a child was sexually abused:

…the offender should always pay and the parents too should be penalised if they are aware because a lot of them 'sell' their kids and encourage 'high class' prostitution.

While other interviewees made strong recommendations for the creation of a register of offenders, the challenges of such a development were acknowledged:

With locals who are sex offenders we need to develop a register and publicise that register so that people know who they are. Not sure which agency should be responsible to do so. As Anguilla is a high immigration area, we need to have access to records and to check up on people who enter the country. Immigration needs to have the authority to check and verify the status of persons entering the country. If they have a previous record immigration should be able to determine that on point of entry. The issue of access to and control of the child abuse register of offenders arises; who manages the database? And should it be published? Others might ask, what about the protection of the perpetrator? A register would open a perpetrator up to scrutiny in a way that would not be possible without it. Perhaps a certain level of compliance could be valued as having a rehabilitative effect.

Gender issues - male victims; female perpetrators

Almost all practitioners indicated that there would be no differences in their responses if the abused children were boys. However, regardless of age, there also seemed to be differentiation in the response depending on the gender of the child abused and of the adult abuser. When the adult involved was female there was indeed some hesitation to consider this in the realm of CSA:

> *Older women are now wanting to be with younger boys – this seems to be a trend, not necessarily abuse*

While there was no evidence of homophobia among participants, there was recognition that attitudes to male homosexuality coloured societal responses in the context of CSA:

> ***…****if you have men interfering with boys, I'm not sure if people make such a fuss about it as when men interfere with girls. The former is quieter, you don't hear about it as much. I don't know if we have any cases of men prosecuted for having sex with boys. It's a little tricky because it's not open*

Evolving trends in CSA

The use and influence of Information and Communications Technology (ICT) to facilitate CSA was identified as an evolving trend. Mobile telephones and the Internet were named and participants recognised that ICT devices were available to, and accessible by, both children and sex predators. The Internet was included among influential media and music was linked to the sexualisation of culture. A further trend was seen in younger people who are getting bold enough to report CSA but older people in the family try to suppress it and pressure the youngsters.

Known/perceived communities exploiting children

Specific geographical communities in Anguilla were named by respondents as ones in which sexual abuse of children is considered a particular problem. The perceived reasons why incest was alleged to be common in one, was seen by some to be historic. Other respondents thought that the situation was current.

Some respondents thought that children in migrant communities in Anguilla (non-Anguillians) – may be vulnerable and at risk in ways that Anguillian children are not:

> *Not now but when the … community came in … there were several reports but Immigration deported them – for other reasons*
>
> *Myth of sex with a virgin* [as a cure for STDs] *has now reached Anguilla*
>
> *We had a myth that prostitution didn't exist but now because of our different populations we have had cases of prostitution in certain homes, young girls under 16 allegedly involved, non-Anguillian children who are shipped away as soon as authorities begin to investigate*
>
> *There is a trend with persons from outside of the region here on work permits, especially if they feel that there will be negative repercussions affecting livelihood. There is a tendency to send the victims off island and then bring them back in. They also feel like justice will not be done because the perpetrator may be more established than they are on the island. Some of these clients have voiced these concerns*
>
> *One case was a primary school girl with no relatives here – both adult and child were non-Anguillian*

The business of CSA and groups/gangs:

> *…those groups that actually have their little business where they get girls that can work for them – pimping and prostitution but underhand and some school girls are involved – 12 to 16 years*

Some respondents also mentioned religious communities and some ethnic groups about which there are public perceptions of child abuse.

Perpetrators

There was no stereotype of the adult who engaged in CSA with children. They were family members, community leaders, professionals, older men and women, younger men and women, heterosexual and homosexual, Anguillians and non-Anguillians, and people known to the participants. The possibility of abusers being tourists was raised but there were no known cases of visitor involvement. The main perpetrators of CSA were described as adult males who may be fathers/step-fathers, other relatives, family friends and adult males who exploit children for money (prostitution and pornography). Furthermore, young men over 16 and persons with learning difficulties (who have no understanding of sexual boundaries) were also identified as the main perpetrators of CSA in Anguilla.

Do women contribute to the problem?

Respondents were generally of the view that women contribute to the problem especially when, as mothers, they fail to protect their children by denial; for example, not believing the child who accuses a father/step-father/mother's boyfriend of abuse; by using their girl children for sex for money and by engaging in sexual relations with children.

Agency roles and responsibilities

The following were identified as being important for the protection of children in Anguilla and demonstrate the holistic approach needed for galvanising action against CSA. Within the Ministry of Health and Social Development there are the Department of Social Development (DSD – Family and Social Services Section); Child Protection Steering Committee; Probation Department; Department of Youth and Culture; National HIV and AIDS Programme Office; Health Promotion Unit; Department of Education; Schools and School Health Nurses.

The Health Authority's key agencies are the General Accident and Emergency and Hospital Outpatients departments; Specific Paediatric clinics (hospital, health centre) and the Paediatric Ward (hospital). Within the Judicial Department are the Magistrate's Court and High Court. The Chief Minister Office's departments are Immigration and Labour. The Royal Anguilla Police Service, the Executive Council, Attorney General's Office and Her Majesty's Prison are other government agencies fundamental to child protection. Blowing Point Youth Centre also has a perceived important part to play.

Effectiveness of government responses

Existing support systems usually provided by government agencies to give effect to law are grossly inadequate and sometimes non-existent.

> *...They've given us basket to fetch water*

There was also a great deal of uncertainty particularly with regard to agency/professional role boundaries but also because in the absence of formal procedures, practitioners were unsure of whether a formal investigation was an appropriate response to hearsay. Some respondents reported legal considerations that prevented their questioning of the child disclosing CSA as this could jeopardise the court case. However, professionals in the health field thought it was important to talk to the child regardless of these legal repercussions:

If it came from a school child you would have to talk with the child and get more background info to verify that it is so – First call the child and get feedback…first thing is to verify that it is actually so, extract the truth then involve people who are trained to deal with these delicate situations, like a psychologist

Health professionals had developed role plays in Family Life Education (FLE) at primary schools, designed to help children to respond when confronted with the possibility of abuse. However, they reported that the subject did not appear on the schools' curriculum this year and while that was yet to be rectified, there has been collaboration with class teachers and principals to continue provision of FLE. The problem was that with all good intentions they may be going against the letter of the law, and also this did not guarantee the protection of children:

We do a session called 'secrets' where little things emerge, indicators, step-fathers trying to be special to them. This raises flags. I know one incident of a child left with neighbours who 'interfered' with the child sexually

One policy respondent introduced the notion that the system itself may be a source of abuse for children and described the agency responsibilities as:

To ensure that whatever procedures or practices are currently in place do not expose children to risk of harm from sexual abuse or any other types of abuse

The effectiveness of government agencies seemed questionable given the lack of harmony in the protocols and/or agency interpretations of them, as well as conflict between the requirements of the law and the well-being of the child.

All this may have positively impacted on the implementation of the Child Protection programme being developed with significant stakeholder inputs:

…it's more or less originating out of the DSD, rather than through the Ministry. It will impact on the police, the Health Authority, Department of Education, Probation, the Attorney's General Chambers, the Judiciary and the Ministry of Social Development. The initiative has begun through a Child Protection Steering Committee, which has representation from all these agencies and they were charged with formulating a plan and policies

Constraints on government

Over-dependence on the foster care system as a means of responding to cases of abuse was cited as a problem since the foster care system is itself under-resourced and is also a sphere in which abuse takes place. The lack of appropriate/specialised training for staff was also a constraint in dealing with the problem. Budgetary constraints were also discussed forcing a choice of one facility or another when both are needed (for example: choosing between a Juvenile Care Facility *or* a Juvenile Rehabilitation Centre when there is a need for both).

What government should do

Practitioners offered suggestions for enhancing institutional capacity and changing the culture and climate of interagency operations to achieve improved awareness and harmonisation for effective social service delivery. One respondent also identified the importance of strategic planning and the development of effective policies and procedures. One important theme to emerge from the interviews was the need for better inter-agency cooperation:

I hope the information from the study can heighten agency awareness concerning their role in relation to other agencies to remove barriers, 'turfism' – awareness of overlapping and respecting each other's roles to ensure a smoother process

Another practitioner suggested that public education was an important part of the action to address the problem and offered the comment:

Information gleaned from this study can be shared with other practitioners whose combined inputs can be positive – can provide material for public education

Other recommended actions for government included provision of a 'Sex Crimes Unit where officers are trained to deal with CSA'. This kind of expertise can create a different kind of atmosphere and outcome with regard to the first response to a child's report of CSA. The abused child may not be believed at home and may not be believed by agency personnel. The challenge of making an appropriate professional response highlighted the complexity of CSA cases (with examples given). Dealing with an allegation without the child being a central part of the process may lead to a judgement weighed against the child by professionals who may not be equipped to manage the complexities of CSA and who accept the word of the accused. This concern was expressed by one practitioner who stated the added challenge to her work within her agency of:

'*Sometimes getting people in authority to believe; the higher ups are not always receptive to what you're telling them'.*

Role of non-government organisations (NGOs) and Civil Society Organisations/CSOs

For purposes of this discussion NGOs included Faith Based Organisations (FBOs), Community Based Organisations (CBOs) and other types of Civil Society Organisations (CSOs). It should be noted that NGOs and FBOs have been participating in the development of the Child Protection Action Plan. The Civil Society sector is not well developed in Anguilla, no specific NGOs were named but Church-based organisations, and international service clubs had been sustained over the years and have an important role to play in developing prevention, support and rehabilitative services in the fight against CSA.

With regard to services for children, families and perpetrators, one policy respondent made the comment that unless service providers are able to get past the wall of silence, it is unlikely that families and child victims especially would be able to benefit from any services developed.

The social worker…must work in an almost contradictory manner to ensure that both the victim and the perpetrators too get the kind of assistance they need. We are mandated to work with both parties. In a way there are two victims, the child and the perpetrator. But there is not much community support for this and the community is more interested in the social worker contributing to deciding who is guilty or not

This balanced, humane, objective professional stance (which was reflected particularly by women respondents) contrasted starkly with the expressions of some focus group participants who suggested extreme violence as an appropriate response to CSA. With regard to the treatment of perpetrators, one respondent reported a 'cultural avoidance' of counselling and the apparent lack of complicity on the part of adult males to go through the process. Nevertheless, there was clear support for more effective services:

I would like to see that in any instance of child protection matters or cases that we not only go through the motions of the process that should happen once the incident is discovered or is alleged to have happened but rather to give attention to the victim and perpetrator in some sort of hope of rehabilitation, support, counselling. We should have some system that one has to go through…continued restitution is important on a social level. But the follow-up should be

mandatory. Parents should be made to do mandatory exercises and should be required to deal with that…we need to focus more on prevention rather than reaction

Effectiveness of services

By their own admission, providers of existing services point to ad hoc, informal, inadequate and often ineffective service delivery and named the challenges. While inadequacies in the service provision for children were acknowledged and one participant mentioned the need for a juvenile care facility, it was noted that not a single participant used the language of the 'Rights of the Child'. However, the need for support services that could empower the child to engage in the process of seeking (and attaining) justice was implied:

…a lot of times the laws are in place but there are no systems, for example, to proceed with a case if the child victim refuses to talk or cooperate

The response referred to the need for 'systems' and this was translated in terms of service delivery but the language implied culpability on the part of the child, rather than the absence of empowerment. Support systems and services for the child may be provided by the juvenile care facility mentioned by one participant, who indicated that such a facility was on stream but this was reprioritised in favour of the Juvenile Rehabilitation Centre soon to be opened. Other interviewees pointed to limitations of the infrastructure/absence of social facilities, influencing another service provided informally by the Princess Alexandra Hospital which sometimes acts as a:

'holding' solution for a child at risk rather than due to medical reasons. We usually do this on the request/suggestion of the social worker who might explain that they need an interim measure overnight'.

What services are needed for mothers of abused children?

There was no empathy for mothers involved in situations of CSA, for example, the mothers of abused children were seen as:

- Having failed to protect their children
- Rivals with their daughters for the abuser's affection
- Abusers of their children

Mothers were firmly established among the culpable and it was expected that they would soon be penalised along with fathers if they did not cooperate with police and other authorities responding to CSA. Mothers were not identified as key actors needing anything other than church-based help services and parenting education.

Child protection laws

As the following summary indicates, the areas of Child Protection Laws, Policies and Procedures seemed particularly problematic and characterised by ignorance, gaps in knowledge and inconsistencies in application by professionals:

- Most practitioners thought that the laws and policies were poor and also that there was ineffective implementation
- There was an equal number of responses in agreement with the statement that there are competent practitioners but weak policies
- No one thought that there were good child protection laws, policies and implementation
- A significant number of practitioners were unable to respond at all because they did not know enough about child protection laws and policies.

One interviewee commented on the provision in law to charge parents with obstruction when they tried to influence children not to cooperate, but which was never used in Anguilla. She had seen the obstruction charge used in other Caribbean countries and did not understand why it was not used in Anguilla with parents who did not want children to speak out. What happened in this instance was that the matter was withdrawn and the case thrown out. The absence or inadequacies of existing laws meant that '… there is some infringement if you will, of the UN Convention' (on the Rights of the Child - CRC). This may have meant that Anguilla's children were particularly vulnerable as consideration of their rights was not paramount. Yet:

> *…the CRC is essentially what guides Anguilla and therefore since 1994 Anguilla must comply. Agencies have all been functioning with a child protection focus but we are coordinating and making it more robust to make sure that all BOTs (British Overseas Territories) fall into line properly*
>
> *We have limited child protection laws and our implementation is also affected by turfism*

Policy makers generally thought that there were good laws and policies but ineffective implementation; however, there was also lack of clarity regarding the laws applicable to child protection. The main law, the Criminal Code, was regarded as adequate because it 'enunciates or creates the offences' and another respondent thought that the severe penalties for CSA were a strength, since they recognised the weight and gravity of the offence and the fact that children needed to be protected. The comment was made that there was provision in the Juvenile Act for the overall protection of children in Anguilla through the Magistrate's Court, and through the High Court under the Guardian of Infants Act.

> *The laws reinforce the implicit, widespread social belief that parents have a responsibility to their children and provide guidelines as to what children can do. The laws provide the Magistrate scope for meting out punishment and management of cases. However, the laws lack harmonisation and there needs to be a consensus and consistent movement toward harmonisation of Anguilla's laws in line with the more than a decade-old draft OECS Family Law Reform legislation. Also there is need for clarity regarding whether illegal acts are necessarily abuse*

Anguilla has been waiting for several years for the OECS Law Reform process to be completed and the laws enacted. This OECS package was considered a 'Model Family Legislation' comprising:

- Status of Children (rights to nationality)
- Child justice
- Domestic violence
- Children (Care and Adoption)

> *Several bits of legislation are coming under OECS Law Reform. If we can enact those laws they will serve us well. The laws governing maintenance, adoption and foster care are near and dear to child protection*

The long wait on the OECS Law Reform was mentioned as a matter of grave concern especially so because of the following gaps:

> *The Committee that began looking at OECS Family Law Reform is not functional. It may be useful to have a lawyer on the team to make a link with the AG's Chambers because the Ministry of Social Development's work is dependent on the law. The AG's Chambers have a limited number of staff and so it is a problem for the Social Development work to be attended to*

Limitations of the legislation were seen reflected in the fact that they represent a criminal justice-led child protection system rather than a holistic child-centred systemic approach to child protection in which criminal justice is a part.

> *The existing laws are limited to court interventions rather than a systems approach. They are not aimed at victims support but at getting the perpetrator. They are more about being punitive toward the perpetrator than about providing support for the victim*

> *Police methods of questioning and investigation do not protect the child. This is an area that needs to be developed and is being addressed by the [Child Protection] Action Plan*

> *…the way the courts are set up is not conducive to dealing with CSA – more family courts needed*

A Family Court is one of the changes anticipated when the OECS Family Laws are brought into force. However, in this regard there was divergence as another policy maker thought that 'sexual offences should not go to a family court.' Inconsistencies in the application of the law were noted by several respondents. One policy-maker described the situation follows:

> *We have adequate or OK child protection laws and inconsistent implementation*

Strength and weaknesses of child protection laws in Anguilla as identified by policy-makers

'*The Revised Criminal Code is more worker-friendly, protective of workers – workers no longer feel out on a limb.'* Among the other stated strengths were the clarity and accessibility of the laws within this Criminal Code, the provision of probation services, the existence of legislation to protect children thus empowering the Department of Social Development to so do, clarity on the age of consent and the existence of severe penalties for any breaches.

Respondents were of the view, however, that existing laws needed to be strengthened:

> *Certain laws out there can be strengthened so that, e.g. the virtual complainant does not have to speak if there is enough physical evidence in support of the allegation. Hopefully, the evidence produced by this report can help to amend the law this way*

Other stated weaknesses are the archaic laws and lack of harmonisation, the focus on punishment rather than treatment and rehabilitation, its non specificity to CSA, enforcement difficulties, insufficient numbers (of laws) and the need for new ones to reflect new institutional realities.

Mandatory reporting

Participants showed different opinions and levels of knowledge about reporting. Practitioners reported on the standard practice of this but were unclear about the instruments mandating them to report incidents of CSA. The public's critical role in protecting children, their reluctance and the absence of clear protocols were also highlighted.

> *There are laws on child maltreatment but nothing that mandates reporting, who needs to report and what types of situations need reporting*

The community's reluctance to report was noted and reporting by the medical establishment seemed to be linked to the level of trauma in the presenting condition of the child:

Sometimes a child is several months pregnant, has received medical attention, is underage and no report

Even when practitioners felt compelled to report, the motivating factors were different:

Once CSA is identified, my responsibility is to society as well as child and family to report the abuse. This will be reported to a parent or responsible adult and this will precede my taking a history and making full medical assessment. I would give information and advice about where to get emotional and psychological support - Confidentiality is to be stressed as this gives an assurance of help and prevention of further abuse. If there are signs of anxiety – maybe I would make a referral to a pastor who can offer counselling services

There were differences in the reporting response between the private and public sector as seen below:

I do not know anything about the laws that protect children from abuse or child sexual abuse. I do not have anything written guiding m ...They always require that I prepare a report on completion of a physical examination…Though the children are referred to us for medical assessment by the DSD we do not have internal protocols, nor am I aware of what protocols or policies guide our interaction with DSD except that they ask for an assessment, which we do and then submit a report. I have never been asked to go to court but I assume they use the report as evidence

There is no law or policy that I know of compelling me to report it or to do a particular action…

If I find evidence that supports child abuse or child sex abuse, often the parents do not want to go any further with it and there is nothing I can do to insist on taking the process

From the perspective of *juvenile probation,* however, the understanding was very different:

Up until a little while ago underage sex was tolerated but the police now have the power to prosecute even though the families may not want to report. It used to be too easy to pay off the family

This participant shared another and quite insightful policy perspective:

I think if we were taking a more preventive approach the focus would be on education rather than mandatory reporting. So perhaps there may be a mismatch between policies/procedures and the outcomes we aspire to in regard of protecting children from sexual abuse…In addition to generalised policies, there needs to be detailed organisation level guidelines for action. We need to make clear where the place to call first is. Though often the situation is so pressing any action (no matter who is alerted) is better than nothing

The policy respondents' responses mirrored this conflict regarding reporting requirements, with respondents unclear about what was required of professionals working in the field. One interviewee, however, made specific reference to guidance that has been issued to deal with this:

I do know that there is a National Care Standards and Procedural Manual on Adoption, Child Protection and Foster Care

Clearly, however, while this important resource exists and this reflects the fact that a significant change had taken place, this development had not been adequately communicated across the board to all agencies and professionals with responsibility for protecting children and responding to CSA. While there were passionate responses to the phenomenon of CSA, no positions were expressed in favour of mandatory reporting.

Policy, Procedures/Protocols

The need for clarity and consistency in interdepartmental knowledge informed by sound policy, procedures and protocols was a consistent theme with interviewees. There were descriptions of unclear procedures inconsistently applied by practitioners. Factors seen as impacting on this were uncertainty, societal taboos about the topic, stigma and discrimination of victims, inadequate training, the small size of the country and the social/political repercussions of CSA being followed up, and the code of silence.

> *I can't say that I am aware of clear policies and procedures, so people use a common sense approach, bearing in mind that the welfare of the child is the first and paramount consideration*

Among the referenced policy documents but not necessarily consensus, regarding the existence of clear policies to address CSA were

- The National Care Standards and Procedural Manual on Adoption, Child Protection and Foster Care which guide the Department of Social Development. It was also admitted '…a lot of how we operate is not in black and white'
- Judge's Rule is a policy document which provides guidelines and administrative directives to persons (police) who are investigating matters involving minors
- The Draft Child Protection Action Plan is one output of the Child Protection Steering Committee. The centrality of this Committee's work was described and highlighted as the driver in the amelioration of some of the problems with policy, procedure and the legislation.

The general acknowledgment that support systems and policy were either non-existent or inadequate to serve the well-being of abused children, was bolstered by the recommendation of most respondents who thought that the greater involvement of children and families would lead to improved systems:

> *I always believe in including children in any policy decision that will affect them – they and families should be involved as they have so much information that the process might not be privy to otherwise – experience can be brought out at the table to target policy to their needs rather than make assumptions at the top*

Another participant agreed:

> *…their involvement would help us to take our heads out of the sand. Children will also understand the community's responsibilities to them and when they are in breach*

Interagency challenges to protecting children

The aforementioned institutional weaknesses manifested in policy and protocol deficits and further evidenced in significant interagency difficulties is now further discussed below through the discussion on law enforcement, the judicial processes and the education/school system.

Enforcement

Interviewees identified a number of issues relating to the enforcement of child protection laws:

- Lack of confidentiality on the part of the police
- Lack of clarity regarding legal boundaries on the part of the police responding to reports of CSA continues to challenge despite the existence of the Judge's Rule, which gives guidelines for police, and administrative directives to persons who are investigating matters involving minors
- Adults who are accused of CSA must be advised that they are not obliged to talk with the police. If the child is under 16 years there must be corroboration which is difficult to obtain – some children are able to do this very well on their own, some not
- Some officers are trained in these areas and know what to do. The Judge's Rule is a policy document which we have to follow

The lack of effective systems for reporting, investigation and follow-up are highlighted by a case described by one respondent. The case concerned a family where a little boy was thought to be sexually abused by his step-father. A police officer was said to have received the report from a younger brother. The officer took the informant from primary school to the police station for questioning and the government was sued by the family. The information was also deemed inadmissible and the officer did not go back to the child to prevent any more pressure coming at him from family.

There also seemed to be further confusion regarding inter-agency roles and relationships to those mentioned earlier:

> *Right now it is still not clear if the police have the authority to act on reasonable suspicion to approach a child suspected of having been abused. Police do not have the authority to question a child but have to make a report to DSD. Police should be able to question a child if there is such suspicion…Instead of going to the DSD, there should be some alternative like a Minister of religion – there should be alternatives to the Department, especially for counselling…Sometimes a child is close to a teacher or to a respected person in the society and may be more comfortable talking with someone other than a welfare officer*

> *When we turn to the Department of Social Development, they may insist that we find the non-offending parent – we have to run around trying to find a welfare officer to assist. This delays the process and limits what police can do to a great extent. The DSD looks at it from the perspective that they are NOT a parent and they will play the role only if a parent cannot be found*

> *In the police, some officers have interest, understanding and appreciation but when they move on they are not replaced by officers with these same qualities. There is need for training and orientation of key practitioners*

Judicial processes

The judicial process was brought into question by several participants, all pointing to the need for more child-centred approaches for juvenile justice. Respondents all agreed that personnel in all agencies must be encouraged to take appropriate action in the best interest of the child. However, the current situation was that the 'road to court' and the process of getting there was daunting and re-traumatising and errors were made along the way, even by those charged with the responsibility of law enforcement. The time lag between the occurrence of CSA and the court proceedings, coupled with legal restrictions, usually means that the child was left without the necessary support for a long time and then was made to relive the experience.

This problem was captured in the following example: a child was molested by her step-father when she was in the 4th Form. She was now in the 6th Form and the case had not yet been tried. Professionals working with the child could give no support until after the trial. Views were expressed on the imperative need to

ensure that children receive the necessary support in such instances and at all times. Some inherent difficulties exist, however, and include the following:

- The unavailability of those police officers trained in the investigation cases of CSA when a report is made with the case then assigned another officer (usually an available female officer)
- The aforementioned length of time it can take for a case to reach the courts, partly due to ineffective systems and a lack of child-friendly processes and, in many cases, the response of the victim:

> *The victim's fear and reluctance – that in itself either prolongs or derails the process of investigation – sometimes the non-offending parent may be pushing the victim to make the complaint but sometimes the victim does not want to talk*

HIV/AIDS

An example of the interagency challenges is seen in the expressed difficulties faced by the main child protection agency – the DSD, working with a pivotal but small department such as the HIV/AIDS Unit. Insufficient collaboration and an absence of a comprehensive programme between departments were highlighted:

> *…there is insufficient collaboration with the Ministry of Social Development … we do not have a holistic program that dovetails with Health, Health Promotion, Education or the Family and Social Welfare unit in the Department of Social Services. In part this may be exacerbated by physical location*

Child sexual abuse activity and children in school

Examples of practitioner challenges

There were several reports of sex and sexual activity between children at school, both primary and secondary.

> *I have not had many cases but know there was one instance where it was alleged that an older secondary school child was troubling a primary school aged child* (Guidance counsellor)

> *Another case was a step-father who was known to be a sexual abuser but there was no evidence that he was abusing. He had molested a family member but nothing was happening with this child*

> *A number of our female players are actually sleeping out with adults on a daily basis – they don't live home – even first and second formers (11-13) live with their boyfriend*

Links with tourism policy to address child prostitution

Despite no reports of child sex tourism and no thought given to possible linkages between child prostitution or any other form of CSA and tourism, which is the mainstay of Anguilla's economy, practitioners were of the view that tourism provides an opportunity to be proactive and preventive in relation to child sex tourism, recognising that social policy alone would not suffice. It was observed that protection and prevention of children being used to satisfy the demands of sex tourists required legislation and policy from the Chief Minister's Office (Home Affairs) as it may need to restrict the movement of juveniles. It was further observed that:

> *…children might be made vulnerable during school placements for work experience at hotels as no thought had been given to their safety and protection from CSA in that setting*

…we need to teach children how to be cautious with regard to general use of the beach

Key players who could effect change

Practitioners indicated a need for a change in professional thinking and practice towards a model that embraced prevention, reduction of CSA and improved efficacy in the responses to CSA by key players and agencies. These included both government front line staff - Guidance Counsellors, teachers, counsellors, social workers, health educators, the church and NGOs but also extended to the family, neighbours and the private sector.

The home, school and church were identified as institutions of socialisation, providing moral guidance but they were also identified as localities in which CSA occurs, sometimes with extreme violence being the response to the abuse. One participant singled out siblings as often being the first line of support and cited a case where a step-father was caught by the prospective victim's brother and chopped up.

What hinders professional effectiveness?

Respondents offered the following views about the factors that impact on their effectiveness:

> ***…****sometimes the Church is so concerned about keeping families together that they do so at the expense of children – pray yes but protect the children…sometimes Church philosophy gets in the way of the protection of children*
>
> *Objection from parents to discussing some of the areas we deal with – anything to do with sex, notion that we are teaching the kids to have sex but I believe that perception is changing – not as much opposition as when we began. There is also a degree of righteous fundamentalism*

A glaring example of this 'righteous fundamentalism' was apparent in interviews with one respondent who (using a sermon-like tone), emphasised the need for high moral standards in contrast to the evil depravity of CSA:

> *There is a breakdown of moral fabric in the Western world. I live by the Genesis principles where there are complementary but distinct roles for men and women. Now there is total disregard for biblical principles. Society is now giving licence to homosexuality and normalising deviant behaviour which is becoming more and more pervasive. At 6 pm on American TV basic news showed the image of 2 men kissing. I find this disgusting, revolting and satanic. When you give immoral people an inch, they take a mile. Now they are pushing for lowering the age of consent – it's not going to end. The legalisation of bestiality is next*

What helps effectiveness?

Interviewees suggested that more effective sex education of children would help.

> *It's also important to get into the primary schools because there is an 'under the tamarind Tree' type of knowledge that is already circulating at that level – some children are sexually active from primary school age* (National AIDS Programme officer)

Practitioner Strengths and Challenges

Amidst the institutional and operational deficits and challenges practitioners described their ability to respond effectively to CSA to be assisted by personal values, skills and experience which include a belief in family and family values; concern for humanity; spirituality and biblically prescribed morality; good sense of how to deal with sensitive situations, confidentiality, and trustworthiness; counselling skills; leadership qualities; knowledge of procedures and protocols, community resources, agency personnel and knowledge of Spanish (required for some immigrant groups).

These practitioners' work was challenged by a lack of parental support; community attitudes based on the perception that girls are available to be exploited; lack of harmony in understanding partner agency roles; some agencies ignorance of policy, procedure and the law; frequent changes in agency personnel and an inability to offer short term support; absence of alternative placement options; and a lack receptivity by persons in authority;

Recommended action to strengthen laws, policy, departments and interagency collaboration
Interviewees offered several suggestions for institutional strengthening as follows:

- Remove existing loopholes that prevent prosecution; update laws to have them reflect current day realities
- Involve families and persons who have been affected by CSA, in the process of policy formulation. As mentioned earlier there was another call for the involvement of families.
- Provide professional and specialist training
- Facilitate a stakeholder's encounter designed to map areas of conflict and contradiction
- Ensure that all actors are familiar with the Convention on the Rights of the Child

Make changes:

- To the law to empower the police to pursue a case in spite of parental objection
- In the arrangements for prosecution in the quest for juvenile justice
- In the procedure that will ensure the availability of professional support for an abused child at every stage
- In parenting practices that could be facilitated by education
- To allow closer monitoring of adults into whose care children are entrusted
- That restore the practice of whole villages raising each child
- That break the taboo of talking about sexuality and promote greater openness

Communities and families and child protection
In conclusion the role of families and communities was key in the decision making and the preventative efforts against child sexual abuse. A major limitation on the role of the community was seen to be the lack of information and scientific knowledge about CSA and therefore a need exists to create materials for public education and awareness. Economic activity taking precedence, children raising themselves, the protection of adult feelings and reputations being paramount over the needs and rights of the child, further victimisation of children through pressure by adults in the family and by lawyers to drop their claim of CSA and hence silenced into protecting their abusers were all seen to be challenges which must be overcome.

The participation of children and their parents in efforts to address CSA was recommended at every level. Increasing their knowledge of child sexual abuse to enable more stringent selection of care for their child was highlighted. Families need to see themselves as a bulwark of support and encouragement providing a safe, trusting and nurturing environment for children to grow. However, in order for them to confront and address CSA:

> *…it is important for family members to feel comfortable and not brush it under the rug and deny it and let it go on for years and years. They need to acknowledge what is going on and get the child help*

> *Publishing the report and putting it in the hands of the policy makers – being a little bit more proactive - getting out into the hills, valleys and streets*

Professionals and child protection

Professionals shared freely and openly acknowledging the many institutional challenges and multi-agency relationships difficulties which can exacerbate the current difficulties inherent in the protection of children from sexual abuse. There was, however, a strong appreciation of how inter-agency conflict impacted negatively on those relationships and on agency effectiveness in the delivery of child protection services.

> *It is hard when the left hand is fighting the right hand, not everyone has the same interest in such matters. Changes in personnel – some not as passionate as others and people often shifted around in the system. Changes in the Attorney General's office have really hurt the process – too many changes*

Perceptions of CSA

> *We do not have a sense of what people's thoughts are – CSA is usually swept under the rug. This will bring it to light and help us to develop national responses of policy and law…, perceptions have a lot to do with how people understand phenomena and how they will be trained accordingly.*

Barbados

Barbados Focus Group Discussions

Six focus group interviews were undertaken in Barbados: a community group of males under the age of 30; a sports group of males over 31; professional females under 30; business females group over 31; mixed gender college students under 30, and group six comprised a mixed gender Church group over 31.

Types of CSA

Definitions of CSA in the six focus groups did not vary significantly. All groups expressed similar responses to the subject and these responses included the following descriptions: 'non consensual', 'very disgusting', 'an erosion of trust', 'molestation' and 'somebody in authority exerting some type of control'. The act of sexual abuse was viewed as an adult who exercised some degree of force/coercion on a child, and exposed the child to a form of sexual contact.

CSA was viewed as both physical and mental abuse, and encompassed sexual intercourse, buggery, fondling, fingering, and exposure to pornographic materials and inappropriate images.

One notable point of divergence regarded the varying perspectives on the definition of 'child'. Some groups had difficulty in determining if those aged 15 and 16 should be considered 'children' and whether sexual relationships with this age group could be considered CSA, if the 'sexual act' was consensual between both parties.

The *community group of males under 30* and *sports group of males over 31* did not consider girls over 14 years to be 'children' and therefore did not consider it to be sex with a minor. This was evidenced in the following comments:

> *I would not consider it abuse if it's 15 yr and 17 yr olds. If I am 21, she is 15, and she said yes, that's not abuse. It is socially accepted…Girls mature faster than boys; technically a 15 year old is really 17. As long as she gives consent it cannot be abuse…The bible says that when a woman goes through puberty she is ready, so if it happens at 11 she is ready*

There was some disagreement among the *mixed gender college students under 30*. The male participants agreed with the aforementioned groups, this was supported by the following comment which one young male stated was a general perception among males 'anything after 12 is lunch' and 'once their sitting on the toilet and feet touch the ground they are ready'.

Business females over 31 also experienced challenges in this area. Where a minor was involved with a young adult, the common view was that it could be considered a relationship. It would only become sexual abuse if the older partner was exerting a psychological control over the minor.

With the exception of the *mixed gender Church group over 31*, there was some disagreement in all groups regarding the term 'abuse' being applied to minors between the ages of 15–16 who were engaged in 'consensual relationships'. The *mixed gender Church group over 31* remained the only group who was adamant that all types of sexual activity with a minor were viewed as CSA, irrespective of the 'consensual' nature of the relationship.

Most common forms of CSA

The most common forms of CSA were identified as sexual intercourse with a minor and incest. Increasing instances of homosexual activity, where older men preyed on male minors, were also mentioned. This

situation was described as an escalating phenomenon that warranted the urgent attention of society, especially parents.

Sexual intercourse with a minor (statutory rape) - All groups identified this as the most common form of CSA and graphic examples were provided to substantiate this assertion. Relationships with younger minors was seen as repulsive by all groups, however this belief did not necessarily extend to situations where minors were 15 years and older, as previously alluded to. The situation where older men were involved in sexual relationships with female minors was seen as a widespread occurrence to the extent that it had been largely tolerated and described as 'normal'. The majority of these relationships were viewed as 'consensual' and all groups with the exception of the *mixed gender Church group over 31* expressed difficulties with the notion of reporting these types of situations to child protection agencies.

(Predatory) homosexual encounters - While the abuse of boys was discussed, the degree to which it was being witnessed was difficult to ascertain. The sexual abuse of boys by older men was identified as the major type of abuse in these instances. Only one group (*sports group of males over 31*) explained in great detail the presence of this type of abuse at a national level. It was felt that the abuse of boys, while very common, was overlooked and that the judicial system responded to sexual abuse with a definite gender bias. It was felt that this was reflected in the sentencing structure for such offences, where those convicted of sexual abuse of females were given harsher sentences than those convicted of sexually abusing males. Sexually abused boys were thought to be neglected despite the reality that these male 'victims' suffered the same harmful emotional effects as their female counterparts.

Some groups (*sports group of males over 31* and *mixed gender college students under 30*) noted that while buggery against young males was a growing concern, it was also felt that many young boys were willing partners in this type of activity. It was perceived that this was fuelled by financial considerations – where sexual favours were being traded for money. Changing societal values was pinpointed as a major contributor to this type of activity. Where once seen as 'taboo', and kept 'closeted', young boys were becoming more 'open' in pursuit of homosexual liaisons. They were viewed as willing partners, leaving home with the specific intention to engage in this activity. One female participant stated:

> *I have met young boys who have sex with older men for money; it is seen as a business transaction*

Exposure to pornographic materials - It was acknowledged that sexual abuse was not restricted to physical contact but included exposure to pornographic material including books, magazines, movies and the Internet. This situation was often worsened when minors actually witnessed adults engaging in sexual activity in the domestic setting. *Mixed gender college students under 30* and *community group of males under 30* agreed that this type of exposure was normal in Barbadian society. The *community group of males under 30* suggested that children should be taught about 'sex' at an early age to eliminate the taboos associated with the act. It was reasoned that this early exposure would educate the child, prepare them for the realities of life, and thus contribute to their entry into adulthood, as an informed individual.

Incest - Incest was viewed as prevalent throughout the society but it was felt that such acts were commonly concealed under a 'cloak of silence'. Incestuous relationships were thought to be kept hidden because of the shame and disgrace which accompanied their exposure. It was suggested that in some instances these relationships were only revealed when a pregnancy occurred. The various groups provided startling and often disturbing accounts of incest in their communities and families. One female recounted how her father had molested her for a number of years and described it as a 'period of darkness', which led to feelings of low self-esteem and her subsequent involvement in a number of 'damaging' relationships. She explained how she was able to overcome these feelings of anger and rejection through her relationship with the Church and her faith in God. Participants provided stories of incest:

There was a father who was molesting his baby, and his sister told him that he 'must stop the foolishness'. They all knew about it. The whole thing was disclosed when the baby was found to have gonorrhoea in its mouth. He can't think that he is doing anything wrong, when everyone knows and nobody calls the police

There was a case in my neighbourhood where this girl was being molested by her brother. He was the main breadwinner in the family so they allowed it happen. They were aware but refused to report it. The girl was threatened with eviction if she said anything and so she kept silent. She confessed to me that she felt powerless, people in the neighbourhood knew

I had a girlfriend who was raped by her father and it concerned me 'cause we were in a relationship. I did the next best thing and reported it. They ended up moving from by the father. She told me that he would take them to the beach and while teaching them to swim his hands were on their private parts. When you see this man, he always laughing you would never believe that this man was capable of doing these things

I know a brother and sister that used to sleep with one another, like a normal thing

The *mixed gender Church group over 31* drew similarities between incest and 'slavery'. Incest was viewed as a form of ownership and linked to a slave mentality where the child was considered as 'chattel' and was the property of the adult. The group also considered its presence as a 'generational curse' which could be passed on through generations of families. The *sports group of males over 31* expressed strong sentiments towards incestuous relationships. One young male summarised it as follows:

Something has to be wrong with a father who does that…no man in his right mind would trouble his daughter but some individuals see it as normal, it is normal to them…It is a normal instinct. We need to examine it from different angles and perspectives to understand it

Reasons why CSA is tolerated

All groups cited financial reasons, shame and fear as major influences which contribute to the continued tolerance of CSA. In instances of financial motivation, the abuser was often identified as the main breadwinner and the loss of income was a determining factor in allowing the abuse to continue. Also, the victim might be unwilling to contribute to the break up of the family by exposing the abuser. In this vein, the victim might be willing to sacrifice themselves to keep the family intact.

The insular nature of small communities was also cited as a factor in the toleration of CSA. In circumstances where communities were small and close-knit, persons found that when the information became public knowledge, 'their lives would be damaged' and would result in being ostracised in society. 'Victims' and parents were therefore scared and/or ashamed to divulge information related to sexual abuse. It was felt that society had a way of making the 'victim' feel as though they were the perpetrators. People were generally scared to reveal abuse.

Scale of problem

There was a common perception among all groups that CSA was rampant in society. This was supported by anecdotal accounts of community and neighbourhood events and some personal narratives of these experiences. All groups could cite examples and provided anecdotal evidence to support the existence of CSA in society. Despite knowledge of its existence it was found to be 'hidden and shut away'. This however, was juxtaposed with the view that the evolving nature of society meant that more persons were willing to speak out about this malevolent societal menace.

Groups were quick to determine that sexual abuse of younger girls by older men was more prevalent in society but, in some instances, this was not seen as abuse as many young girls were thought to be 'willing' participants.

It was reasoned that societal changes and evolving family structures, including the declining influence of the extended family, the advent of 'young' grandparents, lack of community interest in the welfare of children and families, and the promotion of individualism and self interest, had led to a breakdown in society.

The impact of technology on CSA had contributed to its growth and had created an alternative avenue for exposing young minds to inappropriate sexual activity. Describing it as 'opening a Pandora's box', the Internet was recognised as a new threat, taking CSA to the next level. This medium had provided access to all ages, and had facilitated predatory relationships, as well as easy access to the circulation of inappropriate images. It was generally accepted that, by using the Internet, it had been made easier for predators to access 'victims' and for sexual encounters to be shared and disseminated to the public.

This was highlighted when an incident was recounted of a graphic message that was circulated via the telephone of a young mentally challenged female being sexually assaulted by group of young men. It was thought that no official reports were ever made of the video but that it had been circulated throughout the island.

Views on what helps to maintain CSA

- Financial considerations were advanced as the most common reason in maintaining CSA. This was highlighted where parents (especially mothers) encourage these types of relationships to contribute financial resources to the family income
- The changing nature of society and the impact of individualism resulted in a lack of community cohesion. This was witnessed in the increasing focus on those activities which eliminate community interaction and include a greater focus on television, DVDs, video games and other similar pastimes. It was reasoned that this was the 'price that we paid for progress'
- Disbelief of parents allowed the perpetrator to continue abusing the child. 'Sometimes the child is not heard by the parent.' Groups agreed that some parents had difficulty in believing their children and some children viewed it as a 'waste of time going to mummy'
- In Barbados many parents did not communicate with their children about sex; they thought children were supposed to fear their parents, this resulted in lack of communication
- The importance of 'image' where the revelation of abuse would result in a family becoming a discussion topic

Views on why it is not reported or prosecuted more

Persons did express concern over the abuse of very young children and did indicate that they would report it if they knew of such cases. However, there was a general reluctance (with the exception of the *mixed gender Church group over 31*) to report instances of CSA. A number of reasons were advanced for this. It was reasoned that sometimes efforts to assist might be viewed as being 'nosey' or 'interfering'. It was thought that families and perceived 'victims' might deny the abuse and, instead, 'turn against' the 'Good Samaritan'. This suggested a perceived lack of support from the persons who were involved.

Most groups agreed that it would depend on the circumstances, and the persons involved would determine the response to the situation. Lack of adequate response from authorities was also pinpointed as a deterrent to reporting. There were reports of police responses to reports of CSA which included *'She at she boyfriend, she gine come back'.*

Other considerations mentioned were the protracted judicial process and lack of confidence in the system. Even in circumstances where cases were reported, it was felt that the process could be too lengthy. There was the general sense that justice was oftentimes not served, with the perpetrator receiving a slap on the wrist and not being convicted. It was felt that the laws needed to be enforced.

The *mixed gender Church group over 31* remained the only group who were willing to report all types of CSA.

Risks

A number of these risks were felt to be influenced by changing societal values and emerging trends which in turn had impacted and re-defined the boundaries of what was deemed acceptable and appropriate.

Type of dress - All groups supported the notion that the manner of dress was an influence in promoting CSA. However, the degree of influence varied among groups. Females in all groups found that this influence was very limited. Conversely, males in all groups thought that this was a major influence and shared the following comments:

> *It is how parents make their children dress around men, in short skirts, belly-outs, tattoos, piercing. This is advertising – I am ready, come and get it*
>
> *If you dress like a whore, you will be treated like a whore*
>
> *Some parents allow their children to wear anything*
>
> *Some parents dress their children in an adult manner – you got young little girls, seven, eight and nine years dressing in the fine straps* [tops] *and short skirts, just like they mothers - dressing for children should be different – the way that some parents put out their children it causes the perverts to look at them in a different light and causes the child to behave more like an adult*

Parents were identified as the major perpetrators in this regard by dressing their children in an 'adult manner', 'the same way as their mothers' and in attires 'mimicking adults'. This was in part attributed to the growing number of young mothers who often placed their children in unsafe environments.

Loneliness and revenge - Alienation and broken relationships were found to have fuelled abuse in the society. Loneliness and its associated feelings of rejection was characterised as a factor which led some adults to sexually abuse minors. The *sports group of males over 31* stated that 'lots of lonely men and women come into contact with children and form 'relationships' for 'companionship''. Revenge was also cited as a factor, where the male lavished both financial and emotional attention on a female partner, to have his affections spurned, could result in abuse of (her) daughters. 'He becomes a predator'. This was highlighted in the example where:

> *…a mother refused to sleep with her husband and he went after the stepdaughter*

Poverty - There was consensus that poverty was a precursor to CSA. A number of factors related to poverty were identified as:

- Children exposed to adults engaging in sexual activity as a result of overcrowding and children sharing beds with a number of different persons of various ages
- Financial support - the presence of unscrupulous men who took advantage of destitute situations by offering money for sexual acts with minors. There were reports of some mothers facilitating this type of activity by allowing children to earn money for food and other supplies. It was also

mentioned that there were many cases where step-fathers or fathers could refuse to pay the bills if not sexually gratified by minors within the household. Situations were shared where mothers were known to prostitute young daughters to pay the bills. A Sunday school teacher recalled a 12-year-old stating:

…my mummy tell me she ain't working for me no more I have to get my own man – this child subsequently died of AIDS when she was 19 years

- Single and unemployed young mothers faced many challenges in providing adequate emotional and financial support to their children. Sexual abuse was also thought to be more prevalent in circumstances where women were found to have children from a number of different males for financial support which led to a 'parade of men into the house'

- Bribery, which was depicted as 'something for something' was also common place. This was also fuelled to a certain degree by peer pressure. There was agreement and illustrations of young girls and boys trading sex for shoes, mobile phones, iPods and other such devices:

  A mother might not have anything to give her [the child] – something for something. Girls at school who want things that their parents cannot afford to give them

Alcohol and drugs - The use of drugs and alcohol, while not viewed as a major factor influencing child abuse, was found to be an underlying cause in some instances. What was determined was that young persons could find themselves in situations where these drugs were administered to them (unknowingly) and this in turn could lead to them being sexually assaulted. The ability of minors to access alcohol easily was also found to be a factor which could lead to CSA.

Lack of adequate parental supervision - Parents were criticised for their lack of parental supervision and vigilance, which often led to a false sense of trust and awareness. There was a need for greater vigilance in the screening of social activities, as well as the entrusting of children to other adults such as friends, acquaintances and neighbours. Children were allowed to become familiar with persons who could take advantage of these situations and abuse the children who were entrusted to them.

Aggressive female minors - Males in all groups, with the exception of the *mixed gender Church group over 31*, identified the presence of aggressive female minors as a cause of sexual abuse. Young girls who appeared older, in many situations convinced their male suitors of this. These girls were described as 'womanish and uppity' and, correspondingly, men who thought they were 'womanish and hot' rose to the challenge. This was supported to some extent by the *business females group over 31* who concluded that:

> *Children are physically maturing faster, 6 yr olds are having breasts and periods, can't tell the ages of children anymore. You have children wanting to be adults and acting that way*

While there was acknowledgement by the females that there were aggressive female minors in society, it was generally thought that once the age of the female was revealed, the adult male should walk away.

Gender relations - All groups indicated that CSA transcended men's attitude towards women.

Who are the perpetrators?

