



University of HUDDERSFIELD

University of Huddersfield Repository

Jones, Adele and Trotman Jemmott, Ena

Child Sexual Abuse in the Eastern Caribbean: Issues for Dominica. The report of a study carried out across the Eastern Caribbean during the period October 2008 to June 2009

Original Citation

Jones, Adele and Trotman Jemmott, Ena (2009) Child Sexual Abuse in the Eastern Caribbean: Issues for Dominica. The report of a study carried out across the Eastern Caribbean during the period October 2008 to June 2009. Research Report. University of Huddersfield, Action for Children and UNICEF.

This version is available at <http://eprints.hud.ac.uk/id/eprint/9618/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

<http://eprints.hud.ac.uk/>

Child Sexual Abuse in the Eastern Caribbean

Issues for Dominica

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

Adele D. Jones and Ena Trotman Jemmott



Perceptions of, Attitudes to, and Opinions on 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.

Research Team

Adele D. Jones
Ena Trotman Jemmott
Ijahnya Christian
Denise Tannis
Cisne Pascal
Jacqueline Sealy-Burke
Hazel Da Breo
Sheron Burns
Priya Maharaj

The study emerged out of the UNICEF/Governments of the Eastern Caribbean Programme of Cooperation 2008-2011 and was a joint programming initiative (UNICEF/UNIFEM together with stakeholders from the region) aimed at reducing sexual violence against children. The study was partially funded by the Department for International Development (DfID) to support the inclusion of countries designated as British Overseas Territory.

Dominica Country Report

In addition to an overall project report, a report focusing on each of the participating countries is provided. Country reports contain the same general information where it pertains to all countries, but in relation to the results from focus groups and key informant interviews, only country-specific findings are reported since it was through this aspect of the study that views, concerns and challenges particular to Dominica were revealed.

ACKNOWLEDGEMENTS	4
ACRONYMS AND ABBREVIATIONS.....	7
CHAPTER ONE EXECUTIVE SUMMARY	8
CHAPTER TWO INTRODUCTION.....	20
CHAPTER THREE REVIEW OF RELEVANT LITERATURE.....	22
CHAPTER FOUR RESEARCH PURPOSE AND OBJECTIVES	46
CHAPTER FIVE DEFINITIONS.....	49
CHAPTER SIX RESEARCH METHODOLOGY.....	61
CHAPTER SEVEN RESULTS: COMMUNITY SURVEY	75
CHAPTER EIGHT RESULTS: SURVIVORS VOICES.....	100
CHAPTER NINE RESULTS: FOCUS GROUPS AND INTERVIEWS ..	115
CHAPTER TEN OVERVIEW OF RESULTS	127
CHAPTER ELEVEN RECOMMENDATIONS.....	150
CHAPTER TWELVE REFLECTIONS.....	168

Acknowledgements

We express our thanks first and foremost to UNICEF (Barbados and Eastern Caribbean Office) for commissioning the study and to the Department for International Development (UK) for funding the participation of (British) overseas territories.

This study would not have been possible without the support of a great many people. As we prepared the groundwork for the research, we were struck by the willingness of the governments we approached to participate in a study that was bound to reveal some distressing and unpalatable truths. Through the offices of their respective Permanent Secretaries, these governments ensured that Ministerial staff at the highest level engaged in the research process and facilitated access to key informants and agencies. Thank you to the governments of:

- Anguilla
- Barbados
- Dominica
- Grenada
- Montserrat
- St Kitts and Nevis

In addition to a highly skilled research team, we were fortunate to be able to call upon the expertise of the Advisory Group who provided excellent guidance and support especially in establishing the ethical parameters for the study. Advisory Group members were:

Mrs. Toni Burrowes-Cromwell (Action for Children)
Mr. Shaun Kelly (Action for Children)
Mr. Ian Warwick (The University of Huddersfield)
Dr. Bernard Gallagher (The University of Huddersfield)
Ms Heather Stewart (UNICEF, Barbados and Eastern Caribbean Office)

A key aspect of the ethical imperative for the study was the establishment of National Response Teams for each country. These teams comprised volunteer counsellors whose role was to support persons affected by the psychological impact of the study and to facilitate the follow up of concerns revealed during the process regarding children at risk of child sexual abuse. Our sincere thanks to you all:

Mrs. Vanta Walters
Ms. Marlene D. Liburd
Dr. Oluwakemi Linda Banks
Mrs. Patricia Beard
Dr. Samuel Daniel
Dr. Phyllis Fleming-Banks
Rev. Dr. Beatrice Ruth Allen
Mr. Eugene D Skerritt
Mrs. Teresena Y Fergus
Mr. Toney Allen
Mrs. Carol Mungo Sweeney
Mrs. Ava Roach

Dr. Griffin Benjamin
Mrs. Patsy Letang
Ms. Curlin Alexis
Ms. Kriss Davies
Mr. Benny Languine
Ms. Sophia Grant
Ms. Ruth Parris
Mr. Sean Pilgrim

We also wish to express our appreciation to Mrs. Yolanda Harvey of Action for Children (Barbados), Ms. Kirsty Thomson and Mrs. Sue Hanson (both of The University of Huddersfield, UK) for their excellent administrative support. We would also like to thank Mrs. Vikki Raistrick who stepped in at short notice and undertook the mammoth task of proof-reading the final report.

Lastly, we owe the greatest debt of gratitude to the people of Anguilla, Barbados, Dominica, Grenada, Montserrat, and St. Kitts and Nevis who shared their views, experiences and suggestions. Your willingness to shatter the collusion of silence on child sexual abuse is testimony not only to your concern for the region's children but also to your belief in change. Men and women from all age groups, professional backgrounds and walks of life came forward to talk to us. Especially courageous were those among you who are yourselves survivors of child sexual abuse. We were humbled by your resilience and your openness to talk about the trauma you had suffered, especially as this caused you much pain. We know that you shared these personal revelations so that children in the future will be better protected from child abuse. Thank you.

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

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
<i>Regional Strategic Plan for Building Abuse-free Childhoods</i>	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 <i>Regional Strategic Plan for Building Abuse-free Childhoods</i>	Long term	CARICOM, government departments, NGOs and International development partners, stakeholder groups

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 *social 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.

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, Childdata, 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).

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.

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

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 (Finkelhor, 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 Finkelhor'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 Finkelhor'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 Molitor, 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 CSEC 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 CSEC 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-victimisation 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 its 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 report¹ 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 others³ 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)

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

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

(IOM, 2005. 1)

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

<i>Country</i>	<i>Signed</i>	<i>Ratified</i>
Bahamas	9 th April 2001	No
Barbados	26 th September 2001	No
Guyana	No	No
Jamaica	13 th September 2002	29 th September 2003
Netherlands Antilles	12 th 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)

<i>Country</i>	<i>Signed</i>	<i>Ratified</i>
Bahamas	No	No
Barbados	No	No
Guyana	No	No
Jamaica	8 th September 2000	No
Netherlands Antilles	7 th September 2000(via Neth.)	No
St Lucia	No	No
Suriname	10 th 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. Gilbert⁴ (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 of 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 countries 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	v
St. Kitts and Nevis	39,349	Predominantly African Caribbean	No	Tourism-based economy- fragile economy	Stable	22 April 2003	v	OECS legal reform	
St. Lucia	170,649	Predominantly African Caribbean	No	Tourism-based economy	Stable but some political turmoil	22 May 2003	v	OECS legal reform	
St. Vincent and the Grenadines	118,149	Predominantly African Caribbean	No	Tourism-based economy	Stable	17 June 2003	v	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	v	OECS legal reform programme by special request	v

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.

DOMINICA

The Commonwealth of Dominica is one of the Windward Islands. A volcanic island covering 750 sq km (46 km in length), Dominica lies between Guadeloupe to the north and Martinique to the south. The population of Dominica was estimated in 2006 as being 72,400, with most people being of African and mixed African/European descent with European, Syrian and Carib minorities. There is a Carib reserve in the east of the island, referred to as the Carib Territory. Dominica's economy is vulnerable, much of the land is mountainous and less than 25% of the country is under cultivation and there is a heavy reliance on the production and export of bananas. The location of the country also makes it vulnerable; it has been regularly subjected to severe storms and hurricanes which have devastated crops and undermined the economy even further. Over the last three decades, successive governments have attempted to diversify the economy and there has been a steady growth in tourism
http://www.thecommonwealth.org/YearbookInternal/179270/further_information.

The Policy and Legislative Framework for Child Protection

The laws and human rights reports that are relevant for the protection of children in Dominica are as follows:

1. 1998 Sexual Offences Act
2. Children and Young Persons (Amendment) Act, 1995
3. Children and Young Persons Act, Chapter 37\;50
4. Children and Young Persons Welfare Act, Chapter 37:51
5. CRC Initial State Report, 2003
6. CRC Concluding Observations, 2004
7. Dominica NGO Report on the CRC, Christian Children's Fund, 2003

(Social Policy Mapping for Children in the Eastern Caribbean, UNICEF 2007, <http://www.dominica.gov.dm/laws/index.php?k=children>)

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).

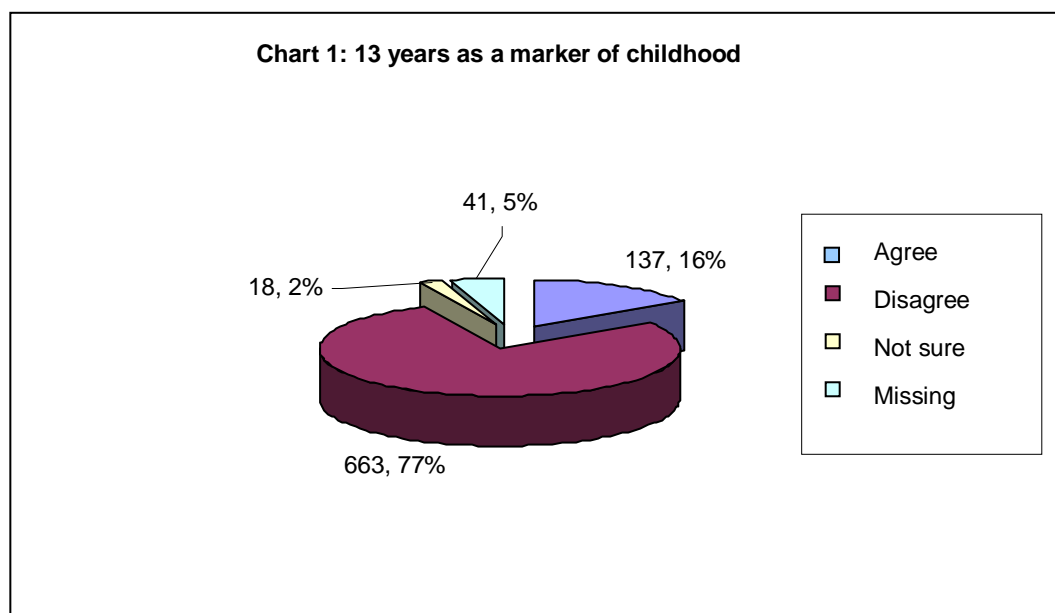
PAOQ respondents' comments on childhood were as follows:

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.