Perpetrators were identified as being largely males who were known and trusted by the child. Family members including fathers, step-fathers, brothers, uncles and cousins and close family friends were all identified as perpetrators. Predators came from all socio-economic backgrounds and were manipulative, yet amiable persons. Additionally the sports group of males over 31 specifically identified those persons who were leaders and prominent members of society as potential abusers and it was this group that

suggested greater vigilance be placed on Non-Governmental Organisations, with emphasis on Faith Based Organisations, which provided services/activities for children.

Effects on the child's health and well-being

There was some divergence among groups on the effects of sexual abuse on the well-being of the child. The point was made that there were instances where 'victims' appeared to have normal relationships with abusers (sometimes even a parent) for years, then it was disclosed that there was abuse. The circumstances might even appear normal to the onlooker. The following responses emanated from the groups.

The *sports group of males over 31* and *mixed gender Church group over 31* found that the response depended on whether the act was 'consensual' or 'forced'. If the relationship was consensual it was determined that the child would function as normal, but in forced circumstances would experience psycho-social trauma. Unhealthy coping mechanism could develop where the child interpreted the situation as love and affection. This may initially bolster the child's self-esteem but would eventually damage the psyche. The child might not identify itself as abused and so continued a 'normal life'. This was illustrated in an account of an orphaned boy who was adopted by a teacher who subsequently abused him. This was masked by the fact that the 'victim' was a high achiever. The boy was scared to come forward officially because this man had shown him kindness and taken him in. He was grateful to his abuser.

Groups found that this trauma would often manifest itself in sub-normal school performance; grades may fall and it could affect family relationships resulting in withdrawal. In addition, the child may become isolated if the parents did not believe them, resulting in a loss of trust. It was also argued that such situations could result in mental health issues later in life – especially in a society where everything was covered up and persons did not feel comfortable seeking counselling. The absence of effective counselling related to the whole gamut of issues confronting these children, including scholastic aptitude, behaviour and future relationships.

Vengeance was also identified, where the 'victim' lashed out at the perpetrator or at society. The *sports group of males over 31* shared an account of a boy who murdered a man who attempted to bugger him.

The *mixed gender college students under 30* identified the importance of support system in coping with sexual abuse. The presence of strong support systems could influence the rate of recovery of the 'victim'. Abuse might also result in confused sexual identity – where a 'victim' may become involved in same sex relationships or develop a promiscuous lifestyle, because of feelings of low self-worth. One respondent shared this case:

> *…where a girl was physically abused as a child by her father, she was unable to trust anyone when she became an adult ... She could not trust, could not love, she thought that that all men were like her father…responses are different, some people get abused and decide they need to carry on, some don't*

Action and empowerment

There was agreement that the entire society was deemed responsible for the response to, and prevention of, CSA. It was concluded that there was an individual role and a societal role, which included a State response and the involvement of Civil Society Organisations.

Role of the State

The role of the State was viewed as the protection of the social fabric of society. A number of criticisms were directed towards the lengthy judicial process and it was felt that the system was ineffective in the delivery of justice. The need for an improved system was identified by all groups and these included the sentencing of offenders, and the need for a review of existing legislation. The punishment administered to offenders was regarded as too lenient and it was argued that the imposition of heavier penalties, such as

hanging and castration, should be maintained as viable options of punishment. It was also felt that cases should not 'dropped' and once a case was reported, justice should run its full course.

An area of concern raised was that of accountability and confidentiality. Blatant disregard for confidentiality among professionals was an area of grave concern. Groups felt that persons should be held accountable when sensitive information was disclosed. This had impacted on the 'unwillingness' within the society to report matters of sexual abuse and to seek available support in these situations. It was also suggested that the reporting of CSA be made easier for the public.

The *mixed gender Church group over 31* addressed the rehabilitation of offenders by suggesting that greater attention needed to be focused on this population. The group found that prisons should act as rehabilitative facilities and not 'hotels', with appropriate therapeutic programs for offenders.

Sensitisation and awareness were also highlighted and it was proposed that the Government adopted campaigns similar to those of HIV/AIDS prevention to educate the public on the issue. Other suggestions included the provision of community parenting classes, to provide guidance to young parents in the community and the development of innovative methods to educate and sensitise parents and the inclusion of children in delivery of programmes.

Schools/teachers
The school system was identified as a secondary system which could provide support to the victims of sexual abuse. Teachers and guidance counsellors should be provided with additional training to better address the needs of students. It was felt that there should be a more 'holistic' approach to the issue with teachers and others being more receptive and understanding 'instead of turning a blind eye' to students who were in need. There was also a call for the placement of guidance counsellors in primary schools to accommodate the needs of younger children.

Role of parents
Parents were admonished for lack of vigilance and communication with their children. Many were described as 'child producers' who were guilty of compromising their parental roles at the expense of their children. All groups found mothers to be more culpable, and while they were severely criticised for their roles in perpetuating sexual abuse, no criticisms were directed towards the fathers at this level. Fathers were only criticised in their role as perpetrators. There was a call for open dialogue and communication where sex was not viewed as 'taboo'.

Role of the Church
Criticisms of the Church were from *sports group of males over 31* and *mixed gender college students under 30*. The *mixed gender college students under 30* identified the role of the Church as educating society through outreach programmes and the delivery of sermons on topics which affected society. While this group argued that the Church could provide the 'answer' to societal challenges and was the 'light in a world of darkness', it was determined that many churches had failed society and were found to be culpable in covering up situations of CSA. This view was supported by the *sports group of males over 31* who found that many perpetrators had originated from the Church and that these organisations should be scrutinised for potential CSA situations.

Barbados Practice and Policy-Focused Interviews

Seven policy and nine practice focused interviews were conducted in Barbados practice and included representatives from the following groups:

- Child Care Officers
- Child Care Board

- Paediatrician
- Guidance Counsellors
- Principal, Primary School
- Support Officers, Juvenile Liaison
- Police Force
- Psychologist
- Counsellors
- Attorneys-at-Law
- Ministerial staff
- High Court Judges

Scale of problem

CSA had been described as an insidious phenomenon which warranted widespread condemnation as well as a coordinated response at all levels of society. One participant described it as 'aggressive' in its attack on society, occurring more frequently than persons realised. Anecdotal information suggests that CSA is pervasive in Barbados and exists among all socio-economic groups. As a discrete social issue CSA was thought to be vastly under-reported, with its existence often concealed by many persons, including the parents of victims. The sensitive nature of the topic had resulted in the establishment of a 'private and secretive' domain around the topic, where stigma and a lack of adequate societal response contributed to and exacerbated the problem.

Given the level of under reporting associated with CSA, it was generally considered that the true extent of CSA in Barbados was difficult to determine. This was borne out in some of the deliberations. One respondent stated that in many cases the relevant authorities were not even notified of these occurrences and another commented that:

> *Sometimes I had a strong feeling that what surfaced in the court was just a very small percentage of what goes on every day and will never reach a probation officer, a welfare officer, or the Child Care Board. I always had a feeling we were not getting to the problem*

Official reports from the *Child Care Board* and *police force* reveal that during 2006, there were 77 offences committed against minors in Barbados. This figure dropped to 67 in 2007. Between 2003 and 2004 the *Child Care Board* received 224 referrals for alleged sexual abuse. This was a slight decrease from 232 cases recorded during the 2002 to 2003 period. Respondents suggested that there was an increased prevalence of CSA transpiring in Barbadian society, while emerging trends pointed to an increased number of male minors engaging in homosexual activity for a multiplicity of reasons, financial considerations being foremost.

One interviewee felt that CSA was generally frowned upon by society but this was now being impacted by changing societal values. It was argued that society was dominated by a growing sense of individualism which had become the norm and, as a result, there was now a reluctance to report or to become involved in situations where one could be viewed as 'nosey ' or 'interfering'. She reinforced the notion of under-reporting by suggesting that, while CSA was not generally tolerated by society or accepted as a 'lifestyle', many situations existed which were hidden and never exposed in the public domain. In addition, several other factors were advanced as explanations for the under and non-reporting of CSA. These included: shame and embarrassment, fear of the abuser and possible reprisal, reluctance on the part of the family for a variety of reasons, and the belief on the part of many victims that the veracity of their story would be questioned.

Most common forms of CSA

Information provided by the practice interviews identified a range of sexual abuse behaviours in society; however, the most common forms were recognised as sex with a minor (statutory rape), fondling and

fingering. Although official statistics did not reveal the prevalence and extent of incest, interviews simultaneously highlighted its presence and the level of secrecy in which it was shrouded. Evidence suggested that girls were more frequently the victims of CSA and while they greatly outnumber boys in reported cases, the true level of sexual abuse perpetrated against boys could only be estimated, as boys were found to be more reluctant in reporting this type of abuse.

Another area of discussion which arose was relations involving older women and young boys. The view was that this was more tolerated and seen as an 'initiation'. In contrast, it was noted that situations where older men were engaging in sexual relations with younger girls was more frowned upon. This reality, while unsavoury, served to shows the disparity in how society perceived these acts.

Sexual intercourse with a minor (statutory rape)

Sexual intercourse with persons under the age of 16 or Statutory Rape was considered to be the most prevalent type of sexual abuse. Step-fathers, boyfriends of mothers, and other male acquaintances were identified as the most common perpetrators. The prevalence of teenagers involved in relationships with older males was seen as widespread and it was felt that this was sometimes regarded as acceptable. It was felt that this was indicative of a degree of 'unexplained leniency' by society. To this end, society exhibited a discriminatory attitude towards these acts and the teenagers involved were viewed as 'hot' and desired to engage in that type of 'sexual behaviour'. In these types of relationships girls were often viewed as 'willing participants' who were 'giving it away' and who were supposedly capable of making their own decisions. It was also commonplace for the 'boyfriends' to sleep at the child's house and to be accepted by parents (predominantly mothers) as part of the family. Some parents had even stated that the perpetrator was 'helping the family' and he was not a 'bad guy'.

There was also mention of several cases where both participants were of similar age. Examples were provided of many 14-15-year-old females engaging in sexual activity with young males between the ages 17-18 and of the males appearing before the before the Law Courts. In cases where both parties were under 16 years counselling was provided.

Incest

In all interviews it was confirmed that incest was prevalent throughout society, at all levels, across all socio-economic brackets. This was also thought to be grossly under-reported and shrouded in secrecy, primarily due to the accompanying shame and embarrassment. Despite the knowledge and existence of incest cases by all participants it was interesting to note that only four cases of incest were officially reported in 2006 and two cases in 2007. Graphic descriptions were presented and even some personal family experiences were disclosed. One participant revealed that:

> *My cousin killed her father because he was abusing her, he had done the same thing to his other three children and she decided she could not take it anymore and killed him. She did not go to prison*

While the major perpetrators were identified as fathers, uncles, and cousins, grandfathers were also known to commit these heinous acts. Anecdotal evidence suggested a high level of incest in society, under-reporting had contributed to the lack of empirical data to support this statement.

Fondling/fingering

The incidence of fingering was also presented as a major form of CSA. This had been observed in many cases to the extent where the hymen was perforated resulting in profuse bleeding to the victim. The effect of this on young children was traumatic and often resulted in the injured party being hospitalised. In fact, it was recognised that hospitalisation was a mode of intervention. There had also been instances of sexual abuse against young children where the child had been made to expose themselves and the perpetrator

physically rubbed on their breasts or private parts. This had also been identified in a number of cases where older siblings were found abusing younger siblings.

Other perceived forms of CSA

Other acts of sexual abuse included non-penetrative acts, involving no physical contact between the perpetrator and the victim, and therefore not often perceived as sexual abuse. These acts were understood to be tolerated to an alarming degree within the family setting. Such deeds were identified as 'peeping', exposure to pornographic materials and verbal abuse:

- Peeping frequently occurred and while the identity of many 'peeping toms' was known this act was seldom officially reported
- Many children were exposed to pornographic materials at early stages and this was found to have an adverse affect on the behaviour of the children involved. This had often resulted in 'acting out' and there were increasing reports of this type of activity at school
- Verbal Abuse - young females often complained of being assaulted with sexually loaded comments. These were often tolerated because of the perception that 'sticks and stones may break my bones but words may never hurt me'

A female respondent lamented changing societal structures and reasoned that:

> *…in today's society you say and do whatever you please. People think that they can make the most vile and inappropriate sexual remarks to children and they will not be reprimanded*

Nature of the problem

Evolving trends

Technological advances in personal communication systems can be observed in all aspects of modern society. The Internet and mobile telephones have provided unlimited avenues of communication and were often the *entry* point at which young persons were exposed to exploitation. Even more regrettably, this technology often manifested itself into another area of sexual abuse. Sexual activity appeared glamorous on the Internet and this medium was utilised by young people to share sexual encounters. There was great concern towards the display of graphic sexual images in which school children were featured in 'starring roles' and there were unofficial reports of a number of disturbing, graphic videos currently in circulation of uniformed children engaging in various forms of sexual activity among themselves and with adults. Utilising the Internet and mobile telephones, salacious images were being captured and circulated, and the openly sexual environment that school provided had contributed to its popularity.

In addition, this medium was often incorrectly perceived by young impressionable people as a means by which to display affection and love and sometimes had resulted in pornographic pictures being shared, sometimes in confidence. However, a potentially devastating unintended consequence was the betrayal of this 'confidence' through the dissemination of these intimate images in the public domain. This situation had been highlighted as an area of grave concern and it had been strongly suggested that Government investigated the impact of this technology on the local child abuse situation and put the necessary systems in place to address the situation.

Younger children and sexual exploration

This disturbing and increasing new trend had surfaced and most cases had been reported within the school setting. It involved younger children exploring their bodies with their peers and thereafter engaging in inappropriate sexual behaviour. There were reports of children entering bathrooms and fondling or touching other children's private parts or trying to insert a penis into another child's buttocks.

Homosexual abuse
Young boys were increasingly becoming easy targets for older male molesters. One interviewee pointed out that:

> *…a lot of older men are taking advantage of our little boys, there are young children aged 13-14 years being paid $100.00 to have sex and then the child walks away to buy a pair of shoes or something else*

Additional research is required in this area to determine the extent of the problem and contribute to providing an effective response to the situation.

Mothers
Mothers were severely criticised for what was seen as their contributory role in the perpetuation of CSA, this ranged from unshakeable disbelief to latent acts of bribery. One respondent described this in the following terms:

> *The child would tell mummy and mummy would accuse them of lying on daddy, in the case of the step-father, he is providing for us, rather than believing the child she would believe the step-father then the child has no one to turn to*

All participants cited examples of situations where they were of the opinion that the mothers of the victims were most culpable in perverting the course of justice. Shared professional experience revealed situations where mothers were not willing to disclose these types of situations in their families due to fear of the termination of financial support from the (abuser) boyfriend/step-father. Even in instances where neighbours reported the matter to the Child Care Board the mother would deter the child from testifying. One respondent thought that these mothers were unaware of the long-term effects of CSA for young children. She commented:

> *I have witnessed instances where women over 50 years old broke down and recalled being sexually abused, one victim remembered being abused at 9 years old, she said her mother never took her seriously*

There was some concern regarding the number of women in society who were abused as children and were still suffering the consequences of sexual abuse. The far reaching negative implications of CSA were illustrated in examples of women who were still suffering the effects 20 to 40 years later. It was thought that some mothers needed to be educated on the therapeutic effects of interventions. It was of interest to note that females (mothers) appeared more inclined to conceal CSA, while fathers were found to respond differently and often sought to have justice administered on behalf of their children.

Family constellation
Participants identified single parent families, the presence of a step-father or boyfriend and an unstable family situation, allowing a succession of partners without much, if any, prior knowledge of character into the house, as contributing to CSA. One interviewee noted that in some instances there was a '…seeming acceptance that some amount of sexual contact in these situations is acceptable'. Where a significant other was missing (mother or father) the child often sought a substitute, someone that they could relate to, and this person would often take advantage of them.

Single parent families - frustrated parents, who found difficulty in developing adequate coping strategies with which to address their emotional and socio-economic circumstances. The presence of young, single mothers who experience high levels of unemployment coupled with frustration due to a lack of financial and emotional support from fathers. This was compounded by an increasing number of young, immature grandparents who were unable to contribute adequate emotional support to the family unit and young

mothers who exhibited a lack of respect for their bodies. There was recognition for the need to empower these young women in an effort to help them to respect their bodies and to seek (source) employment to support their families.

Parents who were victims of CSA - past abuse of parents might lead to them placing children in inappropriate environments conducive to sexual abuse. Many of the adults, especially the mothers, had been abused themselves as children, and therefore the acceptance of abuse appeared to be higher. It was recognised that there was a greater need for vigilance and reduced exposure to harmful environments.

Socio-economic factors

Socio-economic status was determined to be a factor contributing to CSA. As implied earlier it was thought that court cases were dismissed due to the acceptance of 'payments' from the perpetrator to the victim/family. The majority of families who accept these payments were described as persons from 'lower socio-economic backgrounds'. Disclosure of abuse might also lead to the termination of support from the male partner, and sometimes the victim did not want the abuser to be arrested because he provided the main source of income. The presence of older teens (girls) involved in relationships with men for financial support was also a common occurrence. One respondent summed it up like this:

> [CSA] *is very prevalent in our society, girls openly tell you that they receive and go out with older men and receive financial support and their parents do nothing about it. These older men sleep in homes of girls who are under 16 years and nothing is done about it. Before, in Barbados, a man was put in jail for impregnating a 14 year old girl that does not happen anymore. Society has forgotten values and standards; it is now driven by money*

It was summarised that situations of poverty might influence parents in allowing children to be sexually abused. Poor or inadequate sleeping arrangements, sometimes as a result of household poverty, which led to overcrowding and the sharing of beds, were seen as factors which led to inappropriate sexual behaviours. It was argued that these types of sleeping arrangements predispose children, particularly those of adolescent age, to sexual exploration and experimentation. In such circumstances, children may witness adult sexual activity and this could lead to experimentation at school.

The ZR culture - there was the public perception that persons who drove Route Taxi vehicles were routinely responsible for the sexual exploitation of young people.

Significance of other social factors

Evolving societal values - the changing nature of society, where sex had become increasingly trivialised, had resulted in the advent of casual sexual contact and blasé attitudes towards sexual behaviour. It was believed that the wholesale adoption of these values opened the door to the easy breeding of CSA. The media had definitely played its part in the ever increasing problem by promoting images and messages of sexual activity to which children were constantly exposed.

Lack of moral values – how people viewed themselves and their roles in society .There was a breakdown in moral values in society. People no longer cherished children and provided nurturing support; this had been replaced with self-gratification. The promotion of tolerance in a society where individualism was 'king', meant that it was nobody's business if you had sex in the public arena. It was suggested that this had also facilitated sexual abuse among minors. Perpetrators were viewed as becoming more audacious and predatory, especially as the avenues for sexual abuse were now more commonplace than ever.

Perpetrators

Most victims were abused by someone they knew. The majority of perpetrators were described as male, sometimes residing in the home and closely related to the child; for example, fathers, step-fathers, cousins, uncles and neighbours. There had been a few cases reported of boys being sexually abused by aunties.

There was usually some element of trust towards the abuser and a 'stranger' was rarely identified as an abuser.

Some perpetrators were themselves victims of CSA and there were reports of individuals admitting to having sexual relations with minors in an effort to avoid contracting sexually transmitted infections. Some common traits of perpetrators were identified as low self-esteem, early exposure to sexual activity, and situations where they were lonely and seeking affection and some type of acceptance.

How should perpetrators be dealt with?
While most participants did not address the rehabilitation of the perpetrator, one respondent suggested that when the perpetrator was brought before the laws courts, counselling should be provided. She suggested that there was a 'need to understand why these types of acts are committed' and to recognise it as a disease which needed to be treated. She lamented the lack of attention that was dedicated towards the treatment of the offender.

Agency role and responsibilities

Role of government
The State was identified as a principal stakeholder for the care and protection of children. The *Child Care Board*, established in 1969 received its mandate from the amended Child Care Board Act of 1981 empowering it to:

- Provide and maintain Child Care Centres for children in need of care and protection
- Provide counselling and other services for children in need of care and protection and the parents and guardians of those children
- Place children in foster care
- Register, license and regulate Private Day Care Services
- Make grants to Private Institutions

Other Acts made provision for the *Child Care Board's* work, among these were the Adoption Act 1955 (amended 1981), the Prevention of Cruelty to Children Act 1904 (amended 1981) and the Domestic Violence (Protection Orders) Act 1992. The Board collaborated with the Police Force and other social agencies including the Welfare Department, the Queen Elizabeth Hospital, the Social Work Department of the Psychiatric Department and the Ministry of Education. The Board has recently sought to establish a closer relationship with the Immigration Department, given the recent influx of regional immigrants into the country.

Effectiveness of government
While the State had been identified as the principal stakeholder, the effectiveness of the current system had been hampered by a lack of adequate personnel. There was consensus that the current staffing situation of Government agencies with responsibility for children had affected the quality of the provision of services. The following challenges were highlighted:

- A limited human resources pool, which affected the effective and efficient follow up of cases. Staff complained of being overburdened and over-worked and described how this had impacted on the ability to perform their duties effectively. It was suggested that additional trained personnel be employed in this area along with ongoing training for existing staff
- Lack of specialised training for 'first response' personnel was identified as a major area of concern, especially with regard to law enforcement officials

- Inadequate psychiatric care for victims of CSA. There was a dire lack of professionals in this area to address the increasing number of clients. More outreach programmes in schools, updated technology and cultural specific educational tools
- The need for therapeutic communities (facilities) with wide range of skilled persons (counsellors, nurses, therapists) for interventions

The role of the non-governmental organisations (NGOs) and faith based organisations (FBOs)
The role of the NGO sector was viewed as that of providing support to the burdened state system. It was acknowledged that Government services were stretched to their capacity and that this had affected the quality of the services being offered. It was felt that the potential of NGOs, especially those of FBOs, in the provision of support and (educational) services was not fully realised.

Child protection laws
It was generally felt that Child Protection Laws were inadequate and that there was great scope for improvement. One respondent felt that the laws were not 'good enough' and while there was a laudable effort at implementation, there were areas which needed to be strengthened. A number of Acts addressed, in part, the sexual exploitation and abuse of children. They were the:

- Sexual Offences Act
- Protection of Children Act
- Prevention of Cruelty to Children Act
- Offences against the Person Act
- Juvenile Offenders
- The Young Persons Act
- Domestic Violence Act
- Punishment of Incest Act

While these laws provided wide areas of protection, some inconsistencies and 'grey' areas had been identified. It was disclosed that there had been no major review of legislation relating to children since 2000 and that the Family Law Council (which had been established to advise the Attorney General on issues relating to reform on Family Law and any matters concerning family, children and law) had requested a repeal of certain pieces of legislation and harmonisation of all legislation within a comprehensive Children Act. This would establish a governing agency for the care of children and set out protocols for all state agencies, especially education, health and the judicial system to follow in suspected cases of child abuse.

One area of concern was the lack of reporting protocols. The following example illustrates this point. Teachers who encountered cases of sexual abuse had no set steps to guide them as to how these situations should be dealt with. One respondent felt that:

> *There is nothing to help implement it properly; we fall down in the area of protection and policy. I think to some extent we have become very complacent. The laws were not poor but they are inadequate, they could be improved*

Another area of concern was the impact of technology on CSA. One respondent noted that it was necessary to examine technological advances such as the Internet, mobile telephones and personal communication systems and their impact on CSA. This was viewed as a major challenge which could be addressed through legislation.

Strength(s) of legislation
Laws reinforced the protection of children. Despite the identified limitations within the laws, a major strength was viewed as ensuring that children had rights and that they were adhered to. The rule of law assists in guiding how children should be protected and determined what was right and wrong. Recourse

for ‘victims’ - the knowledge that there was recourse for ‘victims’, their families, and the satisfaction that the victim could make a report and the perpetrator could be brought to justice, was considered a major strength. Regardless of the identity of the perpetrator (mother, father, step-father, brother, sister) that person could be prosecuted. Although some laws were not ‘child specific’, child sexual abuse was covered by laws on the statute books whether it was pornography or direct sexual abuse.

Mandatory reporting

Reporting was discretionary, Barbados had not implemented a mandatory reporting provision, and there were no legal requirements to report CSA. The Family Law Council had suggested that mandatory reporting be included in the list of recommended protocols. The Child Care Board was currently working on reporting protocols and it was envisaged that this would address an area that had been described by one respondent as ‘inhibiting the work of child protection agencies’.

In-camera hearings: professionals continued to argue for in-camera hearings as the current laws did not provide for them. Alternative avenues for providing testimony needed to be explored, for example, the use of tape recordings and media links to minimise trauma for ‘victims’ of abuse. It was proposed that reported evidence (which was admissible) be recorded and presented instead of the ‘victim’ recounting traumatic episodes to a number of different persons. While improvements had been acknowledged, the implementation rate had been described as ‘slow’.

Inconsistencies in laws: the Sexual Offences Act stated that a person under 16 cannot give legal consent to sexual intercourse but it did allow 16-17 year olds to have sex. The minimum legal age for marriage was 16 and if you were married you could give consent to sex. This ‘grey area’ gave rise to confusion and needed to be addressed. This gave rise to parallel but competing definitions of the term ‘Child’, which may suggest to young people that ‘I am a child for some purposes but an adult for others’.

Discontinuing cases: there had been reports of a significant and increasing number of cases that had been discontinued in favour of cash settlements. One respondent described these situations as ‘frequent’ and revealed that:

> *…there is nothing to stop the complainant from dropping the case, it should not happen, if the child is adamant that it happened the only thing that should happen is that person being prosecuted*

There were other considerations, which should be noted including the psycho-social effects. One respondent commented that:

> *…parents do not understand the long term implications of child sexual abuse; they think that when the problem is covered they bring an end to it, but many of those children suffer a great deal*

One suggestion was that the police should be given the ability to pursue cases of statutory rape or sexual abuse regardless of what the parties may do to prevent it. It was strongly believed that when abuse was discovered it should be reported and the law be allowed to take its course.

Delays in prosecution: prolonged delays had impacted negatively on the ability of the court to administer justice that was swift and consequential. It was customary for cases to be adjourned and held up in court, sometimes as long as 7 to 10 years, with appearances between the Magistrates Court and High Court. This had contributed to a lack of confidence in the judicial system where, even if the victim pursued the case, justice sometimes appeared to be an elusive reality. One person summed it up.

The child misses school days, it is a constant reminder of the entire episode and then sometimes nothing happens

It was suggested that priority was given to those cases deemed to be of a more 'serious' nature such as murder and manslaughter. The length of time for justice to be served was frustrating for both family and children. Even when judgements were made in Magistrates Courts they still had to go to the High Court and this further frustrated the child and family. The system was criticised for not providing adequate justice on behalf of the child during this process.

There was an appeal for the legal system to be more child/'victim' friendly in order to minimise further trauma and distress during this process. The system was seen as intimidating with a lack of empathy from attorneys, who dealt with children in a similar manner to adults. Children should be afforded certain procedural safeguards to protect them during the legal process. One respondent commented:

…in most cases I would say that justice is not served, it appears at times that the perpetrator has more rights than the victim

Many 'victims' were intimidated by the Court process and this was further compounded when they were required to stand and face the perpetrator. The court was criticised for dealing with children and adults in the same manner, where no special consideration was afforded to children.

Policies and procedures

There was consensus among professionals that child protection was underpinned by clear policies and procedures. However, these policies were thought to be ineffective or inadequate and the implementation aspect was seen as ineffective with more forceful implementation being required. The ineffective implementation of policies drew harsh criticism and was identified as a major challenge in dealing with CSA.

All participants spoke of clear reporting practices; however, there were some instances where there were no written policies or guidelines to effectively deal with CSA. Reporting as disclosed earlier was discretionary and there were no written protocols for reporting cases to the Child Care Board.

While the *Child Care Board* played a pivotal role in the care and protection of children, not all cases of suspected child abuse were reported to the child care board. In many instances, the cases were reported directly to the Police. The *Child Care Board* had specific protocols in relation to CSA however respondents commented that these protocols were not shared with health institutions, schools and other agencies. One respondent thought that '…the *Child Care Board* has to have the authority to establish protocols and enforce them in agencies' and that this could best be achieved through legislation. All reports were investigated and corroboratory evidence was provided. Where matters were referred to the police, they or the Director of Public Prosecutions decided if the case would prosecuted. Where the parent was absent the Board would act on behalf of the child.

Value of involving children and families in policy formulation

All participants agreed that children and families should be involved in policy formulation. Their collective experiences were considered a valuable contribution in designing effective policies. There was consensus that policy formulation should include input from the persons whom it would affect. This input could also result in a decrease in the risk of abusive situations occurring, inform and educate policy makers to the reality of CSA.

Links with tourism policy to address child prostitution

While there had been no identified official attempts to develop any policy which addressed child prostitution in the tourism sector, there was a growing concern for the potential of CSA and exploitation. It was suggested that in the promotion of the tourist product it should be explicit that Barbados had a zero

tolerance attitude towards CSA and any such cases would be dealt with in a severe manner. One person suggested the need to meet with key tourism players and discussions were currently ongoing to approach the sector for education and sensitisation regarding CSA.

Professionals

It was agreed that child care professionals possessed a dedication and commitment to their jobs, and this could be witnessed at all levels. The majority of personnel were highly skilled and competent in their areas of expertise but there was a need in some areas for additional training. Child care officers provide a variety of services including counselling, public education in schools, acting as officers of the court, offering support to 'victims' throughout the court process and assisting in court deliberations of sexual abuse matters.

One respondent was of the view that while the majority of practitioners were competent, there was definitely room for improvement. It was felt that there was still some ground to be covered in improving the efficiency of the system. One major challenge identified was the overwhelming caseload which had the potential to compromise the efficiency of the system. It was believed that anomalous situations had impacted on the inability of some professionals to follow up on cases and provide adequate support to 'victims'. While it was agreed that Government was committed in its efforts of child protection, it was felt that there was room for improvement in the system.

Key players who could effect change

The State - through agencies with responsibility for child protection and welfare, policy makers, law enforcement agents, agencies with responsibility for children.

The Child Care Board - in policy formulation and implementation and the provision of education to the public and children. Community interventions and the provision of accesses to services were identified as areas of critical importance.

Law enforcement - the police were often the first point of contact for victims and their families. Their response could determine or influence how the report was made, and reduce or eliminate the anxiety associated with reporting the matter. The police were also viewed as vital in enforcing the law and responding to CSA as a criminal offence.

Education system - it was argued that the school was usually aware of changes in a child's behaviour. When children had good relationships with teachers and guidance counsellors they could confide in them. The child might feel safe at school if the abuser originates at home. Teachers played a pivotal role in helping children to understand body development, and how to respond to hormonal changes through engagement in non-sexual activities. Teachers needed to empower children through education, ensuring that children were cognizant of their rights with regard to inappropriate/appropriate touching, and how to protect themselves against abuse.

Probation department - in dealing with young offenders this agency could and should put behaviour modification programmes in place and provide counselling and support services. The probation system could also act to protect children from themselves and place them in positive environments.

The judiciary - in ensuring that justice was served.

Others (who can affect change)

- Parents, especially mothers, needed to provide nurturing environments for children and provide channels for effective communication
- Attorneys were familiar with the strengths and limitations of the law

- Medical practitioners should be responsible for reporting all cases of CSA that they encounter
- Children; some young girls exposed themselves to sexual exploitation because of poor socialisation. Teenagers needed to be educated and encouraged to take responsibility and pride in themselves
- NGOs; the Church provided spiritual guidance and religious values, which could contribute to a positive family environment. Where this existed, sexual abuse was less likely to occur. The Church could also provide educational support to assist children/adults in understanding the spiritual impact of sexual activity on their bodies. A number of NGOs that provided support services to Government Agencies, usually in the areas of counselling and educational support to victims and their families
- Anyone who comes into contact with children on a regular basis

The role of families and communities

The dual and contradictory role of the family was identified as a key aspect of dealing with CSA. While the family was viewed as a protecting and nurturing entity, the family was also identified as, in many cases, a place for perpetrators to flourish and a source of collaborators in CSA. Changing societal values had impacted negatively on the family structure and parents and caregivers were criticised and viewed as too complacent and casual in their parenting roles. This was attributed to a lack of proper parenting skills and proper guidance. Parents needed to be more vigilant in their approach to child rearing and not expose children to harmful environments. When a child indicated that something had happened it should be investigated and, if needed, corrective action taken in order to prevent abuse.

It was generally felt that families needed to educate their children, talk to them and have an open relationship so that they could talk about any subject. Sex should not be taboo. Changing societal values had also impacted on the role of the communities in CSA. The prevailing 'individualistic' attitudes had contributed to a decline in the nurturing role of community in child rearing. While no communities were identified as 'known danger zones' for children, communities were perceived as areas where there was increasing disregard for the protection of children. As the public becomes more aware and sensitised to issues related to child abuse it was felt that there would be a greater inclination to put measures in place to prevent it happening. In the same vein it was suggested that the responsibility to report CSA to the relevant authorities would then be carried out in a dutiful manner.

Action and empowerment

- A review of existing legislation which affects CSA. The review is necessary and the collaborative effort by stakeholders to improve the efficiency of the system
- Development of a National Reporting Protocol for child abuse. Easier reporting of CSA with the assurance that something will come of it, will contribute to increased reports
- Increased public sensitisation and awareness, resulting in a greater public effort to report abuse to relevant authorities and prevent it from occurring. It is hoped that the study will heighten public awareness and develop a 'no tolerance attitude' towards CSA
- The need to revisit child protection laws and advocate for changes to make more relevant to a changing society
- Discussion and possibilities for enhanced and elaborated intervention strategies. The provision of forums to encourage collaborative efforts and to conduct education for parents and families. Many parents need to be informed about the high risk of CSA
- The availability of data to better understand the extent of the problem in Barbados; we will know the perceptions of who are the abusers; the manner of abuse, what resources are available to abused children; how the system functions, investigating and punishing abuse; what needs to be done about the laws and the authorities and who has to implement them

- Being aware that almost any child can be abused, and that any adult can be an abuser (despite the type of relationship whether it is personal, professional or business). The child's complaint needs to be taken seriously. Due process should be in place so that the complaint can be taken and investigated in time. There must be sufficient law enforcement to bring persons to justice.

Dominica

Dominica Focus Group Discussions

Five focus group interviews were undertaken in Dominica – group one comprised a sports group of males under the age of 30, group two comprised a mixed gender Church group, and group three comprised business women under the age of 30. Group four comprised a community group of males over 30 years and group five comprised a mixed gender community group over 30 years.

The cause of CSA/bewilderment about prepubescent CSA
Generally, the participants were at a loss to give reasons why an adult would find a prepubescent child sexually appealing. As one young man put it:

> *What is in a baby - cannot talk, cannot walk, just lying there no teeth, in pampers, that can arouse a 64 year old?*

The conclusion reached by most participants that it was the act of a sick or corrupt mind, something uncontrollable, and something of the evil spiritual realm. The *mixed gender Church group of under 30s* spoke of generational learning and curse as a reason for this kind of CSA.

As far as teenage girls, and to a lesser extent in reference to the sexual abuse of boys, they were much more willing to provide reasons for CSA. Some participants indicated that it was men who did not have the self-confidence to talk to, or approach an adult woman, who would choose the less difficult path of sexual relationships with children. This was mentioned mainly in the *under 30s focus groups*. All three groups - *males, females and mixed under 30s*, made this point about the cause of CSA.

The mixed *community group of over 30s* (a Kalinago/Carib group) mentioned the lack of confidence and self-esteem of adult men as a reason why Kalinago/Carib men in particular may take the option of sexual relations with children. The group suggested that training of these men to deal with adult women, as a possible way to address the problem. They felt that there should be some effort made to increase the confidence of Kalinago/Carib men and to demystify the modern adult women and their needs for them.

All focus group participants believed that CSA was also as a result of powerful men in society taking advantage of vulnerable mothers and children. Vulnerability was discussed in terms of poverty, the power imbalance in families, persons marginalised/discounted by their communities, disabled families (learning disabled).

In all the discussions, the participants agreed that any CSA was wrong and that abusers should be punished. Yet, this was often followed by some sort of caveat, which would invariably reveal the reasons why CSA was tolerated in the society.

Most participants agreed that CSA 'spoils' society. They believed that most child victims were damaged beyond repair and that such an experience, especially for very young and incest victims, made it almost impossible for them to become wholesome adults and parents. They also shared the belief that many girl victims manifested the abuse by hating men and that those girls would become lesbians, frigid or promiscuous and that boy victims of homosexual abuse most often became angry young men or aggressive perpetrators.

Over exposure of children to sexual activity

Participants agreed that generally parents needed better skills in order to raise children who are not overexposed to and stimulated by sexual material on cable television, in live sex acts by adults and other children in their lives. They indicated that it is immensely important that children are prepared to protect themselves and that this could happen with less hiding about sex matters, less over exposure to things sexual at an early age and the raising of the child with good moral values. They were insistent that children should be educated about sex in an age appropriate manner by both parents and the education system. They were also very sure that young parents needed to take more responsibility for policing what their children are exposed to, especially on television.

For the *mixed gender Church group of under 30s* their focus was on the responsibility of the high level authorities for curbing and restricting the sexual material from being brought into the local market. They contended that owners of media entities were to be monitored and held accountable for what they disseminated.

The *community group of men over 30* delved into the issues of children being 'opened up to life too early' and mainly by mothers who would use them as couriers between themselves and adult male partners or providers. They referred to that as temptation for the men and a communicated permission for them to touch and take. The mothers they believed created a 'gift for gift' situation.

Surprisingly, the *sports group of men under 30* thought that it was inappropriate to expose young girls to sexually explicit talk about their bodies and private parts. They thought that continual sexual verbal harassment of young girls by older men was inappropriate exposure for young girls.

Mothers (parents) as enablers of CSA

One of the unanimously stated causes of CSA was the exposure of young girls to adult men by their parents, especially mothers. There was almost an obsession with this theme 'mothers as enablers' in all of the focus group discussions except in the *sports group of males under 30*. This was often an extension of the points made, for example, the over exposure of children to potential perpetrators. It was also mentioned in connection with economically disadvantage mothers using their girl children as currency and bargaining chips.

In particular, members of the *business group of women under 30s* were very vocal about mothers who knew of CSA in their homes but who did not report it, choosing usually to 'stay with the man'. One woman was adamant that women like these ought to lose their legal privilege as mothers. She further advised that some of them should be punished and sentenced to prison just as the perpetrator. She emphasised her point by relaying the incident of a mother, her four year old child, and the mother's boyfriend who all slept in the same bed. Eventually it was discovered that the boyfriend had sexual abused the four year old. He was charged and sentenced to prison. She felt strongly that since the child's mother was aware of the abuse and did nothing to stop it, that the authorities had made a big mistake in allowing the child to remain in the care of the mother. She felt that mother should have been charged as an accomplice in the crime.

Normalisation of sex between secondary school girls and adult males

The focus group discussions revealed the general perception that sex between secondary school aged girls (13 to 16 years old) and adult men is normalised and widely accepted in Dominican society. This situation is mainly viewed as a matter for the parents/families of the child to deal with. There might be some gossip about the matter in their respective communities but it is rarely ever reported. The girls who find themselves in these sorts of situations were described as:

> '*…big women', 'hot girls', 'in life' and 'wanting their thing'*

Most participants thought that if parents were aware and did nothing about the situation that it was not their place to intervene. The *sports group of males under 30* shared that they did not believe that kind of

situation could necessarily be considered as CSA and that this term was too harsh to describe those circumstances.

Some participants believed that the normalising of sex between girls and adult men especially had a lot to do with the children wanting material things like mobile telephones, iPods, clothes, and free transportation to school, and that these children often came from homes where they were neglected and parents had poor parenting skills. Sometimes they felt it would be the case of the parents encouraging those sorts of behaviour. As one man over 30 said, mothers are sometimes heard telling their daughters '…to use what God gave you to get what you're asking me for'.

The *mixed gender community group of over 30s* were from the Carib Territory. They indicated that early sexual activity was culturally accepted among indigenous people and so child-adult sex was somewhat normalised in Carib communities. But they went on to explain that with education this practice among indigenous people had been reduced significantly.

Another instance where sex between adults and children was thought to be accepted was between boys and adult women. Most participants indicated that this happens less frequently than in the case of adult males and girls. They thought, however, that society accepts it because the boys themselves do not see it as harmful. They generally felt that the boy was very happy to have that kind of experience. He is not viewed as a victim.

Girls as culpable/seducers

This theme was usually twinned with the over exposure of children to sexual material and third hand experiences. The *mixed gender Church group of under 30s* gave countless examples of where children were exposed in this manner. They inferred that these over-exposed girls would eventually make themselves available to older men. They believed that exposure due to cramped living space, easy availability of highly sexual material on television or being part of the money-sex transaction relationship between adults would result in the situation where the child eventually becomes seen as the aggressor. Additionally, the girl as active participant and seducer came across strongly in the male group discussions. The *sports group of males under 30* spoke most of girls being the aggressors in some instances. They spoke of 'girls wanting their thing' and of young girls preferring to be involved with older men as opposed to boys of their own age. They believed that girls often intimated that boys their age are not up to mark, financially and otherwise.

The *community group of males over 30* also suggested that inappropriate dressing of 12-15 year old girls was part of the problem, and that they and their mothers were culpable for some of the advances made on them when they are dressed as if they are big women. One man considered those types of girls to be 'jail bait'. The *business group of women under 30* laid the blame at some of the girls' feet because they thought that some girls invited the negative attention on themselves not only by inappropriate attire but because these girls do not say 'stop' or 'no' forcefully enough. They thought that the indecisiveness was often a signal that they did not really want to stop what was happening.

Dissatisfaction with the relevant authorities/legal system handling of abusers

The focus group discussion participants were consistent in their belief that perpetrators needed to be severely punished. They unanimously agreed, however, that the more powerful/well connected (the rich) and influential (police officers, pastors) in society were more likely to get away with CSA. The *business group of women under 30* spoke of the rich perpetrator offering the victim's parents money. They described this kind of case as 'a hush-hush situation'.

The groups, with the exception of the *mixed gender community group of over 30s*, put forward proposals of proportional punishment for offenders. The *community group of mixed over 30s* (Kalinago/Carib Group) seemed more amenable to the dispensation of community justice as a first step in dealing with CSA cases.

Both the *community group of males over 30* and the *business group of women under 30*, proposed punishment that was inversely proportional to the age of the child victim. They felt that the younger the CSA victim, the longer the prison sentence for the offender should be.

The *mixed gender Church group of under 30s* thought that legal practitioners were generally hostile to the plight of victims and their families. The court system did not in any way encourage victims to report and pursue CSA cases. They thought that the recordings of a child's testimony should be permitted.

All groups mentioned castration as appropriate punishment for offenders and as a deterrent to potential abusers. The women in all the groups were more passionate about this than the men. Women referred to castration as 'doing a Bobbitt' and invariably they appeared willing and able to perform the act themselves. The men were more considered about castration. They suggested it as a possible punishment but there were always a proportion of the men who thought it not a good idea. The *community group of males over 30* suggested that castration be reserved for repeat offenders and the vilest of CSA cases.

The issue of confusion between the age of consent (16 years) and the age of majority (18 years) was raised in the *community group of males over 30.* The men were very vocal about the conflict for parents of the child being able to consent to sex at the age of 16 but not being able to take on the responsibility of an adult legally. They thought that the age should be 18 for both.

Secrecy

The focus group discussions threw up two major matters concerning secrecy. First, they all agreed that homosexual CSA was generally kept secret. This was due to fact that, if revealed, boy victims of male perpetrators would bear the extra burden of stigmatisation and labelling. They acknowledged that secrecy surrounding this matter resulted in under reporting and in boys suffering in silence. A young male participant in the *mixed gender Church group of under 30s* shared the following:

> *If I [as a little boy] go and say that a big man abused me, I can never walk straight in [name of village] again*

This type of CSA is very taboo especially amongst men. In the *community group of males over 30* a request was made that I refrain from prompting for opinions on this type of CSA because:

> *This does not happen in our community*

On the other hand, another young male participant in the *sports group of males under 30* thought that if confidentiality could be maintained, that secrecy around male homosexual CSA could be broken. Victims (with face and voice distorted), he thought, should tell their stories on television and radio. He felt that if more boys knew that other boys like themselves were victims and that it was not their fault, that maybe they would have the courage to speak up and ultimately give boys the courage to protect themselves.

Secrecy was also mentioned in regard to incest. Most groups recognised incest as a form of CSA that was often kept a secret. The term itself was rarely mentioned in the focus group discussions and the general definition of incest involved families members including cousins and relatives who lived in the child's home.

However, nearly all of the examples that were used of known incidence of CSA were related to incest. There was the commonly expressed view that fathers and step-fathers who committed incest were of the opinion that sex with their daughters is their right. The men, they felt, thought that they were the ones feeding and clothing the girls, so it gave them permission to be first:

> *…they had to make the way first*

The focus group discussion participants thought that this type of CSA was the most insidious but that it was traditional views as mentioned above and the inordinate power of men in families which gave men permission to commit these acts and to society to tolerate it.

Dominica Practice and Policy-Focused Interviews

Nine practice-focused and four policy-focused interviews were conducted for the study. Participants comprised the following:

- Two Permanent Secretaries,
- Senior Planner
- Director of a relevant NGO
- Paediatric nurse
- Family nurse practitioners
- Community health nurse
- Programme manager (NGO)
- Magistrate
- Guidance counsellor (public sector)
- Police officers
- Senior Social Welfare Officer

Common thematic areas raised in the interviews were as follows:

- The greed and delinquencies of the teenagers in part sets many cases of CSA
- The lack of resources in terms of quality and quantity needed for effective implementation of what were regarded as generally good laws, policies and procedures
- Two of the main agencies in which deficiencies were considered the most problematic and acute are the Dominica Police Force-Criminal Investigation Division and the Social Welfare Division

Most common forms of CSA

Five of the eight practitioner participants indicated that sex between young teenage girls and adult men was the most common case of CSA encountered most in their practice. Of the five, three claimed that sex between adult men and teenagers were often cases of incest, more so where the step-father of the child is the perpetrator. One practitioner also stated that the cases of older teenage boys (16-19) having sex with the pubescent girls (9-12) is also very common. The three remaining practitioners reported that touching and fondling was the more common case of CSA they encountered. One participant surmised the traditional view of some adults about touching and fondling of and performing oral sex with children in the local saying in Creole:

> *If you hit a cutlass in water it will not leave a mark*

Some adults believed that once the child was not penetrated that all was well. In this case, mothers are often heard saying *'at least she did not lose her maid'*. The practitioners revealed that there were many cases where men do such things as expose the children to porn, ejaculate on them, they have the children perform hand jobs on them and sometimes they perform anal sex on the child. Some practitioners had difficulty identifying types of CSA most common in their practice because, in their experience, it was everywhere in Dominican society. To quote one participant:

> *CSA is very prevalent in our society. A lot of it...the sexual abuse is done by someone the child knows very very very well*

Evolving trends in CSA

There was a wide range of answers given to this question. For example, only one participant could not identify any new trends in CSA in Dominica. She was of the opinion that the types of CSA were not new and that as a result of prosecution of offenders and awareness building the incidence of incest was on the decline. Others thought that maybe it was due to increased reporting why new trends were observed. Three of the participants indicated the emerging phenomenon of sugar daddies - older men with money or access to resources (bus drivers/owners of vehicles) who would trade material things and money for sex with both girls and boys under 16 years of age. To quote one participant:

> *Bus drivers and persons with vehicles use young girls a lot. Particularly young girls going to school who can't afford to pay for bus fare. They trade in transportation for sex*

Four respondents raised the new occurrence of the 'desensitisation' of teenagers to the negative nature of sex with an adult man. These participants spoke of girls (14-15) leaving their family homes to go to live with adult men and of girls deliberately misleading men into believing that they were actually older than they really were. The participants felt that in many cases the girls viewed their abuser as their boyfriend. One of these participants believed that the desensitisation occurred because children were exposed to sex and sexual material at an early age. Some respondents felt that by their actions girls are reducing the age of consent from 16 to 13/14.

Only one participant identified the 'new' incidence of drugging of young teenage girls with date rape drugs by predators. Some other trends which were noted were the increased cases of fondling, anal and oral sex with children. The practitioners believed that the abusers used these forms of CSA to ensure that they would not be caught or prosecuted. The dominant tone of the answers implied that most of the 'new' trends in CSA could be blamed on the teenager (more so the girls), however one interviewee made it abundantly clear that in her opinion this was not so:

> *I think our biggest problem is men…The men in terms of values have dropped very low for our adult men, in terms of even respecting the law where children below the age of 16 are not supposed to be coerced, questioned or asked about sex*

> *I think they've totally lost respect for that law because they rarely see anybody prosecuted in court for that. They don't think anybody is taking it seriously including the police. I think everything has become lax and there is a trend towards men wanting young girls. I think to me it's less about the children needing things and more about adult preying on the children. They might see where children are in need and are vulnerable and take advantage of them*

Another responded supported the point above by explaining that:

> *Lack of respect. The people who they look-up to in society, those are the people who are abusing them - police, priests, principals, fathers, step-fathers*

Factors contributing to CSA

The factor which was mentioned most by participants was poverty. Poverty resulted in overcrowding and children being exposed to adult sexual activity or being more accessible to predators in their households. Poverty was also referenced in terms of parents' inability to provide materially for their children, causing the children to be more vulnerable to advances from predators. It was also noted that children's desire for brand name items in many cases had outgrown their parents' ability to provide. The other factor which featured significantly was the over-exposure of children to sexual activity and material on television and the Internet. Two other factors mentioned were:

- Homes where supervision is minimal. It was felt that this happened more frequently in single parent households or where a parent was consistently ill or was an alcoholic/drug addict
- The lack of awareness among children. It was felt that some children did not know enough to help them protect themselves

One participant described this ignorance as being so deep in some cases that:

> *Some children are being abused but they do not know that they are being abused*

Perceived communities exploiting children

While only three of the eight practitioner participants indicated that they were not aware of any such communities, the majority of participants wanted it to be noted that CSA was widespread in Dominica. Some of these perceived communities were identified as follows:

- Stepfather who displayed the attitude of *'They (step-daughters) are not eating my food for nothing'*
- Sugar Daddies who prey on children and families in need of financial support
- Alcoholic/drug abusers, intoxicated people tend to be less discriminate with who they have sex
- Young boys operating in packs – they *'do line-up'* on girls
- Carib territory – only one participant offered this as a community. Another went out of her way to dispute what was thought to be widely held perception by explaining:

> *There is talk that a lot of incest happens among Caribs but I am not sure of that. I will give the Caribs a plus and say that they report their cases. Our reports that are received do not show that as being true*

These communities survived because the perpetrators were often not prosecuted even when identified and so not enough offenders were made examples of. Weak laws and implementation also created the atmosphere where these communities could survive.

Types of CSA tolerated

The following types of CSA were seen as tolerated in Dominican society.

- CSA of secondary school-aged girls by adult men – this was mentioned by four participants. They discussed in terms of girls being exposed to sex at an very early age making it easy for society and the girls themselves to tolerate such CSA
- Touching and fondling, viewing of pornographic material – it appeared that people believed that once the sex act did not involve penetrative sex that there was no harm done
- All types of CSA are tolerated where adults, including parents of the victims, would silence a child victim for their benefit - either to save the family, avoid the public attention or sometimes in return for a bribe

Procedure for reporting/managing a case

The eight practitioners followed the same general guidelines for reporting or case management. They all indicated the Social Welfare Division, a medical doctor and the police as the three main entities to be contacted in this case. They also generally indicated the need to obtain the mother's consent for children under 16. The procedures followed were the same regardless of gender. If an abuser is under 18, he is given counselling and some support. All the participants indicated that some cases like these would not go through the entire process because mothers/parents would refuse to give permission for the processing of

the case. In terms of the role of the police, it was noted that the investigation would involve the victim relating the story in the presence of the accused and also having to return to the scene of the crime with the police. These two examples strengthened the point made by one of the policy interviewees on the burden placed on the young victim in the Dominican situation.

Another general observation made by the practitioners was that there was no formalised protocol for reporting and case management. It appeared as if the practitioners followed a set of 'loose' procedures established through practice. On the other hand, the Social Work Division had formalised and documented protocols for reporting and case management.

Strengths in dealing with CSA

Most practitioners spoke of their long years of experience working with child protection matters in their field and their passion for the jobs as strengths. Training and qualifications were rarely mentioned as assets/strengths.

Challenges in dealing with CSA

The key challenge mentioned by the majority of interviewees was a lack of resources and training in relevant skills in the key departments (SWD and the police) responsible for child protection. They also faced frustration with cases that prevented them from going through the court process due to reluctance from the child to testify, or parents to give permission to prosecute the case. It was also reported that cases took a long to time to be investigated and even longer time for prosecution. The practitioners also indicated a lack of education on matters pertaining to the consequences of early sexual activity and CSA. Children on the whole did not know enough to help adults protect them from sexual predators. The non-existence of a family court was a major challenge faced by all of the practitioners. They recommended the establishment of a family court as an immediate priority for Dominica. Another recommendation was the stream-lining of examination at the hospital, as currently most victims waited for long periods before the doctor performed the examination.

Other practitioners reported that the police often display poor attitudes towards CSA cases, especially those involving teenage girls, and this is a major hurdle in their practice. One participant indicated that male police officers often left the CSA cases to three female police officers. The observation was made that these officers were often over-burdened. The police, on the other hand, reported a high rate of success with CSA cases in spite of the challenges they faced in respect of their inability to gather proper forensic evidence in these cases. They also mentioned the lack of space in the state prison which often resulted in offenders spending far less time incarcerated than was determined in the original sentence.

Policy/laws – implementation

Some of the deficiencies in implementation have been dealt with throughout the report. However, some of the discussions spoke of the inadequacy of policies and laws. Below are quotations from practitioners which captured their thoughts on some of these deficiencies. The following was the response of students after an awareness program on CSA was conducted with them:

> *The Children themselves felt that the age of consent should be raised to 18*
> *Parents are doubtful about the court system. They are worried about what the child will face*

And after the Judge handed down a fine of $10,000 to an offender for fondling and touching a young girl, a parent of a child in the system remarked to the practitioner:

> *You doh see what the court do nah? They charged the man $10,000…I might as well take $10,000*

The law allows for the judge's discretion in handing down judgement for CSA cases. Below is one participant's response to the confusion about the age of consent (16 years) and the age of majority (18 years). This is an issue that has been raised in every component of the study so far:

> *If you tell me that at age 16 I can give consent, why at age 16 I can't vote? You are sending double signals. In obstetric, that 16 year old is a high risk pregnancy because she can fit to death. She is prone to arrest because her womb is not properly developed; she can end-up making a deformed baby. She has to leave school. She fails to fulfill her functions as an adolescent, fails to perform in school, and fails to be a productive member of society. She end-up in a cycle of failure*

One practitioner thought that the law should mandate the removal of child victims from the homes where they were abused and that the child should automatically become a ward of the state. The section of the law which mandates the mother's permission to prosecute a CSA case should be addressed because, in many such cases, the mother tolerated the abuse in return for bribe money knowing full well that the success of the case depended on her:

> *If the court is the highest law of the country, if they show a lot of tolerance, the public is going to show a lot tolerance*

Child Protection laws, Policy and Procedures - Policy Makers' views

Most of the policy makers thought the laws needed revising, especially where it concerned the legal requirement for permission from parents of victims in order for the responsible authorities to take cases to court. It appeared in Dominican law that if the mother/legal guardian of the minor victim did not agree to the prosecution of the case, that there was little the authority could do.

One participant believed that 'many of the laws are old!' and revision was required. There was also general consensus that the law placed too much burden on the families and victims for prosecution. Further, implementation of the law by the two main agencies, police and SWD, was severely hampered by the lack of resources and the centralisation of the few relevant and experienced personnel in Roseau. A participant emphasised that the application of the laws through the legal processes 'must be seen to work' in order that the public's confidence in, and use of, the system is improved. The absence of a family court is problematic. It makes prosecution of the offenders and the protection of the child victim extremely difficult. Also, in light of recent court decisions it is now debated whether the policies and laws were clear enough. One participant thought that procedures and protocols dealing with CSA were fragmented and that there was no evidence of a culture of child protection in the legal system.

Policy and procedures

Despite the aforementioned views on the age of the laws and the need for revision, the unanimous response from policy makers was 'we have good child protection laws and policies but ineffective implementation'. Participants all acknowledged that there was room for improvement concerning existing laws and policies but that major attention should be placed on improving implementation. Implementation, as indicated above, was severely hampered by the lack of resources. These improvements it was felt will come with proper training and the correct personnel provided for the Police-CID and SWD.

Child prostitution links to tourism - policy in place to protect children

From the responses provided it was apparent that not much thought had been given to the link between child prostitution and tourism. The fact that Dominica has at best a fledgling tourism industry may have contributed to this. However, after consideration, most policy makers were able to indicate ways that this problem could be dealt with in future tourism policy. One participant thought that there should be no distinction between the tourist and local, when it came to protecting children from involvement in prostitution. There was some indication that the more pressing child protection issue concerning tourism

was the fact that children were sometimes kept out of school in order to help parents sell souvenirs to tourists.

Benefits of involving families and children in policy development

Policy participants unanimously agreed that there were benefits to be derived from the involvement of families and children in policy making. They thought that it would increase awareness and ownership of the policy and possibly win champions who could advocate the policies at the grass root level. At the time of the interviews, two of the Departments were in the process of developing new policies and revising old laws concerning child protection. When asked about the level of involvement of families and children in the processes, the answers did not support the aforementioned endorsement of the positive effects of family and children participation.

The family effecting change

The family was most frequently cited as the key player in the fight against CSA. It was thought if families availed themselves of the current support and services provided that they would be able to significantly impact on CSA in a positive manner. It was felt that families had the main responsibilities for educating and raising awareness of CSA within the family. They should be the first point of contact for helping children protect themselves against CSA.

Action and empowerment

Most policy participants believed that this study would help to fill existing gaps in information. To quote one interviewee, 'perceptions are important' and so the information gathered in this study would help to define where policies, plans and procedures concerning CSA should be corrected, what areas should be emphasised and that the findings of the study should assist in the choice of modalities for the delivery of awareness programs to the Dominican public.

Practitioners further highlighted the following action and empowerment areas

- Identification of problem areas
- Inform plan through recommendation changes that would improve child protection
- Point some light to better increased education for parents and families on the related issues
- Ensure that the gaps in the main departments are highlighted and recommend some measures for improvements
- Make/emphasise the point to all relevant stakeholders that the system ought to be seen as working for it to be effective
- Properly define CSA
- Foster the development of a culture of child protection and safety in homes, schools and in the relevant child protection agencies
- Help improve implantation of policy
- Make recommendations for streamlining the system
- Highlight the urgent need for a proper short term place of safety for victim

Key players who could effect change

The following key players were cited by interviewees:

Parents	Politicians (Political Directorate)
Policy Makers	Police
Media	Health Professionals
Schools	Officers of the court

Churches	Non- Governmental Organisations
Social Welfare Department	

Finally one area in which there was confusion was with the age of consent (16 years) and age of majority (18 years). It was hoped this would be addressed through this study. This area of confusion was also raised during the focus group discussions. Some participants believed that clarity and consistency should be brought to the fore. One participant in particular recommended that the ages for consent and majority should the same.

One policy participant also thought it would be an appropriate time - with the publication of the findings - for the relevant Ministries, Departments, and NGOs to move towards an integrated approach to managing CSA cases. In other words, the participant thought that a multi-disciplinary team should, on a regular basis, deliberate on cases. He felt that this effort would ensure that all the relevant agencies were 'singing from the same hymn sheet', and that problem areas could be addressed quickly and brought in line with best practice for the Dominican circumstance. Most importantly, the SWD would not be left with the feeling that they were on their own, facing such a mammoth task.

Grenada

Grenada Group Discussions

Six focus group interviews were undertaken in Grenada – group one comprised 9 male police officers all below the age of 30, group two comprised 8 female members of a Methodist Church and group three were a mixed gender group of 9 college students. Group four comprised 4 female residents from a Women's Shelter, group five comprised 4 female members of an affluent Social Club, and group six were 16 male Drag-Racers and Car/Sport enthusiasts.

Nature and scale of problem

All focus groups had a keen appreciation of the nature of CSA. They listed activities that they perceived as abusive, with the two most commonly cited as incest and sex with 'under-aged' children. There was mention of other abusive acts like exposing children to pornography and transactional sex. References to activities were usually drawn from actual cases/scenarios of which group members were aware. When asked 'what kinds of CSA exist in Grenada', participants explained:

> *The main type of abuse is incest* (Church group member)
>
> *We have men touching and fondling children. It may not be actual intercourse but things leading up to that* (Police officer)
>
> *I know one case were the grandmother thought the child was promiscuous, but her uncles were sexually abusing her* (Church group member)
>
> *When I was in the health field a mother left her child with the father- The father covered his penis with sugar and allowed the child the perform oral sex* (Church group member)
>
> *Watching porn with a child is abusive. I watched porn myself since I was 10/11 years old. I liked it* (Police officer)
>
> *I know a girl in my community who is having sex for money, food, clothes. It is not done in the street, but I know that it is done*

In discussing the nature of CSA, there was lack of consensus on what constituted 'real' CSA, as opposed to acts that might not be desirable, but for some participants could not be categorised as abusive.

Law and morality

The *police officer group* was particularly strong in their view that only the law could determine what kind of behaviour was abusive. Clearly, for several members of this group, issues of morality were inextricably linked to legal positions. This view point became very apparent during the conversation on the age of consent.

Eight of the nine officers felt that the age established by the law was the only relevant consideration in determining whether an act was abusive. One *police officer* held firm in the belief that even if the girl was seventeen, he would regard sexual intercourse between her and an older man to be abusive. For the other officers they clearly stated:

> *If she is under-aged, there is sexual abuse. That is for the law to decide*

Age of consent

Interestingly, the *young group of students* and the *female Church group* were not as concerned about the legal age of consent in the determination of what was abusive. In fact, there was the commonly expressed view that the age of consent at sixteen was too low and that it should be revised to age eighteen. Some were of the view that it should be as high as twenty one. For many of the participants in these groups, the legality of the conduct had little to do with its morality:

> *I would not like to know that I have teenagers having sex. As long as you are a girl you shouldn't be having sex*
>
> *I think the age of consent should be 18. At 16 they do not know right from wrong*
>
> *I think something is wrong. The age to have sex should be increased to be on par with the voting age. Rather than protecting our young leaders, we are giving them license to commit crimes*
>
> *But the age of consent is 16 and marriage without parental consent is 21. That is too wide a gap*
>
> *I think the age for consent and marriage should be 25. At 21, too many young couples are breaking up*

There was one *young male student*, who strongly disagreed with his classmates and proposed that the age of consent be dropped to fifteen. He stated:

> *Rape cases will increase if age increases. The age should be dropped to fifteen. If you look at some of the fourteen year olds, they are very developed. It is too hard to hold back when they trouble man. You are a man and you have to do manly things. How they dressing too make things hard*

Sexual relations between minors

This section comprises a collage of 'voices' - quotations given by participants, along with point-form summaries and key messages of generally expressed views. The perceived age for the on-set of sexual activity varied between 7 and 16. It was suggested that young children would naturally experiment with their bodies in ways that were not necessarily harmful, though were 'sexual'. Family norms were thought to play a significant role in the way that children saw and 'used' their bodies, with cultural and other external influences (media, Internet) playing a secondary role. Nevertheless, the role of 'culture' was strong and itself influenced the norms of the Grenadian nuclear family. The cycle of external influences=culture=family=individual clearly turned repeatedly upon itself with distinctions sometimes becoming lost:

- It is a natural part of childhood to experiment with each other's bodies and sensations
- Natural experimentation is healthy, and is not harmful
- After a certain age, it isn't innocent play anymore and should be discouraged, lest the behaviour lead to actual intercourse, promiscuity, pregnancy and STDs
- Age 6 should be the cut-off point for innocent play of this nature

> *There are 7 and 8 year olds who are sexually active. Them young ladies are sexually active*
>
> *From 13 they starting*
>
> *I think naturally you become curious with your body from 6. It just happens as you grow older. Different influences/aspects play a part. If you are around older kids and they are*

showing things, you learn, you are curious if you have this kind of exposure. I do not think there is a right age

Sex of any kind is age appropriate. There is a difference between a group of 6 year olds looking at each other…If they looking at each other… and actually physically doing something by the time they are 10 or 11

In every generation at the time they are 6 do not know about sex, but it is a natural part of socialisation. At 11 the guy tries to kiss the girl at school …But there is added pressure for the girl because if you hadn't been kissed you would be looked at as if something were wrong with you

Between 12 and 14 is the age we start. Experimentation at 16 is at the level of touching, the real serious curiosity. At age 12-14, it's only about the joke and the conversation

I don't think you could put an age because people's experiences are what matures them. One 16 year old is different from another 16 year old. It is based on your family, how you grow up

Boys are different than girls, when my sons would bring the girlfriends home my daughter would be so uncomfortable. Maybe because she was not into that boyfriend thing although when they come over and they are in the rooms the doors are open...I guess they are boys but they have respect so I do not have a problem with them bringing their girlfriends home

I'm sorry, at 11 a child should not be knowing about sex whether male or female, even though nowadays…they starting young

From 6, no more playing mummy and daddy

There was consistency in opinion across the groups that sex between children was perhaps undesirable but not abusive:

A 17 year old boy who has a sexual relationship with a 15 year old girl is not abusive. It is a teenage relationship

Teenagers having sex is wrong, but it is about experimenting, not abuse

Several participants were of the view that this was not conduct deserving of criminal sanctions, although it might prompt some kind of investigation. No-one offered a cut off age for when this sexual activity would be viewed as consensual sex 'between young lovers', but the age differential appeared to be the most important consideration with two years disparity viewed as appropriate.

Sexual contact between older women and boys

There was significant divergence in the participants' views on sexual contact between older women and boys. The division on this issue was largely along gender lines, with many women viewing this conduct as abusive, whereas most men considered it either acceptable or non-abusive. The male perspective was as follows:

I do not see it as abusive. I like that a younger boy can sleep with an older lady. Better for him

In terms of gender, most times people view boys as more aggressive than girl. Women have a mood, men have a persistent drive. Boys see it as nice to have sex with older women

It is a good experience. They might learn a thing or two

He will be able to boast to his friends, I take a big woman today. Maybe it is abuse with no complaints

While these focus groups spanned a wide spectrum of age, education-level and socio-economic background and while various differences of perspective were inevitably revealed, there were a few points on which there was unanimous accord, across the board. These were:

- CSA and the early sexualisation of children are widespread in Grenada
- Incest and sex-for-trade were normal, in the Grenadian context
- Because this phenomenon was widespread and normalised, victims often 'take it in stride' and perpetrators do not really fear daunting consequences for their actions. Thus, it goes on.

They're thinking it happened to my mother and my sister so it is ok to happen to me

No proactive, dynamic 'change agents' existed in the culture at this time. Therefore, there was no real anticipation of the transformation of this norm within the foreseeable future.

Areas of difference

Along with these areas of common perception, there were characteristics unique to some groups which may have influenced their relating and responses in these three isolated incidences.

The *females of the women's shelter* were interviewed in an environment where there were young children constantly needing attention, a TV set playing just a few feet away (as a distraction for the older children), work going on in the kitchen, and periodic interruptions of various kinds. Furthermore, there was a sense of being in a very public (not private) domain, where no information or situation could be entirely confidential. It was my feeling that the women in this group chose their words carefully, and conveyed 'factual' information, rather than investing in personal feelings. There was one notable exception, a grandmother, who had been evicted from her home by her daughter, due to the grandmother being the one caring for the young child when a case of incest occurred. This woman spoke with a great deal of personal pain, particularly when describing that her daughter, the step-father – perpetrator and the young child - were now living happily ever after, while grandmother had been kicked out and ostracised.

The *female members of the social club* convened in a luxurious and entirely private setting. There was a pre-disposition to relax and chat at length, despite the time restrictions being given at the start, and to engage quite substantially in this debate, at an intellectual level. At first, even as they readily acknowledged the prevalence of CSA and the early sexualisation of children, these issues were described as problems of the 'other', across the boundary, in some-one else's yard. Later, as the issues were probed and expanded, the perceived gulf of separation between 'us' and 'them' diminished significantly. Instead, there emerged a serious contemplation of 'our culture'. The interview lasted just over two hours.

The *male members of the drag-racing club* comprised many who had heard by word-of-mouth of the focus group being assembled and specifically asked whether they could come to contribute. They voiced that they had witnessed a recent media clip on the subject, and were glad to be given a chance to speak their part. We met within an auto-mechanic's garage and on arrival found several there already waiting for us with an air of purpose. Conversations (responses to questions) were whole-hearted, searching and inclusive of many quite personal anecdotes. This group did not shy away from challenging each other, admonishing each other, laughing at each other, and fully engaging in the process. These men were sick and tired of the damage that other men did. They were disgusted by it and want 'people' to make it stop. Towards the end of the session, the group had taken on the characteristics of a Town Council Meeting. One participant took

the opportunity to lecture the younger ones soundly in the ethics of correct fatherhood. He summed up with this admonition 'All you men who have child, mind the damn child!'

Separation

The concept of 'separation from the other' was unique to the group of *female social club members*. Indeed, it was a concept that came up repeatedly in each case, though in different language. CSA was a hard reality to 'own'. On some levels, almost every participant disowned it. While it was so readily acknowledged as a widespread and normalised Grenadian problem, it was not seen to be the personal job or mission of anyone present to pro-actively move to stop it. Lack of ownership of the issue of 'separation', or '*fear* of separation' (shunning, shaming, ostracising or harmful retaliation from exposed perpetrators) seriously mitigated against stronger community unification against known abuses. This was a theme for further investigation.

Disturbing trends

A notable feature of the general discussion about the nature and extent of CSA was the consistently held opinion that the problem was not only grave, but extensive. The *Church group* was particularly alarmed by what they saw as a rapidly growing trend of increasing numbers of CSA. The *young participants at College* were also convinced that rates of CSA were high. Interestingly, *police officers* noted that there was abuse but did not seem nearly as convinced of the magnitude of the problem. In fact, one officer, referring to the incidence of incest, made the comment 'It happens once or twice'. Apart from the issue of prevalence, participants identified other disturbing trends.

Increase in transactional sex

There was a definite consensus about the growing number of older men who are sexually involved with girls. Participants spoke at length about the exchange of material things, like mobile telephone cards, food, clothes, shoes and free transportation that were given in exchange for sexual favours.

Mothers were blamed quite harshly for their role in 'permitting' and even encouraging their daughters to be in these exploitative relationships:

> *The mother is an abuser too*
>
> *It is her daughter; she should protect her child*
>
> *These mothers seeking their children…they bringing men for their daughters*
>
> *These girls they want, they want, they want and the mothers are just like that too*
>
> *Some children will tell their mother and the mother will say that they lie*

Causes and culpability

Poverty, gender inequalities and lack of social support were identified as primary contributors to CSA. This theme was perhaps the one that generated the most commonality in feedback from the six groups. *Young college students*, *police officers* and *Church women* for example, were all firm in their views that poverty was the most significant causal factor of CSA:

> *Money, poverty, greediness…this is the cause of child sexual abuse*
>
> *Poverty is a big factor. In certain economic strata, this is the norm*
>
> *Added to poverty, is the business of being in a small, modest home because the children can actually see their parents being intimate*
>
> *Living in poverty is a big cause*

The lower class is more accepting of this than the upper class

There is the use of incentives like money, clothes etc. This is more prevalent in poor families or single parent families

Most participants did not think, however, that poverty was the sole factor, and did not think this issue in itself would trigger CSA. However, it was very much viewed as a social context that created the right conditions. Issues like single motherhood; cramped living conditions; lack of basic amenities; unemployment and low educational levels were all discussed, and were presented as inextricably linked to the broader theme of poverty.

Interestingly, the *young college students* felt very strongly about another important contributing factor to CSA; the lack of 'openness' about sex in Grenadian society. They believed that sex was still very much a taboo subject and that it was very difficult for children and young people to have frank and meaningful dialogue, especially with their parents, about any matters concerning sex. For this group, this was a major obstacle in the way of open disclosure about teenage sexual activity, including abusive or non-consensual incidents. Most of the group readily admitted that they had very little discussion with their parents about sex and that this was largely because it felt as though this was not a welcomed topic in the home.

Some spoke of feeling like their parents wanted to 'shelter' them or 'protect' them from too much exposure to anything that was remotely associated with sex. *Students* indicated that given the obvious discomfort felt by their parents, they too became uncomfortable and consequently they also simple buy-in to the silence on the issue of sex. The comments were very thought provoking and clearly presented an area for more analysis:

Certain families are just too rigid. If families talk about sex there is a less likely chance that girls will enter into a sexual relationship

My mother never talked to me about sex. At eighteen, my father asked me if I was having sex. I just laughed

The parents do not want to ask questions. They pretend, they find it embarrassing; they do not want to know

I would find it very uncomfortable to say to my mother I am having sex and I like it

Some parents make you afraid to ask them anything. The way they present themselves, they act all prim and proper

When a woman and a man are having sex on the TV my mother will turn off the television

The reason why people do not talk about sex is because their parents did not talk to them about it

No sex before marriage is the wrong message. Parents want their children to adhere to the rule but do not want to educate them

When I was of age both my parents spoke to me. My father told me if I had sex protect myself, but my mother told me sex before marriage was bad

If I had a girl child, and she was 15 and she told me she was having sex, I would be disgusted that she was doing the same thing I was doing with her father

Despite the fact that the *young student group* was asking for more exposure and frank discussion, it was interesting to note that the more *elderly women* in the focus group felt there was too much exposure and

too much ease with which we had dialogue with young people about sex. One woman in the group made the following remark:

> *There is just too much talk about condom and sex. We are creating too much awareness. Everything is a condom on TV*

Other notable factors offered by the group included:

- Low self esteem
- Absence of religious values
- Peer pressure
- Puberty at earlier age
- Highly eroticised media/Pornography
- Lack of supervision
- Societal silence/acceptance

The theme of early puberty and children simply becoming 'more sexual' at younger ages was increasing and worthy of special mention. There appeared to be a growing sentiment that children, but especially girls, were becoming more sexually aggressive, promiscuous and certainly sexually aware. One participant openly asked the question *'How the children get so hot? These girls should be shaped up!'*

Although the discussion usually started about children generally, the focus inevitably evolved to girls. Girls were notably the main subject of concern. One participant, however, dared to challenge the notion that girls were now becoming more promiscuous and spoke of her own family situation. She recalled that her grandmother would persistently condemn her aunt because she had a 'bastard' child. However, when she got older she learnt that her grandmother's first two children were 'bastard children' as well, and that she would have borne them at an early age. This story triggered a brief conversation about the possibility that early sexual activity has always been around and adults have always condemned younger generations for their premature involvement in sexual activity. The group grappled with the possibility that perhaps this was not a as recent a phenomenon as the group thought it to be.

Secondarily, the named causes were external influences from International Media and the Internet. Some participants moved to feminise the blame by placing it onto women for not adequately protecting their children, and onto female children themselves for being 'provocative'. Women were further blamed for silencing their daughters in protection of their abusers after an abuse was discovered. While not removing culpability from men entirely, the *male drag-racing club* was especially condemning of ignoble masculine acts. It was yet expressed that men's sexual impulses lay somewhere outside the scope of their full control, and that women did have a responsibility not to provoke them, regardless of age:

- Men are primarily to blame, but everybody has their part to play too. Men, women and children all have their responsibilities and points of awareness
- Women are frustrated beyond the point of endurance these days. It contributes to poor parenting skills. Often the children suffer from Mum's frustrations
- Mums are getting just as evil as the men, these days. They have a lot to account for
- There is not enough assistance – financial and psychological – for Mums. The children are the ones who pay
- Sometimes children get away from their mothers and fall under influences from outside. One mother can't do everything. Society in general has to help out:

> *Sometimes you cannot always blame the men. The children do it on their own. Parents are frustrated*

Yes it happens. A young girl in my area when she was 11 she got pregnant. The man used her and gave her a baby. The mother threw her out, books and everything. The mother threw her out

Some of them does put the men in front of the children. They love the man more than the children

Sometimes they are frustrated, nobody to talk to. Negatives about themselves. They have no time for themselves. They end up saying bad things to the children. Push them to have sex, find love elsewhere. They have no time for the children

Parents don't go and find counselling. That is the only way they know. To them it is the only way to ease up. My stepmother's son wife beat her daughter so bad, she break the child hand and burnt her with hot water she is 8 years. It was her same hand. She was pelting the hot water in her face but it gets her on her hand

Parents when they have their frustrations should not take it out on the children. This leads to different temptations

In the Caribbean, Grenada has a high percentage of single parenting. Mother has to be the Father. Standard of living is so low might have 5 or 6 of them in the bedroom. Children seeing what taking place. Parents not educated to keep privacy. Man runs off leaving mother with all those children

Teenage pregnancy started way back, too many low income homes. People were not as educated as now. We have a chance on cracking down on teenage pregnancy

Some of the cartoon channels being played on the channels are quite explicit. You as a parent should not allow your children to watch that…There are so many seductive cartoons

11 year olds have their own laptops in their rooms watching family guy

Caribbean children are greatly influenced by North America. Greatly! Maybe that is why Caribbean children are taking it to the next level. They think they want to be on par with North America

Most male respondents thought that the way a woman dresses invites male attention and sexual advance:

Example you should have gone and stood outside College for their sports the other day…Nice, tight up things

They doing that to attract attention

90% dress to attract attention. They have places in Grenada as soon as they see you have bad car, they coming

Sex for trade

This topic engendered quite a robust exchange. Beginning with the view that it was members of lower-income families exclusively who engaged in transactional sex. However, these groups all came round to a contemplation of the issue as much more far-reaching. Fundamentally, discussion spoke of an active system of patriarchy in Grenada, in which historical power imbalances afforded men more power and more material benefit. In this scenario, women did not see themselves as involved in 'prostitution' *per se*, rather,

they did not see themselves as doing sex work at all, but as strategic players in a pattern of life that sometimes included an explicit sexual/financial dimension. It was expressed that these gendered 'norms' were so prevalent that they in turn influenced and reinforced the patriarchal institutions that created the imbalances in the first place:

> *My mother in law has a 15 year old a daughter. She asked the mother for money one day. The mother told her go and take man to get the money. Now the girl is pregnant, the mother pushed the girl to go and have sex early. The following year she is pregnant with another child. It's what she tells her, she ends up having sex to go to school*
>
> *Sometimes the girl does not have nothing for break. Ask man for 25 cents even if she do' offer herself…There is a high level of unemployment…Too many people with limited education*
>
> *I know one personally. There is a woman who has a 14 year old daughter getting money for her through sex*
>
> *And you find that around lower income families the young girls who do it for bus rides and weave and KFC they do it because they were sexually abused when they were younger so to them it is not a big deal. Now they are getting some fun*
>
> *If we hire 26 women on-site, out of the 26 women at the end of the project at least 20 of them will have something with the men...somebody to buy them lunches, drive them home…whatever. This is a problem with our culture being highly sexualised. And it just passes down to the children because this is normal for them*
>
> *As soon as women come into construction they will find a man. It's like they cannot stay without a man. They must always have somebody. They are having sex for lunch. And they passed it all down to children*
>
> *It is very sad. How they should fraternise but girls are in their faces so much and the girls flirt with them so much. I'm not making excuses, they should not do it. Them young girls push up, push up around the engineers and do all kinds of things eventually the men just… Some of them may see it as normal but where does it come from. It is so comfortable some get pregnant*
>
> *Not even having protected sex, sometimes they do it on purpose. If they can do it for KFC for the rest of their life*
>
> *Girls in the gym, in the hotel industry. Young girls if they see men who could buy them cell phones or KFC, weave. They will have sex for what they can gain. They want to have the nice dress, and two cell phones*
>
> *They know of those who have sex to go to college, guy pays for them*
>
> *It is a very sad conversation because we saying it is a culture. We are moving from kids being kids, to the kids having a mentality where this is ok*

Young boys becoming more at risk of harm

There also appeared to be the commonly held position that boys were increasingly becoming the target of sexual predators. Notably, women were never regarded as predators, all of the cases referred to involved male on male sexual abuse:

Man bulling little boys. These boys getting sex for shoes and I pods

Some older boys bulling to get work

Participants recognised that it was harder for young boys to report abuse because of societal views on masculinity and all of the stereotypical characteristics of what it means to be a boy or a man. One participant made the remark:

> *The incidents are not reported because of shame. Generally a boy should be a stronger face. Generally a boy should be stronger face. Rape is seen as a girl thing*

Who are the perpetrators?

Men were clearly seen as the main culprits and depending on the nature of the offence, specific 'pockets' of men were identified as the main offenders. For example, in the area of incest step-fathers were viewed as notorious for their role in molesting young female children. Biological fathers were also mentioned but participants seemed to believe that fathers were less prone to committing acts of abuse as compared to step-fathers. The general threat of step-fathers/fathers was seen as so real that one participant actually advised that men should be kept away from too much child care so as to avoid physical contact:

> *Mothers should bathe their babies. Fathers get these urges by handling their girl children. We should keep men way from this sort of child care*

> *I would kill him. Almost like double standards. The older person is aware of the effect of taking advantage on this young person. Almost like a 'sicko' kind of thing*

> *I think it is almost like the norm in Grenada. A co-worker was telling me, a lady going to Church is going away and she is saying ' I hope when I come back the stepfather does not sleep with his children'…I asked her how old are her children and she said the children are 9, 12…you have to wonder what the hell is going on*

> *Some girls dress up and act up in ways to provoke you. They want something from you and they think sex is the way to get it. They know how to turn you on*

> *If girls who are young dress up to look like big women and fool men, what are men to do under pressure*

> *Teenagers are different these days. They go after what they want and won't take no for an answer. Often what they want is sex, as a means for getting the benefits of sex, such as money or food or other material things*

With respect to the offence of unlawful carnal knowledge (sex with a minor), bus drivers and conductors were singled out in every focus group discussion as major offenders. The belief that bus drivers and conductors were disproportionally represented amongst the ranks of child abusers was so widespread that it is deserving of special attention.

Interestingly, the *police officer group* was defensive about how they were perceived in the community; strongly denying that there was a disproportionate number of police officers who were sexually involved with young girls. They made the following comments:

> *The old time policing and modern policing are different. More police are living settled lives. The image of the police force has changed*

A lot of fellas doing that…But we are always in the spotlight. Our uniform is bright and attractive and we come under the spotlight

Before a police would have been a criminal and the professionalism was not there

One participant in the group contradicted his colleagues and said he thought that police officers were known to have a lot of women, including under aged girls:

The stigma continues, the Police have a lot of women, especially SSU. There are a lot of bad apples

Both the *college student group* and the *police officer group*, spoke at length about what was perceived as growing levels of sexual impropriety between teachers and students. This is a topic at issue in Grenada given a recent case that received a lot of publicity. The *college students* provided anecdotal evidence of teachers being involved with students, as well as more current examples in their College where female students were allegedly sleeping with male teachers for grades:

The school had no provisions but everyone knew that it was going on

In my school it was a female teacher who slept with a boy student

In mine it was a male teacher with a younger student…but the relationship was consensual

This is getting outrageous. Students are having relationships to get grades

These girls are not doing their work and they want grades. Don't blame the teachers

Teachers have the closest contact and they take advantage of it. There is evidence

Teachers are the main culprits with child sex abuse

When one police do wrong the whole police sink. The teacher is always known but nothing is done

Adult women having sexual relations with young boys

It's just as bad. Equally as damaging. I'd hate my son to go through that

Young boys just aren't emotionally equipped to handle older women. They'll get hurt. I wouldn't like my son to get hurt like that

If it is my son, oh my god I would not like it

I would not be pleased. I think he would be hurt

He is going to be totally hooked and she will be having a little fun

Yes! That guy is a warrior!

Boys his age must be patting him on the back

Effects of CSA

This theme was less captured than some of the others. Some participants seemed to think that the effects were obvious and well known. They offered mainly lists that were similar from group to group.

- Affects self-esteem
- Health issues e.g. ruptured reproductive health systems, STDs/HIV/AIDS
- Premature pregnancy
- Fear of men and unhealthy adult relationships
- Lack of focus/distracted/affects their studies
- Emotional instability
- Sexual identity issues e.g. change in sexual orientation

Long term effects

It always will be in their mind. They will always know that happen to them

She decided to rebel and he beat her so bad. She left and never came back. Even when her father died she never came back

Growing up with it you will always think about it. You may not even tell your husband

The victim won't forget it. They should not make it bother them. The less they think of it the more normal life they will have

Yes, it is possible the victim may not forget it

I have a friend who had a real bad experience at 14 with a boy and she turned lesbian. I believe it was because she had that bad experience and she cannot trust men

One of my friends…her stepfather raped her and she used to tell her mother and the mother did not believe her. He used to deny it too and now when she sees him she does cry. When she heard the song 'Daddy doe touch me' she breaks down and cries

Those girls might experience prostitution, crying, stealing, crime, embarrassment

I was with this girl and she was molested when she was a child. One time I make a mistake and I say 'girl come here and she started to cry'. I was like - what happened? She was shaking. Afterwards she told me she was traumatised

She will go to women for comfort

Action and empowerment

Recommendations for prevention and intervention in the area of CSA were forthcoming from all the groups. Some discussion, however, seemed to dwell much more on the punitive measures that ought to be taken, as opposed to a more preventative and rehabilitative perspective. In relation to the preventative measures, education and public awareness were definitely considered the most important strategies:

Education, Education, Education for children, men and women. This should be in the home as well as the school. The Church needs to play a role too

The Ministry of Social Development, Child Welfare Authority and National Coalition on the Rights of the Child need to have an education drive

Education and counselling is there but the parents must be willing to receive it. Parents [mother] *sometimes afraid. If she speaks out the man would not look after them. Child lying on the man*

Lack of education is problematic. Mother afraid to put the man in trouble. He would not look at the children

I think it is education; this is what they are accustomed to. They do not know there is actually a better way

Younger and younger kids are getting pregnant. They themselves have not grown up and now what are they are going to impart on their children except the same type of life. It is a spiral thing getting worse and worse and I believe it has a lot to do with education

I think it is the home you grow up in, if your parents are teaching you to respect women and what is acceptable then perhaps you will impart this. If you think I'll take this child for sex and this is normal to you then they won't see it as wrong. And they will scar these girls

Participants also felt that it was important to strengthen social support networks, so that impoverished families could at least be assured that their most basic needs would be met. Suggestions like food basket programmes and more public assistance were some recommendations in this regard. Notably, participants were a lot more vocal on how they felt perpetrators should be sanctioned and very little, if any, of the feedback spoke of rehabilitation or treatment interventions. Most of the comments were quite harsh and spoke of tough sanctions or penalties that ought to be imposed:

The offenders should be given harsh penalties

We are too lenient with these guys…All they do is go to prison where they sit, sleep and eat.

We need to put them out in the sun with a cutlass and make them do some hard labour

We should castrate them

They should have to compensate the victim

We should go back to public flogging in the market place

They need a licking, not just sending them off to jail

Change the laws; castrate the men

This has not started now, but has existed for a long time. There is now a magnification of it today. It is escalating. The community needs to look closer at children

Those fathers who take advantages need to face serious consequences

Don't boast that you have children, men, mind your children

The father should be looking after the children. That is my problem with the law they have many people who are bragging that they have 2 and 3 children with different mothers

Bring them in the market square all you need is two tamarind branches

The law needs to be more defined. The law opened too many loopholes for the man to get away. The law should be defined. Like the US where it is called statutory rape

Repercussions of 'telling'

The chief presenting issue here was the need for confidentiality in reporting. Most seemed prepared to report known abuses, but felt deterred (or turned off completely) for fear of repercussions in their particular village. They expressed that if they could make a call to a '911' for example, without having to be named, and with assurance that compassionate action would immediately be taken, they would do it. Otherwise, they would not.

Interestingly, several from the male respondents who only moments earlier had strongly denounced CSA and spoken out for severe consequences on abusers, now turned around and absolutely refused to participate in any 'telling'. This spoke of both the theme of 'separation' which was essential to this issue, and men knowing very well what other men were capable of, in terms of bringing further harm to women who speak out against them. Interestingly, other men spoke out loudly regarding the role that men must take to guard and protect their children, and to deter the abusers in their midst. Whereas other participants gave examples of the consequences of 'telling':

My little granddaughter was abused by her stepfather. I am sorry I will say it. That is why I am here. I have a granddaughter who was abused while she was with me. I was sitting on the veranda. When I found she was staying long I called and she answered. So I didn't think anything was wrong. I was right there and he was interfering with her…She passed through the back door and went and told her school friend's what was going on. My daughter put me out because she did not trust me. The courts punished him in a way but he is still in the house living with the little girl

Even if they do talk, mothers do not believe them. Sometimes the parents do not know they are threatened. They tell and they still do not believe. They do threaten the children. I agree with what she says, it happens

There needs to be some level of confidentiality in it. You are 12 years old and your step-daddy or daddy is having sex with you in your house. You report it to a teacher and the teacher tells the principal. Next thing, it's all over the Country and people are whispering about you. As long as the matter remains confidential she [the 'victim'] *can finish her life. You don't have to leave the Country and go far, for all kinds of drama*

If it is a stranger I eh go do it - the same thing about confidentiality. I made a report, when it reached the station everyone was talking about it and it was traced back to me and my family

It is not my business … I'm not taking part …Nah, stepfather will kill you

If I know, trust me, I'll report it

What people have to understand is if we turn our back on society it will come back to us. You are there achieving, not paying attention to the neighbour's children, when the children end up being wayward, they may come into your home and kill you

Girls look good in the party, we have sex with them and give them one or two children. We make fares with them. But who minds the children?

It takes one person to make a difference. If I see underage girls in the disco I let security put them out

Rehabilitation for families, perpetrators and 'victims'

Once again, this subject yielded strong opinions. Most notably, a distinction was made between men with a psychopathological disorder and those who were paedophiles. That is, men who were exclusively attracted to pre-pubertal children - and men who were situational or opportunistic rapists – meaning that they 'took sex' from whomever was at hand when their sexual urges were 'provoked'.

Similarly to the views expressed in the section 'telling', it was again reinforced that the burden could not be placed on individuals and villages to take the serious and extremely repercussive actions necessary to deal with CSA. The law, it was suggested, must step up to play a key role in the protection of victims and their families so that the onus was removed from those who already were vulnerable. Regardless, the following key suggestions were made:

- Perpetrators of incest must be removed from the home and from contact with their victims
- Both perpetrators and victims must receive long-term counselling
- The law must reinforce these things. The family and the village alone cannot possibly cope

Some of the men who are doing it are not paedophiles they just grow up seeing, so they think it is normal

If I know my brother did something bad, I will always get an impact seeing him knowing what he did

Need to get her out of him out of her life and house. He could see her but no long talk

Support for victims

Counselling – to help them move on without being scared

The law has a part to play. Family Court to deal with that before it becomes a scandal. When it reaches on the street, everyone saying look at the girl that got raped

Make it confidential to deal with it as a family. If you put it in court it is like punishment

He should not be around. If he gets a chance he will do it again

Something has to happen for him to change you don't just go to jail and feel sorry. Obviously he is going though something because it is a habit for him. He must have gone through some other kind of trauma to do this, so unless you deal with whatever causes you to do that I don't see how he would change

The victim cannot sleep. You thinking he has not changed, he is trying to convince you he has changed. He might have changed but you cannot sleep

Might not need to be locked up but they should not be in that house

Start with the children …Forget about the adults they are messed up

Public awareness and support mechanisms are key

Children must have a place to go. If they tell their mother, they will get one rap in their head and they will be scared. Where would they go?
Send them to some outside home but we know how that works here orphans in the home are getting abused…Orphans are abusing each other. They have been taught abuse. The ones that come from broken families and homes. I know of a boy who went from one home and was abusing the children there. He was also abused in foster care

Remove the child from the environment. Make sure that the father continues to provide financially for that child

Lock up the mother

The man who is abusing, ensure he cannot abuse her anymore, make sure he provides for her, but the woman should not be allowed to use her own daughter to sell sex for money for the home

Overall impressions

It appeared that Grenada (as represented by these diverse focus groups) was in the grip of a serious cultural trance; a long-entrenched social ill, that of CSA. Our socio-political history of patriarchy and hegemony has allowed gender inequalities and their resident problems to emerge and take root. Those roots and habits in turn were reinforced and reconstructed by institutions, families and the individuals: a cycle that was not easy to break. Nevertheless, each focus group participant spoke powerfully and articulately about the issues they faced. From ages 18 to 86 and across geography (rural to urban), socio-economic status, and gender, not one participant's voice was entirely enfeebled or hopeless, nor entirely blaming. These participants carried neither the air of the chronic 'victim' (having given up entirely), nor of the chronic 'perpetrator'. Note that no claims were being made to interviewing any 'perpetrators' – nevertheless considering that it was men who acknowledged that they were mainly responsible, there were many who spoke of the need for rehabilitation, change (and punishment), and for better protective measures for children at risk. And while it was acknowledged that there was some culpability on the part of adult women, it was acknowledged that these women had become disempowered by gendered poverty, and that they only did what they felt they must – following the lessons learned anecdotally by the current cultural system - in order to survive.

In this regard, there was a clear call for unified and unambiguous action to be taken by those outside of the realm of vulnerable households and villages. Education and the Law would need to play a key, visible and vocal role in making significant cultural shift in this area. The Healing Therapies were also seen as imperative to going forward in good social health. Overall, the impression was one of strong and resilient people who were seeking to make sense of their lives as they knew them, and who were open to, and desirous of, learning a better way.

Grenada Practice and Policy-Focused Interviews

For the Grenada practice-focused interviews, participants included medical and legal professionals, child protection officers, social workers and counsellors. Participants remained hopeful that a solution to CSA was achievable. They expressed the hope that comprehensive research which could probe this issue in a meaningful way was part of that solution. This backdrop of hopeful anticipation blended with scepticism, reinforces the moral obligation that the research project confronts in its attempt to translate the findings into a broader strategy that will effect transformational change for children who experience sexual abuse.

Policy focused participants consisted of Ministerial staff and policy advisers.