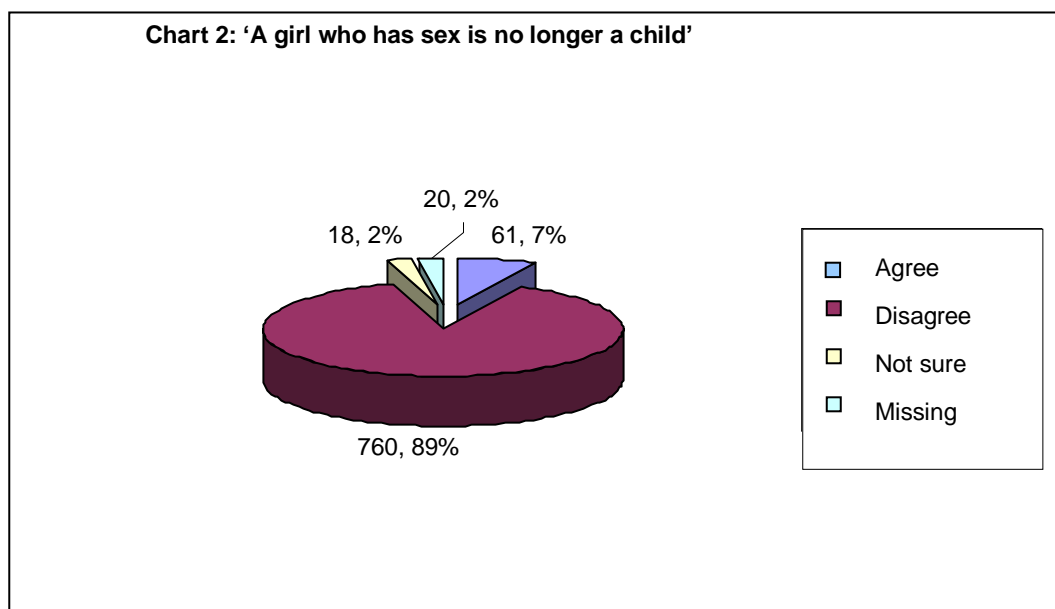
Girls at puberty - When asked whether commencing menstruation marked the end of childhood for girls, most people (82.2%, 706) did not agree with this although 13.5% (116) either did think this or were not sure.

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

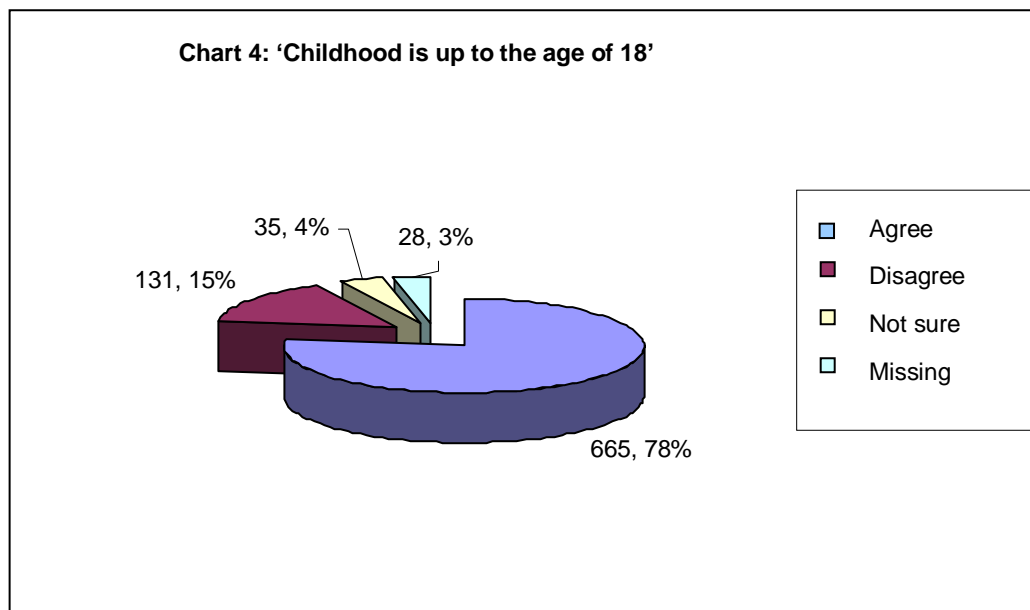
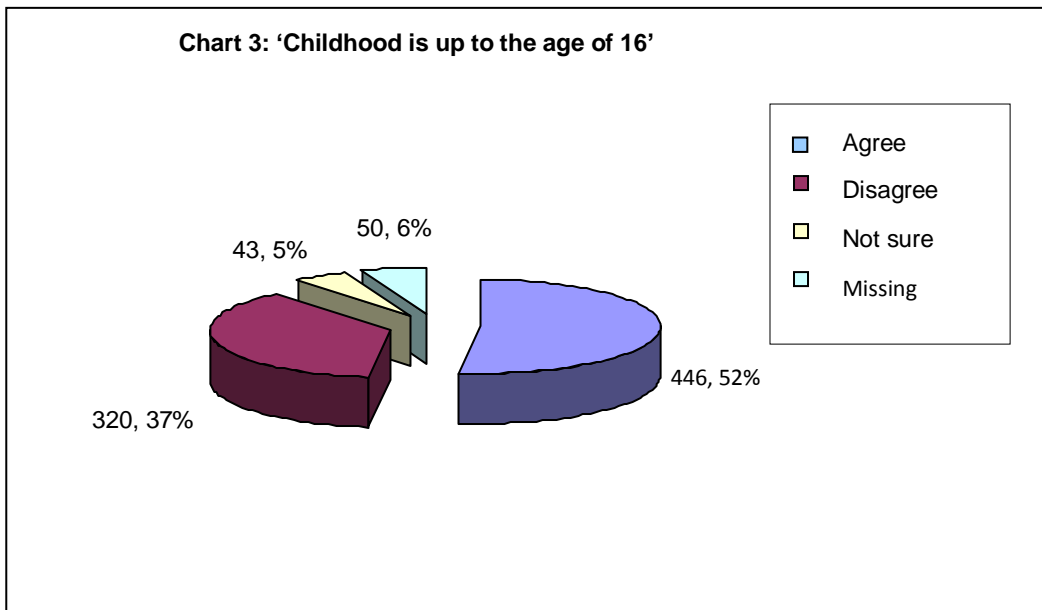
We explored people's perceptions about whether childhood status was considered to have ended if a child had had sexual experience. Most respondents did not agree with this. When asked to comment on the statement: 'A girl who has sex is no longer a child', 88.5% (760) people did not agree, 7.1% (61) *did* 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!

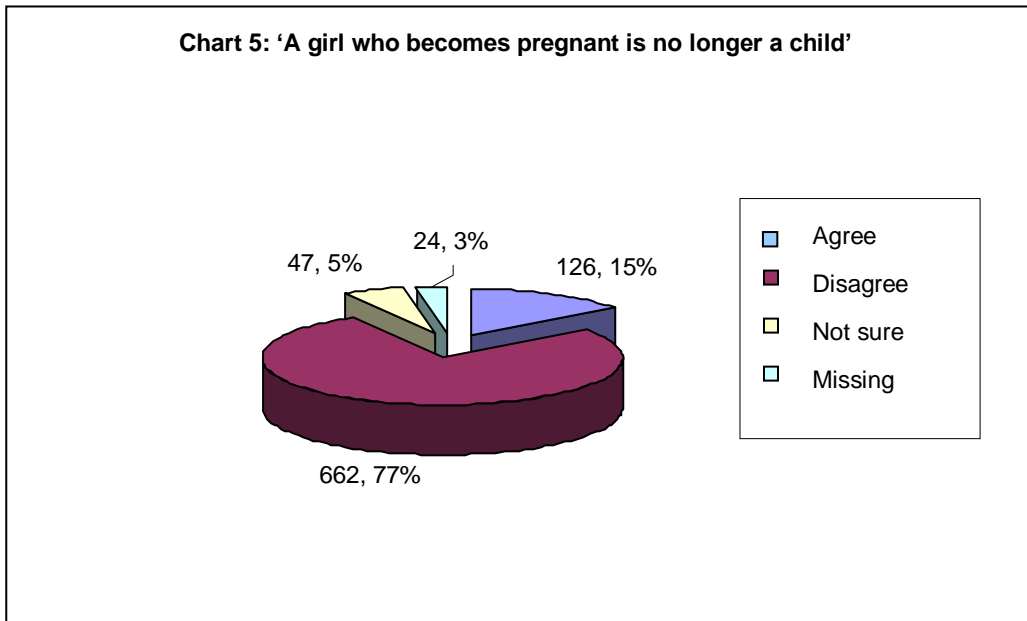
Age was the clearest marker of childhood for most respondents. For just over half of the respondents (51.9%, 446) the end of childhood is reached once the child is 16 years of age, although 37.3% (320) did not agree with this, 5% (43) were not sure and 50 people did not answer the question. When asked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



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:

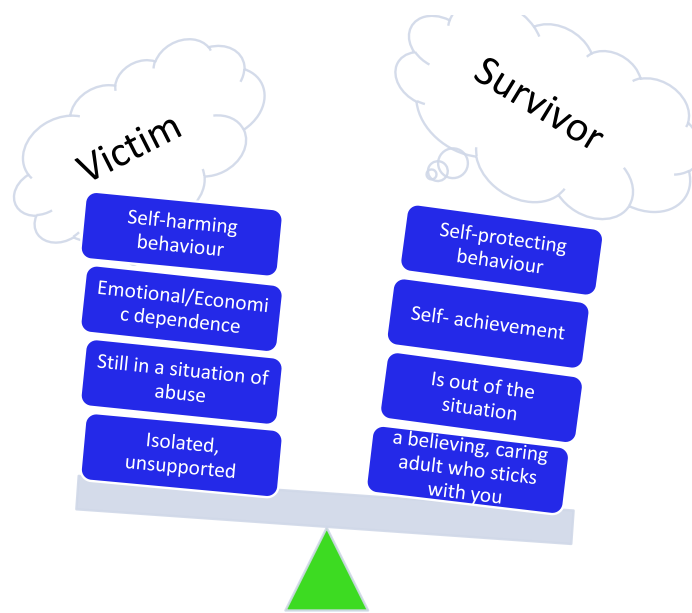
- The term 'violence' implies physical pain or hurt – some abusers *do* inflict pain, even severe pain; however for many children the pain is emotional and psychological – the harm that is done may not be immediately visible and children may have difficulty relating to a term that does not reflect the 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-victimised. 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 your 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
<p>Increase understanding of the perceptions and behaviours associated with child sexual abuse, including incest within the cultural contexts of the Eastern Caribbean region</p>	<ul style="list-style-type: none"> • Review of literature and other studies • Stakeholder analysis and participation • Focus groups • General Population Survey • In-depth structured interviews with key informants
<p>Increase research capacity in the Eastern Caribbean into issues affecting children with particular emphasis on:</p> <ul style="list-style-type: none"> • qualitative methodologies • inter-disciplinary research 	<ul style="list-style-type: none"> • 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 • 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
<p>Provide baseline data on perceptions on the scale of the problem within the region</p>	
<p>Investigate the manifestations of child sexual abuse across diverse ethnic, religious, and socio-economic groups</p>	<p>Qualitative research with young adults (18+), professionals and the general public</p>
<p>Sensitise stakeholders to the socio-cultural and psychosocial issues underlying child sexual abuse</p>	<ul style="list-style-type: none"> • Through research process • Timely dissemination of emerging findings • Project Report
<p>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</p>	<ul style="list-style-type: none"> • Engagement with the research process • Stakeholder participation
<p>Identify inter-country and country-specific policies and strategies for reducing child sexual abuse</p>	<p>Mapping, analysis and review of country-specific legislative, policy and planning documents</p>
<p>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</p>	<ul style="list-style-type: none"> • Research process • Research findings • Operational policy recommendations • Stakeholder participation
<p>Make recommendations for the development of relevant policy, protocols and programming</p>	<ul style="list-style-type: none"> • 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

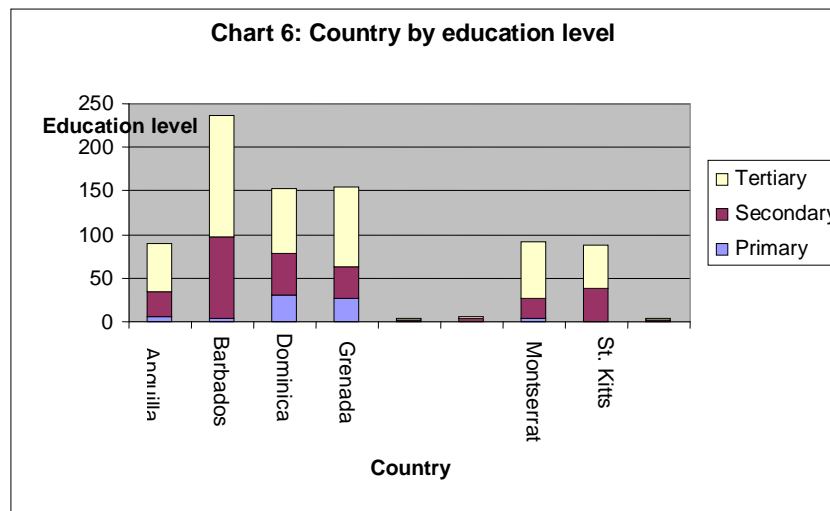
Using a multi-staged cluster sampling method, the study was designed to obtain the views of a cross-section of the population within each country. A total of 859 informants completed the questionnaire. The numbers of respondents for each country were proportionate to the size of population. Two methods 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

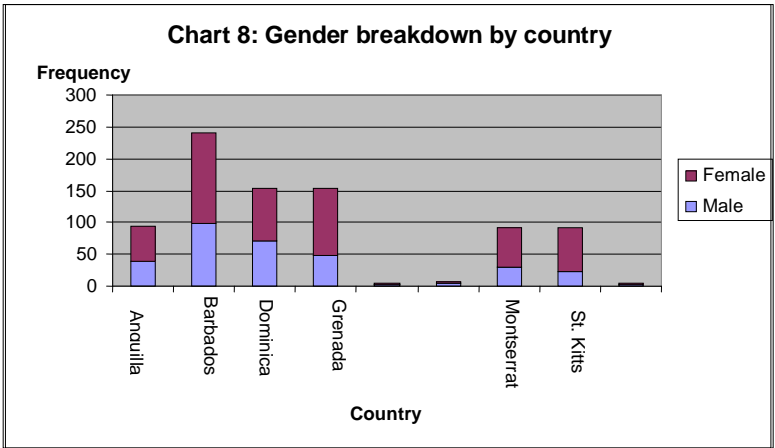
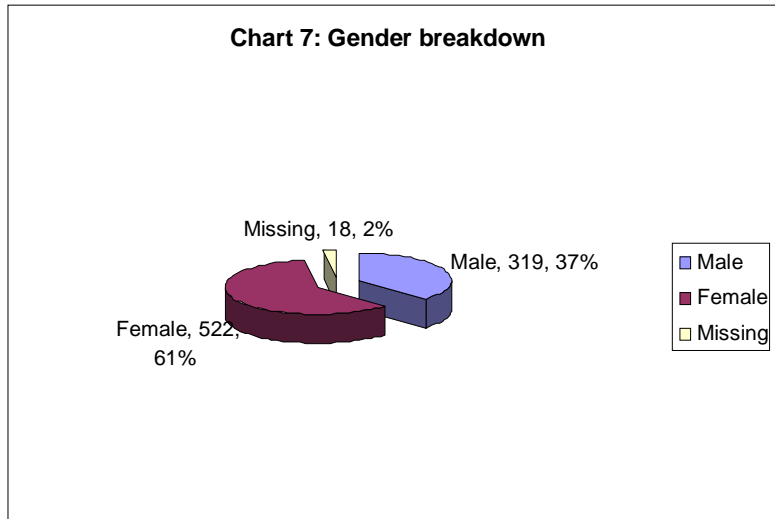
inequalities in educational opportunity. Of particular note is the number of respondents as a proportion of overall responses in Dominica and Grenada who had not had education beyond primary level (N=30 and 26 respectively).



Gender

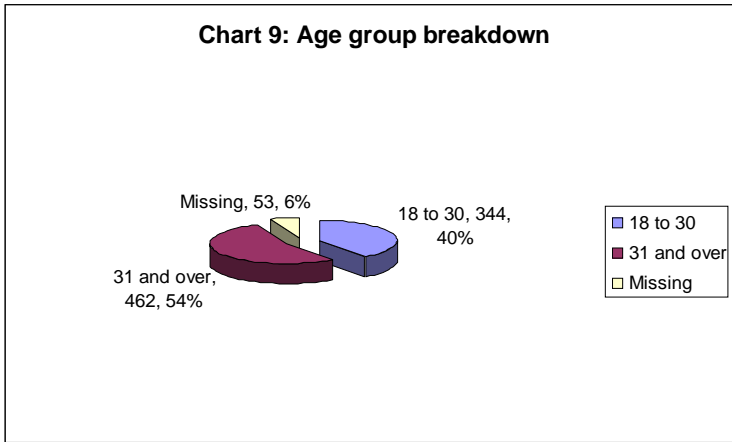
Although we had aimed for an equal representation of men and women, 37.9% (N=319) of respondents were male and 62.1% (N= 522) were female. There were several factors which affected the involvement of men:

- 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

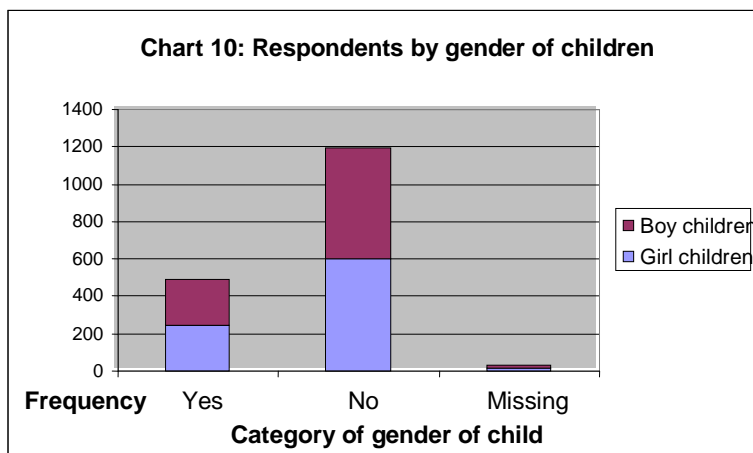
The study aimed to get the views of adults (persons aged 18 years and above) and to achieve a balance of younger and older persons. Respondents aged 18-30 were 42.7% (N=344) of the total, 53 respondents did not give their age and respondents 31 years and over comprised 57.3% (N=462) of the total (see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



Parenting Status

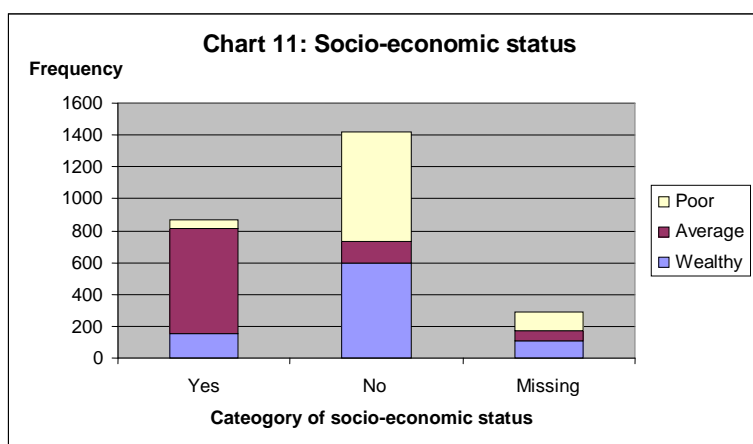
29.2% of the respondents had children (under the age of 16) and 70.8% either had no children or had older children (over the age of 16 years). We felt it was important to insure that parents of both girls and boys were included in order to ensure that no systematic bias was introduced into the results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