The role of national disasters: the implications of hurricane Ivan

Some Policy participants did refer, if only fleetingly, to the effect of Hurricane Ivan on the psyche of Grenada. There was the view that child abuse and neglect became more visible in the aftermath of the hurricane, with the 'fallout' effects of that disaster still lingering in the society five years after the event. One person spoke of an apparent increase in 'transactional sex' and sexual exploitation against young people. Although this apparent increase in the actual number of cases was noted, there were also those of the opinion that the physical destruction of family houses across the island gave more visibility to the plight of abused children, including sexual abuse, because the walls had broken down both literally and metaphorically speaking. Service provision was being sought by many families that had ordinarily not come to the attention of authorities and this brought many cases of child abuse to the surface. No formal research into the unique circumstances that prevailed in Grenada after Hurricane Ivan and its impact on child abuse was pursued. One respondent, however, was aware of the UNICEF regional forum on Child Protection in the context of National Disasters that was conducted in Grenada following the devastating effects of Hurricanes Ivan and Emily in 2004 and 2005 respectively.

Nature and extent of CSA

There was a widely held view by practitioners that CSA had reached alarmingly high rates in Grenada and that its growing prevalence had manifested in many ways. Comments like those captured below underscored the evident acceptance by many persons that sexual abuse and exploitation of children was certainly a major cause for concern in Grenada:

> *The prevalence is very high and often we only learn of cases when victims have reached adulthood*
>
> *I get an average of 10-12 child sexual abuse cases per month*
>
> *I have so many persons coming to see me for other reasons and inevitably they disclose that they were sexually abused as a child*
>
> *The number of sexual offences on the Court List is disturbing. A lot of these cases involve children*

Notably, these views on the growing incidence and/or reporting of CSA were set against a backdrop of a clear acknowledgement by all of the interviewees that there was no empirical data to support this perception. In fact, the absence of statistics was identified as a major systemic flaw. Therefore, the broad based perception of a growing incidence in CSA appeared to be firmly rooted in anecdotal evidence, professional observations and limited external indicators like court dockets. In the absence of comprehensive, centralised data collection efforts, the evidence of anecdote and professional experience clearly established that the extent of child abuse in Grenada is high and warrants urgent attention.

Types of CSA

These practice interviews were particularly helpful in defining the types of CSA that were most prevalent, as well as indicating any trends that had developed in the way that these cases had evolved.

Incest - Incest was undoubtedly the most common form of abuse raised by participants. In every single interview, this was cited as the most prevalent issue, with step-fathers being regarded as the main perpetrators. Biological fathers, uncles and other male family members were also viewed as high ranking offenders. There were no anecdotes offered which spoke of females committing the offence of incest, although mothers were regarded as almost 'accomplices' to the incestuous relationships because of their blatant disregard, and sometimes active encouragement, of the practice. The anecdotal evidence of this disturbing trend was graphic and compelling:

We recently had to address a situation where a 10 year old was impregnated by her step father. The mother was reluctant to do anything about it

I had a case where the father had sex with each of his daughters. He told them 'I take your mother … so I taking you'

We just received a case for counselling because the client is suicidal. Her father has been molesting her since she was eight years old and she is now twenty

A girl in our programme had to go live with her grandmother because she was being molested by her father. Her boyfriend advised her to disclose to her mother and when she did the mother got angry and disbelieved her

My experience has been that victims of incest are usually being abused by more than one family member. In one such case the young girl was being abused by her stepfather and uncle

Unlawful carnal knowledge - Unlawful carnal knowledge, which speaks of sexual intercourse with a minor (the legal age of consent in Grenada is 16), was generally regarded as another major category of sexual abuse. This was perceived as being 'widespread' and growing in number of cases. Again, case examples involved very disturbing facts that were shared in abundance:

Most of the girls in the programme for adolescent mothers have become pregnant in relationships with much older men. In many cases, the family endorses it and these men are actually paying for their girlfriends to continue their education.

I have lots of cases involving young girls who are sexually involved with older men. Often I cannot get through to them because 'they are hostile' and want to preserve their relationship with these guys. They have romanticised their involvement with these men

We have so many cases of children having sexual relationships with older men and the family is allowing it to happen for monetary gain

We presently have a case involving a teacher at a school who has impregnated a 14 year old student. He even offered the family some money for an abortion. That teacher is still in the school and nothing has been done

Interestingly, there was a lot of discussion by practice participants, many of whom are very experienced in their field of work, on the apparent 'growing sexual aggressiveness' of young girls. In fact, there was generally much less empathy for girls who were involved in these de facto consensual relationships with older men because of the perception that it was 'self-serving', and sometimes actively encouraged by the young girls themselves. As mentioned earlier, mothers were also seriously castigated for their role in condoning these inappropriate relationships. In one particular interview, the participant stated on four different occasions that mothers were to be held accountable for their role in permitting these practices to occur. He said:

Me being a father, I cannot understand this… I cannot see how mothers do not do anything about this…Sometimes the mothers even condone it…Fathers and mothers, but especially mothers do not understand parenting…Many of the mothers do not seem to know how to plan a family…they do not know how to space out their children

Evolving trends in CSA

Apart from the two aforementioned types of CSA, other notable trends were discussed. One development worthy of special mention was the perceived increase of sexual offences involving young male victims. Boys were viewed as the growing target population of child sexual offenders. One participant shared her thoughts about this new development:

> *I am seeing a real increase in cases where young men are having sexual relations with boys. This can involve buggery, indecent assault and other acts. In the Grenville Court, there are currently five cases before the Magistrate involving 'unnatural connection' between young men and boys*

Another practice participant spoke of the same phenomenon, offering the following anecdote:

> *There is a lot of homosexual activity with boys. Business men are doing it with young boys for money. I know of a child in foster care who practiced bestiality with the foster parent's dog after being abused*

Pornography and formal prostitution were also mentioned by the policy participants as forms of CSA present in Grenada, but with much less frequency. In the case of prostitution, one interviewee stated:

> *We learnt about a lot of transactional sex that occurred during the Passa Passa period. Girls were having sex with older men for free rides, and money. We also learnt of the racket involving school girls leaving the island on Friday and returning on Monday…reportedly going to another island to be prostitutes. We reported it to the Police*

Pornography involving pictures of Grenadian school girls on the Internet was also mentioned. In one case, there was concrete evidence in the form of photographs involving 13-year-old subjects who had posed for a foreign doctor, resident in Grenada. The police were notified but the alleged perpetrator was able to flee the country before his arrest.

Child protection laws, policies and procedures

> *One of the main challenges is the lack of coordinated response, the response is fragmented. There is no infrastructure to support the investigations and other parts of the process*

This captured the general thrust of responses offered across the sample of practice participants. There was overwhelming agreement that although there were some laws and policies in place, implementation was so weak that it rendered the systemic responses to CSA almost useless. Participants did not consider the legal and policy frameworks to be very strong but certainly felt that there was enough in place to work with, especially if there was a genuine commitment to meaningful implementation of the protective measures that currently existed. Nevertheless, gaps and deficiencies in the current legislative scheme were discussed, particularly at the level of those who had familiarity with the legal and policy implications of affording protection to children.

Other participants who were knowledgeable about recently proposed legislation were not overly enthusiastic because of the fact that so few protection orders or other remedies were consequently being sought under the current legislation. For many, there was little reason to believe that new legislation would make any meaningful difference. As one respondent noted:

> *Although the laws need improvement, we need to recognise that even what we have, we cannot make it work*

Another participant was anxiously awaiting the passage of new Child Protection legislation because in her view the current Act was too limited and had erroneously confined the role of the Child Welfare Authority to placement and supervision of children in alternative care environments. In her assessment, the Act did not give the wide range of powers necessary to conduct a comprehensive child protection proceeding, from reporting and investigation right through to placement and beyond.

In this regard one policy respondent acknowledged the relatively satisfactory nature of Grenada's Laws, but did outline that there was scope for improvement. She and others referenced the Child Protection Act of 1998, under which protection orders for children who are physically, sexually and emotional abused can be sought. She felt, however, that this current law was 'thin' and did not 'sufficiently address the exact procedures to be followed.' Consequently, she was looking forward to the introduction of the new model Child Protection Legislation that had resulted from the OCES Family Law Reform initiative. The introduction of this new and enhanced legal framework is reportedly on the Government's agenda. The comment was made:

> *We cannot say definitely that the laws have failed us because we do not have the implementation machinery to truly test them*

The legal responses to CSA were not confined to civil child protection laws but also extended to the criminal laws that were designed to safeguard children from a wide range of sexual offences. Participants were actually more vocal about the inadequacy of these laws, as opposed to the civil child protection regime.

The criminal justice system

The consensus amongst both practice and policy participants was that the criminal justice system did not afford enough protection against CSA, and that this was once again largely as a result of poor enforcement of the law. There was repeated mention by practitioners of cases that had not resulted in any criminal sanctions being imposed on known offenders. One service provider spoke of 'known paedophiles that are walking around Grenada with no action being taken against them.' The more legally minded persons did speak of some substantive deficiencies in the actual laws, including the fact that there were several laws which gave protection to girls but did not equally apply to boys. One such example is the offence of unlawful carnal knowledge which prohibits sexual intercourse with a girl under the age of sixteen, but is silent on the issue of similar activity with boys. Other crucial justice issues raised by participants included:

- The lack of a child friendly court process
- The inordinate delay in the prosecution of cases
- The system's failure to deal with bribery of victims and their families by offenders who want cases discontinued
- The low age of consent which some of the participants felt should be set at 18
- The existence of an honest belief defence relied upon by offenders

At least two participants raised the concern that young men who were very close in age to the victims were being criminalised. They felt that this was not fair or appropriate and should be distinguished from situations where older men exploit the youthfulness and immaturity of young girls.

There were strong feelings about the weak law enforcement responses. Police officers were criticised for not vigorously investigating reports of child abuse. One participant shared the following observation:

> *Law enforcement is weak and they do not seem to want to pursue these cases. They look to avoid pursuing charges whenever possible*

Policy and procedure

Although the substantive law was regarded as having some scope for improvement, it was acknowledged, almost across the board, that the actual laws were less of a problem than the policies and procedures so critical to the effective implementation of those laws. Practitioners and senior officials were totally dissatisfied with the fragmented, ad hoc approach taken to child protection in Grenada. The remarks made in this regard were numerous and passionate:

> *The tag team approach cannot work*
>
> *We need one autonomous agency that can do all aspects of children protection and professionals who know how to deal with these cases*
>
> *The multiplicity of agency involvement complicates things. Legislatively, the Child Welfare Authority is supposed to be responsible, but referrals are still made to Social Development and elsewhere*
>
> *We don't follow any clear policies and procedures*

The fragmentation of the system was explained as mainly flowing from the fact that the agency legislated to perform the State's child protection mandate was not sufficiently equipped to do all that was expected of it. The Child Welfare Authority which was created by the Child Protection Act (1998) reportedly does not have the capacity to perform effectively and this resulted in a division of labour between the Ministry of Social Development, the Child Welfare Authority and NCH. Participants reported that there was no consistency or predictability in how the process worked, and cases often fell through the cracks. Participants spoke of a lack of public confidence in the system and persons expressed high levels of frustration over the apparent lack of political will to remedy the situation.

Creation of a CSA protocol

Largely with a view to rectifying the fragmentation of the CSA system, the Grenada National Coalition on the Rights of the Child (GNCRC), with funding support from UNICEF, retained a consultant to devise a protocol that would help guide the way in which child abuse cases would be handled. That protocol was completed in 2004, and although it devised a coordinated approach for multiple agency involvement, the document emphatically stated that the multi-agency approach was detrimental to the overall effectiveness of the system, and strongly recommended that there be one agency vested with exclusive responsibility for receiving and processing child abuse cases. That protocol also spoke of the procedures to be followed by law enforcement, schools and medical professionals in the handling of child abuse cases.

All participants were aware of the protocol and recalled the hosting of a formal workshop by UNICEF, during which the Ministries of Education, Health and Social Development endorsed the protocol and undertook to have it implemented. The focus on the implementation of the protocol had additional significance for practitioners in Grenada because, as explained by many of the participants, the protocol established a mandatory reporting policy.

Mandatory reporting

Mandatory Reporting was not required under the Child Protection Act of 1998, but had been provided for in the Child Abuse Protocol that was yet to come into being. The interviews revealed that practitioners, professionals and officials were supportive of mandatory reporting and were anxiously awaiting formal endorsement of this recommendation. One *official* made the comment:

> *We need a policy that will supersede the ethical responsibility to maintain confidentiality*

This comment reflected an appreciation of the fact that mandatory reporting did conflict with traditional approaches that guaranteed almost unconditional confidentiality of disclosure of abuse. Only one policy participant touching on the implications of a mandatory reporting policy noted that it would potentially increase the rate of reporting and put an additional strain on an infrastructure that was already ill-equipped to respond effectively. Another spin off effect of mandatory reporting, especially if combined with a coordinated response system was the enhancement of data collection. The status of data collection was raised by several of the participants as yet another area in dire need of redress. As earlier suggested, participants were consistent in their opinion that there was no accurate measure of the full nature and extent of child abuse in Grenada, inclusive of CSA. One participant, who felt very strongly about the country's lack of empirical data, lamented the fact that there were no studies geared at collecting the actual prevalence of reported cases of child abuse. She stated:

> *I know this study does not deal with actual prevalence. But we need the figures because that is what will make Government sit up and pay attention*

The successful implementation of laws, policies and procedures often presupposes a supporting infrastructure that can translate theory into practice. Unfortunately, it was the widely held view that many of the steps taken to strengthen the legal policy frameworks were in isolation of the measures that would need to be taken to enhance the overall system.

The role of the state: meeting its child protection mandate

The overwhelming sentiment amongst participants was that the State had failed to adequately meet its child protection mandate. The views were passionate and sometimes revealed a sense of frustration:

> *People jolly well understand the problem. Lack of political will is what informs how this issue is dealt with*
>
> *We have to run the Child Welfare Authority with small contributions from Government…staffing is a major problem*
>
> *We don't have enough placements for children who need a safe environment*
>
> *They [Government] put the cart before the horse and did not give Child Welfare Authority the staff it requires*
>
> *Legally, the Ministry of Social Development is responsible but I believe every Ministry has a responsibility for child protection*
>
> *The Child Welfare Authority is not very competent. Resources are a big challenge; there is only so much they can do…*

The perceived inability of the State to effect meaningful protection for children was evidently rooted in the view that enough resources were not allocated to this issue. The lack of alternative care environments, inadequate staffing and paucity of training were all seen as deficiencies that had to be met by the State and deserving of more funding. Participants spoke of the short-sightedness of the State for failing to invest sufficiently in its children, recognising that it was more cost effective in the long term to do so. The commonly held view that the State must assume paramount responsibility for the safety of the nation's children, was further demonstrated by the responses given to the question 'Who are the key players who can influence the CSA situation and in what ways?' Most answers to this question suggest that the State was perceived as being the main entity influencing the status of child protection.

Policy participants whilst recognising the important role of key players such as NGOs, schools and hospitals, further discussed the protocol which requires that there should be a central agency that receives all reports, caries out the investigation, and generally processes every child abuse matter. Accordingly, the protocol required that all disclosures of child abuse be made within stipulated time frames and this applied to all persons and agencies that worked closely with children.

The key players identified were the Ministry of Social Development and the Child Welfare Authority. These two entities were pinpointed in each of the interviews. Other key agencies identified for the protection and support of children included: Action for Children, GRENSAVE (Grenada Save the Children), and LACC (The Legal Aid and Counselling Clinic).

Despite the important supportive role played by NGOs and individual professionals, intervention in child protection matters was definitely perceived as primarily the business of the State. Undoubtedly, the pivotal role of Government was informed by the law which had clearly stated that it was the State that must assume national responsibility for the nation's children. The more critical question for many of the persons interviewed for this study was whether the State was sufficiently equipped to effectively meet its child protection mandate.

Families and communities

The interviews clearly demonstrated that public perception places the role of the State in a position of primary importance, as it relates to the responsibility for ensuring the safety of children. Nevertheless, there was an unequivocal acknowledgement of the critical role to be played by others, including family and the wider community. Interestingly, there were some very paradoxical expectations about the role of the family in CSA. Interviews revealed that the family is often perceived as a site of violence for child victims. The recognition of increased levels of incest, acknowledgment of the blatant disregard shown by some mothers and other family members, as well as some of the structural variables within families, like poverty levels and physical living arrangements, were all factors offered by participants, which underscored the limitations on family to protect children from sexual abuse:

> *Incest is tolerated in families because even though they know it is wrong, the perpetrator is often the major bread winner*
>
> *The value system in some of these families leaves a lot to be desired…we need to get back to the value systems*
>
> *We have a large number of households headed by single mothers. The mothers, on their own cannot be sufficiently vigilant*
>
> *A lot of children who we bring into care are angry at their families because they have been neglected. They want to feel loved and cared for*
>
> *We have too many mothers putting the man in her life first and the children are secondary*
>
> *Poverty is the biggest factor for lots of families, bus fares to go to school is a real challenge*
>
> *I often encounter parents who do not handle disclosures of abuse very well. They often do not even believe the child and then getting them to take action is difficult*
>
> *Some of these children witness a lot of sexual activity happening in their own households*

Despite the many identified limitations of the family as a source of protection, participants nevertheless saw the family as a site of support for victims. Participants made mention of the need to work closely with

families, the need to train and educate family members and, most importantly, the need to ensure that families are made to feel responsible for their children. The strong convictions about ensuring family involvement and support are understandably rooted in the view that family should be a site of caring, nurturing and protection. This assessment of the role of the family, however, stands in stark contrast to many of the actual stories shared by the participants.

Role of communities

Various features of community life featured highly in the discussion with participants. All of the participants pinpointed some aspect of Grenada's social or community life that was either directly or indirectly linked to the issue of CSA. The thematic linkages were many and varied, some of which were as follows:

Community as a danger zone - Some aspects of community life were highlighted as real or potential threats to the safety of children. There was also mention of specific communities that presented more of a threat. The frequency with which participants identified bus drivers and bus conductors as major 'culprits' was notably high:

> *Children are often left unattended in the community*
>
> *As a community we tolerate child sexual abuse because there is a silent acquiescence of it. Only if it is exposed do we then react to it*
>
> *This society has become a begging nation and everybody wants something for free*
>
> *As a society, we tolerate all types of sexual abuse too much*
>
> *The victim never wanted to give evidence because the community is small and everyone knows each another*
>
> *We never talk about 'Paedophilia' in our community. It is as though we do not recognise this concept*
>
> *It is still taboo to talk about sexual abuse*
>
> *Anytime there is revelling in the community, like carnival or regatta, there seems to be an increase in sexual abuse*
>
> *We seem to have a higher prevalence of incest in areas where there is a large East Indian community*

Almost every practice participant was of the opinion that there was a disturbing trend of very proportionate numbers of bus drivers and conductors having sexual relationships with young girls. Reportedly, the young girls are permitted to drive in the front of the bus for free and sometimes their family members travel free of charge. Many of the practitioners were of the opinion that transportation costs are one of the most burdensome expenses experienced by impoverished households. Free bus rides for sex is therefore a transaction that removed a major source of economic hardship.

As indicated from the quotations, other sources of danger or potential danger flow from community tolerance of CSA, festive activities that are held in the community, and the lack of confidentiality due to the smallness of communities and other structural factors.

Community as a safety measure - In the same way that community was perceived as a potential threat to children, it was also seen as a place which had some built-in safety measures. Some participants felt there

were some features about Grenada's community existence that made it a potential source of safety. Interestingly, for example, one participant mentioned the smallness and intimacy of community life as a powerful tool in the struggle against CSA, relying on the assumption that it is difficult for these things to go unnoticed in smaller communities. One participant felt that although there may be some tolerance, the religious and moral values of Grenadian society created a 'social rejection' of CSA, with such conduct considered as deviant behaviour. He said:

> *Most child sexual abuse is seen as wrong by society. Those who accept it have a moral value system that is different*

Evidently, it was also a belief in community as a positive force that triggered calls for more public awareness of CSA. Many participants reinforced the need for more education, more constructive use of the media and other initiatives that would generally strengthen community responses to CSA.

Community responses to CSA - Despite the many perceived dangers within the community, participants almost paradoxically recognised the intrinsic value of community and called for the enhancement of community responses to CSA. There was a strong call for a more integrated system where schools, health professionals and social services worked in a more collaborative way, for example, for the legal system to be more accommodating of medical professionals:

> *I have gone to Court on sexual abuse cases to give medical evidence and it has been adjourned seven times. I get very upset and I have to remind myself that this is about a child*

For many participants the need for the community to work closely was reinforced by the serious implications that flow from CSA. Persons spoke of the trauma, guilt and emotional despair that victims often experience:

> *Children do not come to me with a placard saying 'I am sexually abused'. They come with belly aches and headaches. After they come back a few times, I am on the alert and I interview them. Invariably, it is sexual abuse*

There were several suggestions made with regard to strengthening community responses to CSA. Most of these spoke of the already mentioned issue of raising public awareness and education. However, more specific recommendations addressed the following:

- Creating greater incentives for foster care so that the public will more readily bring children into family homes
- Offering more training, especially to those service providers who are regularly in contact with children
- One participant felt strongly that the training needed to be of a more specialised nature that spoke of issues, such as medical examinations, evidence collection
- Better scrutiny of the media, Internet
- Vigorously pursuing more preventative strategies with children, including the creation of sexual abuse awareness programmes
- Enhancing legal responses, including a more child friendly court system
- Some participants spoke very specifically about the creation of a Family Court
- Insisting on stiffer penalties for perpetrators [There was little to no focus given to treatment measures for offenders]
- Developing a more cohesive, coordinated response system that is clearly understood and implemented
- Pursuing institutional strengthening and capacity building of the Child Welfare Authority to allow it to function as a self sufficient child protection agency

- Developing a register of sexual offenders
- Ensuring consistency in the definition of a child, striving for uniformity with age limits
- Creation of an ombudsman position with specific interest in children's rights

Montserrat

Montserrat Group Discussions

Six focus group interviews were undertaken in Montserrat – group one comprised a community group of females over the age of 31, group two comprised 10 female Church members under 30, and group three comprised 6 professional males under 30. Group four comprised a mixed gender group of 5 sports participants under 30, group five comprised a mixed gender group of 9 professionals over 31, and group six comprised a mixed gender community group of 7 under 30.

Nature of the problem

Several variations of definitions were put forward by the groups. Nevertheless they all included the sexual inappropriateness of a child by adult(s). There was a consensus that a child under the legal age of consent in Montserrat was 16 years. The sexual abuse was not limited to actual penetration but also involved the exposure to sexual content (via books, Internet, and inappropriate conversation), oral sex and inappropriate touching.

The most comprehensive definition was rendered by the group of *professional males under 30*:

CSA is any sexual act that causes harm to an underage individual

Types of CSA

There was a general agreement that CSA occurs in Montserrat, although the evidence to support this is often covered up. The most common forms are believed to involve girls under the age of consent (16 years) with adult men. It was very interesting to hear that the different types of sexual abuse that were alleged to be present on Montserrat included:

- Children used as objects in videos, photos or as a pimp
- Invading the child's privacy, peeping while child undresses or bathes
- Video taping of the child
- Rape, forced and 'consensual' sexual intercourse with a minor
- Use of sexual language to, and in front of, a child
- Inappropriate touching of minor
- Looking at children inappropriately
- Child overhearing sexual languages
- Providing sexual materials
- Exposure to sexual materials e.g. radio, photos, movies, text, laptop, mobile telephone, Internet, computer, parent/adult sexual toys, sexual DVDs
- Exposing the child to the sexual act deliberately or unknowingly
- Dressing children in revealing clothes is a form of sexual abuse (dressing inappropriately)
- Incest – child with parent or other family member, biological or step-parent, guardian, siblings
- Obsessive watching of child
- Watching 'nude' 'partially nude' pictures of the child
- Uncomfortable or intrusive touching of child

Interestingly, some participants thought that premature sex education (exposing children to sex education too early or without parental consent) was a form of abuse.

Incest

Incest was described as 'sexual abuse' of a male or female under the age of consent by a family member or relative regardless of gender. Family refers to someone living within the household and a relative who does not necessarily live within the household. Although it was believed that incest was also happening on the island, there was even less evidence since families tend to avoid being exposed and ridiculed '... *bringing shame and scandal to the family'.*

Sometimes people unknowingly committed incest due to family structures: not knowing who was related to you especially since 'our' men have children with lots of different women in different locations. This can also happen when a woman who has multiple partners becomes pregnant and the child grows up not knowing the real identity of the biological father. Young siblings and cousins can be involved and be unaware that they are engaged in incest because of the lack of knowledge and depending on the age and maturity level of those involved, this may be regarded as playing or experimenting.

There was general disgust and scorn against adult sexual predators but it was even more so against parents, whether biological or step. It was even more incomprehensible how a mother can have sexual relations with her child. One group recorded that the most harmful form of CSA was a parent, whether step or biological, involved with a child.

Why CSA is not reported

CSA, including incest, may appear to be tolerated since, although rumoured, it is seldom reported. The overarching reason was believed to be financial, as victims and their families had a fear of losing the economic benefits. Other noted reasons included:

- The potential to embarrass the family
- The victim feeling ashamed
- The victim and family members may have been threatened
- The victim/family may have received financial rewards 'Pay Offs' in exchange for silence by the abuser and may simply be afraid of the consequences of speaking out
- The victim may be confused since he/she may feel 'loved'
- People's lack of knowledge about what constitutes CSA
- Parents unaware about CSA, hence do not know what the signs are or may be uncomfortable or unable to talk to their child about sex
- Referral system is poor regarding CSA. People confused about the appropriate next steps to take
- Teachers are not trained to recognise or spot a sexually abused child
- Victims not co-operating in court
- Victims do not know who to trust or where to go for help
- Police doing it too
- Threats to victim's and other family member's life if reported
- Desensitise/normalise:
    - people do not care anymore because it has become the norm
    - people do not get punished
    - shame of the family
    - the abused think it is their fault
- Lack of keeping profiles and records of child abusers, for example, deportees and new immigrants
- Some offenders think that it is ok because they have done it in other countries

Is CSA tolerated?

One participant said most profoundly that**:**

Child Sexual Abuse is not tolerated, abuse is abuse

However the under-reporting of such incidence makes it appear tolerated. The following comments were some immediate reactions to the question 'are some types of CSA more tolerated than others?':

Absolutely not!

If it is the father, cut off his penis

If they are both under-aged it may be more tolerable

Absolutely not if the mother is messing with the son

Some sympathy or understanding was expressed for specific age groups. For example, if the age difference between the child and adult was less than five years. The mental or developmental maturity or capacity of the individuals also tended to influence the labelling and the reaction to the involvement. As one participant in the *mixed group of professionals over 31* said:

If one is 16 and the other 15 it would be more tolerated if it is not forced

Based on reactions by all groups it seemed reasonable to conclude that people on Montserrat believe that each case should be assessed on its individual circumstances. People were concerned that some individuals were ignorant of the law and therefore innocent or 'less-guilty', while others were very aware and therefore 'more-guilty' and in these cases they needed to feel the full extent of the law despite their status in society and ability to manipulate the powers of the land through bribes. Most often it seemed the people with the ability to pay and with connections in society were the more able to continue their destructive behaviour.

The causes of CSA

It is believed that adults engaged in sex with children for a variety of selfish reasons, none of which had any benefit to the child:

- History of the abuser, i.e. may have been abused as a child and/or is a habitual child abuser
- Older persons need to be mindful how they dress their children, it was felt that the way some children dress invites or entices sexual predators
- 'Sick' or psychotic mental state of both abuser and abused
- Used as a stress buster, adults using this to relieve problems and stress at home/work
- Low self-esteem of abuser and victim
- Abusers engaged in such behaviour to show their superiority/a bully
- Drug use/abuse may lead to parties engaging in such behaviour
- Children wanting financial benefits because of financial situation
- The thought of going with a virgin/innocent person may encourage some adults to engage in such practices
- Adults experimenting with the child because they cannot do certain things with their partner
- When a child is being sexually aggressive towards an adult
- Physical maturity of the child may cause an adult to think he or she is older
- The presence of a child at a particular function such as nightclub or disco in the small hours of the night/morning may give the impression that child is above the age of consent (*professional males under 30*)

- Wanting of, or desire for, money and material goods by the child, such as mobile telephone and clothes that family cannot afford
- Lack of education about sex and laws about sexual abuse by both adults and children
- Feeling neglected by parents, family members, teachers
- The lyrics children listen to in songs and videos
- Culture of silence, our society is small, so people may see it as the norm
- Peer pressure – afraid that the young girls will refer to them as 'sissy' (less than a man) if they refuse their advances
- In the abuser's relationship he/she gets treated like a child, so he/she feels like a child, so it is easy to befriend a child and commit sexual abuse
- Easy access to children because of work or community volunteering (a teacher, coach, school bus driver, youth group leader)
- Husband feeling neglected by wife or vice versa
- To relieve emotional stress caused by financial, family or work situation
- Sex slaves have been brain washed since they were probably introduced to the lifestyle very young
- Lack of recreational and training facilities to engage children
- No-one is being punished
- Poor education and awareness about CSA
- Lack of parental supervision
- Some sexual abuses are not recognised by the child and parents/guardians; they think that they volunteer in this
- Children think they are mature and want to try out new things
- Children love sex – they do not feel that they are being abused until they hit the hospital
- Poor economic situation
- Parents/guardians and adults use children for economic reasons (pimps)
- Attention seeking because of lack of love at home or school
- Some engage in this behaviour to help advance their education and personal ambitions (career wise)
- Social standing; abuser may do it to get back at parents/guardians
- The girls are more susceptible to CSA in our society, young boys do not talk
- Some parents do not know how to talk to their children about sex because they think that the children know more than them
- Children sometimes learn from their parents' behaviour

Effects of CSA

There was general agreement that children were harmed by being engaged in sexual relationships with adults. Children could be emotionally, physically, socially and mentally abused. While it was the general feeling that physical wounds could heal eventually, the emotional and social effects seemed very detrimental in the long-term, not only for the individual and the family, but society at large. The following is a condensed list of the many ways children can be harmed through CSA:

- Unwanted and premature teenage pregnancy
- Emotional trauma
- Low self-esteem
- May become an abuser
- Health problems STDs/Aids/HIV, damage to reproductive organs which sometimes lead to infertility
- Negative change of personalities/behaviours

- Cycle of abuse may continue if parents put the 'abused pregnant' child out of the household
- Child may experience homelessness and loneliness
- Jobless due to lack of education and job opportunities leading to reduced prospects for good jobs
- Emotional and psychological problems such as nervous breakdown
- May lead child to a psychotic state of mind resulting in death, suicide or homicide
- Doomed to a life of poverty due to lack of educational opportunity
- Damage future relationships
- Child may become a recluse/secluded
- Child may become promiscuous
- Causes lesbianism and homosexuality

Are some forms of sexual contact between adults and children less harmful than others?
The most striking response to this question came from a participant of the Peer Educators Group (*mixed community group under 30*):

> *They are all harmful. Abuse is abuse – I don't think that people should differentiate*

Another participant in this same group saw it differently:

> *Well yes – for example, two persons have a relationship in school, one is 15 yrs and the other is 13yrs; if the 15yr one left school before the other and continues this relationship this is more tolerable because of the 2 years age difference*

It was sad to note, however, the sentiments of this respondent:

> *It depends on who commits the sexual abuse. If the person is an important person in society, they might get away*

She went on to say:

> *If the abused is a homeless or a mentally challenged person it is not taken as seriously*

Participants in the *mixed sports group under 30s* believed that exposure to sexual materials was the most harmful since it created psychological effects and these are the worst since they are harder to deal with. It was felt that the actual sex can cause physical harm to the young body but the body may heal but it is difficult when the damage is psychological. There was a general concurrence that 'all abusers should be dealt with similarly regardless of the social status of the victim'.

Why CSA is not prosecuted
A major frustration was the lack of prosecution when cases are reported. This creates a negative cycle because it helps to reduce further the levels of reporting and further perpetuates the abuse of the victims and their families. Several possible reasons were listed that affected prosecution:

- Child does not cooperate in court
- Child 'in love' with perpetrator
- Manipulation by perpetrator of the victim's mind
- Poor education of both parties, not knowing what is sexual abuse and what to do about it
- Child thinks society is 'against me'

- Older women and young boys, boys see it as a 'valuable' lesson and are therefore more reluctant to complain than girls
- The laws may be too broad and need amending
- Lack of DNA evidence
- Second victimisation of child having to give evidence in court

Action and empowerment

CSA is reportedly under reported because very often people were not confident that their business would remain confidential. There was also no history of people being punished, while there was a history of shame being brought to the victim's family. The pain seemed to outweigh the benefits of reporting child abuse. All of the groups listed suggestions to help people to report CSA. The following list seemed to capture the most common strategies that were thought would be able to improve the reporting of CSA. Foremost was continuous education and awareness for the entire population. This way, no-one could say they did not know. Children would know, parents would know, men would know, boys would know, girls would know and women would know:

- Appropriate sexual health education as early as possible in homes, schools, Church groups
- Parents and guardians loving and communicating with children
- Teach children to love themselves
- Educate people on the laws surrounding CSA and who to report to
- Empowerment on behalf of everyone
- Follow-through once CSA is identified, enforce laws
- Establish safe-houses/shelters or another individual whom abusers are comfortable with and trust
- Provide Hotlines
- Involve the media to reinforce information on CSA
- However, vulnerable groups do not listen to Radio Montserrat so we need to use the media such as Internet, newspaper, radio, to sensitise the whole civil society. Everyone needs to be told about CSA
- Empower young boys; they need to know that it is ok for them to walk away from an adult woman who approaches them sexually
- Improve economic status especially for single mothers so that parents/guardians can stop using their children to acquire money and other things
- More trained staff to offer counselling for victims, abusers and families
- More provision for DNA testing to be used in court
- When children go to court this is too traumatising for them – they need to change the law so that the child does not have to be present in court for the trial
- The Law concerning sexual abuse is too broad and outdated – it needs amending
- Instill strict confidentiality measures
- Prevention if we educate, educate, educate
- Train teachers to recognise or spot abusers and victims
- Educate schools, youth groups, homes, church, community, parents, concerned citizens, law enforcers (Attorney General and Police) using the media (e.g. music/videos, books, posters, leaflets)
- Ensure that laws are improve and re-evaluated
- Harsher punishment/penalties for perpetuator and the child who is 'throwing' themselves on the adults
- Charge parents for contributing to the crime by encouraging the relationship, because they are gaining from it

- Encourage laws that look at individual cases, for example, a learning disabled person and their maturity
- Talking more about sex
- Manual for parents on CSA/sex education
- School programmes created for sex education
- Specialist teacher, trained to deliver sex education
- Youth based television for children
- School based TV programmes
- Proper screening of education leaders and community group leaders especially those recruited from overseas
- Systems in place to make parents accountable for child sexual abuse

How to approach a parent regarding the abuse of their child

It was generally agreed that if it was suspected or known that a child is being sexually abused that the parent or the authorities need to know. However, perceptions of what constitutes CSA vary and one needs to proceed with caution and if possible do some investigation first to avoid making a false alarm, which can be potentially very damaging to all concerned. However, we need to bear the protection of the child foremost in our minds.

How can the information from this research assist?

It can be used to help empower everyone to take action:

  - Teachers in schools
  - Parents and guardians
  - Church groups
  - The media can be used to reinforce the messages from the various groups and individuals to the various target audiences
- It can help clarify the procedures to follow CSA
- It can help improve communication about sex
- It can help with the establishment of Safe Houses, the identification of confidential individuals who can be trusted by victims (children and families and maybe abusers, too)
- It can help with the establishment of Hotlines

Additional thoughts on CSA

- All of us are responsible for children who are abused
- All of us fail the children because we are not doing anything
- Our society has changed a lot; people do not look out for other people's children anymore and you do not know people anymore because of the different cultures of people coming to live in Montserrat
- There is too much cover up
- We need more skills programmes and the re-training of parents and young girls to stifle the incidence of CSA for financial reasons

Final words

All of the focus group discussions were lively and each participant contributed, even the very shy. It appears as if people want to talk and are disgusted with child sexual abuse. Most participants were of the opinion that we all have a role to play in the prevention of CSA and the overall protection of children. There was a commitment from several persons to try to mentor and to educate persons they meet on a regular basis.

Montserrat Practice and Policy-Focused Interviews

Five practice-focused and two policy-focused interviews were conducted for the study. Participants represented the following groups:

- Family Nurse Practitioner
- A young Media worker
- Senior Police Officer
- A Community Services Official
- A religious Minister
- Ministerial staff
- Counsellor

In general there was concern about the sexual abuse of children under the age of consent by adults. Across the various persons interviewed, there were many similarities in responses and opinions. There was disgust, sympathy for the victims and their families, but also a feeling of despair as it was felt that enough was not being done in some quarters to help the children and punish the perpetrators. It was overwhelmingly believed that education and awareness of all stakeholders will help everyone to play their roles effectively in the protection of children.

Most common forms of CSA

One participant, the Family Nurse Practitioner, allowed insight into current practices of CSA and recounted that there now seemed to be more and more cases of teenage girls linking up with older men for favours, maybe due to poverty and in some instances due to a lack of parental supervision. The most common forms of CSA on Montserrat involved adult males and girls under the age of consent (16 years). These forms were reported by all the practice interview participants. In some instances, it was the only form of CSA that participants were aware of, and this involved an adult familiar to the family such as a father, step-father, group leader, sports coach or family friend:

> *I however recall a case of a stepfather and a nine year old girl. The case was brought to life when the older sister, a 16 year old ran away after enduring the treatment for several years and he (the step father) had now began to concentrate on the younger child*

Another respondent put it this way:

> *…from what I have heard, it is most often someone close to the family who takes advantage of the child. Someone who the parents would never suspect, such as a family friend, distant relative, teacher, sports coach and group leader. It is sad to say that in some instances a parent is aware but encourages the behaviour for money/financial reasons*

Sexual abuse is by no means limited to actual sexual intercourse; one respondent was of the opinion that:

> *The most popular on the Island seems to be an invasion of children's privacy. Mostly males (fathers and step fathers) appear to be making themselves available to watch the child usually a girl on her way to/from the bathroom half naked. In one instance the father was accused of rubbing his genitals on the child*

Further to this, participants mentioned the abuse of boys.

Reasons some forms of CSA are tolerated

While there is no confirmation that some forms of CSA are tolerated, the under-reporting, non-reporting and code of secrecy/silence of the community may lead to such a perception. One respondent commented:

> *…there is a strong cultural taboo against talking about sex openly. It also may be the reason why individuals are unaware about the signs and symptoms of child sexual abuse. There is also the cultural practice of protecting the family, so even when the behaviour is identified, it is kept as a secret. In a few instances however, some parents/guardians are aware but are dishonest enough to accept bribes and 'pay offs'…as Cepeekee (a local Calypsonian) sang a few years ago 'little Montserrat ain't ready for this'*

This participant was of the view that incest is more tolerated in the community than 'stranger' abuse. The fact that these incidents are seldom reported, so as to protect the family, made it appear more tolerated:

> *Although having sex with a child is frowned upon, there seems to be a greater tolerance in some circles for liaisons where the family benefits financially, where the victim is a boy and the adult is just past the consent age. It also seems that incidents of older women with younger boys are being accepted simply because they are not being reported. As one boy said 'Who am I going to tell?' One boy said when he first moved to Montserrat, he was being targeted by an older woman whom he tried rebuffing and as a result was ridiculed by his friends. The boys generally agreed that with older women, there's less tension than being with younger girls*

Nature of the problem

The evolving trends in CSA in the community are largely down to the rapidly changing society, due mainly to the immigration of nationals from several CARICOM countries who now reside on the island. Some people from different countries have different perspectives, such as on the age of consent, and this may contribute to CSA. Montserrat has become a culturally diverse society since the 'crisis' (volcanic crisis) and many of the cases of CSA in recent times have involved new immigrants whose cultural norms are different. Some parents from different ethnic communities often saw no problem if the male accepts responsibility for supporting the entire family and often invited the male to live with them as if 'married.' Respondents shared the view that CSA in Montserrat had increased because of these practices. The scapegoating of outsiders for CSA was indicated in this comment from one respondent: *'it's the Indians in Guyana whose consent age is 13'* and offered the view that once people were *'living among us, they needed to abide by our laws and practices'.*

Another contributing factor was the abandonment or neglect of children by parents - fathers neglecting their financial and emotional obligations, mothers over extending themselves, either with work and social obligations including involvement in relationships, where the child may feel neglected and disrespected.

Also, the view was offered that some minors seemed to get engaged in child sexual activities as a form of rebellion against their parents and the system, and a yearning for worldly goods that the family cannot afford. Although in no particular geographic location, it appeared as the families involved were not very aware of the circumstances surrounding sexual abuse, the age of consent, and the long lasting repercussions to the child's emotional and social well-being. Several of the girl victims' mothers often were single parents, with several children, unemployed or very low paying jobs.

Consequences of CSA

All of the interview participants identified several negative consequences, not only to the child and the family but also the wider community, as a result of the sexual abuse of children. There were physical, social emotional and economical effects. The effects to the child and the family also impacted on the quality of life in the community and in some instances the state was held responsible for the medical bills of individuals who may have suffered psychological breakdown. In other instances, the state became the financier of the education and health of the teenager's unplanned offspring, especially if the mother was unable to complete her education and, or gain a valuable skill, in order to secure employment.

Agency roles and responsibilities

- Ministry of Health and Community Services was responsible for the health and well-being of members of the community, including children
- Social Welfare Department offered financial assistance to vulnerable members of the community
- Community Services Department provided social intervention for vulnerable members of the community, which also included abused children. This department also focused on development and empowerment of communities. Community Services Department assisted vulnerable children and their families with the acquisition of essential supplies, such as school supplies, clothing and shelter
- Ministry of Youth Affairs, Culture, Tourism and Sports (MYACTS) was responsible for policy guidance with respect to the protection of children and youths. This Ministry liaises with all Ministries, Departments and organisations that deal with children and youths
- The Ministry of Education was responsible for the education of children
- The Royal Montserrat Police Force protected children's safety
- The Attorney General's Chambers was responsible for interpreting the laws to ensure children's rights were protected
- Media Houses educated and sensitised the public through music, visual messages and movies

Risk

One respondent revealed:

> *The girls mostly involved tend to come from families lacking love, self-esteem or material resources. Some can be considered to be living in deplorable conditions where there is need for the basics to ensure a comfortable living according to Montserratian standard of living. Sometimes, its peer pressure, friends are doing it, I need to belong, friends have cell phones, and I need one too at any cost. In some instances, the parent may have started having sex, too young it's maybe the family custom so it just continues despite the relocation*

Another noticeable trend commented on was:

> *…the child female offenders 'victims' are usually involved in multiple abuse cases or have victim siblings in the same household as if it is a like a cycle. The cases are never solved since the child 'victim' doesn't talk when the authorities get involved. They are naïve and unaware that a crime was committed against them*

For one respondent, the involvement of 'victims' seemed to depend on:

> *…how early the child is initiated [to sex], and by whom they were initiated. This may have led [the child victim] to think that it's O.K. It may also be a search for love, attention and affection that is not being experienced at home. The child may be suffering from low self esteem and simply looking for love and acceptance…it seems as if the behaviour [CSA] occurs more often in families where the parents have a low educational background which is closely linked to the availability or lack of finances*

Whereas another participant felt that:

> *The most salient factor contributing to child sexual abuse may be a lack of awareness or ignorance about what is sexual abuse, of not only children, but the significant adults in their lives, including parents and guardians. The strong cultural taboos against talking about sex openly also may be the reason why individuals are unaware about the signs and symptoms of child sexual abuse*

The Perpetrators
In contrast to the view that CSA is a largely a problem of new migrants to Montserrat, one respondent commented:

> *…there appears to be professionals in the community who indulge in such behaviour [CSA] by taking advantage of the less fortunate. Because of their social connections, they may be able to get away and be protected by other professionals. They are also able to provide the financial and material desires of the child victim and family which render them speechless and uncooperative with the investigation*

Other participants agreed with this:

> *It appears that the families involved can be classified as 'in need' and they are most often engaged with prominent gentlemen in the community*

Key players who could effect change
Respondents commented**:**

> *We all as members of the community and guardians of children's rights have a part to play*
> *Child protection is everybody's business. We all need to get together*

The key players identified by participants, who could influence the CSA situation included various Government Agencies, Faith Based Organisations and Non-Government Organisations:

- Police
- Social Welfare Officers/Community Development Officers
- Nurses
- Doctors
- Family, parents
- Government (other funding agencies)
- Educators, teachers
- Counsellors
- The media
- Pastors, clergy
- The Attorney General's Chambers
- Parent/Teachers Associations
- Youth leaders (religious and community)
- Members of the community
- Politicians
- Role models (sports and cultural stars: local, regional and international)
- School
- Church
- Ministry of Education
- Ministry of Health
- Court
- Housing Unit
- Disaster Management Coordinating Agency
- Red Cross
- Rotary Club
- Rotaract

- Children themselves and their peers

The final words for this section are the words of one of the respondents:

> *We need to all cooperate and instill in individuals beginning in the homes and early childhood programmes that 'nobody is going to protect you but yourself from abuse, pregnancy, STI'. It needs to be an inter-sectoral approach*

Laws and Prosecution

One respondent clarified that child protection '*…is guided by the Juvenile Act, the Education Act, and the Family Protection Law'* and respondents were generally of the view that the Island's legal system is robust. This was credited to the small population which facilitates networking between the various agencies; however, there were limitations as discussed below:

> *The main strength of the Family Law is its focus on the family. However, one of its major limitations is that it is not really targeting children but the entire family and in particular domestic violence in its broader sense. The law is really broad and there's no real focus on the abuse of children especially with regards to sexual abuse*

> *Child protection is guided by the Juvenile Act, the Education Act and the Family Protection Law, however, these are considered outdated since they need amending against the Domestic Violence Act*

Interview participants were of the opinion that we had competent, dedicated professionals who were concerned with the protection of children but there are ineffective implementation strategies and procedures. These weaknesses lead to a variety of challenges as detailed below:

> *One of the major challenges when dealing with cases of child sexual abuse is that there is currently no place to put the child victim when the situation determines that the child must be removed from the household…Foster Care Programme in the department is informal and it offers minimum benefits because funding to support such programmes is scarce. Montserrat is made up of small communities and it will create stigmas. Another reason to is that families are close-knit and it is difficult to avoid anonymity if the child has to be removed. Children are often uncooperative and change their stories constantly making it difficult to prosecute the offenders. Mothers in some instances, especially where the male is the main or only breadwinner, are afraid to lose the source of income and may hide the situation or refuse to allow the child to cooperate*

> *The main challenge is that culturally people tend to expect more from the pastor than the pastor can humanly and morally do. For example, sometimes I am expected to tell the child to refrain from talking about the situation* [the abuse]

> *…some of our new residents have a culture where children can marry as young as 13, while the age of consent in Montserrat is older. In some jurisdictions an individual is an adult at 18 when eligible to vote but [age of responsibility] varies depending on the crime committed…There are no clear directions for the protection of children from sexual abuse. Although there are clear laws for the protection of children, there are loop holes i.e. no clear direction to process or assign penalty for the offences. Therefore, in order to protect the victim and the family from exposure, another dose of victimisation, some families accept pay*

Other respondents offered the view that it is often difficult to prosecute a case since victims and their families do not cooperate for several reasons.

Current policy documents guiding child protection
The policy context was summed up by this respondent:

> *The Department's procedures are largely guided by the Family Act which is in the process of being reviewed and developed into the OECS' family Law and Domestic Violence Laws, which will include Child Protection Laws…There are no clear policies and procedures that guide decisions about the protection of children from sexual abuse. It may even appear that we are 'putting the cart before the horse'. We do have a Draft National Child Protection Action Plan that was developed with the assistance of National Children's Home. However, there is not yet a formal policy, but under the patronage of the National Children's Home and CARICOM, the OECS has developed some guidelines and standards. There are also no financial or human resources dedicated to this area as yet. In some instances, it seems as if these are just 'largely documents on a shelf since there are no laws in place to back them up' (laws relating specifically to child care and protection to include sexual abuse and exploitation, mandatory reporting, power of removal)*
>
> *There is an urgent need to revise these laws to create harmonisation with our OECS and CARICOM neighbours*

Tourism involvement
When asked if policy on tourism can protect children from sexual abuse, one respondent said *'it would be a tricky one',* since such policy may not be easy to implement. The *'perpetrator tourist'* may have left the island before the incident is reported - *'Today they're here, gone in a few hours'*- this will make it difficult to trace and prosecute. We will have to determine the value of the benefit to the child of proceeding with cross country, prolonged investigation. Another important question asked was 'do we really know who is coming to Montserrat?' Consequently, we may need to watch and treat everyone (tourist or whoever) as if they are capable of sexually abusing our children:

> *We have to move quickly so that children of a certain age are not allowed in the tourism trade unsupervised. That means there should be a Code of Conduct for tourists outlining that tourists should not interact with children performing as masquerades, selling souvenirs without adult supervision. In order to take photos or film children, tourists must have written consent. There should be clear directions about public sexual displays and nudity*
>
> *What would be necessary is for us to educate our children even from the nursery school level. What is most missing in Montserrat is talking about and the reporting of sexual abuse and even other forms of child abuse. Victims are usually already intimidated especially given the small size of the Island and the lack of a proper foster care system so victims can't really avoid the perpetrator and they are usually brainwashed by the person/culprit, since it is most often someone they trust, admire who is in a position of authority*

Action and empowerment

> *Importantly, children from as young as possible need to know what to do, so they can inform the other parent or a trusted adult about what is happening to them*
>
> *In general as media workers we need to pay attention to the kinds of messages that are in the music and the images in visual media*

…it is up to us, as police officers to make recommendations for the revisions of the laws and policies

Involving children and young people in decision making

Yes, it is always good to get the opinions of those who you are developing policy for

There are most definitely benefits to involving children and families in the formulating of policies for the protection of children from sexual abuse as they would offer a perspective unique to children and families since 'essentially they are the ones who will be the victim'. Although some aspects may seem to be too sensitive for young children, we most certainly need to involve young people

Benefits of the study

Respondents were unanimously of the view that the study was important and could help to bring about change. The following comments were offered:

Information from the study will hopefully assist us to revise our policies and the procedures for handling child sexual abuse cases to the benefit of our vulnerable child victims. The information will also provide needed baseline data about the situation on Montserrat

This research can help inform the formulation of better and more effective policies and procedures for dealing with incidences of child sexual abuse. It may also influence the creation of a generalised code for media persons involving children victims. Hopefully it will also assist with the education campaign

The information from this study can be used to upgrade the existing policies, laws, and code of conduct for all who come in contact with child sexual abuse. Individuals who regularly come in contact with children should be educated to identify signs of sexual abuse. Nurses and doctors need to become aware that incidences of abuse that they treat, which are criminal offences, should be reported to the police. They are actions against the State

The information from this study needs to be used to educate the community more about child sexual abuse. We will need ongoing messages through the media including jingles, blurbs and news items. Then once the information is out there, it will be easier to prosecute

The information from the study can be used to enhance the awareness and education campaign about child sexual. It will also help her in her role as a preacher/teacher as she tried to influence cultural change of attitudes towards child sexual abuse

The fact that children are exposed to information from sources other than the significant adults in their lives demands that the recommendations from this study be presented in as broad a way as possible to target ALL stakeholders

We have to move quickly so that children of a certain age are not allowed in the tourism trade unsupervised.' That means there should be a Code of Conduct for tourists outlining that tourists should not interact with children performing as masquerades, selling souvenirs without adult supervision. In order to take photos or film children, tourists must have written consent. There should be clear directions about public sexual displays and nudity…What would be necessary is for us to educate our children even from the nursery school level. What is most missing in Montserrat is talking about and the reporting of sexual abuse and even other forms of child abuse. Victims are usually already intimidated especially given the small size of the island and the lack of a proper foster care system so

victims can't really avoid the perpetrator and brainwashed by the person/culprit since it is most often someone they trust, admire or in a position of authority

This study is very timely as we are in the process of revising our child protection laws and policies. It will help us to understand our current status, in order to advise the formulation of our policy that must be submitted for council's approval. It will direct us how to address issues that are currently plaguing us. It will help us to rethink how we educate children, youths and adults about children interfacing with strangers The main goal for child protection advocates should be to delay the age of the first sexual encounter/experience

St Kitts and Nevis Focus Group Discussions

Six focus group interviews were undertaken in St. Kitts – group one comprised females over the age of 30, group two comprised females under the age of 30, and group three comprised mixed gender professionals. Group four comprised males under 30, group five comprised males over 31, and group six comprised a mixed gender business group.

Nature of the problem
One participant (*mixed gender professional*) defined CSA as:

> *…any adult having sex with a child who is not of age of to give consent, any indecent and inappropriate touching of a child, speaking in sexual overtones, referring to a child as sexy, imploring or encouraging a child to go to private dark places with intent to touch, kiss, molest or perform other inappropriate sexual activities for example, for pornographic purposes*

Another participant explained:

> *...children have been harassed by adults to do sexual things…children have been raped…we have seen indecent touching and kissing…pulling children into dark places*

CSA was defined as 'disturbing' throughout the session in which the *group of males under 30* participated. The men believed that CSA is pervasive in St. Kitts and a growing problem. Although sexual abuse was conceptualised as an umbrella term, the men believed that CSA exists on a spectrum, ranging from inappropriate glances to intercourse. Disagreement arose whether the specific acts of CSA vary in their consequences. One participant described the child abuse as follows:

> *Any sexual advancement to a child…even considering any sexual contact with a child is abuse*

Another participant suggested:

> *Abuse starts with fondling and then moves on to something else…although fondling may be less traumatising than other forms of abuse*

Another view was that sexual abuse should only be defined as oral, vaginal or anal intercourse. Other types of CSA that were discussed included exposing a child to pornography and seductive glances, emails and text messages.

Sexual relations between girls and adult males
Sexual relations between girls and older men were recurrent themes throughout the sessions. It became clear that this issue was a worrying one for the participants, with them suggesting that this was a dominant form of CSA in St. Kitts and Nevis. Participants expounded that many Kittitian men viewed girls attending primary school as children, but the move into high school heralded a shift in perceptions about their sexual status. One participant described the situation as follows:

> *In St. Kitts many men believe that once a girl starts high school she should become available to them sexually…from about age 1 to about age 11 most men will be disturbed if they*

found out that a man was interfering with a little girl…Once a girl develops breasts and 'womanish' tendencies men make passes at girls

Another participant's view of the situation was:

My personal view is that…men in general are to blame, especially adult men….the general consensus among men is that if I don't do it someone else will

While many participants believed this to be true of step-fathers (discussed in the next section), several anecdotes were related involving fathers and their daughters. One participant in the *group of females over 30* spoke of a situation where a girl was raped by her father on an ongoing basis from age 7 to 15. This was closely related to the theme of men's relative position of power over women and girls. Some participants suggested that some fathers believed that it was their right to be the first man to have sexual intercourse with their daughters because as one participant said of some fathers' attitudes 'I raised you, I can have sex with you.'

Girls and step-fathers

Although adult males were generally perceived to be perpetrators of CSA the role of the step-father in Kittitian and Nevisian societies was particularly relevant to the discussion on CSA. One participant in the *group of males under 30* expressed his opinion:

There is a lot of sexual abuse involving step-fathers. He chooses to come around if the mother is not there…it seems to be very common…the mother's boyfriend is also the daughter's boyfriend

Many mothers in St. Kitts and Nevis work in the tourism sector, where shifts usually end late at night. Participants suggested that in many instances children were supervised by their step-fathers in their mothers' absence making these children especially vulnerable to being sexually abused.

The normative over-sexualising of children

This theme was dominant across the six focus groups. Sexual initiation, whether in the form of seductive dancing and talking or engaging in sexual intercourse, frequently occurs at an early age in Kittitian and Nevisian societies. There is a disconnection between the age of consent for sexual intercourse and what actually occurs. Many participants believed that children are over-sexualised from the age of 4 or 5 to adolescence. One focus group participant (*group of females over 30*) suggested:

Children and teenagers appear over-sexed…and it's not from interaction with their peers…this must be coming from the home

It became evident that some children from toddlers were being exposed to adults engaging in sexual activity. Many homes in St. Kitts consisted only of one bedroom, according to participants, and children are often put on the floor or in closets while their parents engage in sexual activity. While this in itself may qualify as a form of CSA, the consequences are far-reaching. Several focus group participants knew of instances where children between the ages of 4 and 8 'acted out' sexual acts in the school setting with other children. When asked about their behaviour their responses were always 'I saw mommy and daddy doing that.'

Changing moral codes

There appeared to be a link between the over-sexualising of very young children (previous section) and transactional sex (following section). By society's normalising of the over-sexualising of children, the moral code of those children themselves seemed to have shifted into one that is more condoning of sexual activity. One participant said:

Morals and values have changed…it used to be don't let anybody touch you…nowadays the kid's aren't hearing that

A dissonance has been formed between what should occur based on strict moral codes and the over-sexualising of children. As one participant said 'these girls don't understand they are being abused,' which opens the gateway to transactional sex.

Transactional sex

One participant in the *group of males under 30* summed up the sentiments of the other focus group participants. He said:

Men in St. Kitts are socialised from childhood to give something only if a favour is returned…this sort of behaviour has become the norm…the case is that men have the inner tendency of finding girls sexually accessible once they have passed puberty

Another participant suggested:

You have a young girl who is 12 years old and all of her friends have the latest cell phones…the father, or the guy next door who thinks she looks good takes advantage of the child's vulnerability. The girl may not see it abuse, she's just getting a cell phone

'Who's going to pay the rent?' While transactional sex between girls and adult males takes place for mobile telephones, phone cards, clothes and concert tickets, it also occurs as a means of survival. Women and their daughters often depend financially on men for their survival, whether it is the mother's partner or another adult male. In exchange for silence and sex, many of these men contribute money to rent, groceries and school books.

Power and CSA

Some participants in the *group of males under 30* believed that CSA is tied to masculinity. In the case of St. Kitts and Nevis they proposed that many men view women as subordinates, further exacerbating the problem of CSA. The following exemplifies this:

I can't make this big woman do what I want but I can make this child do it

Mothers and daughters

Several participants believed unequivocally 'mothers encourage sexual abuse' while others felt that 'mothers play an integral part – either shutting it down or encouraging it' (*group of males over 31*). The complexity of the relationships between mothers and their girl children emerged as a dominant theme. Many participants believed or knew first-hand of instances where mothers accepted money from men who had abused their daughters to drop criminal charges, to withhold evidence or withdraw pending cases from the justice system. Some participants believed that mothers complied with the men's requests only for monetary compensation, while other believed this occurred because of shame, fear, distrust in the legal and justice systems and love for her partner. The prosecution rate for alleged child sexual offenders is extremely low in St. Kitts, and many participants believed that this is because of mothers' unwillingness to carry a case forward, for some of the reasons mentioned above. One participant (*group of males over 31)* gave an example:

When [it was] time to go to court the girl was willing to say she was raped but her mother was paid off by the perpetrator. The girl couldn't sleep at night but the mother refused to allow her to testify

Some participants also spoke of instances where mothers did not believe that their partners had sexually abused their daughters. These participants suggested that in some cases mothers gave preference to their partners over their daughters, exacerbating already existing CSA problems within the home (*mixed gender business group*).

Drug use

This was not a dominant theme in the focus group discussions; however, the use of drugs in lowering adult males' sexual inhibitions emerged as a probable cause of CSA (*mixed gender professional group*).

The perpetrators

In a country of 30,000 it's very unlikely for a perpetrator to be a stranger

Based on frequency counts from the six focus groups, perceptions about who perpetrators of CSA were most likely to be were:

1. Males
   - Step-fathers
   - Mother's boyfriends
   - Other adult family members like uncles and cousins
   - Fathers
   - Neighbours
   - Girl's boyfriends
   - Trusted adults – for example, pastors and teachers

2. Females
   - Mothers

Effects of CSA

Participants across the six focus groups raised similar points relating to the effects of CSA on a child's health. These included:

- *Teenage pregnancy* – one participant described the number of teenage pregnancies in St. Kitts as 'astounding.' Most teenage girls who become pregnant are sexually abused by adult males (not males of a similar age), whether sexual intercourse was consensual or not
- *Emotional effects* – most participants believed that the child survivor of sexual abuse faces emotional distress, which goes on to affect every area of that child's life including his or her academic study, social relationships and physical health.
- *Psychological effects* – participants were of the opinion that CSA affects children in the short and long terms, including depression, anger, aggression, anxiety, low self-esteem, post-traumatic stress and extreme introversion or extroversion
- *Negative externalising behaviour* – many participants believed that CSA could lead to the survivor becoming violent with peers and adults in the short and long terms. They also suggested that many children who were sexually abused turn to prostitution, not only as a means of earning income, but also as a direct effect of having been sexually abused. Entry into gangs as a result of CSA was also a prominent theme.

Acceptance

In general, participants across the six focus groups were of the opinion that Kittitian society had become too accepting of CSA. This included acceptance by mothers, members of the public, and institutions. One participant in the *group of males under 30* said:

Everyone knows who the father is of a [a baby born to a] teenaged mother…the justice system and the social system need to pull together to ensure that children are protected

The ineffectiveness of the existing institutional structures was also discussed. One participant described the situation as follows:

The systems are so ineffective…teachers, nurses and so on do not have the room to make a difference…we don't know what each organisation is doing…we need a macro approach…this micro approach is archaic

The invisibility of CSA

This theme, although closely related to the *acceptance* of CSA, was conceptualised by some focus group participants differently. The tacit acceptance of CSA may, in part, have led to the issue of CSA becoming invisible. One focus group participant proposed:

If this abuse [CSA] involved blood, bruises and broken bones attitudes may have been different

The physical consequences of CSA did not emerge in any of the focus group discussions, although the first and most visible consequence of CSA often includes severe trauma to the genitalia and haemorrhaging.

Education

Education was a dominant theme throughout the focus group discussions. There was consensus that every individual in society needed greater education about the risk factors and consequences of CSA. Participants also believed that education programmes needed to be targeted at children from pre-school age about their bodies and adult behaviour towards them, for instance, about inappropriate touching. The education of mothers about how to keep their children protected from potential CSA was also a dominant theme, although many participants were of the opinion that some mothers purposefully allowed their teenage daughters to engage in sexual activity with adult men because of financial deprivation.

Advocacy

Although the theme of advocacy did not emerge as frequently as the others mentioned, there was a strong indication that participants believed that there is an absence of the leadership necessary to advocate against CSA – from the individual level to the political. Examples included the power that community groups could have in curbing the occurrence of CSA by challenging the increasingly normalised relationships between adult males and girls, to 'change the attitudes of adults and empower children' (*participant in the group of males under 30*). One participant suggested:

We need more active civic organisations as an impetus to drive the change; persons need to speak out [against CSA]

Another participant suggested (*mixed gender professional group*):

There has always been child sexual abuse but what's missing is the public outcry against it

Legislation and enforcement

There was consensus across the six focus groups that there need to be strict penalties for those convicted of CSA. This, however, cannot take place if laws are not enforced. Many participants suggested that complementary laws needed to be put in place to mandate mothers to report CSA and prevent them from accepting bribes from alleged perpetrators. Of existing legislation, it was generally believed that the public did not have enough information, thus limiting its effectiveness. One participant (*mixed gender professional group*) explained:

There is a wanton disregard for the law…somehow we have lost the value of what a child is, we've all turned a blind eye, we've turned our backs on the community…we know that child sexual abuse is wrong but we allow it to happen, we know it's illegal…there's a disregard for personal responsibility

St Kitts and Nevis Practice and Policy-Focused Interviews

Eight practice-focused and five policy-focused interviews were conducted for the study. Participants represented the following professional groups: social services, health care, education, Ministerial staff.

Most common forms of CSA

Most participants believed that all types of CSA took place in St. Kitts and Nevis. This ranged from inappropriate touching to rape, inclusive of fondling, digital penetration and oral, vaginal and anal sex. Despite the acknowledgment that CSA was pervasive, one participant stated:

Child sexual abuse is the best kept secret

However one respondent disagreed:

…there is public outcry if child sexual abuse occurs. There is no acceptance of CSA in our society

According to one participant all types of CSA were common in St. Kitts and Nevis. This was echoed by 4 other participants. One participant stated:

Although all types of child sexual abuse are viewed as perverted especially if a child is under 12, if a child is 13 or 14 many people don't bother because it's so common here

Reasons CSA was tolerated

Several reasons emerged from the practice-focused interviews on why CSA was tolerated in society. Six participants believed that the primary reason why institutions failed to treat CSA in appropriate ways was because limited resources were available to them. This included financial resources, personnel and supportive institutions. Due to the limited resources 'quick interventions' are usually done, thus, the root causes of CSA and long-term effects of this abuse are not prioritised. Rather, if a case of CSA was brought to the attention of, for instance, a health care professional, the immediate health needs of that child were given precedence over other matters.

All eight participants believed that CSA was tolerated by many in society because it was culturally accepted. The following views were offered:

We are an exceptionally enmeshed community and many people are related…here they don't want to be the one who spilled the beans

There is a lack of education pertaining to sexual atrocities

We are a very Christian society…it's [CSA] *the best kept secret in this society*

Factors that increase vulnerability

Several factors emerged from the practice-focused interviews which related to the risk factors of CSA. One participant listed these factors as poverty, overcrowding within the home and access to pornographic television programmes. Another participant also believed that the main contributing factor to CSA was overcrowding. Overcrowding for these participants was linked to poverty – the physical proximity of adult

males (in most cases step-fathers) to their step-daughters increased the risk that these girls would be abused. Specific to the relationships between step-fathers and step-daughters, one participant believed that the vulnerability to CSA was heightened because, *'there is no love for the child because she is not his biologically so he feels he can have sex with her'*. Five participants believed that economic deprivation created a space for CSA, in the form of transactional sex. One participant's opinion typifies their views:

> *Children are vulnerable, their siblings and mothers are in need and the only way for them to survive is to have sex with men who give them money*

The improper supervision of children also emerged as a factor that increased the vulnerability of children to CSA. The eight participants raised the issue of mothers working late at night and allowing children to be supervised by her partner or boyfriend. This, to the participants, sometimes leads to adult males sexually abusing girls, and much less frequently boys, within the home.

Another participant suggested that *'children see their mothers and fathers or step-fathers having sex – they see and they practice.'* Early exposure to sexual activity was viewed as a risk factor for CSA by five of the participants. They explained that a child seeing his or her parents having sex is one reason why they are becoming increasingly sexualised at younger ages.

Evolving trends in CSA

Poverty was viewed as a main factor contributing to the rise in incidences of CSA. According to several participants, the large percentage of single-parent, female-headed households, led to only one income being available to the home. Sometimes, the mother overlooked that her daughter was being exploited sexually by her partner, since the economic contribution that he made to that household was necessary for the survival of the entire family.

Seven participants spoke of the role of mothers in sustaining CSA in St. Kitts and Nevis. This was a dominant theme across the interviews. These participants suggested that it was quite common for mothers to *'take pay-outs'* from the perpetrators of CSA to discontinue any legal action if a charge had been made, or to remain silent. These perpetrators were usually adult males who engaged in sexual intercourse with the girls within that home. One participant stated:

> *It's* [CSA] *becoming more prevalent, mothers don't necessarily take action but they are more aware of child sexual abuse*

Three participants also believed that the normalisation of CSA within society exacerbates the already pervasive problem. One participant said:

> *…we don't speak to our kids about sex and their bodies – everybody is just caught up in a system where they think it* [CSA] *is normal*

Another participant suggested that the health institutions were also accepting of CSA:

> *I see pregnant 15 year-old girls coming in here and nothing is done about it but there is rarely ever follow-through to check if the child has been abused*

This acceptance, according to another participant, had come about because children were becoming highly sexualised at very young ages.

Another trend that emerged was that fondling of children was much more accepted than in previous years. This, according to one participant, would eventually lead to society's acceptance of more severe types of

CSA, such as intercourse. The increasing co-morbidity of child physical and sexual abuse was also raised as an emerging trend by one participant.

Gender issues
Male dominance over women emerged in two interviews. One participant stated:

> *Women feel helpless because they have to depend on their partners for support…they are afraid that if they speak out about child* [sexual] *abuse within their homes this support will be taken away*

Other views concerned the self-image of teenage girls:

> *…we need to address how teenage girls view themselves in relation to older men…these girls tend to protect these men…we need the girls to understand that sexual relations between young girls and older men is not appropriate…These men are providers so they are protected*

Known/perceived communities exploiting children
Only one participant claimed that they knew of a known community where children were exploited. According to this participant *'someone disclosed to me that there were several sexual abuse cases within this one community but there was no place to put the kids.'*

The perpetrators
All participants believed that the main perpetrators of CSA were women's partners – step-fathers and fathers. The participants generally believed that step-fathers were much more likely to engage in sexual activity with their step-daughters, than fathers would with their daughters. Several participants were of the opinion that many women contributed to the sexual abuse of their children. As one participant explained:

> *…after all the evidence has been collected some women take bribes from the men who are usually their boyfriends to drop the case…the children have no say, they cannot give consent to follow through because they are minors*

All participants believed that women contributed to the problem of CSA in St. Kitts and Nevis. One participant described the situation as follows:

> *…there is a large percentage of single-mother households in our society…What happens is a woman starts working at around 3pm and finishes at around 11pm, children get out of school about 3pm. So the girls are left alone with their mothers' boyfriends, which lead to a lot of sexual abuse. That incest is defined as a blood relationship here makes the sexual relations between step-fathers and step-daughters more common…the challenge of child sexual abuse is a challenge of the family*

The role of government
Participants generally believed that the government could play a greater role in reducing CSA. One participant stated 'child sexual abuse should cut across political party.' The creation of a 'robust intervention agency' was also described as the responsibility of the government. Another participant believed that:

> *…the onus of the child sexual abuse problem lies more with the family than the State…The state is driven by what happens at the community level…the primary responsibility is with the family,* [however] *the state must build programmes for families, it must teach*

parenting, it must raise awareness of sexual issues, it must create community cohesion…when these things don't happen there is a breakdown

One participant suggested that the main constraint on the government was a lack of skilled personnel. Another participant stated:

…there is very little ability to follow through, this is the main drawback of the governmental response…there's a lack of structures in place to facilitate change

Child protection laws

All participants believed that there were good child protection laws in St. Kitts but ineffective implementation; however, some participants were not aware of any specific child protection laws whereas others made mention of the Probation and Child Welfare Act (1994). One participant believed that the mere existence of this Act was a step in the right direction. He suggested:

…first, that it [Probation and Child Welfare Act (1994)] *even exists in a culture that is tolerant of child sexual abuse is welcome; second, it establishes a standard and ensures that certain resources are provided by government*

Limitations in the enforcement of the law emerged as a dominant theme across the interviews. One participant suggested:

…there are reasonable laws but enforcement is the problem…there are not enough investigative officers or counselling services…there's a lack of sensitivity on the part of the police

Another participant posited:

…we need to make sure that children are safe from all forms of hurt and danger. With regards to sexual abuse we have the task of enforcing the law. We have to ensure that our children are protected

Whereas, a further participant also believed that the law was adequate but there were inadequate resources for implementation. A loophole in the law emerged from discussion with one participant. He suggested:

…the function was not clearly thought through, the law does not provide for prosecution where the parents fail to press charges

Another respondent believed that the law should take into account that *'mothers take bribes… [and] if the mother makes a decision not to go forward there is no case.'* Additionally, one participant suggested:

…the police should be able to collect evidence and build a case without necessarily getting direct statements from children

Policies and procedures

Participants generally believed that existing policies were ambiguous. One participant stated, *'…the policies are not clear…for people out there not enough is known about what should happen.'* There was consensus among participants that there were competent practitioners in St. Kitts but weak policies. Generally, participants were not clear on the procedures to follow if they met with a case of CSA, although several participants said that they would contact social services or a counsellor.

One respondent commented:

> *…there have been drafts and protocols but they have not been given the full weight by implementation agencies…there is the absence of a robust implementation agency… there aren't clear policies but there are procedures with regard to the clinical aspects...there are rarely any formal reports with respect to CSA*

Although there was much ambiguity on the procedures to be followed for cases of CSA several participants said they were determined to follow them up. Lack of funding emerged as the main challenge in dealing with CSA. Challenging the prevailing culture of acceptance was also believed to be a major challenge, for instance, in encouraging mothers to testify against their partners.

Involving children and families in policy formulation

All participants believed that children and families should be involved in policy formulation, in conformity with good governance. According to one participant:

> *A broad participatory approach is important…you cannot plan in absentia…if you need parents and children to buy in to the policies their voices must be heard. Children's voices must be heard like any other stakeholders*

Key players who could effect change

Participants made mention of several key players who could effect change regarding CSA. All participants believed that the government, through the channels of various ministries, could bring about change. Some participants also believed that parents, particularly mothers, should ensure better supervision for their children. As CSA was a problem that largely occurred within the privacy of the home, some respondents thought that parents could be very influential in effecting change. Another participant placed some responsibility with the Church. This participant suggested:

> *…they* [the Church] *need to deal with the practical problems of child sexual abuse, it's still one of the places where people congregate and it could be a good channel of education*

One participant believed that every individual should play a part in bringing about change; he stated:

> *…everybody needs to be their neighbour's keeper…we can only act if we have information…we need to be responsible enough to do something even if child sexual abuse is suspected*

Families and communities

Several participants believed that there was a sense of denial from the public on the severity of the CSA problem in St. Kitts. According to these participants the culture of silence contributed to the rising incidence of CSA. One participant described the situation as follows:

> *…culturally, what happens in someone's home is supposed to stay there…unless you can get past the cultural challenge you can't get anything done…there's a mindset of secrecy*

One participant related a story of parents failing to protect their daughter:

> *Mothers tend to hinder due process…I remember a case where a young child had been raped twice…we were doing well…progressing with the matter but it just didn't happen. Her parents took a pay-out…all of the hard work went down the drain and the perpetrator got away*

While one participant believed unambiguously that child sexual abuse was frowned upon by society, some participants believed that *'people no longer cared'* and *'there is greater need for education and awareness at the community level.'*

CHAPTER TEN

Overview of Results and Discussion

RESEARCH OVERVIEW

In this section of the report we provide a regional overview of the main findings of the study and discuss the implications of the results. Although there were some differences in relation to specific countries, and according to different variables (age, gender, socio-economic status and so on) there were fewer differences than commonalities and the issues presented are important for the region as a whole. The study was designed to address a number of key questions that were explored using multiple methods and from various perspectives:

- Perceptual level (through a representative community survey of perceptions, attitudes and opinions)
- Actual experience and viewpoints (through cross-sectional focus groups)
- Perspectives of professionals who deal with the problem on a daily basis (practice-focused interviews with social workers, counsellors, health professionals, the judiciary, teachers, police officers, lawyers, representatives from NGOs and FBOs
- Perspectives of policy makers (policy-focused interviews with Permanent Secretaries, ministerial staff, politicians and other policy-related professionals)
- Lived experiences of people who were sexually abused as children (narrative interviews with adult survivors)

In addition to these data collection methods, the findings were augmented by stakeholder consultations which took place at three stages of the project: at the beginning (to inform the research design), during data collection (to provide feedback on emerging issues) and following data analysis (through a regional symposium for discussion of the results and to generate views about appropriate action).

WHAT IS CONSIDERED AS SEXUAL ABUSE OF CHILDREN AND WHAT ARE THE INFLUENCES THAT SHAPE THESE DEFINITIONS

While professionals generally held similar views about what constitutes child sexual abuse, there were significant differences in understandings and perceptions among the general public. There was consensus from all respondents that some types of behaviour are abuse, such as rape of a minor and incest; however respondents differed in their views about other forms of abuse. For some people, sexual abuse was any type of sexualised activity that involves a child, even if no act is committed against the child and even if there is no intent to harm the child (for example dressing the child in 'sexy clothing', the child overhearing sexual language and so on). At the other end of the spectrum, some respondents did not think that men having sex with 'consenting' underage teenagers for money or material goods was sexual abuse and suggested that, at the level of the public perception, many people might regard this behaviour as wrong, but would not describe it as sexual abuse. Then there was the issue of unlawful sex between young people who are close in age - this was generally *not* considered to be sexual abuse. The example was given of the situation in which a 19-year-old man has 'consensual' sex with a girl of 15 whom he believes to be older - respondents agreed that they would not class this as sexual abuse (note: a minor cannot legally consent to sex). If the girl was 15 and the man in his 30s or 40s, however, the number of people who would now describe this as sexual abuse increased, although some people and men in particular, still would not describe this as sexual abuse. Respondents who did not regard men having sex with minors in return for material goods as sexual abuse were influenced by social values which in turn are influenced by gender inequality and patriarchal assumptions. These social values were manifest in several ways:

- Children having a lower social status than adults
- A sense of men's entitlement to sex
- Men being presented as powerless victims of their own sexual desires which were described as 'natural'
- Men viewing females and especially teenage girls as sexual objects
- Post-pubescent girls not being regarded as children (regardless of their legal status as minors) and thus being considered legitimate sexual targets
- Men believing that if they provide financial support to a family, then they are justified in behaving as they wish
- Men's abuse of economic power
- Blame attribution directed towards teenage girls – 'teenage girls being regarded as 'hot' and thus responsible for enticing men'

The findings suggests that despite sexual offences being clearly defined in legal terms, at the conceptual level, sexual abuse is not fixed; it depends upon a range of circumstances and how abuse is defined is influenced not only by the characteristics of the victim and the abuser, but also the characteristics (such as gender) and experiences of the person who is asked the question. Asked whether sex between older men and underage girls is increasing, a person might say 'yes'; however, if the same person is asked whether sexual abuse is increasing, he or she might say 'no'. This issue was further highlighted in discussions about the sexual abuse of boys, which according to participants, is on the increase. Respondents made it clear that gendered norms make it very difficult for this type of abuse to be acknowledged. If a boy is abused by a woman, social pressures make it more likely that this will be reframed as the boy's 'education' or his 'good luck' regardless of any damaging effects, and if abused by a man, homophobia, fear of becoming homosexual and macho social norms would lead to the experienced being suppressed. Although very few experiences of women abusing boys were cited, the processes of sexual socialisation mean that neither female nor male abusers of boys are likely to be confronted about this behaviour.

While the study showed that some men are dangerous serial predators who inflict devastating harm on children and the term 'sexual abuser' is appropriate, there are other men (especially adolescent young men) who may unknowingly have had unlawful sexual intercourse with a minor but who do not present any threat to children generally and for these men, the label 'sexual abuser' was considered unhelpful and unnecessarily maligns young people.

The findings suggest that the term 'sexual abuse' may be too limiting and narrow to fully capture the complexity and multiple ways in which sexual behaviour harms children. The term implies a fixed definition which, while useful for legislative purposes, does not allow for the interconnection of different factors that determine the extent to which perpetrators are culpable or the extent to which children are harmed. However a broader all-encompassing definition that includes all forms of sexualised activity that children are exposed to would be unworkable and thus unhelpful in tackling the problem. One way forward would be to clarify the definition of sexual abuse and to introduce two additional terms '*harmful sexual behaviour*' and *'behaviour that contributes to the sexual harming of children'.* Within the literature, definitional approaches to child abuse are largely based on the assumption that producing a single, discrete definition of CSA that has universal relevance is the most appropriate way of dealing with the problem at the policy level. Our findings point to the need for a different approach which acknowledges the multilayered interlocking aspects of child abuse and we therefore suggest adopting a set of interconnected definitions which deal with specific aspects of the problem and which capture the complexity of CSA in a way that a single definition cannot. We do not propose these as legal definitions, however we argue that they are useful in guiding policy formulation, practice interventions and public education. These terms are defined as follows:

> *Child sexual abuse may or may not involve actual physical contact and includes penetrative acts (e.g. rape or buggery) and also non penetrative and non-contact activities, such as involving*

children in watching sexual activities, encouraging children to behave in sexually explicit ways and exposing them to inappropriate sexual material. Child sexual abuse also includes involving children in prostitution and pornography. Child sexual abuse occurs all racial, ethnic, religious and socio-economic group and affects children of all ages, including infants. Both boys and girls are sexually abused although girls are more at risk.

Drawing on the findings of the study and the diverse views expressed about sexual abuse, we define harmful sexual behaviour as:

Harmful sexual behaviour is sexual behaviour which is harmful to children both at the micro level, affecting children as individuals, and also at the meso and macro levels in that it contributes to creating situations in which children are placed at risk of sexual abuse.

While 'harmful sexual behaviour' refers to acts of commission, i.e. acts involving children, the study identified other ways in which adults such as non-abusing parents (who know about the abuse) and professionals (who are aware of abusive acts) contribute to the sexual abuse of children through 'omission', i.e. failing to act to protect children from sexual abuse. We describe this as *'behaviour that contributes to the sexual harming of children'* and define this as follows:

Behaviour that contributes to the sexual harming of children is the failing to act to prevent a child being sexually harmed or abused when one is aware that a child is at risk, failing to support a child in one's care who has been abused, failure to report sexual abuse to the appropriate authorities or, failing to fulfil professional responsibility for child protection or, acting in a way that minimises or hides the sexual abuse of children.

We offer these definitions as a basis for further discussion. The definitions are intentionally contentious and problematic - they shift debates about child sexual abuse from discussion of individual pathology to societal responsibility. This approach to child sexual abuse conceptualises the problem not only in terms of the abuser's behaviour and the effects on children but also includes the complicit behaviour and attitudes of adults who have committed no offence, who are not abusers but who through inaction, contribute to the social sanctioning of child abuse at the societal level and maintain risk for children at the individual level. We use these categories to cluster the responses to this question.

WHAT ARE THE TYPES OF CHILD SEXUAL ABUSE

Respondents listed the following forms of behaviour as sexual abuse:

- Rape, forced and 'consensual' sexual intercourse with a minor
- Incest
- Children used as sexual objects in videos, photos or as pimps
- Exposure to sexual materials through different media e.g. radio, photos, movies, text, mobile telephone, Internet, parent/adult sexual toys, sexual DVDs
- Exposing the child to the sexual act deliberately or unknowingly
- Uncomfortable or intrusive touching of child

Children are abused in many different settings. Most child sexual abuse takes place in the home, within the family. This is the finding of most studies on the topic and was further reinforced by this study but there were also reports of abuse happening in schools, the homes of family friends, neighbours' houses, shops, churches, in open parks and fields. We found evidence of three main forms of child sexual abuse: intra-familial abuse (abuse that happens in the privacy of the home) and includes incest and step-father abuse; non-family abuse (abuse that takes place outside of the family setting) and transactional sexual abuse. The first two forms of sexual abuse take place in an atmosphere of secrecy and are kept hidden. The key

defining features of intra-familial sexual abuse are:

- Secretive, invisible, silenced
- Often multiple victims within a household with several siblings involved
- May involve informal paedophile networks - grandparents, uncles, brothers, cousins, sometimes abusing the same child
- Main perpetrators said to be step-fathers, mothers' boyfriends, biological fathers
- Women often know but fail to act for various reasons

The main features of non-family sexual abuse are:

- Most abusers are known to the child – stranger abuse was considered very rare since in small societies there is a very high chance the child knows their abuser
- Abuser is usually a trusted adult (neighbours, teachers, shopkeepers etc.)
- Evidence of adolescent boys with predatory behaviour targeting vulnerable girls and seeking out households with low levels of parental supervision
- Some non-family abuse is 'opportunistic' – the abuser finds themselves in a situation where they can abuse a child (e.g. turning up to a house and finding a child alone)

The key features of transactional sexual abuse are:

- Primarily older men and teenage girls
- Increasingly boys are involved
- Isolated examples of women targeting young girls and boys
- High rates of transactional sex *between* young people which makes young people more vulnerable to being targeted by adult men
- Often carried out openly
- Is sometimes widely known about
- In some circumstances is socially sanctioned

Emergent trends

We also found evidence of new trends in child sexual abuse and also patterns of abuse that are not new but that emerge as a consequence of specific events such as natural disasters. We term these collectively as 'emergent trends'. These were identified as:

Cell phone pornography - this was reported as a growing problem among children. Children use the cameras on their cell phones to take sexual images of themselves and their friends and then distribute the images.

Internet abuse - there were disturbing reports of children being approached by predators through social networking sites. Respondents in several countries also gave graphic examples of pornographic images of uniformed school girls engaging in sexually explicit scenes which were posted onto the internet. The current preoccupation of young people with the internet makes them easy targets for exploitation.

Child sex tourism - there was clear evidence of a growing market for child sex tourism. There were several specific examples given such as the existence of an organised paedophile network set up to service cruise ships, boys were a specific target of this activity.

Opportunistic abuse linked to natural disasters - many examples were provided of the ways in which natural disasters increase risks for children. Natural disasters often result in families being relocated to temporary shelters where children are sharing living space with adults who take advantage of them, families are disrupted and focused on survival, this may lead to children being left unsupervised; children may have to

fend for themselves and their siblings and are at increased risk of being sexually exploited in return for money. In one country, an example was given of electrical technicians demanding sex from young girls in order to reconnect the electricity supply to their houses following a hurricane.

Sexual aggression by girls - there was evidence from several countries of girls engaging in sexually aggressive behaviour in which groups of girls gang up on individual boys and sexually abuse them.

Transactional sex between children - this issue was reported as a problem across all countries with young girls agreeing to sex with teenage boys for money and material goods.

We turn now to discussing the main forms of child sexual abuse in more depth.

Incest…
Incest cuts across social class regardless of education, religious affiliation, professional status and social standing

There was a strong perception that incest has become 'normalised' in some families and in some communities

Respondents were overwhelmingly of the view that incest is harmful even if it is a long-standing family pattern and even if its effects are not always apparent

Incest

Incest is generally understood as meaning sexual intercourse between biologically-related siblings and between children and biological parents; however respondents defined incest as also including sex with non-biological parents such as step-parents and adoptive parents. This broadening of the definition marks an important shift in attitudes and is probably linked to changes in the nature of the Caribbean family with many more families now including step-parents (usually stepfathers) and perhaps reflects a wide acceptance of this family type. It will be important for legislators and policy makers to ensure that the incest laws also fully reflect the contemporary nature of Caribbean family life. However, for the purposes of this report, we discuss stepfather abuse separately as particular issues arose in relation to the role of stepfathers in the sexual abuse of children. Some focus group participants held the view that incest is largely a problem of poor families, poor education, specific isolated communities (e.g. some ethnic groups and some religious groups), or rural communities. These views were influenced by the passing down of stories about specific sectors of the society which became established as commonly held 'knowledge'. It is likely, however, that there *are* some social factors that increase the likelihood of incest among some groups. Factors that were identified include impoverished households with inadequate housing in which children and adults have to share beds and bedrooms and where children are exposed to the sexual activities of their parents. This was noted in communities that had suffered from natural disasters, when families were re-located to temporary shelters and the usual physical boundaries between adult and child behaviour had been removed. Another social factor described was social exclusion – families and communities that are alienated from mainstream society or choose to live in social isolation. The main finding that emerged from the study in relation to incest, though, was that it occurs in both rich and poor families, in all communities, cuts across social class and is not affected by levels of education, religious affiliation, professional status or social standing.

We attempted to find out whether people thought that incest was considered 'normal' in some families and communities. In the Community Survey 50% (N=431) of respondents believed that in some families, sex between adults and children is considered normal; although when asked about incest between siblings, fewer people thought this was considered normal in some families. We also investigated this topic through interviews with key informants. Although incest cuts across all levels of society, respondents in all countries cited anecdotal evidence where some small communities were known to have a 'culture of incest'. In these communities, sex with children and between members of the same family was described as having been

'normalised'. The challenge for child protection interventions in such places is to reverse this 'cultural' trend. This participant describes the way in which incest becomes normalised within families:

> *The victims are usually involved in multiple abuse cases or have victim siblings in the same household as if it is like a cycle. The cases are never solved since the child 'victim' doesn't talk when the authorities get involved. They are naïve and unaware that a crime was committed against them (Interviewee).*

Regardless of whether respondents thought that some families considered incest to be normal, they were overwhelmingly of the view that incest is harmful even if it is a long-standing family pattern and even if the effects are not apparent. This is demonstrated by the results of the community survey - 84% of participants believed that incest is harmful.

Stepfather abuse

Community Survey results showed that just over half of the respondents (53.6%, N=460) thought that stepfathers were more likely than biological fathers to sexually abuse children in the family although a quarter of respondents (N=215) did not believe this and 16.4% (N=141) were not sure. Men were more likely to think this than women (61% of male respondents compared to 53.7% of female respondents agreed with this). The focus groups and informant interviews all revealed that stepfather abuse was a major problem. This finding concurs with international studies which show that stepfather abuse is significantly higher than abuse by biological fathers. One view offered for this was that biological fathers have a bond with children from the child's infancy and that the biological ties function as a protective factor that is non-existent among stepfathers. This may be the case in some circumstances, however given that biological fathers also abuse children, that incest is often intergenerational and that there are stepfathers who do not abuse children, the likely explanation in most cases is simply that some men abuse children in their care and some do not.

Abuse by mother's boyfriends

A stepfather implies a more stable relationship than the status 'mother's boyfriend' and suggests the adoption of a parenting role (although this was not investigated); however no distinction between the terms was made in the study and both were used interchangeably. Nevertheless we believe there *is* a distinction to be made between a household in which there is a stable stepfather over the course of a child's childhood or several stepfathers (or mother's boyfriends). While the presence of a stable stepfather does not indicate reduced risk, the study suggests that the presence of several stepfathers may increase it. In some communities, female single-parent headed households account for almost 50% of family form and in many of these families the adult male in the household is the mother's boyfriend or boyfriends. Characterised by impermanence, multiple partnering or serial partnering is common in these circumstances. In many of these families, despite the lack of permanent attachment, the man is either the main breadwinner in the family or substantially contributes to the family's household income. We explored whether children were more at risk from mother's boyfriends than from other men. The survey results were that almost half (47%, 404) of the respondents thought the most likely person to abuse a child was the mother's boyfriend although 26% (223) did not agree with this and 21.7% (186) respondents were not sure. This issue was also discussed by focus group participants and key informants who were overwhelmingly of the view that multiple partnering or serial partnering *did* increase risk for children.

> *There is a lot of sexual abuse involving step-fathers. He chooses to come around if the mother is not there…it seems to be very common…the mother's boyfriend is also the daughter's boyfriend (Focus Group Participant).*

Transactional sexual abuse

We have coined the term 'transactional sexual abuse' because this accurately describes the nature of the problem – transactions in which sex is exchanged for money, goods, favours but which also involves the sexual abuse of a minor. Commercial sexual exploitation (a term we also use) more usually applies to persons who make money or derive income from the sexual exploitation of children; in this study, men did not make money out of sex with children, it was the young people themselves or their families (mothers) who derived income or goods through the prostituting of children. While we do not seek to minimise or condone the behaviour of women who allow or do not stop the prostitution of their daughters, it is important to ensure that primary responsibility for this form of abuse is laid at the feet of the abuser. 'Transactional sexual abuse' places the responsibility for this behaviour with the men who engage in sex with girls (and boys) in return for material goods while 'commercial sexual exploitation' focuses attention also on those who derive material benefit. Transactional sexual abuse was reported as being widespread and while it primarily involves girls and older men; increasingly boys are being sexually exploited.

TSA…
Transactional sexual abuse was reported as being committed by men at all levels of society, including politicians and senior professionals.

Transactional sexual abuse was described as quite visible, i.e. an 'open secret'- and often happens with the full knowledge of parents, communities and officials. Such is the extent of this problem, that it was considered a firmly entrenched and established pattern of behaviour that did not need to be hidden since it was unlikely to attract penalty and in some circumstances, would not even attract disapproval. These issues are reflected in these comments by focus group participants:

> *I think they've totally lost respect for the law because they rarely see anybody prosecuted in court for that. They don't think anybody is taking it seriously including the police. I think everything has become lax and there is a trend towards men wanting young girls. I think to me it's less about the children needing things and more about adult preying on the children. They might see where children are in need and are vulnerable and take advantage of them*
>
> *… a lot of older men are taking advantage of our little boys, they are very young children aged 13-14 years being paid $100.00 to have sex and then the child walks away to buy a pair of shoes or something else*
>
> *Bus drivers and persons with vehicles use young girls a lot. Particularly young girls going to school who can't afford to pay for bus fare. They trade in transportation for sex*
>
> *Man bulling little boys. These boys getting sex for shoes and Ipods…Some older boys bulling to get work*
>
> *This is getting outrageous. Students are having relationships to get grades*

Transactional sexual abuse was reported as being committed by men at all levels of society, including politicians and senior professionals. However, while some men in the focus groups voiced the opinion that this type of behaviour is not harmful, the survey results showed that both men and women believed transactional sexual abuse is destructive. Over 93% of respondents did not believe that transactional sex

between teenage girls and older men was justifiable, even if the money was needed to help the girls or their families.

Mothers were often seen as contributing to the transactional sexual abuse of their children by protecting the abuser in order to ensure the financial survival of the family. Silence, denial or encouragement of abuse by mothers was a frequently stated problem. Although not limited to transactional sexual abuse, the collusion of women in men's abuse of their children was regarded as very common. This was reported at the perceptual level in the survey results and was also reinforced by focus group participants and key informants. Such was the concern about this issue that it was reported in every focus group even though it was not a question that had been posed. This issue raised considerable anger and this was directed at mothers, even to the extent of blaming the mother more than the abuser. Some respondents suggested that women who are complicit in the sexual abuse of their children are at least *as* guilty as the abuser and should be punished equally. We explore these responses and the reasons for women's behaviour in more depth at a later point.

Harmful sexual behaviours

Respondents identified a range of harmful sexual behaviours they were aware of in families in their communities. These behaviours were often thought to be related to sexual abuse in that they indicated early sexual initiation of children (which itself is linked to sexual abuse) or that they were the antecedents of abuse:

- Young people engaging in transactional sex with each other
- Encouraging young people to have underage sex
- Invading the child's privacy, peeping while child undresses or bathes
- Use of sexual language to, and in front of, a child
- Inappropriate touching (not clarified)
- Looking at children inappropriately (not clarified)
- Child overhearing sexual language
- Obsessive watching of child
- Watching 'nude', 'partially nude' pictures of the child

Behaviour that contributes to the sexual harming of children

These were behaviours that respondents believed contributed to children being sexually harmed:

- Permitting or not preventing a young person from having sex for money or material goods
- Refusing to believe the child
- Blaming the victim
- Failing to report abuse
- Failing to protect a child one knows is at risk or is being abused

A common view expressed among many focus group participants was that the dressing of young children in 'sexy' clothes (*'dressing inappropriately'*) is behaviour that contributes to sexual abuse (the mother was held as responsible for this) since this was believed to contribute to the premature sexualisation of the child. Despite the popularity of this view, there are several problems with it. Firstly, it suggests that the sexualisation of children is the reason children are abused rather than abuse being the cause of premature sexualisation, secondly it assumes the problem is the child rather than the male – who perceives of the child in a sexual way and as a potential target for sexual gratification – indeed the child may be unaware of the sexual connotation of her clothing; thirdly, it implies that girls who are not 'dressed inappropriately' are not sexually abused – which is not true; also, it suggests that boys are not sexually abused (since they are never considered as being 'dressed inappropriately') - this too is not true. Additionally, the clothing worn by girls

in the Caribbean is similar to clothing worn in many parts of the world and there is no evidence which suggests that sexual abuse is either increased or decreased depending upon the way girls are dressed. The most likely explanation for this view is the perception of women as sexual objects and when girls are dressed in ways that mirror adult women (modelling behaviour which incidentally is a normal part of growing up) children too are regarded as sexual objects.