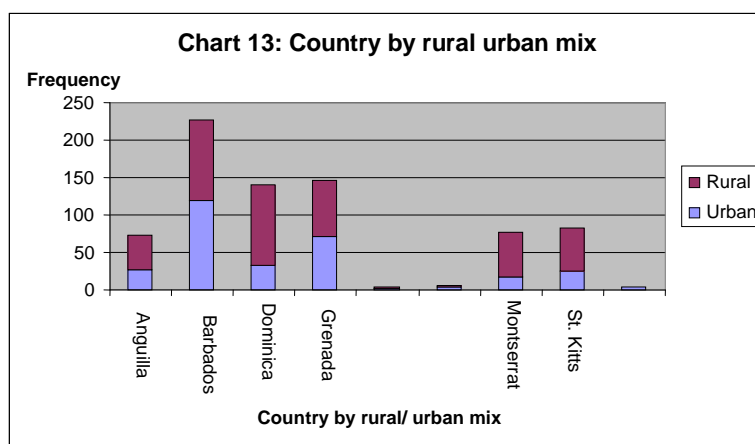
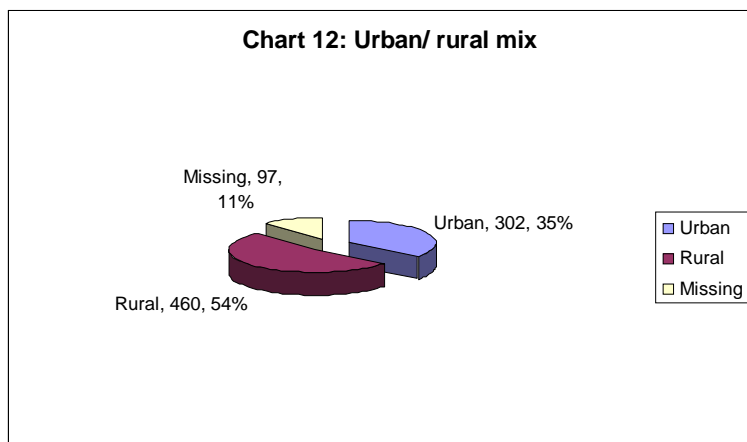
The main breadwinners within the households of respondents reflected a range of occupations (see chart seven). The largest category was professional workers (30.2%, N=234), followed by self-employed persons (14.2%, N=110), managerial (13.6%, N=106), and clerical workers who represented 9.7% (75) of the 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 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.

CHAPTER SEVEN - RESULTS

Community Survey of Perceptions, Attitudes and Opinions

COMMUNITY SURVEY OF PERCEPTIONS, ATTITUDES AND OPINIONS - REGIONAL OVERVIEW

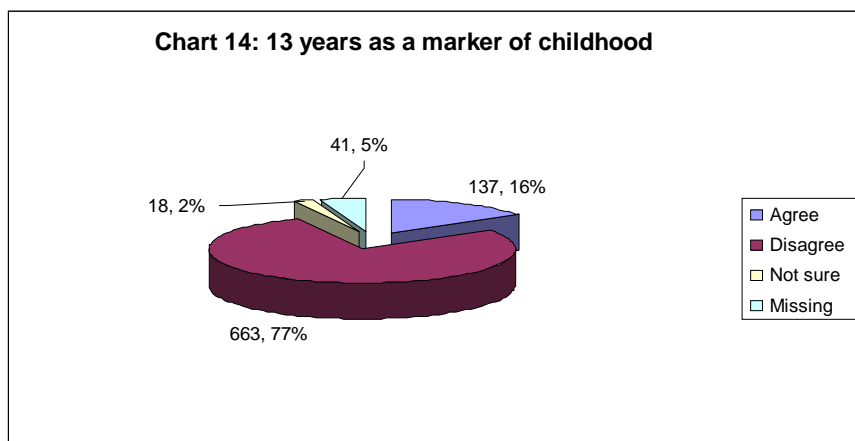
The data from the community survey were analysed using SPSS (version 16) and the major findings were cross-tabulated with key variables: country; socio-economic status; urban/rural dwellers/gender; age (18-30 and over 30 years); whether the respondent had children (under the age of 16 years); level of 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.

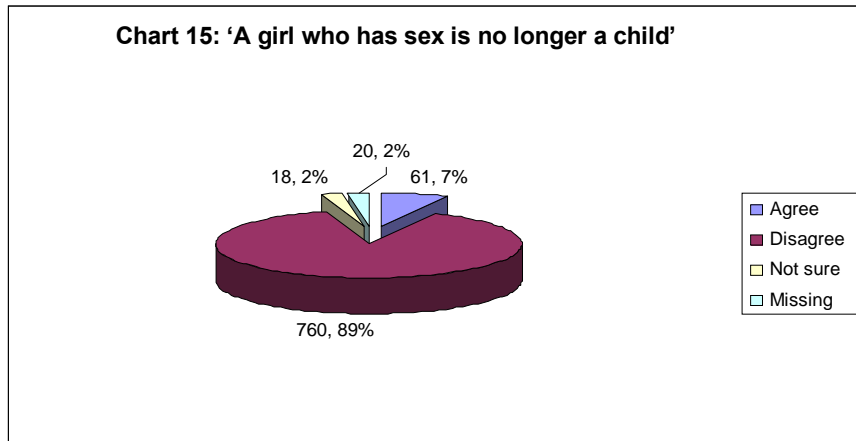
'I do not consider anyone over the age of 13 to still be a child'

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.



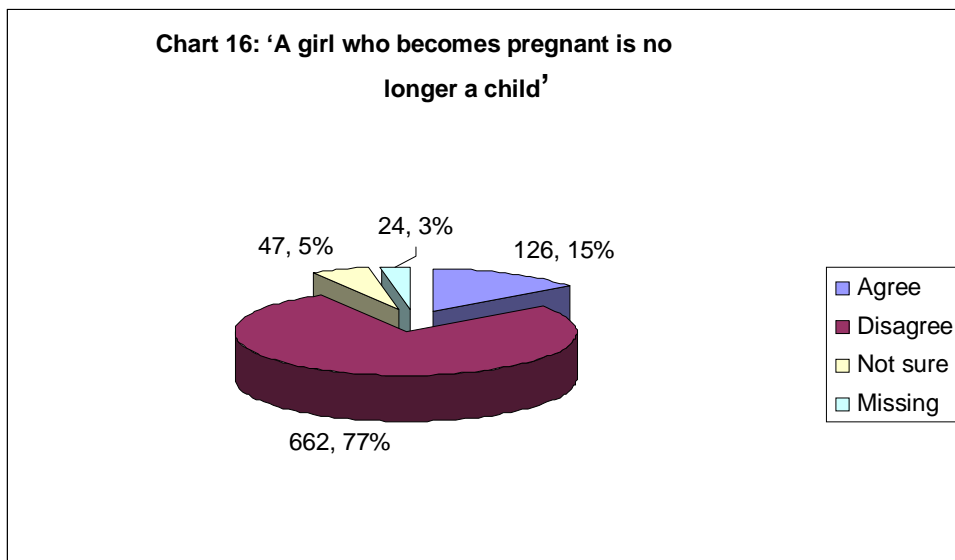
'A girl who has sex is no longer a child'

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'

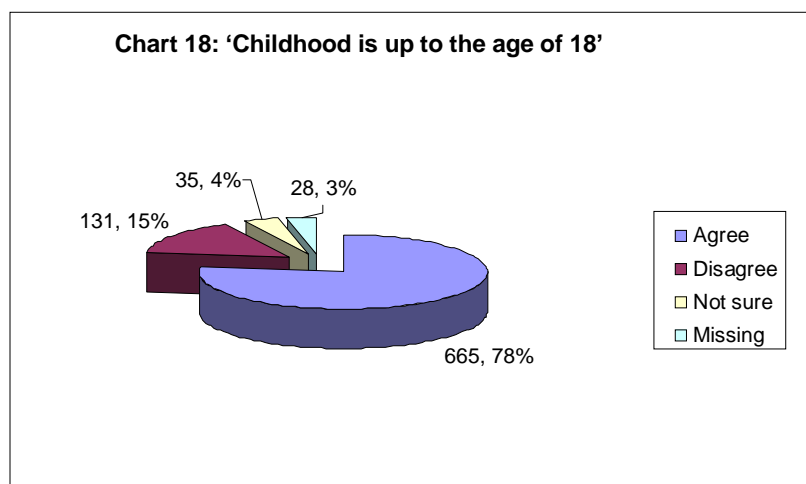
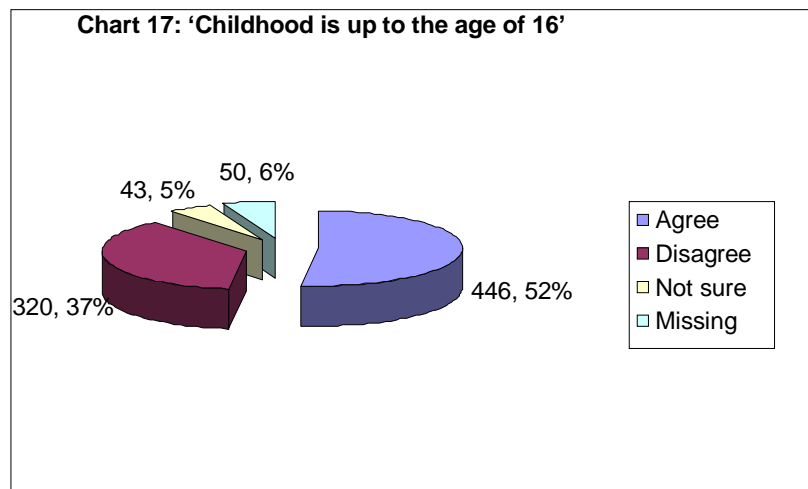
While sexual activity was not considered a particularly significant marker of childhood, if the sexual experience led to pregnancy, then this was a different matter. Once a girl became pregnant, twice as many people (14.7%, N=126) thought this marked the end of childhood than if she had had sex without 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:

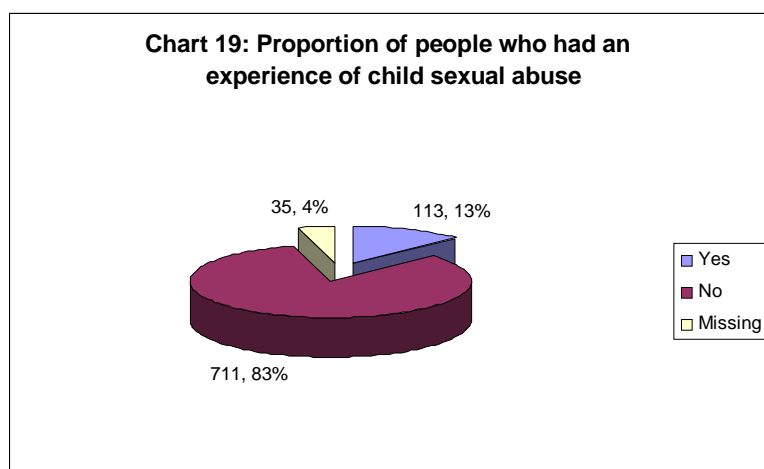
- In small societies anonymity and confidentiality cannot be assured
- In small societies the perpetrator may be in a position of power or is likely to know someone who is and may be able to influence the outcome of a report
- The procedures for dealing with reports, systems for monitoring abuse and 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.