INCIDENCE OF CHILD SEXUAL ABUSE IN FAMILIES AND COMMUNITIES

The community survey, focus groups, and informant interviews clearly indicate that most people believe child sexual abuse is a serious and extensive problem in the region. Drawing on personal experiences from families and communities, respondents presented an alarming picture of a social problem that is escalating, has increasingly severe consequences for Caribbean societies, has multiple layers and is perpetuated not only by adults who carry out harmful sexual practices with children but also by non-abusing adults through complicity, silence, denial and failure to take appropriate action.

> *Child sexual abuse is very prevalent in our society. A lot of it...the sexual abuse is done by someone the child knows very very very well (Interviewee).*
>
> *There has always been child sexual abuse but what's missing is the public outcry against it (Interviewee).*
>
> *There is a wanton disregard for the law…somehow we have lost the value of what a child is, we've all turned a blind eye, we've turned our backs on the community…we know that child sexual abuse is wrong but we allow it to happen, we know it's illegal…there's a disregard for personal responsibility(Focus Group Participant).*

While this was not a prevalence study and being cognizant of the limitations of prevalence studies, we can nevertheless state that there is both heightened awareness of child sexual abuse and, in the perception of the majority of people who participated in the study, an increasing problem. If any predictions can be made about the scale of the problem, the study suggests that there are particular issues for Caribbean societies which affect the reporting of abuse and which may also add to problems of estimating scale:

- In small societies anonymity and confidentiality cannot be assured;
- The perpetrator may be in a position of power or is likely to know someone who is and may be able to influence the outcome of a report;
- The procedures for dealing with reports, systems for monitoring abuse and services to deal with the impact of disclosure are underdeveloped;
- Cultural values about the status of children means that they are not always believed;
- Poverty and the economic and social reliance of many Caribbean women on men mean that action which may affect the main breadwinner (such as reporting abuse) is often undermined by women themselves.

Under-reporting…
In small societies, anonymity and confidentiality often cannot be assured. The perpetrator may be in a position of power or may know someone who is and who can influence the outcome of a report The procedures for dealing with reports and services to deal with the impact of disclosure are underdeveloped. Cultural values about the status of children

In addition to these factors, we are mindful of evidence that shows that for adult survivors of abuse, denial or minimisation of the abuse is a common defence mechanism that helps the adult to function in their daily lives and that many survivors do

not actually remember their abuse. Other research studies show that as many as one in three incidents of child sexual abuse are not remembered by adults who experienced them, and that the younger the child was at the time of the abuse, and the closer the relationship to the abuser, the more likely one is not to remember. For all of these reasons the study is unable to provide any definitive evidence on the numbers of children and adults who are affected by child sexual abuse.

In the Community Survey we asked adults' retrospective views about whether they had been involved in any type of behaviour that might be described as child sexual abuse. Most of the respondents 82.8% (711) reported that they had *not* been involved in behaviour that could be described as child sexual abuse, although a significant percentage 13.2% (113) of respondents answered 'yes'. When asked whether respondents were concerned that a child they knew was being sexually abused at the time of the study, approximately one in seven of those who answered (12.2%, 105) said 'yes', 82.3% (707) said 'no' and 47 people did not answer. Unsurprisingly there were more women than men who had had experiences of child sexual abuse and almost three times as many women as men reported these experiences. Perhaps more surprising is that 31% of those who reported such experiences were men. Also, more women than men reported that they were concerned that a child they knew was being abused at the time of the study. There were differences relating to specific countries and in one country the percentage of respondents who had said they had had an experience that could be described as child sexual abuse was as high as 25% and, in another, 10% of the respondents reported that they had had such experiences. The country-specific data need to be treated with caution, however - while the regional sample size was large enough to be able to draw some generalisable conclusions, at the country level the samples were small and one cannot rule out the possibility that sampling methods may have naturally led to a larger number of abuse survivors being engaged in the research (although this does not account for the lower numbers reported in one country).

For the reasons that have been stated, these figures underestimate the size of the problem, however if one was to assume an under-reporting rate of 20% (international studies would suggest a higher under-reporting rate than this) then, based on the Community Survey, the numbers of people who have experienced behaviour that could be described as child sexual abuse can be estimated at between 20%-45%. This would suggest that child sexual abuse may be more prevalent in the region than in some other countries in which studies have been carried out. General population surveys of child sexual abuse among adults have been conducted in at least 19 countries in addition to the United States and Canada, including 10 national probability samples. These studies have found rates ranging from 7% to 36% for women and 3% to 29% for men. Most studies found females to be abused at 1.5 to 3 times the rate for males (Finkelhor, 1994). It is important to treat prevalence data and predictions on scale with caution for reasons already stated and also because methodological and definitional differences make country comparisons difficult. Nevertheless, our estimations on prevalence, based on the perceptions and experiences of respondents, concurs with findings from other studies which show that sexual abuse is a serious and wide-spread problem in the Caribbean.

THE RISK FACTORS FOR CHILD SEXUAL ABUSE

All children are at risk of child sexual abuse. With regard to transactional sexual abuse, children from economically disadvantaged families are more at risk. Risk factors that increase a child's vulnerability are:

- Poor relationships between adults in the family
- History of violence in the home
- Alcohol or drug use
- Families who are isolated and unsupported
- Children required to be quiet and to 'know their place'
- Children often left by themselves
- Financial hardship – difficulty in providing basic amenities (e.g. food, clothing etc) – risk for transactional sexual abuse

- Serial or multiple partnering of parents
- Lack of protective nurturing role provided by mother and father
- Lack of appropriate sexual boundaries
- History of abuse (cycle of abuse)
- Unsocial working patterns of protective caregiver
- Poor housing which requires children and adults to share sleeping arrangements
- Males in the household with a predilection for sexual abuse

It is important to note, however, that these risk factors do not mean that abuse is present and to also understand that even in the absence of risk factors, children may be abused. The most significant risk for children is the presence of a male in the household with a predilection for sexually abusing children and even in families that do not have any other risk characteristics, this person will often seek out and create opportunities to abuse children.

Cycle of abuse

Survey results showed that approximately half of the respondents thought that men and women who sexually abuse children have been sexually abused themselves - 52.4% (450) thought this was the case, 25.5% (219) were not sure and 16.6% (143) did not agree. Women were more likely to think this than men (60.7% of women respondents as compared to 47% of male respondents thought this). A similar response was reported in relation to women who sexually abuse children, with 50.3% (432) of respondents agreeing with this, 17.6% disagreeing and 27.7% of respondents stating that they were not sure. This finding is important and concurs with other studies which show that despite the cyclical nature of child abuse, a great many victims of child abuse *do not* go on to abuse their own or other children. We do not know enough about what causes some people to become abusers and others to not abuse children; however, there are clearly resiliency and protective characteristics in play here that we can learn from and perhaps extend in other ways. Despite this, there can be little doubt that abuse generates further abuse:

> *Some of the men who are doing it are not paedophiles they just grow up seeing so they think it is normal (Focus Group Participant).*

CHARACTERISTICS OF CHILD SEXUAL ABUSE VICTIMS

Most victims are girls. Girls of all ages are at risk of intra-familial sexual abuse and this can happen at any age (the abuse of babies was reported by some respondents). Most reports suggest that the abuse usually begins while the child is quite young (before the age of ten) and continues until the child reaches mid-adolescence. Often the abuse ceases at the point at which the girl is beginning to show an interest in boyfriends or once the abuser has turned his attention to a younger child; however, some young people continue to be abused as young adults and the abuse only stops when they leave the household. Victims of transactional sexual abuse tend to be post-pubescent teenage girls. While most victims are girls, the extent of sexual abuse of boys seems to have been largely overlooked by researchers and we found evidence that the abuse of boys was a serious problem and that, in the public perception, is an increasing problem. The growing phenomenon of the abuse of boys (both within and outside the home) was reported as a major issue in all except one country and in *this* country, the view was offered that such was the extent of homophobia, the problem is deeply buried.

> *Boys are a growing target of child sexual offenders - with more cases of buggery, indecent assault and other acts (Interviewee).*

> *There is a lot of homosexual activity with boys. Business men are doing it with young boys for money (Focus group respondent).*

FREQUENCY AND CAUSES

Most respondents thought that sexual activity between adults and children was never acceptable, no matter what the circumstances. Within the Community Survey, 76% (653) of respondents believed this, although 17% (146) thought there were circumstances when sexual activity between adults and children was okay, and 5.2% (15) respondents were not sure. These responses were not significantly affected by gender, socio-economic class, religiousness, or level of education. However, respondents without young children or with no children were more than twice as likely as the parents of young children to believe that there were circumstances in which it was okay for adults to have sex with children.

With regard to the causes of child sexual abuse, we prefer to use the terms 'contributing' and 'sustaining factors', this is because it is not possible to determine with any degree of scientific accuracy the causal relationship between any one set of variables and child sexual abuse. In the literature review we discuss some of the contributing factors identified in other studies. While *this* study did not produce any findings that conflict with other studies, other factors did emerge.

Contributing factors

One significant factor that emerged from the study was the way in which childhood was conceptualised. In order to explore people's perceptions of child sexual abuse, we felt it was necessary to first examine the different ways in which childhood might be understood. The majority of the respondents were of the view that children were children at least until the legal age of sexual consent (16 years). However, there were a significant number of people who considered that childhood ends at 13 years. This may help to explain why, in the focus group discussions, some men indicated that they considered girls to be 'legitimate sexual targets' once they reach pass puberty:

> *The bible says that when a woman goes through puberty she is ready, so if it happens at 11 she is ready (Focus Group Participant).*

Incidentally this view was challenged and disputed by a minister of religion at the regional symposium to discuss findings (referred to earlier).

There was also evidence that some women were willing to permit their daughters to have sex with men as a means of generating income for the family once the girl is no longer considered a child in the eyes of the mother even though, in all the instances reported, the girls were minors. Another important issue was that some people believe that childhood ends if a girl becomes pregnant. This suggests that at the conceptual level, for a significant number of people, the state of motherhood is not considered compatible with the status of childhood. This highlights the contradictions and dilemmas that many teenage mothers face as they come to terms with being mothers while they are still children. Juxtaposed against the construction of young motherhood, however, is the reality that these respondents overlooked the fact that for a girl to become pregnant, she must have first been a *child* victim of rape or unlawful sexual intercourse. This response also suggests an awareness of the impact of early pregnancy on physically immature teenagers, as was raised by one participant:

> *In obstetrics, that 16 year old is a high risk pregnancy because she can fit to death. She is prone to arrest because her womb is not properly developed; she can end-up making a deformed baby. She has to leave school. She fails to fulfil her functions as an adolescent, fails to perform in school, fails to be a productive member of society. She ends up in a cycle of failure (Male key informant).*

The UN Convention on the Rights of the Child defines 'child' as being a person under the age of 18 years and, as signatories to the Convention, many Caribbean countries are striving towards harmonising domestic law with this definition. Indeed current debates on the topic are concerned with whether the legal age of sexual consent should be raised to 18 years. It is beyond the remit of this project for us to comment on whether this is a progressive or regressive step. Certainly, there are many ambiguities and contradictions in respect of age limits within the laws of the Caribbean and the lack of consistency and clarity regarding the legal status of the child may be a contributing factor to illegal sex with minors. However, it is also the case that much child sexual abuse occurs in situations in which childhood status is not in doubt and where the illegality of the act is abundantly clear. As the law by itself is not an effective protector of children, it is difficult to see how increasing the age of sexual consent (with the risk of criminalising young people themselves and restricting some of their freedoms) will provide the necessary protection for young people, especially in contexts which lack the necessary infrastructure for the effective enforcement of existing laws. In summary, while the CRC requires us to consider the status of childhood as distinct from adulthood, and to provide children with protection in line with this, the boundaries between childhood and adulthood were not universally accepted by some respondents in this study. Furthermore the study suggests that changing perceptions on who is considered a child is unlikely to be achieved simply by enforcing (or raising) the legal age of consent.

Sex as a man's right

There was evidence that some men believe that they have a right to have sex and that if their partners refuse to have sex with them children can be considered as 'fair game'. We explored this in the Community Survey - results showed that although most people (62.6%) do not accept that women refusing to have sex with partners was a reason for men seeking to have sex with children, a significant proportion of respondents *did* think this (17.5%, 150). When the numbers of those who agree were combined with the numbers who were not sure, 51% of female respondents and 48% of male respondents either think that women who refuse partners sex is a contributing factor or at least were not sure.

Who is a child…

Changing perceptions on who is considered a child is unlikely to be achieved simply by enforcing (or raising) the legal age of consent. Public education should address the view held by some that children can ever be considered 'legitimate' targets for sex.

Poverty

While poverty was cited as a contributing factor and is particularly significant in cases of transactional sexual abuse, poverty in itself was not found to be a cause of child sexual abuse, since many poor families were said to provide good protective care for their children.

Early sexual initiation

Early sexual initiation is both an associated factor as well as a contributing factor. Young people in the Caribbean are reported to have sex at younger ages than anywhere else (World Bank 2003). The most likely explanations for early sexual initiation are sexual abuse, social pressure, emulating observed behaviours, a lack of social inhibition factors and the socialisation of sexual norms, as indicated by these comments:

> *In [this country], everybody is having sex with everybody else. That's the norm (Focus Group Participant)*

> *Children and teenagers appear over-sexed…and it's not from interaction with their peers…this must be coming from the home (Focus Group Participant)*

Victim blaming - girls' sexual behaviour

We wanted to explore whether sexy dressing by teenage girls is considered a contributing factor to sexual abuse. The way that teenage girls dress was largely viewed not so much as an expression of the girl's sexuality but as an explicit *sexual invitation* to men, as suggested by this respondent:

> *Some girls dress up and act up in ways to provoke you. They want something from you and they think sex is the way to get it. They know how to turn you on (Focus Group Participant)*

Survey results showed that the majority of respondents (77.2%, 663) thought that *'girls draw men's attention by the way they dress'*. Only 12.5% (107) did not agree with this and 5.4% (46) were not sure. Whether simply stating a fact or suggesting that girls may in some way be contributing to their own abuse because of the way they dress, was not clear. However a further question helped to clarify things. Respondents were asked to comment on the statement: '*Men view girls who show off their bodies as inviting them to have sex'* – although more respondents disagreed with this than the previous statement (19%, 163), the majority of respondents (65.8%, 565) agreed with the statement and 10.1% (87) were not sure. There were no significant gender differences in these views, between those who were parents of girls and those who were not, or between different education levels.

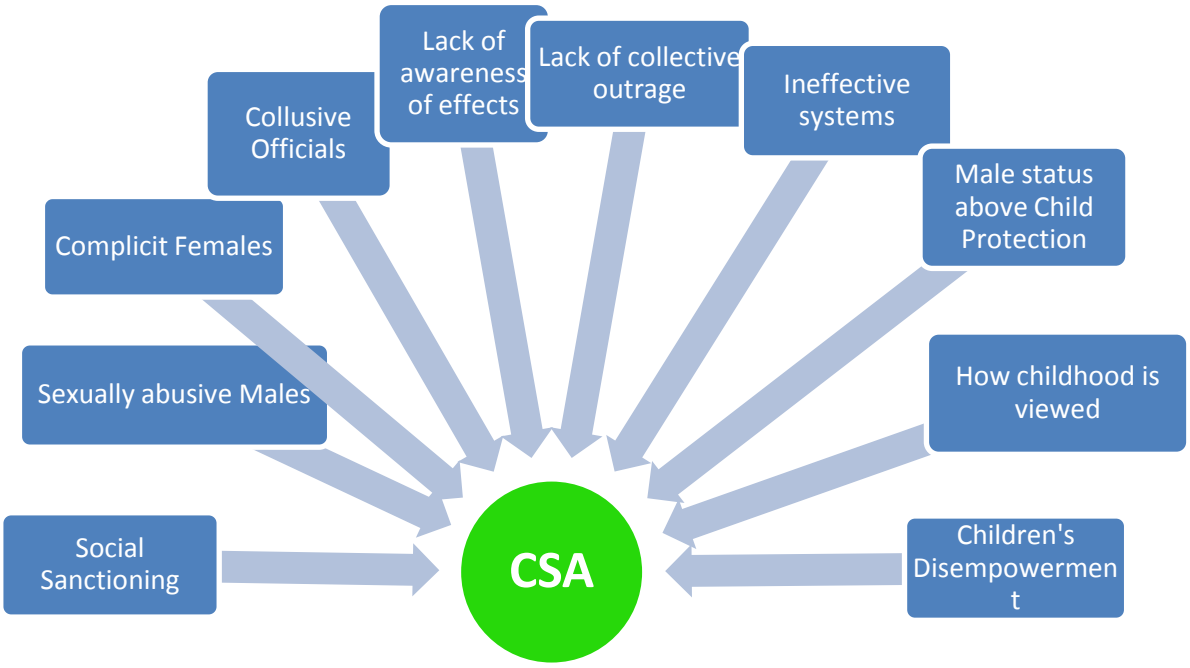
There appears to be a dominant perception that men are easily tempted and thus perhaps lack sexual control. Conversely, the findings also suggest that girls are somehow held as partially responsible for men's behaviour because of the way they dress; furthermore the very fact of girls' physical/sexual development was considered by a small number of respondents as a contributing factor to sexual abuse. Nevertheless it was also clear that respondents considered that sexual attraction was a contributing factor and not a cause of child sexual abuse.

Sustaining factors

The key informant interviews pointed to some powerful factors which help to maintain child sexual abuse, at the level of the individual (both victim and perpetrator), the family, the community and wider society, and government (their policy directorate and departments). The dominant role that these factors play must be deconstructed and fully understood in order to begin to stem child sexual abuse. We describe these as an *interlocking system of sustaining factors* these are presented in the following model:

There is a dominant perception that men are easily tempted and lack sexual control. Conversely, girls are somehow held as partially responsible for men's behaviour because of their sexual development.

Interlocking system of sustaining factors



THE IMPACT OF CHILD SEXUAL ABUSE

We found evidence of devastating consequences of child sexual abuse at the individual, family and societal level and there were physical, social psychological and economic effects. The effects to the child and the family also impacted on the quality of life in the community and this impacted upon the economic progress of society more widely. In some instances the state was responsible for the medical bills of individuals who had suffered psychological breakdown. In other instances, the state became the financier of the education and health of the teenager's unplanned offspring, especially if the mother was unable to complete her education and/or gain a valuable skill in order to secure employment.

Survey results showed that over 85% of respondents (85.1%, 731) believed that long-term emotional harm was caused to children as a consequence of sexual. Analysis of interviews with survivors of abuse showed that common effects were as follows:

- Anger
- Bed-wetting
- Disturbed behaviour
- Low self-esteem
- Self-hate
- Difficulties with school work
- Family break up
- Child runaways
- Depression
- Mental illness
- Alcoholism
- Inability to trust
- Distorted sexual boundaries

Consequences…

We found evidence of devastating consequences of child sexual abuse at the individual, family and societal level. There were physical, social, psychological and economic effects. These effects also impacted on the quality of life in the community.

The effects of child sexual abuse were described as never going away – *'key is learning to manage them'.* Family relationships were distorted – this was described as '*trust, betrayal, hate and love all mixed up*'; child often gets on well with the abuser because he showers her with attention, gifts and special treatment; child often hates non-abusing parent for failing to pick up what is going on and having no ability to protect her; can destroy sibling relationships but equally siblings may try to protect one another; difficulty in forming relationships in later life. While there were reports of damaging psychosocial effects on the teenage girls, there were also other consequences such as unwanted pregnancies and abortions. One of the most disturbing findings was that presented with evidence of unlawful sexual intercourse, medical professionals and other officials often took no action since they believed that reporting would be futile or they did not want to create trouble:

> *Everyone knows who the father is of a [a baby born to a] teenaged mother…the justice system and the social system need to pull together to ensure that children are protected (Interviewee).*

> *Most of the girls in the programme for adolescent mothers have become pregnant in relationships with much older men. In many cases, the family endorses it and these men are actually paying for their girlfriends to continue their education (Interviewee).*

One of the consequences of sexual abuse is that children who have been sexually abused sometimes go on to abuse other children or brutalise animals as in the example below:

> *I know of a child in foster care who practised bestiality with the foster parent's dog after being abused (Interviewee).*

Several health professionals identified a major problem in the emergence of depression in later life for women who were abused as children:

> *Child sexual abuse is at epidemic proportions in this country, as a paediatrician, I use this term quite deliberately…. we have a ton of depressed women who cannot rise above what has happened (interviewee).*

The effects of abuse can be manifest at any stage of the survivor's life:

> *Don't turn it inward? It's already inward! It's inside! It'll never get out. I mean I'm an alcoholic already (Survivor).*

We summarise the consequences at the micro, meso and macro levels as follows:

Consequences at the level of the individual:

- Emotional Problems: difficulties in inter-personal relationships, aggression, difficulties with sexual boundaries, inability to trust
- Psychological Problems: depression, self-harm, low self-esteem

- Behavioural Problems: poor school performance, challenging behaviour, risky sexual behaviour, substance misuse, violence
- Physical problems: injuries to reproductive organs; STIs, HIV, abortion and associated risks
- Teen pregnancy and associated consequences

Consequences at the family level:
- Divorce and family break-up
- Distorted boundaries
- Betrayal of trust
- Co-abusing behaviours
- Increased domestic violence
- Learned behaviour and cyclical/intergenerational abuse

Consequences at the societal level:
- Teen pregnancy and associated consequences for young mothers and their children
- Unwanted pregnancy and abortions
- Abortion complications
- Drug and alcohol abuse
- Transmission of STIs and HIV
- Crime and violence
- Cycle of devastation
- Psychosocial impact on others
- Economic consequences of the above

WHO ARE THE MAIN PERPETRATORS

Respondents in the Community Survey (65.5%, 563) believed that the most likely perpetrators of child sexual abuse are the child's parents, although 11.3% (97) did not agree with this and 17.9% (154) were not sure. When asked whether the most likely perpetrators were other family members, the responses were more mixed: 37.8% did not think this, 28.1% agreed with this and 26.2% of respondents were not sure.

> *We just received a case for counselling because the client is suicidal. Her father has been molesting her since she was eight years old and she is now twenty (Interviewee).*

As in this example, the study confirms findings reflected in other studies, that most child sexual abuse of both boys and girls is committed by adult men (both heterosexual and homosexual). Men who abuse children were reported as coming from all social backgrounds, walks of life, professional groups, levels of education and ages. There was no particular profile of an abuser. The study also shows that while women abuse children too, the major contribution that women make to the problem is in failing to protect children even when they are aware that abuse is going on, disbelieving the child, putting male partners before the protection of the child, minimising the harm that abuse does, physically abusing children and, in some instances, actively encouraging abuse to take place for material gain. In the Community Survey, the majority of respondents (70.2%, 603) thought that *'Women sometimes turn a 'blind eye' when their partners have sex with children in their families'*, 14% (120) did not agree with this and 11.2% (96) were not sure.

While some women in these circumstances were described as having been victims themselves, and this may help us to understand, if not excuse their behaviour, there were other examples in which women were said to have taken a direct and active role in 'selling' their daughters for sex. This behaviour even had its own term '*Mothers pimping their children'.* Mothers were also reported as culpable for refusing to accept abuse that took place within the family - this was commented upon by many respondents, including several

survivors of abuse. This focus on mothers was impassioned and seemed to divert attention away from the perpetrators of abuse. While we understand that addressing CSA in the region requires confronting the truth about the problem, however unpalatable or disconcerting the messages are, nevertheless it is important to pause and reflect on the underlying causes of this anger against mothers. We don't doubt the veracity of the evidence about the role of women, the integrity of reporting prohibits the 'cherry-picking' of selective information, however it is important to understand why greater moral outrage was expressed about non-protective mothers than non-protective fathers (the protective role of fathers was rarely mentioned) or indeed, the perpetrators of abuse. We believe that the explanation for this lies in the processes of gender socialisation and gender norms. In most Caribbean families, the woman carries primary responsibility for caregiving and, increasingly, is the person on whom the economic burden for the family's survival rests. In addition, she carries society's expectations that require her to be a good mother – one who protects and nurtures her children and keeps the family together. Society does not make the same demands on fathers. Intersecting with these factors is another set of gendered issues:

- The economic power of men in relation to many women
- Male authority in sexual decision making
- Patriarchal values that privilege men's rights of entitlement over the rights of women and children
- Gender-based violence

A woman who is caught up in a situation in which her partner is abusing her child and keeps quiet or a woman whose daughter is having sex with an older man in order to bring in income and allows it – these women may have simply chosen survival over other options that they may not have the courage or support to face. If these women were abused themselves as children, then they may have learned that keeping quiet or 'allowing it' is the only way to survive. As one interviewee said:

> *What safety nets do we have to support women who stand up against the abuse of men? We didn't have the safety nets to protect them from abuse when they were children, and we don't have the safety nets to help them protect their own children.*

Such is the influence of gender socialisation, that men are readily forgiven for being poor fathers, however the mothering image is sanctified and there is little tolerance (even from other women) of women who are considered poor mothers. This is also true for those who were survivors of abuse. The expectation was that mothers should and would protect them as children. People talked of feeling betrayed and distraught when their mothers had known about the abuse but had not acted to protect them or had not believed them.

The study suggests a combination of social factors that contribute to the complicit behaviour of some women in the abuse of children:

- Poverty - single mothers who are unable to sufficiently provide for their family, and being economically dependent on men, ignore abuse within the home in order ensure the family's economic survival.
- The commodification of sex within society more widely.
- Patriarchal values typified by men's sense of entitlement to sexually abuse the female children of their partners because they were the breadwinners. As one respondent put it: *'They [step-daughters] are not eating my food for nothing'.*
- Cyclical abuse - many mothers in these circumstances will have been victims themselves and perhaps do not know how to end the cycle of abuse.
- Predatory behaviour of some men who target and exploit vulnerable families.

While these factors help us to understand the behaviour of some women, it is important to acknowledge that the majority of women, regardless of the circumstances they are in, are protective of their children. Those who are not must be helped to understand the consequences of the abuse of their children,

supported in protecting them and helped to reflect on the reasons why they may have been complicit, dismissive or silent about abuse. To ignore or minimise this issue would be to do a disservice to the survivors of abuse and other respondents who identified this as a key feature of many children's experiences. Additionally, it is ultimately disempowering to women for them to be regarded simply as passive victims of circumstances. Finally, what is needed is to develop and enhance the protective and supportive role of non-abusing fathers.

TREATMENT OF ABUSERS

While some respondents believed that perpetrators should be subject to severe punishments, these views were in the minority and we did not find a great appetite for treating abusers any more harshly than the law currently permits. The main concern was that prosecution and law enforcement are ineffective and that most perpetrators of abuse are not apprehended and, if they are, there are so many impediments to successful prosecution that convictions are rare. Many people believe that abusers should be given treatment and that rehabilitation is possible in some instances although the view was expressed that there are some abusers that cannot be treated. Some respondents thought that heavy jail sentences for sexual offences against children met society's needs to show disapproval but that in actuality were often counter-productive as they did not think that law enforcement officers were genuinely prepared to send a man to prison for 20 or 30 years for behaviour that was widespread and implicitly sanctioned.

THE ROLE OF THE GOVERNMENT, ORGANISATIONS AND PROFESSIONALS

Legislation to protect children adequately was generally regarded as ineffective by interviewees, although practitioners were more likely to think this than policy makers. The ineffectiveness of legislation was seen as being compounded by the failure of the criminal justice systems in all the countries to protect children against sexual abuse. The consensus was that the main failing of the law was in its ineffectual implementation. Common sentiments are summed up in the following excerpts from interviews:

> *Known paedophiles are walking around and no action is being taken against them (Focus Group Participant).*

> *It depends on who commits the sexual abuse. If the person is an important person in society, they might get away (Interviewee).*

Law enforcement

Many respondents criticised the police for their response/non-response to child sexual abuse, as expressed by this interviewee:

> *Law enforcement is weak and they [the Police] do not seem to want to pursue these cases. They look to avoid pursuing charges whenever possible (Interviewee).*

The survey results suggest, however, that most people still think the police have an important role to play. The majority of respondents (67.4%, 579) said that if an adult in their family was sexually abusing a child within the family, they would always report it to the police; however, a significant number of people would try to sort out such a problem *without* informing the police - 22.4% (192). When asked about the *ability* of the police to deal with child sexual abuse, almost half of respondents (48%, 412) did not think that police officers generally know how to deal with sexual abuse, 21.8% (187) *did* think so and 22.5% (193) were not sure.

Non-existent, weak or unimplemented policies and protocols

A resounding call was made for sound child protection policies and protocols where they do not exist and for the updating of others to reflect the particular needs of the sexually abused child, and for their

consistent application across all disciplines. All respondents recognised that the duty of safeguarding and protecting children cannot any longer be individualistically pursued; it requires a shared inter-agency approach reflecting the complexity of the violation and the needs of the child and family. As one respondent commented:

> *If the system does not fight for defenceless children, who will?*

The picture across the region was variable, with some countries having no up-to-date policies and written protocols, others having recently crafted policies but which are unimplemented, and some countries having policies that are not widely known about by the departments required to implement them. There was also a call for improvements in the Justice system:

- Specialist and multidisciplinary training for all personnel involved in the legal safeguarding and social protection of children
- Harmonisation of the family law legislation
- Implementation of the Organisation of Eastern Caribbean States (OECS) reformed family law and domestic violence legislation.

Agency limitations

The perceived present scale of child sexual abuse is one that is largely beyond the ability of any one agency to manage effectively; however most respondents reported that inter-agency working is ineffective. Respondents also pointed out that there was a severe shortage of skilled persons to intervene and provide therapeutic intervention. In one country which was described as being slightly better served and is able to provide some support and counselling, the professionals report having 'overwhelming' caseloads which cancel out any meaningful work. Respondents cited non-prioritisation and underfunding of the statutory agencies and the other support agencies dealing with this area of work as the major impediments to progress.

Another issue raised by many respondents was the complicity of professionals who are aware of abuse and do not act to report it or to protect the child. One issue that illustrates this is the carrying out of abortions. We found evidence that abortions were performed on young girls who had been raped by adult men and this practice was not uncommon. This topic was raised by interviewees and survivors of abuse. One government minister described this as '*girls being further abused by abortion'*. She also described a 'collusive network' of adults who are all aware that the child has been abused and all play their part in the abortion but take no part in addressing the cause of the girl's circumstances.

TO WHOM SHOULD CHILDREN/CAREGIVERS REPORT CHILD SEXUAL ABUSE?

Children should be able to tell their non-abusing parent about sexual abuse or any adult in a position of authority or trust. However, the study suggests that most children would not risk disclosing to a parent or other adult and they would be most likely to tell a friend. Numerous reasons were cited as to why children don't tell. While all children want the abuse to end, it seemed that reporting child abuse often came with significant costs.

Why children don't tell

Most survey respondents (82.3%, 707) believed that children do not tell about sexual abuse because they are scared of the consequences. Some people thought that children did not tell because they did not mind that this had happened to them - 9.2% (79) thought this, although the majority (79.7%, 685) did not agree with this. Of note, men were almost twice as likely to think that children did not tell because they did not mind, than women (13.5% as compared to 7.3%).

Children must have a place to go. If they tell their mother, they will get one rap in their head and they will be scared. Where would they go? (Focus Group Participant)

Focus group participants and interviewees shared the view that not only are children not believed, but the consequences of telling can be very grave, as expressed by this survivor of abuse:

…I was seven, he was about 15 or 16, I don't know but he was a man to me and he was big…he held me down and then did it. He also raped my sister, she is three years younger than me but she don't talk about it…When my mother came home, I told her…She held me down too and took a stick to beat me – I still have a scar on my face [points to a scar about 1½ inches long]… *I don't know why she beat me, she beat me real bad… I guess she didn't believe me but I don't know why she beat me.*

It was reported that children fear being disbelieved and being blamed. One interviewee shared her experience of working with a child of eight who had been raped by her step-father. The child was blamed by the mother who stated - *'It was her fault, she sat on his knee'.*

Children also risk being punished, being held responsible for family break-up, for the family's impoverishment and for causing family distress. A common response to disclosure was reported by this respondent:

Who's going to support you now…you send my husband to prison?

Children also fear creating guilt, causing conflict, the loss of relationships (even, in some cases, the loss of the relationship with the person abusing them). They may fear losing being singled out and made to feel special (part of the predatory behaviour of male abusers); they may crave the attention and gifts they receive (if this is part of the abuse behaviour) and they may have been threatened and fear violence. Additionally, children fear their private nightmare being turned into a public shame and will be well aware of the negative effects of gossip; they may fear being targeted by other abusers, discriminated against, being shunned or mocked by their peers.

MANDATORY REPORTING OF CHILD SEXUAL ABUSE

Survey respondents (82.3%, 767) were largely in favour of legislation that makes the reporting of child sexual abuse cases mandatory, although some focus group participants did not believe that this development would help victims. There were also concerns about increasing or extending legislation when there were difficulties with the implementation of current laws and countries lacked the systems and resources to protect and support children and families that do report abuse. Nevertheless, it was clear that people *do* consider law enforcement to be an essential aspect of an effective child protection system. In the literature review, we offer some comments about the benefits and limitations of introducing mandatory reporting.

RECOMMENDATIONS

There were many recommendations for change – some of these are summed up below.

Improving institutional capacity

Specialist well-resourced regional agencies with country-level satellite specialist agencies were urgently called for. Mandatory reporting would make this even more imperative. In recognition of the far-reaching effects of child sexual abuse on child victims, adult survivors and by implication the whole of society, skilled specialist trained staff were required. This was summed up thus 'therapeutic communities (facilities) with a wide range of skilled persons (counsellors, nurses, therapists) for interventions'.

Public education
Survey respondents highlighted that the topic is still quite taboo in many places, reinforced by an absence of public education on its causes, deleterious effects and societal unacceptability. Recommendations include:

- Mass public multimedia education on child sexual abuse (this would include specific programmes targeted at mothers, fathers, children, adolescents and, men in general).
- Public education to address harmful sexual behaviours more widely.

Role of families and communities
Respondents were incredulous in their reporting that, in the 21st century, families can pervert the course of justice through outdated legislation that depends on their permission to bring cases against an alleged perpetrator. The consensus view of respondents is that many of those parents who so do are motivated by financial gain - if not entirely, then in part. Financial gain as a motivating factor was due to fear of losing the breadwinner and receiving 'pay-outs' to drop or not bring a case in the first place. Also culpable here are the men who use bribery, threats and coercion to prevent cases from being followed up. One of the concerns raised was that abuse continues because people don't report it:

> *We are an exceptionally enmeshed community and many people are related…here they don't want to be the one who spilled the beans (Interviewee).*

Survey respondents were strongly of the view that both men and women could take more action to protect children. Most people (86.6%, 744) also thought it would help if people generally talked more openly about the problem of children being targeted for unlawful sex. Respondents were overwhelmingly in support of the idea that children should be empowered more generally within society and they should be helped to speak out if an adult had taken sexual advantage of them - 92.9% (798) of respondents were in favour of this approach. Recommendations from interviewees were that there is need for programmes that focus on strengthening the role of families and communities through:

- Implementation of multi-agency support programmes to mothers (particularly very young single mothers) whose children are at high risk of being exploited.
- Robust parenting education programmes to parents with components on keeping children safe from sexual exploitation as an implicit role of parents.

Role of religious leaders
Religion was found to be a major aspect of the lives of Caribbean people, with most respondents describing themselves as religious and the majority being active in their faith. Issues raised in the study were concerns about religious leaders keeping child abuse secret with the emphasis being on protecting reputations and preserving families at the cost of protecting children. Additionally, there were also concerns about some religious leaders using their position of trust and authority to abuse children. The view was also expressed that some abusers '*hide behind their religion*' and believe that it does not matter what harm they inflict as *'Jesus will wash their sins away'*. Given these factors - the importance of religion to Caribbean people, the secretive methods for dealing with abuse within religious settings, and the actual abuse of children by some religious leaders - we explored respondents' views on the role of religious leaders in tackling the problem. Survey results showed that the majority of respondents (84.4%, 725) think that religious leaders should do more to stop the sexual abuse of children.

Role of schools
Reports often suggest that Caribbean parents are generally not in favour of sex education being provided within the school setting, with the popular view being that this may actually encourage children to have sex (although no research evidence supports this and in fact the opposite has been found, i.e. sex education can delay sexual debut). However, in this study, respondents where overwhelmingly of the view that

schools *should* take a role in educating children about healthy sexual behaviour – 92% (790) of respondents agree with this and only 2.2% (N19) disagreed.

Role of the media

The media is a central feature of the way in which sexual behaviour is portrayed within societies and both reflects and contributes to values and attitudes held by the general public. With regard to child sexual abuse, several issues were raised about the role of the media which concerned the research team. One major concern was the representation of women as sexual objects, and the ways in which sexual abuse is sensationalised and regarded as a salacious media commodity often with little regard for the victims. Also, media reporting on the topic often seems to perpetuate the notion of the man as victim – falling prey to temptations and girls being held responsible for their own abuse because of the way they dress.

CONCLUSION

It is reassuring to see from some of the findings that Caribbean society is generally clear about the unacceptability of child sexual abuse, cognizant of where the dangers lie and in some cases the reasons for this. The differences along gender, age, and socio-economic lines (where they occur) can only serve to remind us that perceptions, attitudes and opinions to child sexual abuse must be understood before meaningful intervention can take place and change occur. It is also the case that the majority of people (who were asked this question) state that they grew up in families in which they were generally protected from harm. While child abuse is not a new phenomenon, if the types of sexual behaviour that are harmful to children are increasing (as is indicated by this study), it must also be remembered that there are protective factors within many Caribbean families and communities that can and must be harnessed to protect children.

CHAPTER ELEVEN

Growing up Free of Abuse: Recommendations

In this section of the report we draw upon the findings of the present study, other research, our own professional expertise and the views of stakeholders to present a series of recommendations aimed at building abuse-free childhoods. Several of these recommendations will require a paradigm shift in order to bring about the social transformation needed to effectively address child sexual abuse. Changing mindsets will mean letting go of old ways of thinking, embracing new ideas, taking courageous, decisive action and harnessing the best qualities of Caribbean societies in the fight against child abuse.

1. A WHOLE OF SOCIETY APPROACH

This study demonstrates that the sexual abuse of children is a *whole of society* problem – everyone is potentially affected and the whole of society is harmed by child abuse. While some factors may increase risk and vulnerability, children from all socio-economic backgrounds are sexually abused, their abusers come from every level of society and, it is the social attitudes and behaviours from a wide cross section of society that sustain the risk environments that children are exposed to. The study shows that with respect to abusers, the main issue to be tackled is not so much individual psycho-pathologies (although those exist) but societal acceptance of violence, the abuse of male power and the socialisation of gendered norms (sustained by both men and women) which place the status of men above that of children. That adults and children have equal individual rights as human beings and that children need specific support in achieving their rights because of their age and vulnerability, is clearly reflected in legislation, policy and rhetoric. When the protection of the abused child is juxtaposed against the protection of the adult abuser, however, the right of the child to grow up free of abuse is subsumed by a whole set of *assumed* adult rights which are built around protecting male power and reputations. The *assumed* rights, unlike the rights of the child, are not enshrined in legislation and policy but yet carry more weight and are upheld even by adults who are non-abusing (such as mothers) and professionals (such as police and health workers) who know about but do not act on abuse. The problem, not unique to the Caribbean, is that the children's rights discourse exits on two levels: the theoretical level and the level of social reality and there is a huge dissonance between these two levels. The argument 'child abuse must stop because it is against the rights of the child' is weighty in moral terms but somewhat empty in real terms. It is time to elevate the status and value that society places on its children.

Child sexual abuse is also a *'whole of society'* problem in that its effects are felt not only at the level of the individual, but also in the family, in communities and it has major consequences for society generally. As one senior minister said:

> *I do believe that if we could tackle this one problem we would be tacking every other major social problem we have, crime, drug abuse, teenage pregnancy, family violence, mental illness and so on*

It is clear that such is the extent of child sexual abuse across the region, it cannot be tackled by piece-meal interventions or the targeting of only particular aspects of the problem. Strategies to address child sexual abuse must therefore be based on a *whole of society* approach. It is our view that rather than a narrow focus on developing a specific child protection system in the region, what is needed is to develop a **Regional (and country-level) Strategic Plan for the Building of Abuse-free Childhoods**. This would dovetail with the current work on child abuse and gender-based violence being led by CARICOM and international development partners (UNIFEM, UNICEF, DfID, CIDA) and cohere with country-specific National Plans of Action for Children and Child Protection Action Plans. However, the approach we advocate is bolder, harnesses all sections of society in the fight against child abuse and is more akin to the Regional Strategic

Plan on HIV-AIDS (we discuss this further in the chapter) than the child protection models from other countries that have informed thinking thus far.

The child protection systems of many other countries such as the USA, the UK and Australia are predominantly reactive, crisis-driven models with a heavy focus on investigation of risk and surveillance of perpetrators often at the expense of treating victims and supporting families. These systems are hugely expensive to maintain, require a high level of human resource expertise, are generally experienced as disempowering by children and families (Lonne et al 2009). Perhaps most importantly, these systems are continuing to fail children, as illustrated by recent high profile cases in the UK. While there is much to learn from the child protection expertise in these countries, emulating costly, bureaucracy-ridden, investigative approaches to child protection is not one of them. Indeed, these countries are now grappling with the legacy they have created. **It is imperative that Caribbean countries develop an approach to child protection that is cost effective, sustainable and primarily focused on the prevention of abuse, the support of families and the development of protective and responsible parenting**. This will require adopting a *whole of society* strategy. We deliberately do not use the term 'child protection system' – our recommendation is that a strategic approach to child protection should be drawn up, and while we acknowledge that this will entail the setting up of systems to deal with particular aspects of the problem, our intention is to shift the focus from one that is preoccupied with procedures, policies and protocols to a broad preventative, empowerment-based systemic approach to tackling the factors that contribute to, and sustain child abuse. The point here is that children are not protected by procedures or protocols which often become an end in themselves, with disproportionate resources devoted to discussing, reviewing, monitoring, revising and reflecting on the failures of their implementation. While these activities have their place, they must not divert attention and resources away from the problem. Our recommendation is for the development of a **Regional (and Country-Level) Strategic Plan for Building Abuse-Free Childhoods** based on a *whole of society approach.* We argue for a scaled-up comprehensive response which makes best use of limited resources, harnesses and enhances community and family protective strengths and has long-term sustainable impact.

Paradigm Shift One

The development of a

REGIONAL (AND COUNTRY-LEVEL) STRATEGIC PLAN FOR BUILDING ABUSE-FREE CHILDHOODS

A scaled-up comprehensive response akin to the regional strategy on HIV-AIDS which makes best use of limited resources, harnesses and enhances community and family protective strengths and has long-term sustainable impact.

A comprehensive *whole of society* approach will require integrating prevention, support, treatment, and the punishment of abusers as inter-related, simultaneous interventions that are underpinned by robust policies and legislation. Below we list some principles that are fundamental to this approach:

1. Politicians must be convinced of the gravity of the problem. A high ranking political champion/s to push the agenda at the regional level would help

2. Convince the public that protecting children is necessary (avoid punitive, blame-laden language)
3. Acknowledge that secure families embedded in secure communities where there is strong social cohesion provides the greatest source of protection for children
4. Design systems for dealing with the most vulnerable children and the most risky abusers in consultation with children, parents and civil society organisations
5. Collectively craft the values and principles that will underpin interventions developed
6. Make sure solutions are culturally relevant
7. Ensure that child protection is based on empowering families and that interventions harness and facilitate protective, responsible parenting
8. Ensure that the strategic plan and its related activities are underpinned by evidence, are supported by experts, but are not led by them
9. Acknowledge that children and families will need help to heal
10. Involve the media proactively
11. Focus on all forms of child abuse even if the specific aim is sexual abuse (neglect is the most common form of child maltreatment)
12. Use indigenous problem solving methods and learn from what works in communities and from examples in the region
13. Acknowledge that change will be incremental and be prepared to stick with the process
14. If the outcomes of combined efforts are not beneficial to children and families then something was wrong with the input

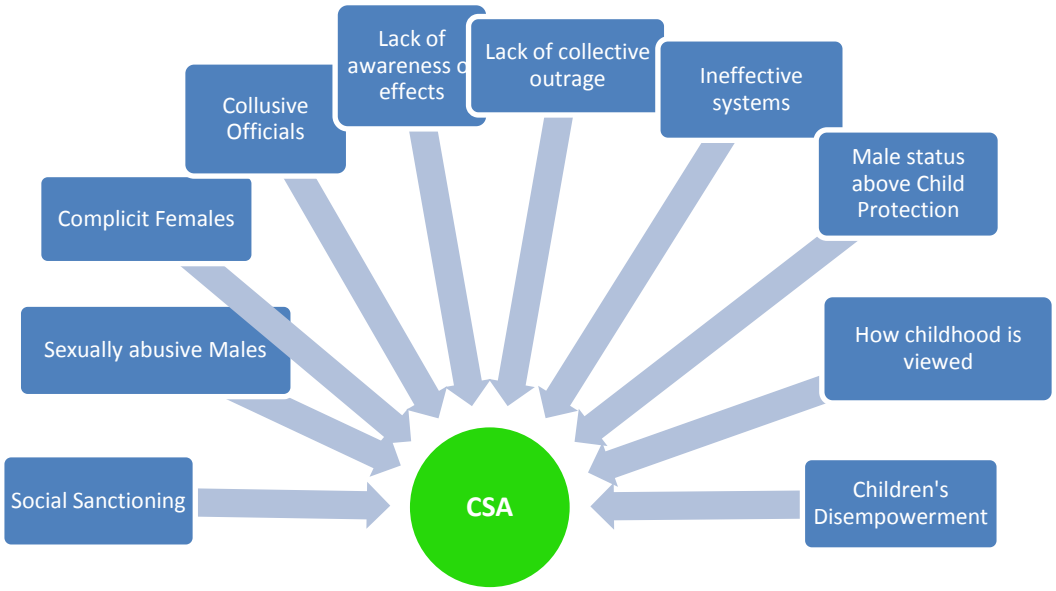
All stakeholders will need to be part of the process:

- Professionals (police, social workers, health professionals, psychologists)
- Children and young people
- Parents
- Men
- Women
- Politicians
- Judiciary
- NGOs
- FBOs
- Media
- Sports leaders
- Community leaders
- Academics
- The corporate world

Essentially there are six key questions to be addressed by each stakeholder group:

i. How are we affected by child sexual abuse, who is most affected and why?
ii. How have we contributed to making our society unsafe for children?
iii. What difference will we make?
iv. What knowledge, strengths, ideas and resources can we bring to bear on making sure that childhood is abuse-free?
v. What do we need to do to and who do we need to do it with?
vi. How will we know we have made a difference?