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.

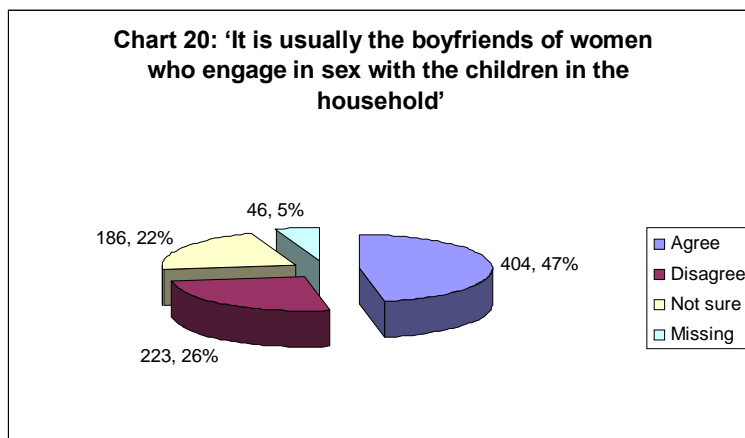
Most respondents (65.5%, N=563) believed that the most likely perpetrators of child sexual abuse are the child's parents, although 11.3% (N=97) did not agree with this, and 17.9% (N=154) were not sure. When asked whether the most likely perpetrators were other family members, the responses were more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

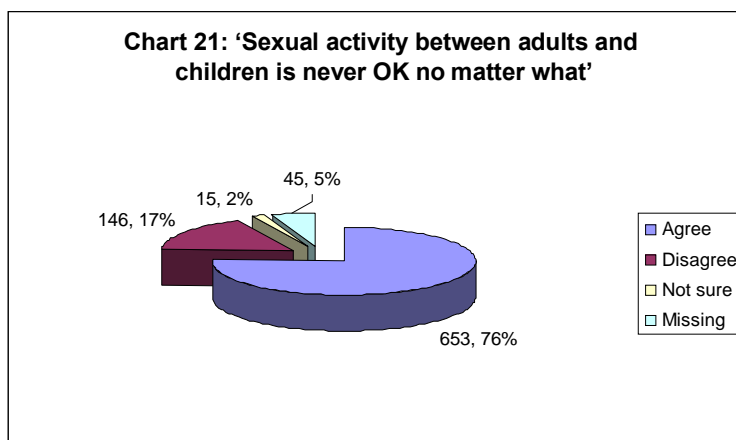


'Women sometimes turn a blind eye when their partners have sex with children in their families'

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.

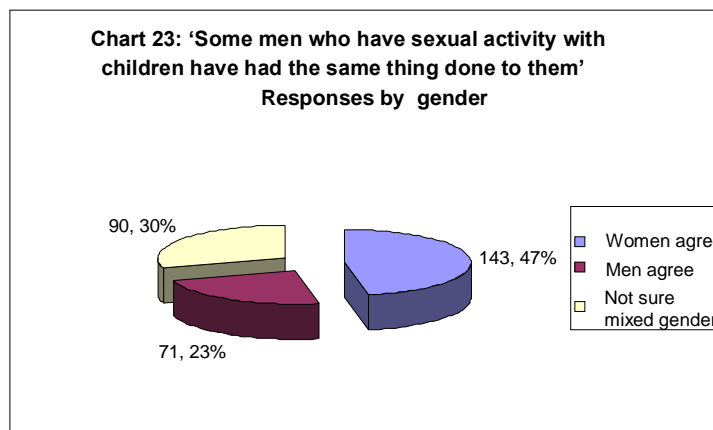
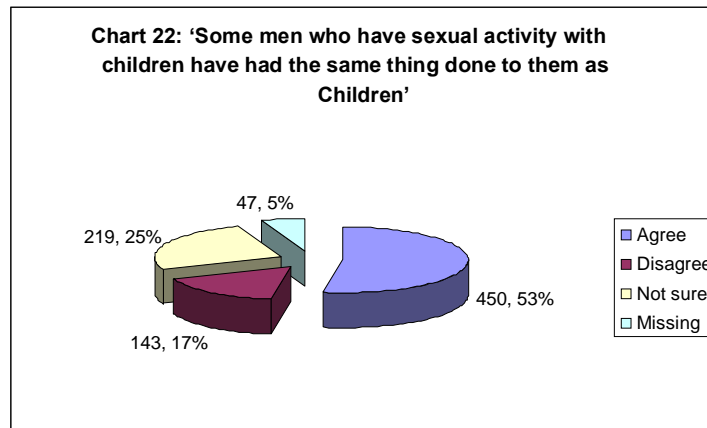
'Sexual activity between adults and children is never OK no matter what'

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

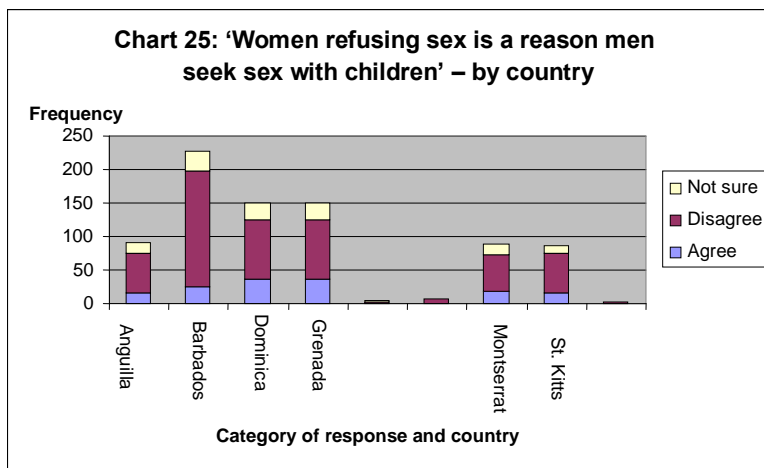
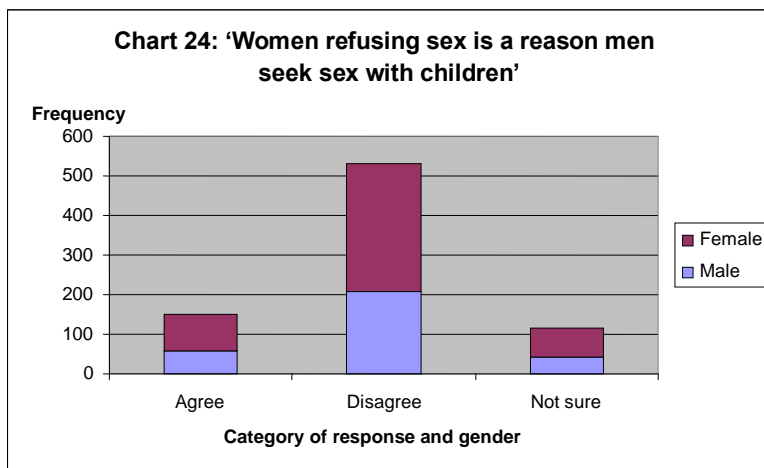
'As it is a man's role to provide for his children, it should be up to him to decide when it's OK for his children to be involved in sex'.

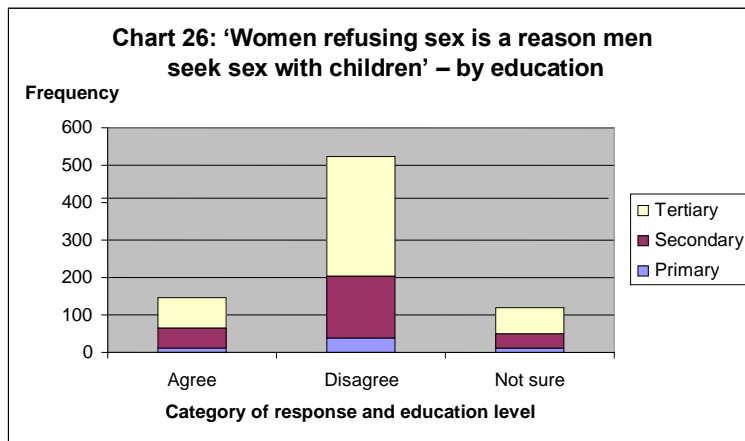
We wanted to examine the links between patriarchal values and child sexual abuse. We asked respondents to comment on the statement: *'As it is a man's role to provide for his children, it should be up to him to*

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'

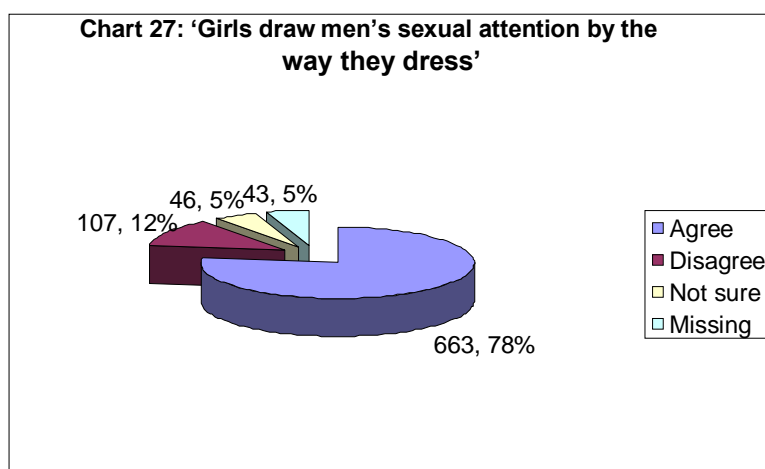
In the stakeholder consultation sessions, frequent comments suggested that blame attribution was often directed to women. While this view was not on the whole held by the people consulted, it was stated that this was a common perception that needed further exploration. Most people (62.6%) did not accept 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).