The Strategic Plan should ensure that there are specific action points to deal the range of factors that sustain CSA that were identified in the study.



Sustaining Factors

Through an examination of the Regional Strategy on HIV-AIDS, we identify some of the activities that we believe should be included in the Strategic Plan and discuss these in the next section.

2. CHILD SEXUAL ABUSE IS A PUBLIC HEALTH ISSUE

We recommend the reframing of child sexual abuse at the policy level as a public health issue. While it is important to maintain sight of the principle that abuse is a children's rights issue, its most tangible and costly effects for Caribbean societies are the health implications in that it contributes to teenage pregnancy, abortions (and related complications), mental illness, drug and alcohol abuse, STIs and HIV transmission. Treating child sexual abuse as a public health issue, would push the problem higher up the political agenda and would enable governments to access funds from different sources to tackle the problem. There are also policy and practice advantages to taking such a position, as follows:

i. Shifts the debate from one of dealing with the occurrence and recurrence of child sexual abuse to one that puts equal weight on primary prevention and therapeutic support for victims
ii. Enables governments to emulate the major achievements that have occurred as a consequence of the regional strategy and country plans for HIV-AIDS
iii. Enables the use/adaptation of existing mechanisms for intersectoral collaboration with interventions in education, finance, social services, national health authorities, the proactive engagement of the media, hard-hitting targeted publicity campaigns, education at every level, training of counsellors, provision of treatment, data gathering systems and behaviour change
iv. Enables adaptation of the existing infrastructure for public health services as a possible primary site for assessment and treatment of CSA in collaboration with social services
v. Utilises existing interagency working arrangements across Ministries and departments in meeting public health targets e.g. Health, Gender, Education, Social Services

Many respondents, especially those in ministerial positions and health professions, argued for a child protection strategy similar to the HIV-AIDS strategy and demonstrated time and again the commonalities between the HIV epidemic and what was described as a 'child abuse epidemic'. Child sexual abuse is a different problem from HIV-AIDS; AIDS kills and child sexual abuse does not; AIDS does not discriminate and potentially can affect every household, CSA, is more widespread than HIV but is unlikely to have the same potential reach as HIV; HIV is essentially a health problem with social implications, CSA is essentially a social problem with health implications; HIV is a virus, with definite causal links to AIDS, CSA is associated with a range of negative outcomes but there are no definite causal links; HIV-AIDS has far greater implications at

the macro level than CSA in terms of lost productivity and decimation of populations; people living with HIV-AIDS face stigma and discrimination in a way that survivors of CSA do not. Despite these differences, CSA is most certainly more prevalent than HIV, is probably causing more destruction in Caribbean societies than HIV and is almost certainly costing more. This discussion is not about competing priorities; both are serious problems to be tackled; however, we believe there is much to be gained by learning from the Caribbean response to HIV-AIDS in tackling child sexual abuse and argue that this is justified because both problems share many social elements. The commonalities between HIV-AIDS and CSA, are illustrated below in the summary drawn from the CARICOM website on HIV-AIDS:

- Reduces productivity and impacts on education
- Primarily affects young people
- Causes a breakdown in health and is related to drug/alcohol misuse imposing great costs on households and health systems
- Breaks down social cohesion, challenges value systems, and raises deeply rooted and sensitive gender inequalities
- Is fuelled by persistent social taboos about discussion of sex and sexuality with young people, strong homophobia, growing sex tourism, commercial sex work especially among young girls, and macho behaviour associated with poor partner communication.
- Some of the socio-cultural dynamics that fuel the epidemic include early initiation of sexual activity, multiple sex partners for both men and women
- Gender inequalities are a central issue to HIV

The CARICOM website goes on to say:

> *Young people, especially girls, are exposed to sexual abuse and sexual exploitation, often associated with poverty and dysfunctional families. Children subject to sexual abuse in childhood are typically robbed of self-esteem and of a feeling of control over their lives, which increases their risks of substance abuse and involvement in sex work later in life. In general, violence against women as well as sexual abuse of young men and children are increasing in the region. Surveys indicate that some 21% of boys and 18% of girls may have been sexually abused before 16, and 1% of men and 6% of women are sexually abused as young adults (UNFPA). Sex tourism with minors, often perceived as a problem of tourist destinations outside of the Caribbean, is also on the rise in the region…. Though deeply troubling, these issues require policy makers to face the reality faced by young people in the region and take measures to protect them*
> (http://www.caricom.org/jsp/community_organs/aids.jsp?menu=cob, accessed 20.07.09).

Although written about HIV-AIDS, this extract could have been pulled directly from this study of child sexual abuse. We have borrowed from the recommendations for the Regional Strategy on HIV-AIDS and identify the key activities that should be included in **the Regional Strategic Plan for Building Abuse-free Childhoods** as follows:

- Sustained advocacy at the highest levels of the societies aimed at reducing child abuse
- Promotion of safe sexual lifestyles and effective sexual health education
- Intensification of the implementation of the Health and Family Life Education Programmes jointly by Ministries of Education, Youth and Health
- Development of a major programme aimed at male behavioural change and which is underpinned by the necessary research with involvement of the universities, and the information and communication sectors
- Training of providers in health, education and social work in the identification of abuse, responses to abuse, basic counselling skills
- Continuing education and ongoing inter-professional development programmes

- Interventions aimed at facilitating responsible protective parenting development of child/family support policies and programmes
- Strengthening of the national children and family services secretariats to include greater multi-sectoral involvement and collaboration
- Allocation of sufficient resources to the programmes possibly with the creation of a special line item (child/family support) in the national budgets
- Building of national capacity to respond to reports of child sexual abuse
- Increasing access to counselling for victims - by establishing a cadre of lay counsellors within each community who can provide basic intervention and are trained to recognise and refer more serious cases
- Development of key standards for responding to child sexual abuse supported by the relevant protocols
- Improvement of data gathering systems
- Creation of therapeutic, protective communities
- Explore whether existing data collection methods developed by PAHO and CAREC for gathering strategic information on HIV-AIDS at the community and country level can be adapted for CSA data
- Harness and establish a critical mass of expertise, resources, and experience within civil society organisations of persons with appropriate skills and knowledge to support and heal families and children
- Work with international development partners to address specific aspects of the problem (e.g. extra-territorial legislation for traffickers), perpetrators and specific vulnerable groups

Paradigm Shift Two

MERGING THE CHILDREN'S RIGHTS PARADIGM AND THE PUBLIC HEALTH PARADIGM AND DEAL WITH CSA AS A PUBLIC HEALTH ISSUE

The advantages of dealing with CSA as a public health issue are that it:

i. Puts equal weight on primary prevention and therapeutic support for victims
ii. Uses the experience and knowledge gained in tackling HIV-AIDS across the region
iii. Uses existing mechanisms for inter-sectoral collaboration with interventions focused on education, finance, social services, national health authorities, the proactive engagement of the media, hard-hitting targeted publicity campaigns, education at every level, training of counsellors, provision of treatment, data gathering systems and behaviour change
iv. Enables use of existing public health infrastructure as a possible site for assessment and treatment of CSA in collaboration with social services
v. Utilises existing interagency working arrangements across Ministries and departments in meeting public health targets e.g. Health, Gender, Education, Social Services

3. MAKING ECONOMIC SENSE OF CHILD PROTECTION

We argue that there is need for governments to adopt the child/family friendly approach to budgeting, social planning and economic development that has been promoted by UNICEF and Action for Children. This approach advocates making the support of the family and the well-being of children the responsibility of every Ministry; it involves identifying multi-sectoral targets and requires the ring-fencing of budgets to achieve progress. In relation to CSA, this approach would result in making restoring childhoods everyone's business. It recognises that while the most profound effects of child sexual abuse are felt by the victim there are also huge financial costs for governments and that it makes sound economic sense to view the protection and support of children and families, not as a cost to be borne, but as a saving of other costs. Some of these costs are intangible, some are direct and some are indirect. Costs may be either prevalence related (to do with recent/current episodes of abuse such as medical costs associated with abortion complications) or incidence costs (relating to costs over time regardless of when abuse occurred, such as later depression). Who bears these costs and how costs are distributed is dependent upon context-specific factors. While it is difficult to enumerate costs when there are so many intangibles, the study makes it clear that Caribbean governments simply cannot afford *not* to invest in child protection. Below we explore some of the potential cost reduction benefits of adopting child/family friendly budgeting.

Intangible costs:

- Low self-esteem
- Interpersonal relationship difficulties
- Family dysfunction

Direct costs:

- Psychological trauma
- Early sexual initiation – STIs
- Teen pregnancy
- Abortions and complications
- HIV- transmission
- Family disruption

Indirect costs:

- Crime
- Violence in society
- Poverty
- Lost productivity
- Poor social outcomes for children of teen parents

We consider some of these costs in relation to a specific case example.

Case example - Young Person A

Young person A was repeatedly sexually abused by her stepfather. She is fearful of disclosure (her stepfather is a policeman, the family is financially dependent upon him, she has close relationships with his children, fears disbelief) and has told no-one. A has dropped out of school and has a history of depression and self-harm. She is using drugs (supplied by her boyfriend) and has been drawn into drug/crime subculture. A became pregnant at 15, social services became involved because of the neglect and poor parenting of her two children aged 3 and 5. She recently served a prison sentence for drug-related crime. While in prison she found out that one of her children was abused by her boyfriend – on hearing this news she attempted suicide. A is currently receiving treatment in a psychiatric hospital, her children are being cared for by her grandmother who lives in the same household as A's stepfather.

Below we explore some of the costs associated with A's circumstances and her potential outcomes. It is important to note, however, that there are a number of limitations with this approach. Firstly, it is not possible to produce generalisations from single cases, furthermore we can never know for certain that specific outcomes are directly linked to CSA and, finally, we must remember that many survivors *do not* follow the pattern described in A's case. Nevertheless, the example illustrates costs associated with factors which have a proven association with CSA.

What is the likelihood of 'A' having mental health problems? *Child sexual abuse can increase susceptibility to a wide variety of mental health and destructive behavioural problems. Repressed memories, feelings of guilt, internalised shame and low self-esteem are all contributing factors towards mental illness (Spilla et al 2008).*

What is the likelihood of 'A' abusing drugs? *Drugs, alcohol and prescription medication are consumed as a solution to anaesthetise feelings of despair and to shut out painful past memories of molestation and, or, rape (Fergusson et al 2008).*

How does CSA link with teenage pregnancy? *Early unplanned pregnancy for young girls who have a history of child sexual abuse is twice that of female adolescents who had a childhood free of sexual abuse (Erdmans and Black 2008). In a US study an estimated 60% of teenage mothers were sexually abused during their childhood (Martin et al 2004). The path from sexual abuse to teen pregnancy follows a familiar trajectory:*

Sexual abuse as a child
▼
Overly sexualised behaviour and risky sexual behaviour as an adolescent
▼
Withdrawal from school
▼
Abuse of alcohol and drugs
▼
Pregnancy and adolescent motherhood
(Erdmans and Black 2008)

What is the likelihood of 'A' being involved in crime? *Victims of CSA are at increased likelihood of adult criminality. CSA has a long term impact on anti-social behaviour (Cernkovich et al 2008).Up to 50% of women prisoners in one UK study report being victims of childhood abuse or domestic violence (HM Prison Service 2008).*

What is the likelihood of 'A's children being abused? *Male sex offenders with a history of sexual abuse throughout childhood are more likely to sexually abuse children than those who have not been abused (Whittaker et al 2008). A study of women sex offenders showed recurrent incidences of sexual abuse as children, more than non-sex offenders (Christopher et al 2007).*

In determining the costs of dealing with the consequences described in A's situation, governments would need to consider the following questions:

i. What percentage of mental illness is associated with CSA, and what does mental illness cost your societies in terms of treatment and lost productivity?
ii. What does teen pregnancy cost you and what are the costs of the long-term outcomes for children of teen parents in your communities?
iii. What are the costs of drug use and alcohol addiction - is alcoholism and drug use linked to CSA in your communities?

iv. What are your prisons and justice systems costing you – what percentage of prisoners have experienced CSA and what percentage of crimes is linked to CSA?
v. Can these costs be reduced by prevention child abuse, supporting families and treating victims?
vi. What value would your country put on children's right to grow up free of abuse?
vii. What is society willing to pay?
viii. How do you direct resources away from having to pay for these negative costs to preventive costs?

A child/family friendly budgeting approach would regard the provision of services to prevent abuse and to provide therapeutic support for victims as both an investment and as a cost reduction exercise. Making economic sense of child sexual abuse involves a specific set of economic principles:

- *Business partners* – if the business is the protection of children then the partners must include children and families
- *Accounting* – government departments should show what portion of their budgets are specifically for the support and protection of children – departments should see themselves as being accountable to children and families
- *Cost-effectiveness* – this will be determined by beneficial outcomes for children
- *Deficit* – when managing deficits, understand that without support, abused children carry a heavy deficit in their childhood that will roll over into adulthood and affect their children too
- *Maximising resources* – children and families are resources too – utilise their knowledge and strengths in developing child protection and family support services
- *Savings* - there will be savings by putting an effective *Restoring Childhood Strategy* in place but these savings will only be apparent over time
- *Investments* - investing in prevention and family support will pay dividends in the future
- *Economic crisis* – governments must not be diverted by economic crises– children are in crisis now
- *Balancing the books* – balance the future with the present (future social capital and healthy societies vs. present inactivity on abuse and consequent costs)

Paradigm Shift Three

GOVERNMENTS SHOULD ADOPT CHILD/FAMILY FRIENDLY BUDGETING

This makes the support of the family and the well-being of children the responsibility of every Ministry; requires the ring-fencing of budgets to meet multi-sectoral targets. In relation to CSA, protecting children becomes everyone's business. It recognises that while the most profound effects of child sexual abuse are felt by the victim there are also huge financial costs for governments and that it makes sound economic sense to view the protection and support of children and families, not as a cost to be borne, but as a saving of other costs.

4. CHILD-SENSITIVE JUSTICE SYSTEMS FOR CHILD SEXUAL ABUSE CRIMES

There are many elements of the Caribbean justice system that need to be addressed to ensure that adults who abuse children are dealt with in an effective and appropriate manner and that children are not re-victimised through the judiciary process and we believe there are compelling arguments for a paradigm shift in respect of justice. While some progress has been achieved in reforming legislation, this progress is piecemeal and slow. A major concern that emerged from the study was that some politicians, judges and law enforcement officials are themselves involved in the transactional sexual abuse of underage girls or do not consider this to be abuse. Until this situation changes the integrity of the justice system will remain seriously compromised. Nevertheless, a key element of an effective strategy for abuse-free childhoods is the creation and effective implementation of good law, humane treatment of abusers and child-friendly methods of investigation and prosecution.

The mandate for child protection rests in the evidence of its effects and not the evidence from the courts

The law cannot be the main determinant of action in child sexual abuse cases and we argue that the mandate for child protection rests in the evidence of its effects and not the evidence from the courts - this is the *first element of the justice paradigm shift*. The study suggests that there has been an over-reliance on the notion that child protection should be legislation-led; in other words, that the law defines and determines whether abuse has been committed and what action should be taken. There are several flaws in this approach. Firstly, most abuse is unreported and the law cannot therefore take effect – however this does not mean that abuse has not happened; secondly the burden of proof required for prosecution is greater than the standard which holds that believing the child should be the basis for intervention – the children's rights approach. This means that if there is no proof, many times, the child is not believed, even though it is widely accepted that proving sexual abuse is extremely difficult; thirdly, in many countries, the State does not take action on behalf of the child, this must be initiated by the parent, if the parent refuses to follow through then the case is dropped - this is usually the end of the matter and there is no support for the victim; fourthly, prosecution is a long process which often involves a dehumanising medical examination and questioning of children who, oftentimes, simply refuse to cooperate and the case is dropped – once again the official position is that no abuse took place since there was no court verdict that it did. Finally, regardless of how good the law is, if law enforcement can be diverted through interference by officials and paying off parents (a problem revealed in the study) then the law cannot be an effective protector of children.

Role and treatment of children

*The second element of th*e justice paradigm shift we argue for concerns the treatment of children. Many of the law enforcement practices described to us are themselves an abuse of children. Children who disclose abuse are often taken by the police officer to confront the abuser and also asked to show where the abuse took place as part of the investigation. The fear and distress this creates for the child is such that it may be experienced as damaging as the abuse that is being investigated. Children are required to give evidence in courts set up for adults, are cross-examined in front of the abuser and are subject to proceedings designed for adults. There is a need to review the whole system of investigation and prosecution of child sexual abuse cases to bring these processes in line with the standards required in a modern society. This should incorporate the use of children's video evidence, timely processes with the fast tracking facility to prioritise CSA cases; the establishment of child-friendly settings for hearings, establishment of specialist child protection police officers with appropriate training and skills, provision of counselling, mechanisms for ensuring that while a case is being investigated the child is kept safe from the alleged perpetrator, specialist training for doctors who have to undertake post abuse examinations, State-initiated proceedings (as well as child and third party initiated proceedings).

Laws

The third element of the paradigm shift we identify requires governments to take bold action in relation to child protection law reform. The obstacles to the implementation of the OECS Law Reform Project should

be identified and rooted out and the proposed laws adopted across the region. This will ensure that there is regional harmonisation of legislation, an important step given trade liberalisation, the inter-country movement of workers and regional migration. It is also an important step for regional cooperation on child trafficking.

Penalties for perpetrators

The fourth element of the justice paradigm shift concerns the introduction of fairer sentencing that is responsive to the different types of CSA and levels of culpability; added to this is the recommendation to introduce restorative justice for some cases of child abuse. Despite calls from a very small number of respondents for inhumane penalties for child abusers, there is no public appetite for harsher sentences and, on the contrary, we found evidence that the threat of long prison sentences for child abuse is more of a deterrent to the reporting of abuse than it is for the abuse itself. The overwhelming view was that fairer penalties (rather than harsher penalties) that are appropriate to the circumstances are needed. Child sexual abuse is complex and this needs to be reflected in sentencing. While transactional abuse of a 'consenting' 15 year old is a crime and should be subject to the law, it is not the same crime as the repeated rape of a five year old; unlawful sex between two young people is not the same crime as unlawful sex between a young person and a much older person. If, as has been stated, some police officers are complicit in ensuring the non-prosecution of some allegations of CSA, then they are unlikely to take action that might result in a 20 or 30 year sentence for someone that they know. This is an unpalatable idea, but it must be confronted. Separate to this, is a further argument for the introduction of restorative justice in some cases of abuse. Given the small size of many Caribbean societies, the fact that abusers are often known about but not confronted, we think there is potential healing for communities through the introduction of restorative justice. This notion will be anathema to many children's rights activists, however children do not have to be let down by such an approach and indeed they are more likely to be empowered. We have been struck by the reconciliation processes in countries in which civil war has resulted in neighbour on neighbour atrocities and extreme forms of violence to women and children. The capacity to confront the perpetrator, to exact a form of justice that is restorative and not retributive has been essential in countries such as Mozambique, Sierra Leone and South Africa for communities to begin to heal and to move on. Although child sexual abuse is not the same as civil war, that the human capacity for reconciliation exists in one context of violence, surely means that it may be a possibility in another. Our central argument is that where it is possible, the most harmful and persistent paedophiles should be identified – isolate them from children but treat them humanely and, for the many other child abusers look to principles of restorative justice for solutions. Linked to this we would like to see the Family Group Conference model (a Maori problem-solving method) that has been enshrined in the child protection legislation of New Zealand established as an element of law in the Caribbean. This model places the responsibility for protecting children with the family; it is an empowerment strengths-based approach which requires confronting families with the reality of abuse and facilitating a process whereby the family is required to produce a child protection plan and be supported in its implementation.

In reviewing penalties, we also believe that the introduction of penalties for those who assist or protect perpetrators or pervert the course of justice is timely.

Mandatory reporting

We do not believe that the governments of the region and their respective departments are in a state of readiness for the wholesale introduction of mandatory reporting at this time – we recommend that governments reconsider whether adopting this approach will result in the social transformation needed to stop child abuse – *this is the fifth element of the justice paradigm shift*. Mandatory reporting together with the proposed public education campaign would most likely result in a huge rise in the number of reports. However, the systems and infrastructure to deal with a large rise in reports do not exist - who will carry out the initial assessment of risk, where will the investigative officers come from, where will the counsellors and the therapeutic services come from; how will children be protected from men against whom reports have been made; how will children be helped to withstand the fall-out from their families and their

communities, and how will the demand for surveillance and monitoring of alleged perpetrators be met? These questions need to be carefully considered if mandatory reporting is to be introduced since the failure of governments to respond to an increase in the number of reports would be catastrophic in the fight against child sexual abuse and the public would lose faith in the system. There is also evidence from other studies that mandatory reporting has had little impact on child sexual abuse in other countries, as was discussed in the literature review and we recommend that the alternative approach: voluntary reporting linked to treatment should be considered.

Paradigm Shift Four

CHILD-SENSITIVE JUSTICE SYSTEMS FOR CHILD SEXUAL ABUSE CRIMES

i. The mandate for child protection rests in the evidence of its effects and not the evidence from the courts
ii. There is a need to review the whole system of investigation and prosecution of child sexual abuse cases to bring these processes in line with the standards required in a modern society
iii. The obstacles to the implementation of the OECS Law Reform Project should be identified and rooted out and the proposed laws adopted across the region
iv. Fairer sentencing that is responsive to the different types of CSA and restorative justice for some cases of child abuse should be introduced
v. Mandatory reporting is unlikely to result in the social transformation needed to stop CSA and may simply impose further constraints on governments

5. EVIDENCE-BASED INTERVENTIONS

In this section we recommend some specific interventions based on evidence of their effectiveness in other contexts that can be adapted for the region and are which are not high-resource dependent. Some of these ideas have been mentioned elsewhere in the report. We acknowledge that the wholesale introduction of these approaches is unlikely and that an incremental approach, in which pilot projects are established, evaluated and adapted as necessary and then subsequently adopted as mainstream practice, is the most feasible approach. It is also the case that these projects will need to provided with front-loaded funding in order for them to be established and we would hope that the international development partners together with the corporate world would be willing to provide this support.

BUILDING CAPACITY AND INFRASTRUCTURE FOR CHILD PROTECTION

Multi-Agency Resource Service – this is the title of a new initiative that has been put in place in Scotland. The Multi-Agency Resource Service (MARS) is based at the University of Stirling, and its aim is to help government departments, professionals and other child protection agencies work through difficult cases and share good practice. The small unit brings together a network of expertise from practice, policy and research to support professionals in the field. This is regarded as a pioneering initiative which will develop a community of knowledge about child abuse and facilitate access to experienced professionals to help agencies deal with particularly challenging child protection situations. It is also expected that in time the MARS will also use its experience of services on the ground to inform national child protection policy and training. We recommend the establishment of a **Regional Hub of Expertise for the Building of Abuse-free**

Childhoods. This activity should be led by CARICOM in collaboration with international development partners. More information about this initiative is available on: www.**scotland**.gov.uk/News/Releases/2009/01/23151803

CHILD PROTECTION

Family Group Conference Model – The family group conference is a model based on a century old system of problem solving that has its roots in Maori culture. The model has proved very effective for child protection and restorative justice and has been a keystone of New Zealand child protection legislation for 20 years. The model has subsequently been research evaluated and now exists in many different settings. The model is similar to indigenous problem-solving methods that have been found in Africa, Latin America, the Caribbean and India. The model is based on the recognition that each family is unique, with its own interpersonal dynamics, history, strengths and limitations. Where there are serious problems, such as child abuse, the Family Group conference is a way of helping the family to come together and make the best plan possible for children:

> *The decision makers at a family group conference are the family members, and not the professionals. It is here that the mother or father or aunt or grandfather gets together with the child or young person and the rest of the family to talk, make plans and decide how to resolve the situation.* (Family group conferences: principles and practice guidance, Barnardos, 2002, p3).

We recommend that the Social Work Units of the University of The West Indies and other universities be approached to work with NGOs and government departments to introduce the model in the Caribbean as a standard first-step intervention for families in which children are at risk of abuse. Involving the universities provides the added value of being able to conduct research into the effectiveness of the model as it is rolled out, incorporating knowledge of FGC into social work education and developing continuing professional development training for Family Group Conference Coordinators. The principles and steps of implementing this approach are described in the publication 'Family group conferences: principles and practice guidance' (Barnardos, 2002). This document is downloadable from: www.frg.org.uk/.../FGC%20Principles%20and%20Practice%20Guidance.pdf

WORK WITH ABUSERS

Stop it Now! -Stop it Now! is a campaign which aims to prevent child sexual abuse by raising awareness and encouraging early recognition and responses to the problem by abusers themselves and those close to them. It does this through

- The establishment of national and regional projects based on partnerships between the local community and the statutory and voluntary agencies
- The dissemination of information
- The provision of a confidential helpline

Stop it Now! is based on the belief that sexual abuse is preventable not inevitable and urges abusers and potential abusers to seek help. It is especially helpful for people who are struggling with sexual thoughts and behaviours towards children and who want to stop these thoughts and behaviours but do not know how. The organisation provides confidential help and support to abusers, potential abusers and people who are worried that someone they know may be a risk to children. This is a non-punitive, proactive approach to prevention and risk reduction and we strongly urge the adoption of a similar approach in the Caribbean. More information about the campaign can be found at: www.**stopitnow**.org.**uk**

EDUCATION INTERVENTION

The Place2Be- The 'Place2Be' is an innovative award-winning NGO that works inside schools to improve the emotional well-being of children, their families and the whole school community. The organisation takes a holistic approach, offer**s** school-based counselling services to children and their parents and provides to school staff members, (including professional qualifications for those who wish to become child counselors). The organisation addresses the problems of individual children *within the school setting* and also works with adults to help to build 'mentally healthy' schools where all children can thrive. Children are empowered to resolve their emotional and behavioural difficulties, whilst parents who are equipped to tackle their own issues are able to form more positive relationships with their children. Evaluation of this process has shown that children are happier and have better prospects. We believe that this model is a cost effective comprehensive way of addressing child sexual abuse at an early stage. Not only does the method enable effective support of children who have been abused, it encourages the development of protective, responsible parenting, it incorporates teachers within the *whole of society approach* to child protection and it contributes to behaviour change. More information about the organisation and its methods can be found at: www.the**place2be**.org.uk/

CHILD-SAFE TOURISM

Code of Conduct for the Protection of Children from Sexual Exploitation in Travel and Tourism - The Code of Conduct is an industry-driven responsible tourism initiative in collaboration with ECPAT International, funded by UNICEF and supported by the UNWTO. Since the introduction of the Code of Conduct, in 2005, it has now been adopted by the tourist industry in over 63 countries. The code requires those who sign up to it to commit to the following activities:

i. To establish an ethical policy regarding commercial sexual exploitation of children
ii. To train the personnel in the country of origin and travel destinations
iii. To introduce a clause in contracts with suppliers, stating a common repudiation of commercial sexual exploitation of children
iv. To provide information to travellers by means of catalogues, brochures, in-flight films, ticket-slips, home pages, etc.
v. To provide information to local 'key persons' at the destinations
vi. To report annually

We believe that the adoption of the Code of Conduct by tourism businesses in the Caribbean would send an important message about the protection of children and that its impact would extend beyond the tourism world to society more generally. There is also evidence from other countries that the Code has been used as a major publicity message and that holiday makers are drawn to settings in which child safety is promoted. This is akin to tourists being attracted to destinations that preserve the environment and are eco-friendly. The website - www.thecode.org *provides a great deal of information about the activities that can be undertaken to implement the code. We would like to see these extended to include a specific focus on taxi-drivers and mini-bus drivers through the establishment of a campaign for child-safe travel at the local level. Ministries for tourism and transport should take the lead in getting the Code of Conduct adopted within their respective countries.*

PROTECTING CHILDREN FROM SEXUAL ABUSE IN DISASTER AND EMERGENCY SITUATIONS

Protecting Children from Sexual Exploitation & Sexual Violence in Disaster & Emergency Situations – this is the title of a manual produced by ECPAT International (2006) which is about protecting children from sexual abuse, especially in disaster and emergency situations. The manual provides fundamental information to assist personnel working in emergency situations in responding to protect children, in terms of what can be done before disaster strikes (which might be called *'mitigation'* efforts), in

the immediate aftermath (the *'response'*) and in the longer term reconstruction phase (sometimes called the *'recovery'*). We recommend that the manual is adopted as an integral part of national policies and action plans on disaster management and that the lead for this is taken by the government department that have specific responsibility for disaster preparedness. The manual is downloadable at www.**ecpat**international.net/EI/EI_publications.asp

TRANSACTIONAL SEXUAL ABUSE- EMPOWERING GIRLS

Proactive young-person centred campaign - During the course of this study we came across a very effective campaign from Costa Rica which empowers girls to protect themselves. Within Costa Rica the trafficking of girls into tourist areas for commercial sexual exploitation is a serious problem, and although there had been campaigns previously, these did not reach at-risk and vulnerable girls. Thus, Fundacion Paniamor (the ECPAT group in the country) established a new campaign specifically targeted at these girls, based on a short video clip. Instead of focusing on negative ideas associated with sexual exploitation (portrayal of girls as victims, etc.), the campaign utilised the concept of peer role models by featuring teenage girls in the advertisements and portraying teenagers' points of view on the issue. It also emphasised a positive message to empower girls, encouraging them to take control and protect themselves. This video is shown on public television and in schools and has resulted in a highly successful campaign that is popular among the targeted group of teenage girls. We strongly urge Caribbean governments to develop a similar approach in the region – this work should be led by the government departments with responsibility for public education, in collaboration with media organisations, NGOs and international development partners. More information about this can be found at:
www.ecpat.net/WorldCongressIII/PDF/Journals/Lesson_Learn.pdf

PUBLIC MESSAGES

Teenage pregnancy on YouTube– We believe it is necessary to launch some powerful and hard-hitting public education campaigns based on specific aspects of the problem. These should be simple and utilise popular media. An example we came across was a film that was posted on YouTube. The film was produced by a UK health authority and appeared to show a schoolgirl giving birth on a playing field surrounded by fellow students. Although controversial, this type of campaigning is necessary since the UK has one of the highest teenage pregnancy rates in Europe. We believe that the Caribbean, faced with similar problems, should adopt this approach. Indeed we would also like to see similar films made about the impact of abortion on teenage girls – both to bring this situation to the fore and also as a source of public education. This initiative should be led by the government departments with responsibility for public education, in collaboration with media organisations, NGOs and international development partners.

Posters on sexual abuse – In Cambodia, the government has taken a very public position in relation to child sexual abuse. The message greets the visitor through huge vibrant posters, at airports and on highways and in public spaces, which contain simple messages such as: 'Sex with anyone under the age of 16 is a crime and will be prosecuted'. We believe that Caribbean governments should take a proactive and public approach which sends a clear unambiguous message both to tourists and to local people that child sexual abuse will not be tolerated. This initiative should be led by the government departments with responsibility for public education.

TECHNOLOGY AND ABUSE

The Safety.Net campaign - The NSPCC (a UK-based NGO) has launched a campaign to make the internet a safer place for children. In particular the campaign aims to end the exchange of child abusive images and prevent children's exposure to harmful material. In addition to this initiative, the newly formed UK Council for Child Internet Safety is currently deciding how to make cell phones safer for children. The NSPCC campaign has six goals:

1. Stopping the use of software for private sharing of child abuse images
2. Blocking children's mobile phone access to adult content
3. Ensuring social networking sites protect children by proactively reviewing and removing offensive/illegal content
4. Pre-install child safety software on all computer and mobile web devices
5. Making therapeutic services available for children who have been abused and had pictures and films of the abuse appear on the internet
6. Providing specialist training for professionals who deal with online offenders

It is imperative that Caribbean governments take decisive and prompt action to prevent child sexual abuse through technology, since this is a growing issue in the region. We recommend that the lead for this be taken by CARICOM in collaboration with international development partners and the media companies involved in the supply if internet and cell phone services. More information about the NDPCC campaign is available at: www.nspcc.org.uk/.../**campaign**/.../About%20issue%20**safetynet**

6. RECOMMENDATIONS DRAWN UP IN CONSULTATION WITH STAKEHOLDERS

The study involved eliciting responses to the findings and engaging the views of stakeholders in coming up with recommendations. These recommendations were progressive, demonstrate creative thinking and offer suggestions for prevention, intervention, and capacity-building. In the next section we summarise these recommendations under three different categories of response: the macro level, the meso level and the micro level.

Macro Level

i. **Cultural transformation:** artists, the media, tourism and corporate businesses encouraged to incorporate child protection within their strategic and operational plans
ii. **Using cultural vehicles for behaviour change**: e.g. local artistry in the various media ; use of local festivals such as carnival, best village competitions, talent shows, beauty competitions etc. to get across message
iii. **Systemic behaviour change**: through an array of methodologies used by governments and regional bodies such as OECS and CARICOM Secretariats e.g. OECS Family Law and Domestic Violence Reform Project; CARICOM Commission on Health with its focus on family health and CARICOM Commission on Youth Development
iv. **Sustained public awareness education:** both nationally and regionally; corresponding with regional initiatives such as the planned CARICOM Secretariat Symposium on parenting
v. **Early years education/early childhood development**: e.g. using existing models supported by UNICEF to consolidate the prevention message
vi. **Media campaigns**: bodies such as PAHO and UNICEF should be approached to promote/encourage and award prizes for the best feature programmes, articles and other media projects, annually
vii. **Support activism by adult survivors of CSA**: through support to self-help groups; working with clinicians who are already working in this field e.g. psychiatrists, psychotherapists, psychologists - to build capacity of support and knowledge sharing
viii. **Establishment of *Regional Child Protection Resource Centre* with country satellites** - seek funding from bilateral and multilateral agencies to establish this
ix. **Specialist training for frontline professionals**
x. **Multi-agency training**
xi. **Cohesive protocols and procedures across the region** in collaboration with UNICEF and Governments
xii. **Encourage child protection approaches within all national plans** e.g. disaster management, Health, Education, Housing

xiii. **Pilot and evaluate alternative justice models** e.g. restorative justice
xiv. **Fast track legislative reform** through the harmonisation of legislation and implementation of OECS reformed legislation

Meso Level

i. **Enabling community inter-actors:** recruit and train community child protection activists to support the development of therapeutic communities in cooperation with community groups, NGOs and FBOs
ii. **Identifying child protection leaders** within government and civil society in each country
iii. **Working with churches and religious leaders** with a particular focus on youth leaders and group members
iv. **Working with community/sports and youth groups**
v. **Creating protective parenting environments** through mentoring and befriending programmes
vi. **Empowering women:** encourage expressions through writing and other various mediums. Encourage reflections on the female and male socialisation processes
vii. **Empowering children**: working with children/ young people who are committed and who are supported through age-appropriate information and mentoring, as new messengers for prevention
viii. **Work with young women around TSA** (transactional sexual abuse) as above
ix. **Work with men** e.g. encouraging 'men to men' initiatives. Identify some champions who can help take this forward. Encourage reflections on male and female socialisation processes
x. **Targeted education campaigns aimed at the general public:** parents, men, women, and children. Use/ adapt HIV/AIDS successes
xi. **Support for survivors through pilot projects**
xii. **Empowering non-abusing parents to address risk** through education as above
xiii. **Family Group Conference Model**- encourage training in this area through the universities **and twinning with other agencies/training institutions**
xiv. **Art-based interventions** for healing
xv. **Working with perpetrators** (identify where they are most likely to present themselves and formulate an intervention accordingly (e.g. in the church, in prison)
xvi. **Working with naturally occurring groups of men** (e.g. sports groups, social clubs, college, church groups, trade union, work-based groups etc.) in developing prevention strategies
xvii. **Working with naturally occurring groups of women** (e.g. health centres, beauty salons, sports groups, social clubs, college, church groups, trade union, work-based groups etc.) in developing prevention strategies
xviii. **Child protection training and capacity strengthening for magistrates and judges in collaboration with UNIFEM/ UNICEF and appropriate professional bodies** – Including:
    - Police training
    - Health professionals training
    - Social workers training

Micro Level

i. **Identifying vulnerable children and families**: providing support to vulnerable families (e.g. single-headed households)
ii. **Working with children and young people**: providing preventative group work
iii. **Counselling and other treatment interventions** for child and adult survivors
iv. **Work with parents (especially young parents)** collaborating with other groups and Ministries for a 'joined-up' approach. Have 2 demonstration pilot projects by 2011
v. **Secondary prevention**: working with men who feel/are identified as having an interest in sex with children, specifically focusing on young men. Consider targeting and working with professionals working in the prisons with such men.
vi. **Working with perpetrators**: group work and individual treatment for abusers who are willing to accept support and engage in behaviour change programmes

vii. **Establish child friendly judiciary systems and procedures** for dealing with CSA cases (e.g. use of video links for giving evidence

7. WHAT NEXT?

Many recommendations have been discussed in this chapter; some of these can be acted upon speedily by stakeholder interest groups, professional bodies, NGOs, FBOs and government departments while other changes require planning and will take time. Not all of the recommendations require resources and many of them are about behaviour and attitude change and providing supportive interventions for children and families. It is vitally important that people do not sit back and wait for government to lead the way. There is much work for governments to do but there are changes that can be implemented today or tomorrow by every section of society. Our expectation is that this report will be widely disseminated and stakeholders charged with the task of identifying what action they will take based on the findings and the recommendations.

In order to progress these recommendations and to propel the movement for abuse-free childhoods two major developments are needed: the **Regional Strategic Plan for Building Abuse-free Childhoods** and the establishment of a **Regional Child Protection Hub –** these will be the primary drivers of systemic, sustained action on all matters that have been have discussed. There is also specific action in relation to the dissemination of the research findings that is needed, these are summarised in the matrix below:

ACTIVITY	TIME	WHO
Report presented to CARICOM for discussion	**Short term**	**UNICEF and Researchers**
Report presented to Cabinet in participating countries	**Short term**	**UNICEF and Researchers**
Wide country level dissemination programme involving a range of stakeholder groups	**Short term**	**UNICEF and Researchers**
Establishment of Abuse-free Childhood Website as a resource for professionals and NGOs	**Short term**	**Researchers**
Regional Strategic Plan for Building Abuse-free Childhoods	**Medium/long term**	**CARICOM, Heads of Government International Development Partners, stakeholders**
Establishment of Regional Child Protection HUB	**Medium/long term**	**CARICOM, government departments, NGOs and International development partners**
Implementation of *Regional Strategic Plan for Building Abuse-free Childhoods*	**Long term**	**CARICOM, government departments, NGOs and International development partners, stakeholder groups**

CHAPTER TWELVE
Reflections

This research project was a mammoth undertaking, extensive in reach and scope and dealing with a topic that is deeply distressing, we are relieved to have reached the end. The end of the study, however, is not the end of the road for the research team and we have committed ourselves to undertaking further work to ensure that the findings have maximum impact and that the process of talking about child sexual abuse is transformed into social action against it – we owe our respondents this, at the very least. In reflecting on the process we share our thoughts about the strengths of the approach we adopted in undertaking this work.

Research team

We were truly blessed to have such a wonderful team of researchers working with us. That each of them had their own unique area of expertise and distinct skills and knowledge was hugely beneficial to the process. Most important of all was the fact that they all had in-depth knowledge of the social and cultural contexts in which the study was taking place and understood the communities they were working in and the challenges these communities face.

Management arrangements

Conducting a study across six Caribbean countries from a university in the North of England, in partnership with an NGO that, despite extensive experience of work in the region, has its headquarters in London was a logistical challenge. We dealt with this by putting in place clear management and administrative systems from the outset and by establishing as the administrative base of the project, Action for Children's Barbados office. The local and regional knowledge of the administrator (Yolanda Harvey) was unparalleled and eased many of the practical difficulties we might have otherwise faced. The two Principal Investigators (PIs) were in constant communication throughout the project and, as well as phone calls and emails, had face-to-face meetings frequently. The management arrangements included a clear and robust monthly reporting system by the researchers.

Communication

Communication across the team, the administrators and the Advisory Group was by email, telephone calls and through the use of an electronic discussion site (Blackboard) which also served as an electronic filing cabinet for all project documents. Communication with researchers was increased during the data gathering stage.

Advisory group

We established a small but very effective Advisory Group and were struck not only by the unique expertise and insights that each person brought to the project, but also to their active engagement in discussion and the feedback they provided on various aspects of the study as it unfolded. The Advisory Group also provided the PIs with encouragement and support.

Research methods

The methods were scientifically robust and a great deal of work went into their preparation. The idea to introduce narrative interviews (not an original aspect of the design) was at the suggestion of one of the team and the agreement to engage stakeholders to discuss the findings and contribute to the recommendations (the Regional Stakeholder Symposium) emerged from discussions during the training programme. Both of these ideas enriched the project immeasurably.

Research training
We organised an intensive five day training programme that included:

- Team building
- Research methods
- Ethical issues
- Researcher safety
- Strategies for managing problems and obstacles
- Duty of care
- Piloting of instruments

We believe the training programme worked very well and helped to generate an atmosphere of mutual support and respect among the team members. It also ensured that there was consistency in the overall research approach adopted in each country.

Ethical arrangements
We developed an extensive ethical protocol to underpin the project. There were several times in the project that reference to this framework helped in resolving ethical dilemmas and we learned that, regardless of how extensive the preparation to such a study is, there is always a likelihood that ethical challenges will arise.

National Response Team
We established a National Response Team (NRT) in each country comprised of voluntary counsellors. All participants in the study were given information about how to access the members of their NRTs should they have had need of counselling regarding abuse they had experienced or concerns for a child they knew. The members of the NRT's were given briefing information about the study and to help them to deal with any referrals. We have no way of knowing how many times counsellors were called upon for help, but this was an important safeguard to put in place and we are indebted to the people who offered their services in this way.

Regional stakeholder symposium
The organisation of a regional symposium was an *extra* activity (not originally part of the plan) and presented considerable organisational and financial challenges. We were therefore hugely grateful to UNICEF, the School for Human and Health Sciences (University of Huddersfield), CIDA and the British High Commission (Barbados) for providing the financial support for this activity. The symposium enabled stakeholders from around the region to consider the emerging findings and to make suggestions change. The two-day event was attended by over 70 people (including a delegation of young people) and was extremely valuable in capturing the views and opinions of stakeholders from a range of settings. A unique innovation was the use of videolinking to enable the participation of Action for Children's staff (London).

Role of the media
The media played a key role in each country in sharing information about the study and encouraging the open discussion of a topic that is generally considered taboo. The media handled information sensitively and were very supportive of the study.

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ANNEXES

1. **ETHICAL PROTOCOL**
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11. **INDIVIDUAL PRACTICE-FOCUSED INTERVIEW**
12. **INDIVIDUAL NARRATIVE INTERVIEWS**

1. ETHICAL PROTOCOL

1.1 The conduct of the research will be based on clear ethical standards which will assure confidentiality, privacy, anonymity and informed consent. All research assistants will receive training in the research methodologies to be employed in the project. This training will also address ethical issues and stress the need to maintain strictest respect for confidentiality

1.2 Ethical adequacy of the research will also be assured through ensuring that the research outcomes are geared towards policy reform and that the participants are not exposed to detriment or harm

1.3 The project will be carried out in accordance with the University's Research Ethics Guidance as outlined in the website extract below:

8. RESEARCH: Honesty and Misconduct

8.1 Introduction

…Research misconduct is often easier to recognise than to define but two broad categories can be distinguished. The first involves fabrication or falsification of research results; the second arises where there is plagiarism, misquoting or misappropriation of the work of others. It also includes, for example, the unethical use of material provided in a privileged way for review or assessment.

Research misconduct involving plagiarism, piracy or falsifying results is a form of dishonesty which is viewed by the University as a serious offence…

8.2 Good practice, ethics and plagiarism in research

(i) Principles of good practice

In the conduct of all research, the University expects the following general principles to be understood and observed.

Honesty

At the heart of all research, regardless of discipline, is the need for researchers to be honest in respect of their own actions in research and in their responses to the actions of others. This applies to the whole range of work, including experimental design, generating and analysing data, publishing results and acknowledging the direct and indirect contributions of colleagues, collaborators and others. All researchers must refrain from plagiarism, piracy or the fabrication of results. In the case of employees, committing any of these actions is regarded as a serious disciplinary offence.

Openness

While recognising the need for researchers to protect intellectual property rights (ipr), confidentiality agreements etc, the University expects researchers to be as open as possible in discussing their work with others and with the public. Once results have been published and where appropriate, the University expects researchers to make available relevant data and materials to others, on request.

Guidance from professional bodies

Where available, the University expects researchers to observe the standards of good practice set out in guidelines published by relevant societies and professional bodies.

(ii) Leadership and co-operation in research groups

The University is committed to ensure that a climate is created which allows research to be conducted in accordance with good practice. Within a research group, responsibility lies with the group leader who should create a research environment of mutual co-operation. They must also ensure that appropriate direction of research and supervision of researchers are provided.

(iii) A critical approach to research results

Researchers should always be prepared to question the outcome of their research. While acknowledging the pressures - of time and resources - under which researchers often have to work, the University expects research results to be checked before being made public.

(iv) Documenting results and storing primary data
Throughout their work, the University requires researchers to keep clear and accurate records of the procedures followed and of the results obtained, including interim results. This is necessary not only as a means of demonstrating proper research practice but also in case questions are subsequently asked about either the conduct of the research or the results obtained. For similar reasons, data generated in the course of research must be kept securely in paper or electronic form, as appropriate. The University expects data to be securely held for a period of five years after the completion of a research project.

(v) Publishing results
It is expected that research results are published in an appropriate form, usually papers in refereed journals. This has long been widely accepted as the best system for research results to be reviewed - through the refereeing process - and made available to the community for verification or replication… The University expects anyone listed as an author on a paper to accept personal responsibility for ensuring that they are familiar with the contents of the paper and that they can identify their contributions to it. The practice of honorary authorship is unacceptable.

(vi) Acknowledging the role of collaborators and other participants
In all aspects of research, the contributions of formal collaborators and all others who directly assist or indirectly support the research must be properly acknowledged. This applies to any circumstances in which statements about the research are made, including provision of information about the nature and process of the research and in publishing the outcome. Failure to acknowledge the contribution of others is regarded as unprofessional conduct. Conversely, collaborators and other contributors carry their share of the responsibility for the research and its outcome.