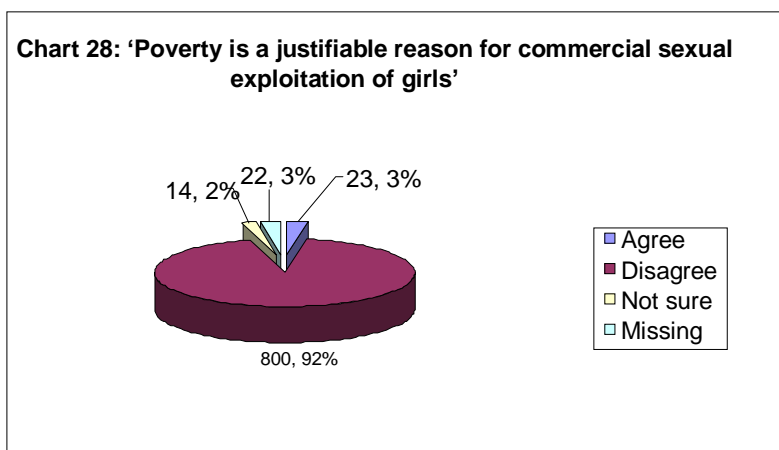


It was not clear whether respondents perceived this as a fact or whether it was their view that girls may in some way be contributing to their own abuse because of the way they dress. However, a further question helped to clarify things - respondents were asked to comment on the statement: *'Men view 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.

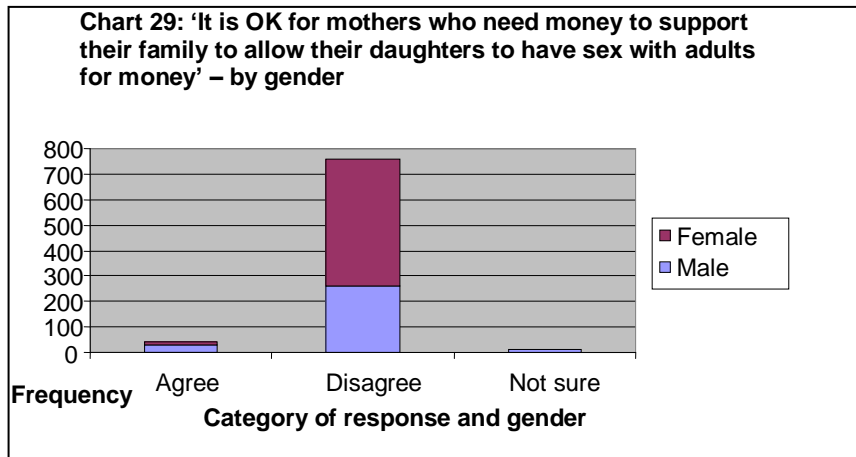
Commercial sexual exploitation of girls – Transactional Sexual Abuse

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.



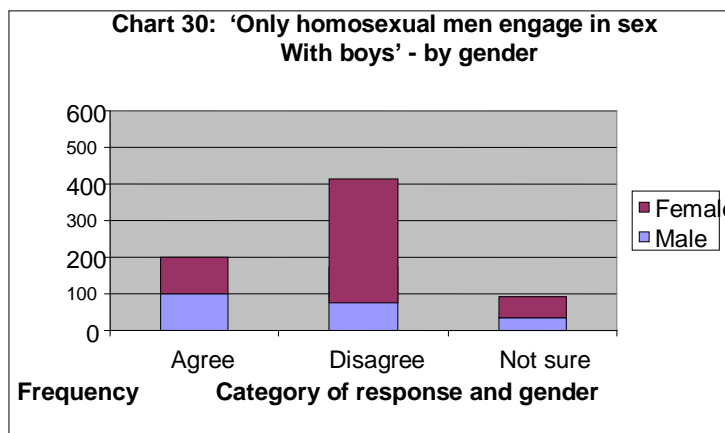
'It is OK for mothers who need money to support their family to allow their daughters to have sex with adults for money'

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?’

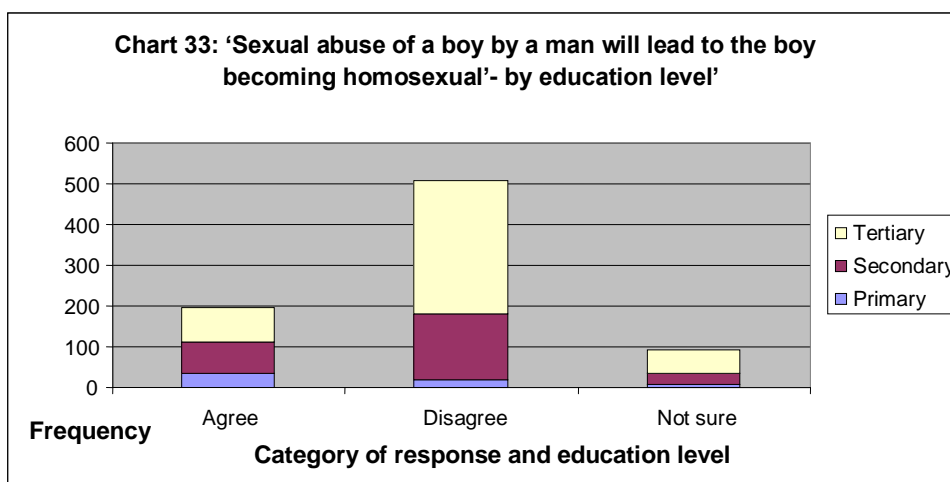
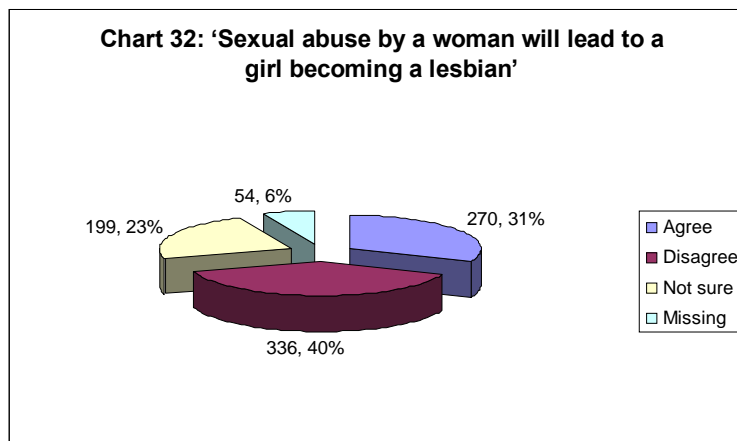
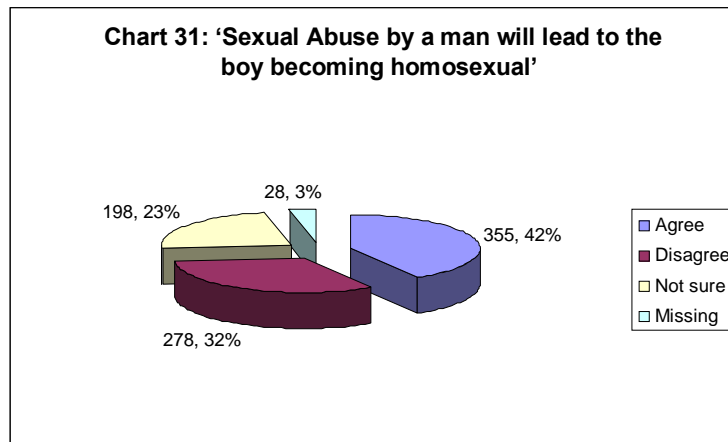
We were interested in exploring to what extent myths about links between sexual orientation and sexual abuse are commonly held. Most respondents (60.5%, N=520) did not agree with the statement: ‘*Only homosexual men engage in sex with boys*’; however, almost a quarter of respondents (23.9%, N=205) *did* 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

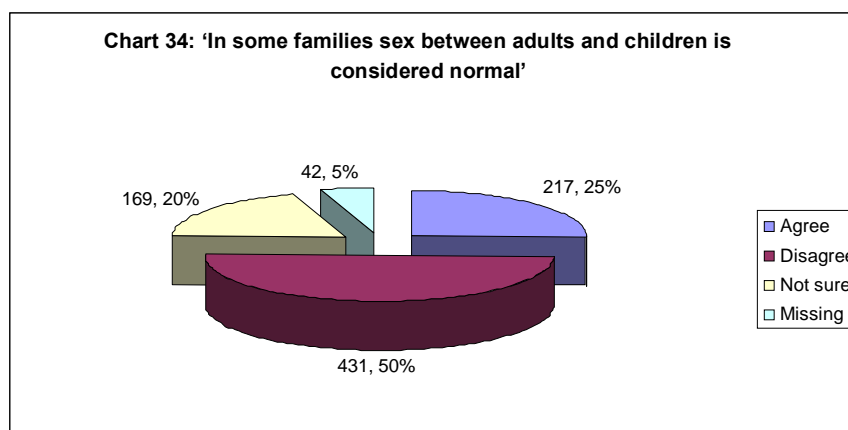
The issue of incest as 'normalised' behaviour in some families and communities is a longstanding concern of practitioners in the field, and this was also raised within the stakeholder consultations. We explored this in several ways.

'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'

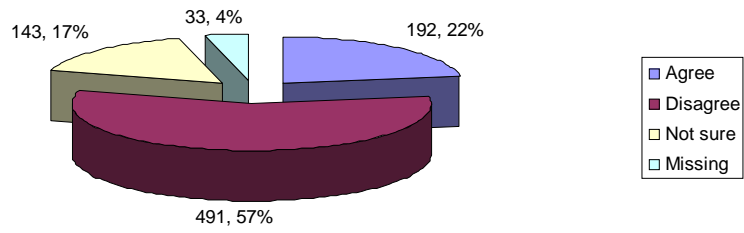


Chart 36: 'In some families sex between brothers and sisters is considered normal' – by country

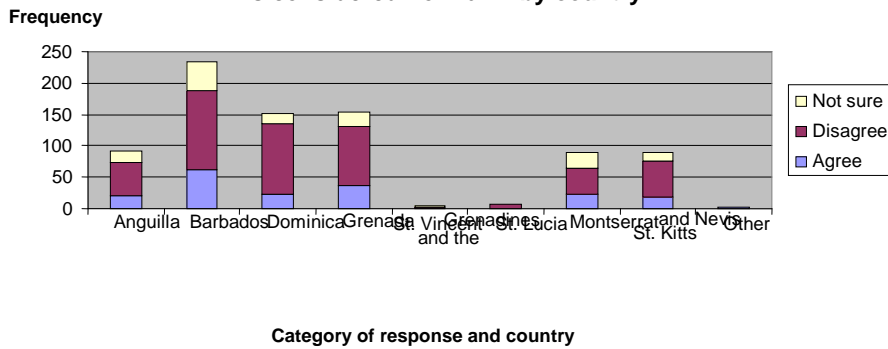
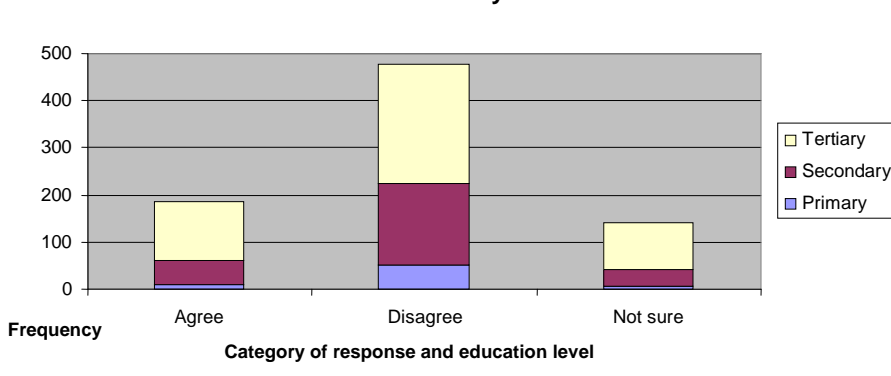
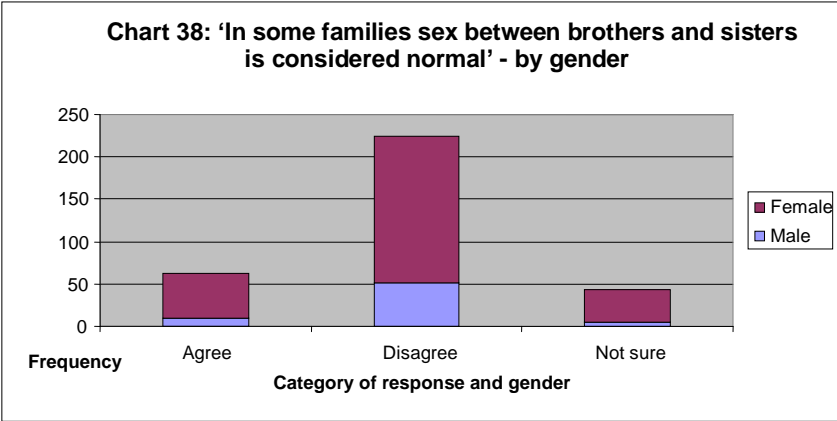


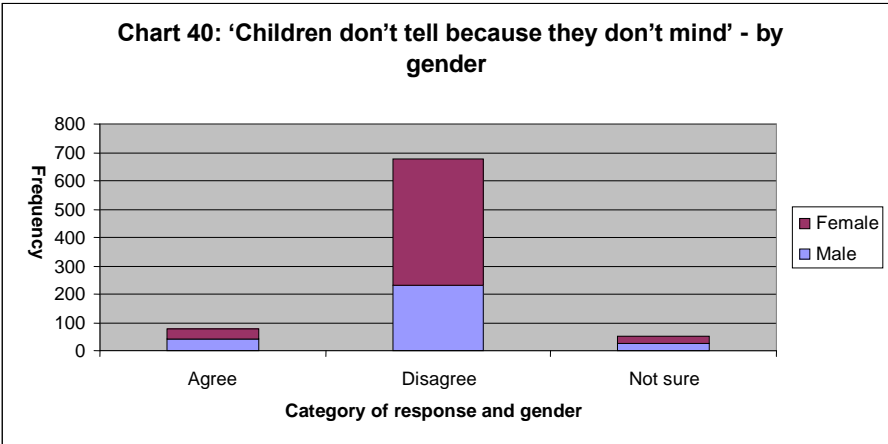
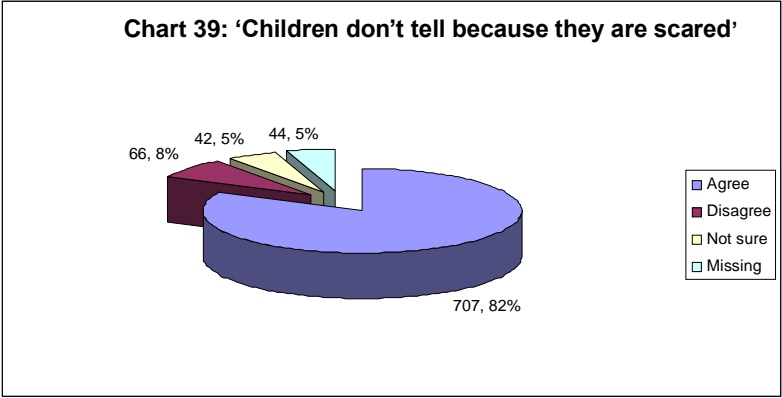
Chart 37: 'In some families sex between brothers and sisters is considered normal' – by education level





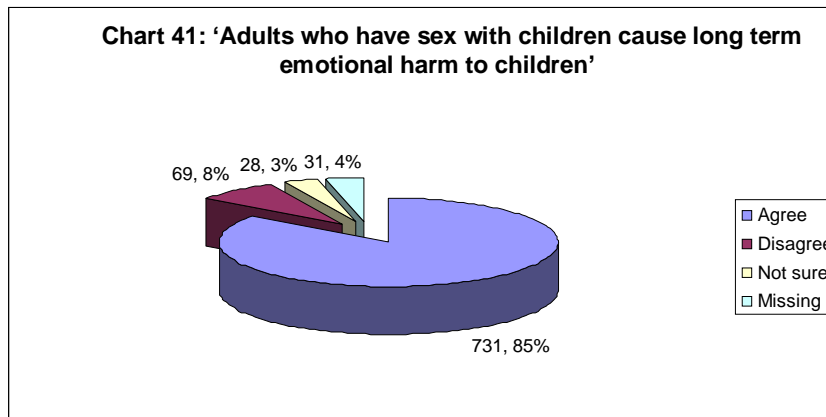
Children don't tell because they are scared

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%).



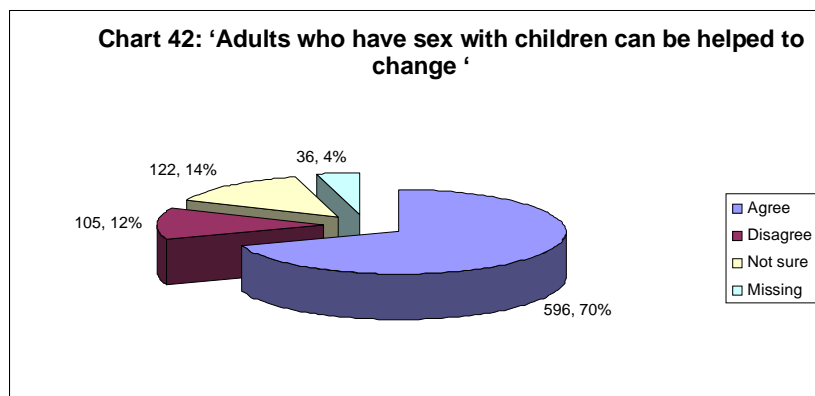
Consequences of CSA

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.

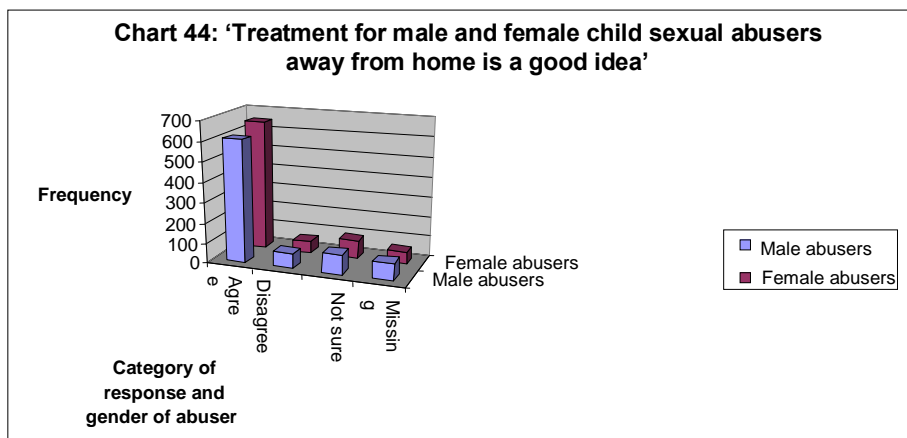
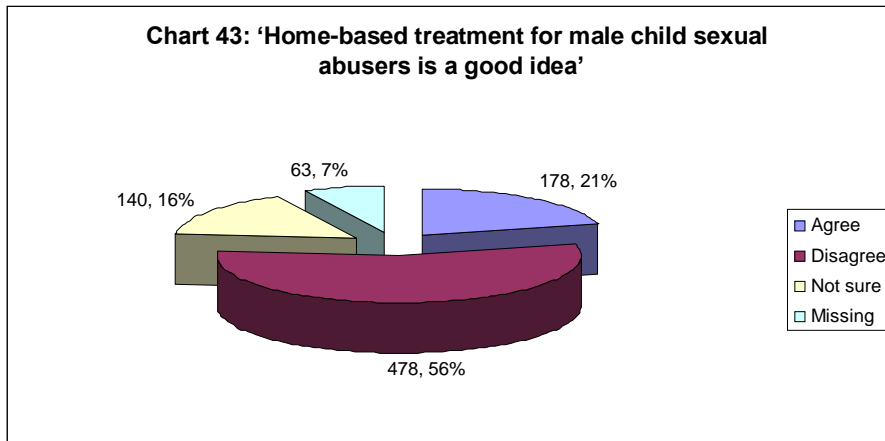


Changing Sexually Harmful Behaviour

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.