1.4 The proposal will be subject to approval by the Institution's Ethics Committee. Specific ethical guidelines to be applied will be as follows:

i. The aims and objectives of the research will be clearly explained to all participants and stakeholders
ii. All interview respondents will remain anonymous – actual names and other means of individual identification will not be used and each person will be allocated an ID number
iii. Focus group participants will be advised of the need to protect confidentiality and that individual experiences of abuse should not be disclosed within the group setting
iv. Focus group participants wishing to share personal experiences about abuse will be given the opportunity to do so in private and referred for counselling/other support as appropriate
v. Data will be kept confidential in a secured and locked location. Each Research Assistant will be asked to sign an undertaking to this effect and that when field work is complete the data sets will be transferred to the operational office for the project where they will be kept in a locked cabinet.
vi. The data will only be seen by members of the research team
vii. The project will not provide financial inducements to participants although travel costs and any other expenses incurred by participants will be met
viii. Due to the sensitive subject of the research, and the possibility that during interviews, topics may be brought up that cause psychological distress or trauma (child abuse or domestic violence), National Response Teams will be identified comprising statutory specialists (social workers, police, therapists other government personnel) and trusted organisations (shelters, homes, health clinics, NGOs, appropriate support groups, women's empowerment organisations, etc) and individual specialists (social workers, counsellors, government staff etc.). These teams will be briefed about the research and will be asked to provide support/interventions for research participants who have experienced abuse or are at risk
ix. Where focus groups are held with young people in institutions, participants will be asked to self-select for inclusion in the study based on a briefing from the researchers. Where appropriate the consent of parents/ guardians will also be sought. In addition to the general

consent form, respondents will be asked to confirm that no coercion or inducements were involved in their decision to participate

x. Informed Consent - all participants in the project (e.g., interviewees, survey informants, practitioners, agency representatives) will be asked to sign a consent form and will be informed:

- Of the nature of the research (goals and objectives, etc.)
- Of the research methodology to be used
- Of any risks or benefits
- Of their right not to participate, not to answer any questions, and/or to terminate participation at any time without prejudice
- Of their right to anonymity and confidentiality
- That in the interests of safeguarding children, any information revealed in the course of the project that indicates actual risk of abuse may be passed to the relevant authorities

2. INFORMED CONSENT

The project will allow for any of the following methods of obtaining informed consent:

i. Informed consent form: an informed consent form will be provided for use by the researchers. This will detail the principles outlined above and require the participants' signature

ii. In instances in which written communication is not appropriate (for example with people with visual impairments or with people with literacy challenges) researchers will read the information contained in the consent form and ask the participant to sign.

3. ETHICS AND CHILDREN'S RIGHTS

3.1 Owing to the sensitive nature of the study and the potential for actual cases of sexual abuse to be disclosed, commitment to confidentiality must be balanced by the primary need to safeguard participants' welfare first and foremost. Additionally, professional judgement and discretion must be exercised in consideration of their welfare needs, beyond the implementation of the study.

3.2 These issues will be addressed in the training for Research Assistants

3.3 Guidelines regarding confidentiality, information sharing and duty of care to participants will be made available to all members of the research team.

3.4 The project will *not* involve interviews with children and young people under the age of 18 years however it is possible that in the course of the study, information regarding children at risk of abuse will be revealed. Furthermore, it is likely that some young people may wish to discuss experiences of past abuse. It is therefore important to identify the ways in which the project will seek to safeguard children, to uphold children's rights and to support young people through any traumatic disclosures.

3.5 Safeguarding Children and Young People - At all times the safeguarding of the well-being of children will be paramount. Given the context of research confidentiality which requires that names of individuals are not obtained, individual follow-up will require the consent of the person concerned. Participants with knowledge about children at risk will be empowered and supported in disclosing the information to professionals within the National Response Teams who have statutory child protection responsibility.

3.6 Where appropriate, young people participating in the project will be advised to share information with relevant authorities and helping agencies, in the interest of their own safety.

3.7 Information about how to access the help of the National Response Teams will be provided to all participants

3.8 The researchers will ensure that young people are not harmed through participation in the research by providing a safe research environment for focus groups, through training for researchers on how to

respond appropriately to distress and disclosures of trauma and abuse and by organising de-briefing sessions.

3.9 Youth-appropriate information will be produced detailing the aims of the research, how long the focus group sessions will take, where they will take place and contact details for the research team. This information sheet will also include a statement explaining participant's rights as follows - We respect your rights:

- To take time to decide whether to help us
- To refuse to take part
- To refuse to answer questions
- To withdraw from this project at any time
- We will keep notes and tapes from the groups in a safe lockable place
- When we talk about the research or write reports, we will change people's names so that they remain anonymous.

3.10 The reporting of any allegations regarding actual sexual abuse shall be in accordance with the child protection policy and legislative framework of the specific country in which the research is taking place and will be assessed not only in terms of the immediate support needs for the survivor but also, the perpetrator's potential risk to others.

3.11 Concerns in respect of potential or identified risk to children will be passed to the respective country child protection agencies who will determine what action should be taken.

4. Researcher Safety and Support (Risk Analysis and Management)

Brief description of activity: research field work – interviews, community survey and focus groups

Location: Barbados, Grenada, St. Kitts/Nevis, Dominica, Anguilla, Montserrat
Assessment by: Adele Jones, Ena Trotman Jemmott
Assessment date: July 6, 08
Reviewed: November 4, 08
Revised: November 21, 08
People at risk: Researchers

Hazards identified	**Risks to health and safety**	**Measures to manage the risk effectively**		**Action**	
				Who	When
Travel and working in remote areas	Isolation Fear Increased possibility of personal harm or injury Increased risk of theft of personal goods	1. 2. 3. 4.	Must carry authorisation, ID and cell phone at all times Within-country travel must be with regard to personal safety. Only the following forms of transport permitted: own transport, friends, relatives, authorised car rental companies or authorised taxi's Must notify the PI of their whereabouts at all times during fieldwork Must only go to locations pre-agreed	Rs Rs Rs Rs PIs	During fieldwork Ongoing monitoring and vigilance required	

		5. 6. 7. 8.	with PI and to agencies where authorisation has been obtained Must be mindful of and take responsibility for assessing risk for personal safety within any given situation. If conducting interviews, survey and focus groups after dark, must be especially mindful of personal safety Must not carry valuables during fieldwork PI to follow up all stages of fieldwork through regular email/phone contact	Rs Rs Rs PI	
Invitations into people's homes	Reduces opportunity for staying safe, may present unknown risks or compromise R	9.	Must not enter private homes	Rs	
Female Rs working with young men	Increased risk of sexist, or abusive or inappropriate behaviour	10. 11. 12. 13.	To be addressed in training Focus group, interviews and surveys must be held in appropriate (public) settings Where there are any obvious signs of alcohol or drug use among participants, then the research process should be ended immediately Abusive language or behaviour must lead to the immediate termination of research process	PIs Rs Rs Rs	
Participants request ongoing contact	Inappropriate crossing of professional boundaries	14.	Should not divulge personal contact details	Rs	
Researching sensitive topics	Distress or disclosure of abuse from participants	15. 16. 17.	Training Establishment of National Response Teams	PIs Rs PIs Rs	

		18.	Should not engage in counselling or giving advice but must refer to the National Response Teams (NRTs) If the R is distressed in carrying out the study they should debrief with the PI at the soonest opportunity, make use of peer support and may also access counselling through the NRTs	Rs PIs	
Over exposure to computer work (data entry & analysis, lit searches)	Eye strain, neck/headache Wrist strain	19.	Repeated breaks – self monitoring	Rs	

2. NATIONAL RESPONSE TEAM

UNICEF Study of Child Sexual Abuse

Are you having difficulty dealing with the issues raised by this study?

We believe that you, like us are committed to protecting children and young people from abuse and to providing a safe environment for them – in fact, this is probably the reason that you agreed to take part in this study. However answering our questions may have raised fears for children you know or else reminded you of distressing personal experiences.

If your concern is for children who may be at risk of abuse or have been abused **you can do something now!**

If you need help to work through your own feelings about sexual abuse **you can do something now!**

Men often find it especially difficult to talk about sexual abuse – if you want support to handle how this has affected you, **you can do something now!**

A Response Team has been established in your country. These are people who have agreed that they can be contacted in case you wish to report your concerns or if you need to help yourself. Its members are listed below.

Names	Professional role	Tel #	Email address

In case of need, please call any member from the above list. If the matter is urgent or if you are not able to contact any one of the above, please call the child protection service at:_____

You may also contact the Project Managers:
Adele Jones +44 1484 422288 ext 3237 (w) or 07961988719(m) a.d.jones@hud.ac.uk
Ena Trotman Jemmott +246-425-4492 Ena.Trotman@gmail.com

3. CONSENT FORM

CONSENT FORM

I have been asked to take part in a study to find out what people think about adult sexual behaviour involving children

Procedures:
I understand that questions will be asked about my views on sexual behaviour and the reasons why some adults engage in sexual activity with children.

I may be asked to complete a questionnaire **or** to take part in a group discussion **or** to take part in an interview (I understand I will only be asked to do *one* of these things). If I am part of a group discussion or an interview, this could take between 1-2 hours.

The discussion or interview will be recorded and once the research report has been written the recording will be deleted. I understand that the data from the study will only be seen by the researchers and will be kept in a locked cabinet.

My rights:
I understand that the study is confidential and my real name **will not** be used at any stage.

I understand that I can refuse to take part at any time or refuse to answer any questions. If I am uncomfortable with the session being recorded, I can ask for the recording to be stopped at any time.

If I am distressed as a result of taking part in the study, I will be given help to access counselling or support from an appropriate agency.

Children's rights:
If, by being part of the study, I become aware of risk of sexual harm to any children that I know, I will be given information to help me to take appropriate action.

Findings:
I understand that the information I give will be used to improve conditions for vulnerable children within my country and within the Caribbean region more widely and will not be used for any other purpose.

Signature _____

Date:_____

4. THEORETICAL FRAMEWORK FOR QUESTIONNAIRE

THE PAO QUESTIONNAIRE

Perceptions of, Attitudes to, and Opinions on Child Sexual Abuse in the Eastern Caribbean

In order to conduct a survey across diverse communities and countries we have created an **integrated socio-cultural instrument** for the study of perceptions of, attitudes to and opinions on child sexual abuse – the PAO questionnaire. This tool is designed specifically for the Caribbean context and will be subject to reliability-testing procedures to ensure its relevance and validity. It is expected that the instrument will have value in other social contexts.

Rationale/Theoretical Approach:

13. Based on a social constructionist approach to understanding child sexual abuse
14. Emerged out of a review of the literature of methods for perception research
15. Draws from literature on sexual abuse within Caribbean countries
16. Linked directly to the objectives of the study and the research questions
17. Takes a grounded theory approach – i.e. avoidance of professional language & terms which are not empirically grounded - provides for the lay persons perceptions to be revealed rather than simply testing their views against predetermined definitions (this was a weakness of most scales reviewed in the literature)
18. Where possible uses neutral terms – avoidance of value-laden terms such as 'abuser', 'paedophile', 'perpetrator', 'predator' – to facilitate the participation of informants who may be abusing children and avoids imposition of researcher's views
19. Does not focus on types of child sexual abuse or range of consequences, is concerned to explore *existence* of the problem and *perceptions* of the problem
20. Questions seek to cover a range of psychological and social processes: cognitive processes (perceptions of abuse); affectional processes (attitudes towards…) and agency (power/powerlessness to bring about change). The questions are divided into sets of items:
    - B1. Definitions of child
    - B2. Perceptions of CSA
    - B3. Attitudes to those who abuse children and factors that increase likelihood
    - B4. Opinions about social change and action to address CSA
21. While the notion of 'blame' is avoided, views about locus of responsibility are explored
22. Respondent is able to be emotionally distant (Section B) but also able to be emotionally engaged (Section C)
23. As CSA is not a gender-neutral phenomenon, gender neutrality is specifically *not* sought (this links to points 12 and 13)
24. While most abusers are male, the role of women is also explored, hence questions focus on 'men', 'women' and 'adults'
25. The relationship of CSA and gender inequality (a consistent theme in the literature) is explored in various ways
26. Literature on risk and protective factors was reviewed to produce items about family life – these form the basis of the section on family life (Section C)

5. QUESTIONNAIRE

QUESTIONNAIRE

Country ID:

Questionnaire #:

Date of completion:

ADULT SEXUAL BEHAVIOUR INVOLVING CHILDREN

UNICEF is carrying out a study to find out what adults' views are about adult sexual behaviour involving children. Your government has agreed that it will be beneficial for your country to take part.

We would be grateful if you would take the time to fill in this questionnaire. Please note this is a **CONFIDENTIAL** study. Your name will **not** appear anywhere on the questionnaire and it will **not** be possible for you to be identified.

There is no particular reason why you have been selected – this was quite random. We hope however that you are willing to take part; however if you do not wish to, this is fine. It is possible that some of these questions may distress or disturb you – if you need to talk to someone after you have filled in the questionnaire, the leaflet you have been given with this questionnaire has the names and contact numbers of people who can help.

This is an important study as it will provide information to help governments put in place support systems and policies to protect vulnerable children.

The study is being carried out by a team of Caribbean Researchers led by Professor Adele Jones (University of Huddersfield, UK) and Ena Trotman Jemmott (Action for Children) – our contact details are at the end of this questionnaire.

Thank you for your help

PLEASE ANSWER ALL THE QUESTIONS AS HONESTLY AS YOU CAN.

PAO QESTIONNAIRE

SECTION A – ABOUT YOU

A.1 Are you

	Please √	
Male		1
Female		2

A.2 What was your age on your last birthday? _____

A.3 Do you have any girl children under the age of 16 years? Yes _____1 **A.3a** If so how many_____

No _____2

A.4 Do you have any boy children under the age of 16 years? Yes _____1 **A.4a** If so how many_____

No _____2

A.5 Would you say that religion is important in your life? Yes _____1

No _____2

A.5a Do you regularly go to a religious centre (Church, Mosque, Temple or other)?

Yes _____1

No _____2

A.6 What is the highest level of education that you have reached?

	Please √	
Primary		1
Secondary		2
Tertiary		3

A.7 Please tick any of the following which describe the occupation/s of the ***main breadwinner*** in your house?

	Please √			**Please √**	
Unskilled		1	Agricultural		7
Unemployed		2	Craft or Trade		8
Clerical		3	Self employed		9
Hospitality		4	Professional		10
Student		5	Managerial		11
Domestic Service		6	Other –specify		12

A.8 Please tick below all of the descriptions that apply to the house you live in

		Yes	**No**
1	Has usual electrical appliances		
2	Has adequate bedrooms and living space for the members of the household		
3	Has adequate bathing facilities		
4	You have your own transportation		
5	Within your community your home would be considered wealthy		
6	Within your community your home would be considered average		
7	Within your community your home would be considered poor		

A.9 Do you live in a town (urban area) or the country (rural area)? _____

A.10 Which of these islands do you consider home?

		Please √
1	Anguilla	
2	Barbados	
3	Dominica	
4	Grenada	
5	St. Vincent & The Grenadines	
6	St. Lucia	
7	Montserrat	
8	Antigua and Barbuda	
9	St. Kitts & Nevis	
10	British Virgin Islands	
11	Other – specify	

SECTION B – YOUR VIEWS

IN THIS SECTION WE ARE NOT LOOKING FOR RIGHT OR WRONG ANSWERS – WE SIMPLY WANT TO KNOW YOUR VIEWS

B.1 Beside each of the statements below, say whether you agree, disagree or are not sure by putting a **√** in the relevant box

		Agree	Disagree	Not Sure
1	I do not consider anyone over the age of 13 to still be a child			
2	A girl who has sex is no longer a child			
3	A girl who becomes pregnant is no longer a child			
4	A girl ceases to be a child when she begins menstruation			
5	A boy stops being a boy once he has his first experience of sex			
6	A boy is no longer a boy when he enters puberty			
7	Even though someone over the age of 13 is a teenager he/she is still a child until the age of 16			
8	Even though someone over the age of 13 is a teenager he/she is still a child until the age of 18			

B.2 Beside each of the statements below, say whether you agree, disagree or are not sure by putting a **√** in the relevant box

Please note in the next part we use the word 'sex' to mean sexual intercourse (penetrative sex) and the term 'sexual activity' to mean all other adult sexual behaviour involving children

		Agree	**Disagree**	**Not Sure**
1	Sex with a father can prepare girls for becoming women			
2	Sex between a man and a boy will lead to the boy becoming a homosexual			
3	Only homosexual men engage in sex with boys			
4	Women do not engage in sex with children			
5	Sexual activity between a man and a boy can prepare boys for becoming men			
6	Sex between an adult and a child is OK if the child agrees to it			
7	If women refuse to have sex with their partners, this can lead to men seeking sex with children			
8	In some families sex between adults and children is considered normal			
9	Children are not damaged by sexual activity with adults as long as they are loved by the person			
10	Sexual activity between an adult and child is never OK no matter what			
11	Sex between a woman and a girl will lead to the girl becoming a lesbian			
12	Families in which sex between children and adults has occurred for generations without any apparent harm is OK because it has become a family pattern			
13	Adults who have sex with children cause long term emotional harm to the children			
14	It's OK for girls to have sex with men if they can earn money to help themselves or their families			
15	It's OK for boys to have sex with men if they can earn money to help themselves or their families			
16	As it is a man's role to provide for his children, it should be up to him to decide when its OK for his children to be involved in sex			
17	Sex between an adult and a child is OK if the child is between 14 and 16			
18	It's OK for boys to have sex with women			
19	Sex between an adult and a child is OK even if the child is younger than 13			
20	Women sometimes turn a 'blind eye' when their partners have sex with children in their families			
21	Lesbian sex between adults and girls is not harmful because girls cannot become pregnant			
22	In some families sex between brothers and sisters is considered normal			
23	Children are not harmed by having sex with other children			

B.3 Beside each of the statements below, say whether you agree, disagree or are not sure by putting a **√** in the relevant box

		Agree	**Disagree**	**Not Sure**
1	It is mostly homosexual men who have sex with children			
2	Men who are happily married do not have sex with children			
3	Well educated adults do not engage in sex with children			
4	Some women who have sexual activity with children have had the same thing done to them as children			
5	Some men who have sexual activity with children have had the same thing done to them as children			
6	Adults who have sex with children can be helped to change			
7	Girls who are not considered attractive are not likely to be approached for sex			
8	Girls draw men's sexual attention by the way they dress			
9	Children who have sexual activity with adults will become sexually 'loose' (promiscuous)			
10	It is usually parents who engage in sex with children			
11	Children don't tell about sex with adults because they are scared of the consequences			
12	It is usually the boyfriends of women who engage in sex with the children in the household			
13	It is usually other family members who engage in sex with children			
14	Other than family members 'trusted adults' (like teachers, priests, coaches) are more likely than strangers to have sexual activity with children			
15	Men's negative attitudes to women is the cause of men having sex with children			
16	Men who have sex with children are meeting their sexual needs and as long as children aren't harmed I would not say they are ' child abusers'			
17	Children don't tell about sex with adults because they don't mind			
18	Men view girls who show off their bodies as inviting them to have sex			
19	Being a mother means that you will not engage in sexual activities with your children			
20	Step-fathers are more likely than biological fathers to have sex with children in the family			
21	It is OK for mothers who need money to support their family to allow their daughters to have sex with adults for money			

B.4 Beside each of the statements below, say whether you agree, disagree or are not sure by putting a **√** in the relevant box

		Agree	**Disagree**	**Not Sure**
1	I would take action myself to help in some way if I suspected an adult was having sex with a child			
2	Religious leaders should do more to stop adults having sexual activity with children			
3	Schools should take a role in educating children about healthy sexual behaviour			
4	Media campaigns against abuse would help to stop adults taking sexual advantage of children			
5	Men who have sex with children should have treatment but away from the child's community			
6	If an adult in my family was having sex with a child in my family I would like help to sort it out but without going to the police			
7	Any incidents or suspicion of an adult taking sexual advantage of a child should always be reported to the authorities – this should be law			
8	Women who have sex with children should have treatment but away from the child's home			
9	If an adult in my family was having sex with a child in my family I would always report it to the police			
10	Children should be helped to speak out if an adult has taken sexual advantage of them			
11	Men could do more to stop other men from having sex with children			
12	Women could take more action to protect children from men taking sexual advantage of them			
13	If possible, men who have sex with children should have treatment at home in their communities			
14	If possible, women who have sex with children should have treatment at home in their communities			
15	It would help if people talked more openly about the problem of children being targeted for unlawful sex			
16	Police officers generally know how to deal with unlawful sex between adults and children			
17	I would know how to get counselling for a child who had been sexually abused			
18	I would mind my own business if I knew of a man who was having sex with a child			
19	Men who have sex with children should always be imprisoned			
20	It is more important for children to have a mother and so women who have sex with their children should not be imprisoned			
21	Women who have sex with children should always be imprisoned			

SECTION C – YOUR EXPERIENCES

SOME OF THESE QUESTIONS MAY DISTRESS YOU- PLEASE LEAVE ANY QUESTIONS YOU PREFER NOT TO ANSWER

C.1 Have you ever been involved in any kind of sexual behaviour (either as an adult or a child) that **someone else** might describe as child sexual abuse?

Yes _____1

No _____2

C.2 Have you ever been involved in any kind of sexual behaviour (either as an adult or a child) that **you** consider was child sexual abuse?

Yes _____1

No _____2

C.3 Would you describe the home(s) you grew up in as one in which children were generally protected from harm?

Yes _____1

No _____2

C.4 Would you say that the home(s) you grew up was able to protect children from sexual abuse?

Yes _____1

No _____2

C.5 Looking back on the home(s) you grew up in do you think anyone experienced sexual abuse?

Yes _____1

No _____2

C.6 Have you any concerns that a child in your family may be being sexually abused now?

Yes _____1

No _____2

C.7 Please tick all of the following that apply to the home(s) you grew up in

		Please **√**
1	Good relationships between adults	
2	Poor relationships between adults	
3	Parents had good problem-solving skills	
4	Violence in the home	
5	Women in the household treated well by men	
6	Men in the household treated well by women	
7	Adults' use of alcohol (or drugs) caused no problems	
8	Adults' use of alcohol (or drugs) caused significant problems	
9	Family had good social supports	

10	Family did not generally interact socially with others	
11	Children encouraged to talk freely and were listened to	
12	Children required to be quiet and 'know their place'	
13	Children properly supervised	
14	Children often left by themselves	
15	Family able to meet physical needs (food, clothing, housing etc)	
16	Financial hardship – difficulty in providing basic amenities (e.g. food, clothing etc)	
17	Known sexually abusing adult in the household	
18	Healthy sexual values and boundaries existed	
19	Children's development was well supported	

C.8 Is there anything else that you would like us to know:

_____

_____

_____

_____

_____

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

Thank you for your help; the information you have provided will be used to advise your government about how to protect vulnerable children and support families

IF YOU WISH TO DISCUSS YOUR FEELINGS OR CONCERNS ABOUT CHILD SEXUAL ABUSE THEN PLEASE CONTACT ONE OF THE COUNSELLORS ON THE LEAFLET YOU HAVE BEEN GIVEN.

6 STAKEHOLDER ANALYSIS

There are various methods and ways to do a stakeholder analysis. The following guidelines are based on 'Guidance Note on how to do stakeholder analysis' (Overseas Development Administration 1995). The minimum requirements and steps of a stakeholder analysis are the following:

1 A list of all possible stakeholders and their interests – draw up a 'stakeholder table – stakeholder identification';
2 An assessment of stakeholders' relative power and influence, importance to the project, their possible contributions to the success of its activities, and
3 Possible risks that might affect the project's successful implementation: positive relations between stakeholders can be used as an entry point for project activities, conflicts of interests between stakeholders might hinder progress if they are ignored.

Stakeholder identification

a) Identifying the stakeholders and their interests

Stakeholders can be listed and categorised in various ways. One starting point is to divide a list into primary and secondary stakeholders. Box 1 provides a quick checklist to help draw up a list.

Primary stakeholders are those people and groups ultimately affected by the project. In this project primary stakeholders should be categorised by those with most to benefit or to lose by change. This may require identifying primary stakeholders by gender, age, occupational or service user groups.

Secondary stakeholders are intermediaries in the process of delivering aid to primary stakeholders. They can be divided into funding, implementing, monitoring and advocacy organisations, or simply governmental, NGO and private sector organisations. Also note that there may be some informal groups of people who will act as intermediaries. For example, politicians, local leaders, persons with social or religious influence.

Box 1: Checklist for identifying stakeholders

- have all primary and secondary stakeholders been listed?
- have all potential supporters and opponents of the project been identified?
- has gender analysis been used to identify different types of female stakeholders (at both primary and secondary levels)?
- have primary stakeholders been divided into user/occupational groups, or income groups?
- have the interests of vulnerable groups been identified?
- are there any new primary or secondary stakeholders that are likely to emerge as a result of the project?

b) Drawing out stakeholders' interests in relation to the project

The resulting list of stakeholders forms the basis of a tabulation of each stakeholder's interests in the project, and the project's likely impact on them. Box 2 provides another checklist to help think about the possible interests which a stakeholder has. By going through this checklist, interests for each stakeholder in the initial list can be drawn out.

Box 2: Checklist for drawing out interests

Interests of all types of stakeholders may be difficult to define, especially if they are 'hidden', or in contradiction with the openly stated aims of the organisations or groups involved. A rule of thumb is to relate each stakeholder to the objectives of the project. Interests may be drawn out by asking:

- What are the stakeholders' likely expectations of the project?
- What benefits are there likely to be for the stakeholders?
- What other interests does the stakeholder have which may conflict with the project?

- What relationship might stakeholders have with others in the list?

Many of these interests will have to be defined by the persons with the best 'on-the-ground' experience. Double-check the interests being ascribed to primary groups, to confirm that they are plausible.

Assessing the Influence and 'Importance' of Stakeholders

In this project, key stakeholders are those who can significantly influence change or are important to implementing the findings of the project. Influence refers to how powerful a stakeholder is; 'importance' refers to those stakeholders whose problems, needs and interests will provide the greatest momentum for change. Combine influence and importance using a matrix and link this to the plan for stakeholder participation (see example at the end). Before completing the matrix, ways of assessing influence and importance should be considered.

a) Assessing influence

Influence is perhaps best understood as the extent to which people, groups or organisations (i.e. stakeholders) are able to persuade or coerce others into making decisions, and following certain courses of action. Power may derive from the nature of a stakeholder's organisation, or their position in relation to other stakeholders. Other forms of influence may be more informal (for example, personal connections to politicians). It may also be necessary to consider stakeholders whose power, and therefore influence, will increase because of knowledge introduced by the project. Assessing influence is often difficult and involves interpretation of a range of factors. By way of example, some of the factors that may be involved are illustrated in box 3 below.

Box 3: Variables affecting stakeholders' relative power and influence

Within and between formal organisations	**Informal interest groups and primary stakeholders**
Legal hierarchy (command and control, budget holders)	Social, economic and political status
Authority of leadership (formal and informal, charisma, political)	Degree of organisation, consensus and leadership in the group
Control of strategic resources for the implementation of policy	Degree of control of strategic resources significant for the project
Possession of specialist knowledge (e.g. child protection)	Informal influence through links with other stakeholders
Negotiating position (strength in relation to other stakeholders in the project)	Degree of dependence on other stakeholders Assessing importance to project success

b) Assessing importance

Importance indicates the priority given to satisfying stakeholders' needs and interests through the project. Importance is likely to be most obvious when stakeholder interests in a project converge closely with other policy objectives, e.g. government's commitment on CRC. Importance is distinct from influence. There will often be stakeholders, especially unorganised primary stakeholders, upon which the project places great priority (e.g. women, children etc). These stakeholders may have weak capacity to participate in the project, and limited power to influence key decisions. A checklist for assessing 'importance' to the project is provided in box 4.

Box 4: Checklist for assessing which stakeholders are important for project success

When assessing importance to project success, use these 'checklist' questions, the answers to which may already be suggested by the information existing in stakeholder tables:

- Which problems, affecting which stakeholders, does the project seek to address or alleviate?
- For which stakeholders does the project place a priority on meeting their needs, interests and expectations?
- Which stakeholder interests converge most closely with policy and project objectives?

Drawing out Assumptions and Risks Affecting Project Implementation and Participation

The success of a project depends partly on the validity of the assumptions made about its various stakeholders, and the risks facing the project. Some of these risks will derive from conflicting interests.

Box 5: Checklist for drawing out assumptions about (and risks deriving from) stakeholders

- What is the role or response of the key stakeholder that must be assumed if the project is to be successful?
- Are these roles plausible and realistic?
- Are there negative responses, which can be expected, given the interests of the stakeholder?
- If such responses occur what impact would they have on the project?
- How probable are these negative responses, and are they major risks?
- In summary, which plausible assumptions about stakeholders support or threaten the project?

.

Stakeholder Participation Matrix

The information from the procedures above should be used to produce a matrix for stakeholder consultation – see example below. The checklist for drawing out assumptions and possible risks should be used to plan *how* information will be delivered.

Example - Stakeholder Participation Matrix

Key Stakeholder Groups	Interests	Potential Impact	Importance of Stakeholder	Influence of Stakeholder	Pre-research Consultation	Dissemination Consultation	How
Parents	Information on protection of own children	+	Critical player	Modest	✓	✓	Through parent teacher association
Government Ministers	Policy impact CRC obligations	+	Critical player	High	✓	✓	Meeting at prestige venue
Children	Wellbeing Safety Improved services	+	Critical player	Low		✓	Information leaflets distributed in schools
FBOs	Social responsibility	-	Very important	High	✓	✓	Inter-faith meeting
Women	Empowerment	+	Very important	Modest		✓	General public information – use of media
NGOs	Increased influence in policy formulation Knowledge Skills	+/-	Very important	Significant	✓	✓	Policy meetings
Men	Engagement in protecting children	+/-		Significant		✓	General public information- use of media
People who abuse children	Behaviour change	+	Critical player	Low		✓	General public information – use of media
Professionals (teachers, health workers, social workers, police)	Knowledge Policy Improved skills Improved credibility	+	Critical player	Modest		✓	Practice meetings
Media	Knowledge Public awareness	+	Very important	High		✓	Involvement in dissemination

FOCUS GROUP GUIDE

Principles of Organisation:
The aim of the focus groups is to provide *depth* of understanding rather than comparative data although identifying differences between categories of informant will be possible. For each category of informant, each country will take a different setting, thus ensuring maximum representation (across all 6 countries) for each category of informant. There should be 4-8 members per group. The focus group sessions should be between one and two hours duration and include pre-discussion and briefing and post-discussion information sharing.

Inclusion/exclusion Criteria
Inclusion must be based on self-selection and informed consent – the only exclusion criteria will be persons under the age of 18. Potential participants must be given information about the project in a form that they can understand. The research information should be provided verbally as well as in written form. No inducements should be offered (this does not include out-of-pocket expenses, travel or refreshments). Criteria for inclusion:

- Willing to participate
- Fits into one of the age-group categories

Sampling Method
A purposive sampling approach should be used – the categories of informant for each focus group in each country have been pre-determined and coded as follows:

Country IDs:

Anguilla	A
Barbados	B
Dominica	D
Grenada	G
Montserrat	M
St Kitts/Nevis	S

Six categories of informant:

Men under 30yrs	1
Men 31 and over	2
Women under 30	3
Women 31 and over	4
Mixed gender under 30	5
Mixed gender 31 and over	6

Six settings:

Church	a
Community/Service Groups	b
Sport/Leisure	c
Professional	d
Business	e
College/Higher Education	f

Please see table below for the pre-determined focus groups.

Coding of Focus Groups

This will consist of country ID, Number of category and letter of setting e.g. Anguilla focus group of men under 30 in a church setting would be – A1a

	Anguilla		Barbados		Dominica		Grenada		Montserrat		St. Kitts Nevis	
Men under 30	Church	**A1a**	Community	**B1b**	Sport	**D1c**	Professional	**G1d**	Business	**M1e**	College	**S1f**
Men over 31	Community	**A2b**	Sport	**B2c**	Professional	**D2d**	Business	**G2e**	College	**M2f**	Church	**S2a**
Women under 30	Sport	**A3c**	Professional	**B3d**	Business	**D3e**	College	**G3f**	Church	**M3a**	Community	**S3b**
Women over 31	Professional	**A4d**	Business	**B4e**	College	**D4f**	Church	**G4a**	Community	**M4b**	Sport	**S4c**
Mixed gender under 30	Business	**A5e**	College	**B5f**	Church	**D5a**	Community	**G5b**	Sport	**M5c**	Professional	**S5d**
Mixed gender over 31	College	**A6f**	Church	**B6a**	Community	**D6b**	Sport	**G6c**	Professional	**M6d**	Business	**S6e**

Preparing for Focus Groups

a) Identify a person who will be your Recorder (it is best if this is the same person for all your focus groups)
b) Ensure that the Recorder is clear about his/her role, the research aims, understands the ethical requirements and has signed the appropriate Ethical Consent Form
c) Ensure that the Recorder knows how to operate the digital recording equipment
d) Ensure the Recorder is prepared for manually recording information in case the digital recorder is not used
e) Make sure you are acquainted with the details of your National Response Team
f) Familiarise yourself with the Focus Group Guidance
g) Make sure you have sufficient copies of the Consent Form
h) Identify a lockable storage cabinet to keep all data
i) Ensure all approvals/agency permissions have been obtained in writing wherever possible (be mindful that ethical approval might be needed from the respective institution)
j) Pre-test electronic recording equipment
k) Ensure venue, time & refreshments are organised and all participants notified

Conducting Focus Groups

a) Introduce yourself and describe the aims and purpose of the study
b) Each person should be asked to sign a consent form
c) The Focus Groups should as far as possible follow the topics set out, however please use your judgement – it is not essential that all topics are covered and you will need to be flexible to enable discussion of other relevant issues that may come up
d) Take the first 15 minutes to brief participants and clarify the objectives of the study
e) Ask the informants if they are in agreement with the session being recorded – explain that the recording will be destroyed once the research project is completed
f) Ensure informants that the utmost regard will be given to confidentiality
g) Provide time at the end of the discussion (not recorded) for participants to 'come out' of the research process– you may want to plan an exercise to help with this. Provide information session aimed at empowering participants to respond appropriately to possible concerns about child abuse
h) Remind participants of the information about National Response Teams

Discussion Topics
The discussion topics should be in the form of open-ended questions as follows:

1. **What types of child sexual abuse do you think exist in our society?** *(Social construction)*
   Prompts-
   If you had to come up with one sentence to describe child sexual abuse, how would you `begin, what would you include and what would you leave out?
   If incest does not come up – ask something like 'is it common in some families for fathers and daughters to have a sexual relationship, or brothers and sisters?'

2. **Are some types of child sexual abuse more tolerated than others – why is this?** *(Social sanctioning)*
   Prompts –
   What are the different ways in which children can be abused sexually?
   Do you think that some forms of sexual contact between adults and children are less harmful than others, if so what factors make the difference?

3. **What do you think the causes of child sexual abuse are?** *(Reasons)*
   Prompts-
   Some people think there is a link between child sexual abuse and the following: level of education, men's attitude to women, poverty, alcohol, the way girls dress – what is your opinion
   What other factors may lead adults to have sexual contact with children

4. **What do you think are the effects of child sexual abuse on the child's health and well being** (*Consequences)*
   Prompts –
   Do you think it affects:
   - *School performance*
   - *Family relationships*
   - *Child self esteem and confidence*
   - *Children's behaviour*
   - *Later mental health*

5. **What can be done about it?** (*Action, empowerment)*
   Prompts-
   If you could change one thing to reduce the number of children sexually abused, what would it be?
   Do you think that this is a problem of all society, if so where does the responsibility lie for changing things
   What suggestions would you like to make to the government to deal with the problem?

Focus Group Data Analysis

Stage I - a general reading (assessment) of the transcripts for overall impressions, perspectives and themes. Make comments about the FG process and the quality of transcriptions

Stage 2 – Re-reading – weed out irrelevant issues and note any new themes that emerge

Stage 3 – Code the themes on the transcripts

Stage 4 – Record the frequency of key themes for each FG (on the Data Master)

Stage 5 – A narrative summary of each theme should be provided in which commonalities between the groups are synthesised and significant differences highlighted – the Data master will help with this.

DATA MASTER (Example)

	Anguilla	**Focus Groups/Frequency**					
CODE	THEMES	A1a	A2b	A3c	A4d	A5e	A6f
A	**Gender Relations / Gender roles in the Family**	**5**	**3**	**4**	**0**	**10**	**1**
B	**Support Systems & Coping Strategies**	**7**	**8**	**6**	**3**	**3**	**5**
C	**Incest**	**2**	**3**	**0**	**0**	**5**	**2**
D							
E							
F							
G							
H							

GUIDE TO CONDUCTING FOCUS GROUPS
(Extracted from 'Designing and Conducting Health Systems Research Projects, IDRC)

Confidentiality
Ask co-operation from the group members to keep what has been discussed confidential. If group members present very personal problems and need advice or help, this should be followed up after the FG. If possible, participants should be invited at least a day or two in advance, and the general purpose and procedures of the FG should be explained, in order to obtain their consent.

Selection of participants
If you are an outsider in the research area, you may have to rely on your key informants for the first selection of participants in FGs. Your key informants to whom you have explained thoroughly the purpose and the process of the FG might each suggest some individuals who could be invited to a focus group discussion. Note that the key informants may select persons similar to themselves so that you do not get an adequate variety of views in your discussion group. So in your explanations be sure to emphasise that you want a group of people that can express a range of views, to be able to have a proper discussion. Another way of getting participants is to conveniently select individuals in a systematic way, to try and ensure a range of views. You might, for example, ask every third or fourth person you find. This method might be more suitable in urban areas.

Physical arrangements
Communication and interaction during the FG should be encouraged in every way possible. Arrange the chairs in a circle. Make sure that there will be no disturbances, sufficient quietness, adequate lighting, etc. Try to hold the FG in a neutral setting which encourages participants to freely express their views.

Conducting the session
The facilitator should NOT act as an expert on the topic. His or her role is to stimulate and support discussion.

Introduce the session
Introduce yourself as facilitator and your co-worker (Recorder). Put the participants at ease and explain the purpose of the FG, the kind of information needed, and how the information will be used. Ensure that all participants have signed the consent form. Ask permission to use the recorder, it can help to let people hear their own voices before the session starts. You might offer drinks and allow some informal discussion before the actual session starts.

Encourage discussion
Be enthusiastic and lively and show your interest in the groups' ideas. Formulate questions and encourage as many participants as possible to express their views. Use your interpersonal skills to facilitate participation. Remember there are **no** 'right' or 'wrong' answers. **React neutrally** to both verbal and non-verbal responses.

Encourage involvement
Avoid a question-and-answer session. Some useful techniques include:
— Asking for clarification: 'Can you tell me more about. . . ?'
— Reorienting the discussion when it goes 'off the track': Saying: 'Wait, how does this relate to. . . ?'
Saying: 'Interesting point, but how about. . . ?'
Using one participant's remark to direct a question to another, for example, 'Mrs. X said . . . , but how about you, Mrs. Y?'

— When dealing with a dominant participant, avoiding eye contact or turning slightly away to discourage the person from speaking, or thanking the person and changing the subject.
— When dealing with a reluctant participant, requesting his/her opinion, making more frequent eye contact to encourage his/her participation.

Deal correctly with **sensitive issues**. If you notice that the discussion stops when dealing with a sensitive topic, you could ask participants to anonymously write down their responses or opinions on the topic. Alternatively, you could summarise for the group some of the opinions from previous focus group discussions, focusing on one or two major contrasting opinions. Still another strategy is to form sub-groups, and to get a member of the sub-group to summarise and present the opinions of their sub-group members after which the whole group can still discuss these opinions.

Build rapport, empathise
Observe non-verbal communication. Ask yourself, 'What are they saying? What does it mean to them?' Be aware of your own tone of voice, facial expressions, body language, and those of the participants. Brief the Recorder to observe and provide feedback on non-verbal communication and the dynamics of the group.

Avoid being placed in the role of expert
When asked for **your** ideas or views by a respondent, remember that you are not there to educate or inform. Direct the questions back to the group by saying: 'What do you think', 'What would you do?' Set aside time, if necessary, after the session to give participants the information they have asked for. Do not try to comment on everything that is being said. Don't feel you have to say something during every pause in the discussion. Wait a little and see what happens.

Control the rhythm of the meeting, but in an unobtrusive way
Listen carefully, and move the discussion from topic to topic. Subtly control the time allocated to various topics so as to maintain interest. If participants spontaneously jump from one topic to another, let the discussion continue for a while since useful additional information may surface; then summarise the points brought up and reorient the discussion.

Take time at the end of the meeting to summarise, check for agreement and thank the participants
Summarise the main issues brought up, check whether all agree and ask for additional comments. Thank the participants and let them know that their ideas have been a valuable contribution and will be used for planning the proposed research, intervention, or health education materials.

Listen for **additional comments** and spontaneous discussions which occur after the meeting has been closed.

INTERVIEW GUIDE - POLICY-FOCUSED INDIVIDUAL INTERVIEWS (complete for each respondent)

Country ID#:_____

Interview #:_____

Date of Interview:_____

Gender of Informant_____

Questions

1. Please can you describe your role in the agency and any specific responsibilities you have for child protection

2. What are the main Ministries/government departments involved in child protection

3. What are the main laws that you work within in respect of child sexual abuse

4. What are the main strengths of these laws

5. What are the main limitations

6. Are decisions about protecting children from sexual abuse underpinned by clear policies and procedures? Can you give some examples

7. Child prostitution is increasingly linked to tourism – in what ways might policy on tourism protect children and adolescents

8. Are there any benefits in involving children and families in formulating child protection policy – if so can you give some examples

9. Which of the statements below do you consider to be more true:

    a) *'We have good child protection laws and policies but ineffective implementation'*
    b) *'We have poor child protection laws and policies but effective implementation systems'*
    c) *'We have poor child protection laws and policies and ineffective implementation'*
    d) *'We have good child protection laws and policies and effective implementation systems'*
    e) *'We have competent practitioners but weak policies'*

10. Who are the key players who can influence the child sexual abuse situation and in what ways?

11. How might the information from this study be used to strengthen child protection laws and policies – can you give one example of a change that you might make yourself

INTERVIEW GUIDE- PRACTICE-FOCUSED INDIVIDUAL INTERVIEWS (complete for each respondent)

Country ID#:_____

Interview #:_____

Date of Interview:_____

Gender of Informant_____

Questions

1. Please can you describe your role in the agency and how this links to child sexual abuse
2. What forms of child sexual abuse do you most commonly come across
3. Are there evolving trends in child sexual abuse and if so what are they
4. What are the factors that contribute to child sexual abuse
5. Are there known and/or perceived 'communities' exploiting children sexually and if so who are they and what contributes to their survival?
6. Are some types of child sexual abuse more tolerated in society than others, if so what are they and for what reasons
7. Please consider the following scenario:

   'A 14 year old girl states that her father has been having sex with her for several years and has now turned to her eleven year old sister. The children's mother is a nurse and works away and father is the main caregiver'

   a) *Please can you talk me through the procedures you would follow to respond to this situation*
   b) *Would the response be different if the 14 year old was a boy, if so in what ways*
   c) *Would the response be different if the person having sex with the 14 year old girl was her 17 year old brother, if so in what ways*

8. What are the main strengths that you bring to your role
9. What are the main challenges to you in carrying out your role
10. Which of the statements below do you consider to be more true:

    d) *We have good child protection laws and policies but ineffective implementation*
    e) *We have poor child protection laws and policies but effective implementation systems*
    f) *We have poor child protection laws and policies and ineffective implementation*
    g) *We have good child protection laws and policies and effective implementation systems*
    h) *We have competent practitioners but weak policies*

11. Who are the key players who can influence the child sexual abuse situation and in what ways
12. How might the information from this study be used to improve child protection practice – can you give one example of a change that you might make yourself

FRAMEWORK FOR NARRATIVE INTERVIEWS

Narrative Interviews will be carried out with five informants in three of the participating countries: Grenada, Barbados and Montserrat. The main purpose of the interviews will be to elicit information about resilience and coping strategies in dealing with the effects of child sexual abuse.

Theoretical Rationale for Narrative Interviews

'Sociology has become the science of the interview…The Interview is (the Sociologist's) tool…The Interview is not just the means for collecting data but (is) itself a site for the production of data and has become a focus for enquiry in its own right…Over the past twenty years there has been a dramatic increase in interest in narrative among those adopting qualitative approaches to research. In particular it has been suggested that allowing respondents to provide narrative accounts of their lives and experiences can help to redress some of the power differentials inherent in the research enterprise and can also provide good evidence about the everyday daily lives of research subjects and the meanings they attach to those experiences'. (Benney and Hughes, 1956.)

Naturalist or Realist Approach: Seeks rich descriptions of people as they exist and unfold in their natural habitats. Belief that the social world is in some sense 'out there', an external reality available to be observed and described by the researcher. Emphasis is on 'what' questions. (What is happening to people? What experiences have they had? What does it mean to them?)

Constructivist or Ethnomethodological Approach: Focus on how a sense of social order is created through talk and interaction. Belief that the social world is constantly 'in the making' and therefore the emphasis is on understanding the production of that social world. This approach requires a much greater sensitivity to the interpretive procedures through which meanings are achieved within the interaction between interviewer and interviewee. Emphasis is on 'how' questions. (What does a social activity consist of and how is that activity recognisably produced?)

In Mishler's Research Interviewing : Context and Narrative, 1986, he argues that…many forms of research interviews suppress stories either by 'training' the interviewee to limit answers to short statements, or by interrupting narratives when they do occur. …There has been a tendency to suppress stories or to treat them as problematic in the analysis phase of research.

'By enabling women to tell their own stories and creating a context in which they felt comfortable exploring their feelings and their experiences, I was able to learn more about those aspects of their lives which crucially affect their chances of success…' (Smith, 1996)

'Participants were encouraged to talk about what they felt was most important and to frame this in whatever ways seemed most appropriate to them.' (Cox, 2003)

Sampling

Interviewees should be selected through purposive and/or snowball sampling. Criteria for inclusion are:

- The person is willing to share his/her story
- The person has a personal story of child sexual abuse that he/she wishes to share – please note this may relate to the interviewee directly or someone that the interviewee knows

Exclusion criteria:

- No-one under the age of 18 should be interviewed
- The narrative should relate to experiences of child abuse and not stories of the perpetration of child abuse

INTERVIEW GUIDE- NARRATIVE INTERVIEWS (complete for each respondent)

Country ID#:

Interview #:

Date of Interview:

Gender of Informant:

1. Ask the right questions. It is useful to start a narrative interview by saying something like *'Can you tell me about the time in your life when …' or, 'As you know, this study is about child sexual abuse, are there any particular experiences or thoughts you want to share…'* or, if it appears that more sensitivity is needed before launching into personal experiences, you might say something like… *'What is the most important thing you think needs to happen to protect children from abuse'* – you can then follow this up by saying something like… *'What has led to you forming these views'.*

2. Encourage respondents to speak in their own voices.

3. Empower – people survive abuse, most abuse survivors do not become dysfunctional and most abuse survivors do not become child abusers themselves – this means that people have strengths and resilience – the interview should help to identify these aspects of people's experiences (without minimising distress).

4. Use everyday rather than sociological language

5. Ask straightforward and simple questions that clearly relate to the interviewees life experiences, rather than asking questions that most interest the interviewer

6. Ask about specific times and experiences, rather than about the respondent's general life over a long period of time.

7. Listen well.

    - Avoid interrupting a story because you think it is irrelevant to your purpose.
    - Avoid 'training' the interviewee to give 'appropriate' responses.
    - Do not impose a rigid structure on the interview by asking a standardized set of questions.
    - Use your own body language to indicate engagement and interest but do not 'leak' body language e.g. showing shock or disapproval

8. Be careful about divulging information about yourself – while you might wish to do this to establish empathy, the interviewee may feel over-loaded if you share personal experience

9. Set the time lines from the beginning. Say how long you expect the interview will last.

10. Record Interviews. This allows the Researcher to focus on the Interviewee, rather than on taking notes or trying to remember stories.

11. Make sure that you bring the interview to an end properly – i.e. do not leave the interviewee in a distraught state and leave enough time at the end of the interview for the person to gather themselves together emotionally.

12. Give the interviewee a copy of the National Response Team information

13. Thank the interviewee for his/her time

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