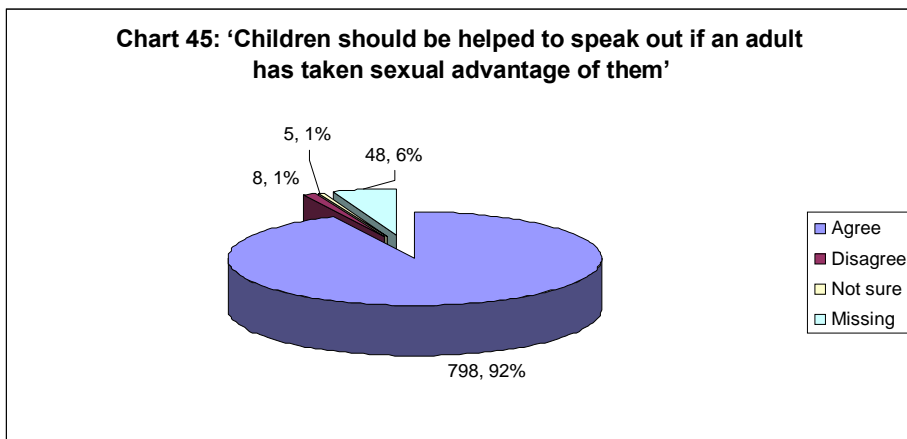
More than half of the respondents (55.6%, N=478), however, did not think it was a good idea for such treatment to be provided while the person remained at home within their communities; however, a significant number of respondents (20.7%, N=178) thought that home-based treatment was possible and 16.3% (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

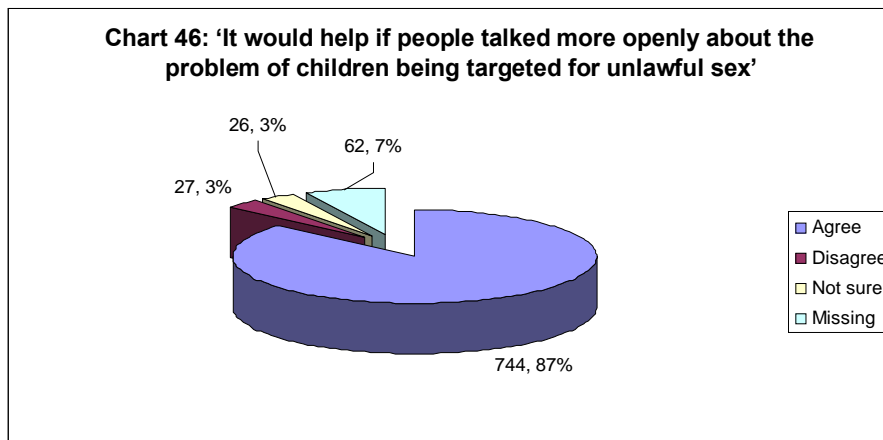
'Children should be helped to speak out if an adult has taken sexual advantage of them'

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.



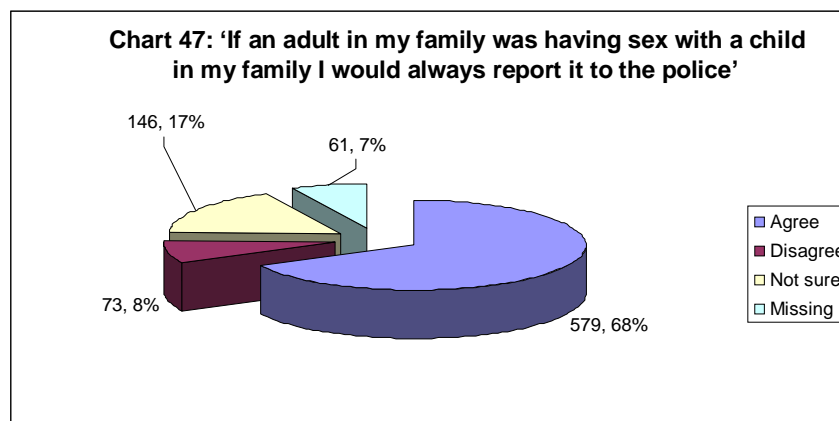
'It would help if people talked more openly about the problem of children being targeted for unlawful sex'

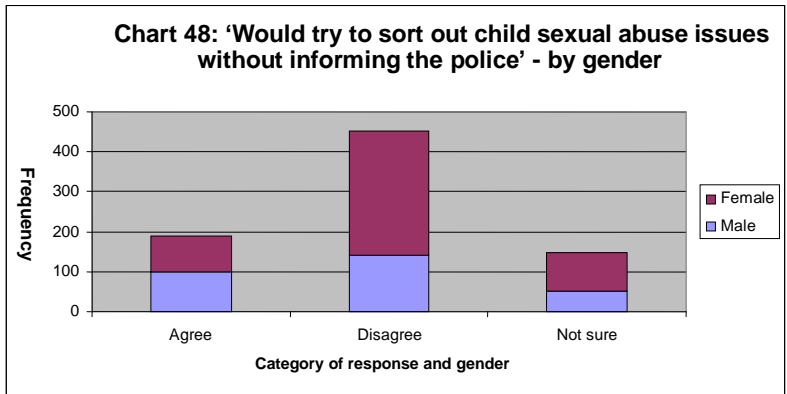
Most people (86.6%, N=744) also thought it would help if people generally talked more openly about the problem of children being targeted for unlawful sex.



Role of the police

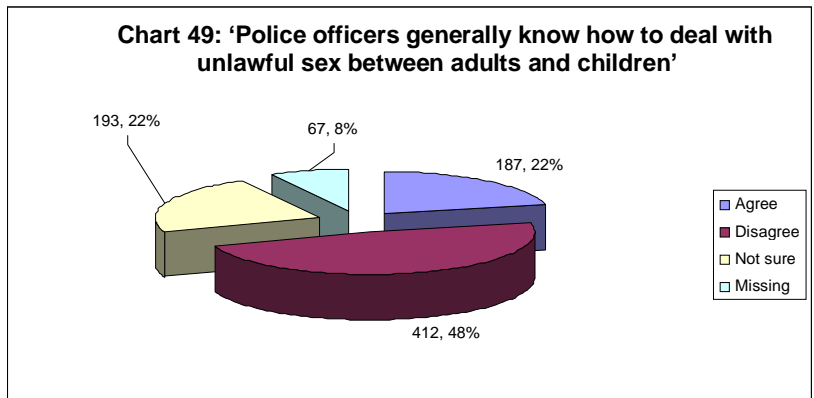
While the police have often been criticised for their responses to child sexual abuse, the findings suggest that most people still think they have an important role to play. The majority of respondents (67.4%, N=579) said that if an adult in their family was sexually abusing a child within the family, 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).



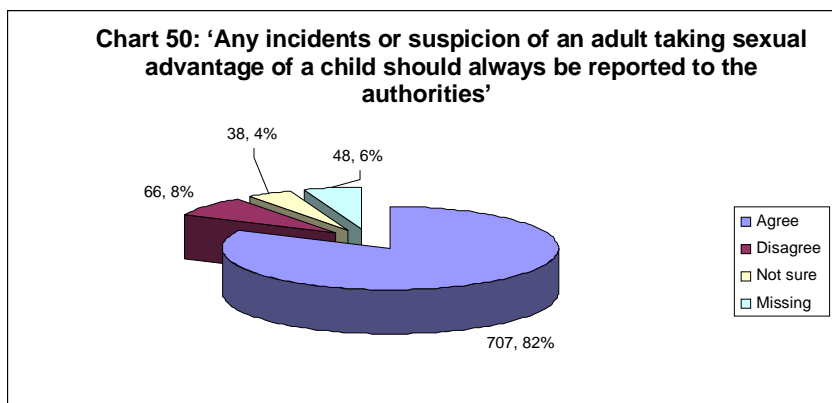


'Police officers generally know how to deal with unlawful sex between adults and children'

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.

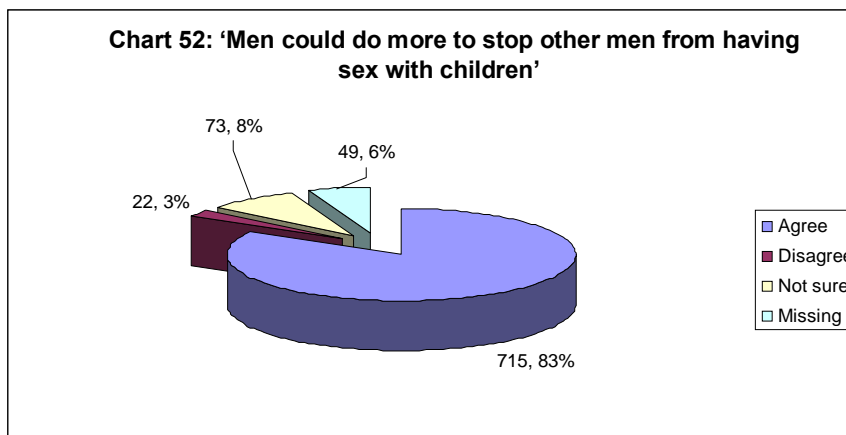
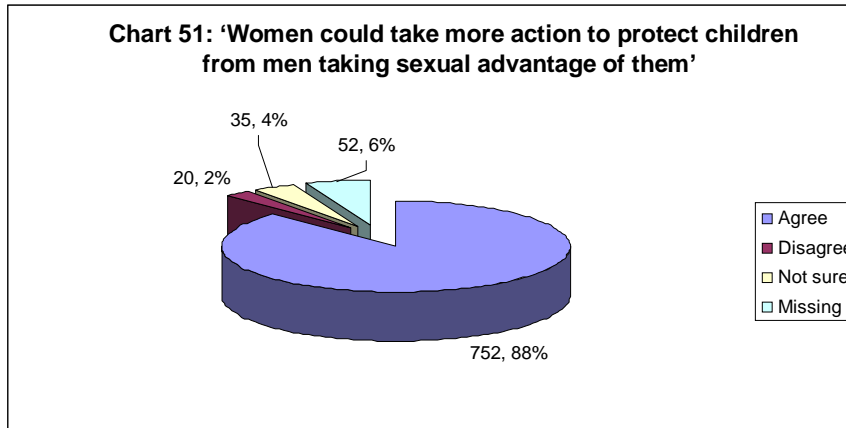


Respondents across all socio-economic groups were consistent in their responses to these questions. These findings show a lack of confidence in the ability of the police to deal effectively with child sexual abuse, nevertheless most respondents (82.3%, N=767) believe that sexual abuse should always be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



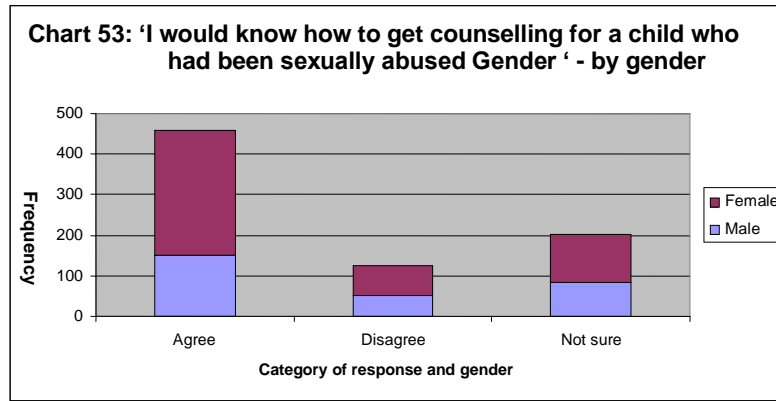
Role of families and communities

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).



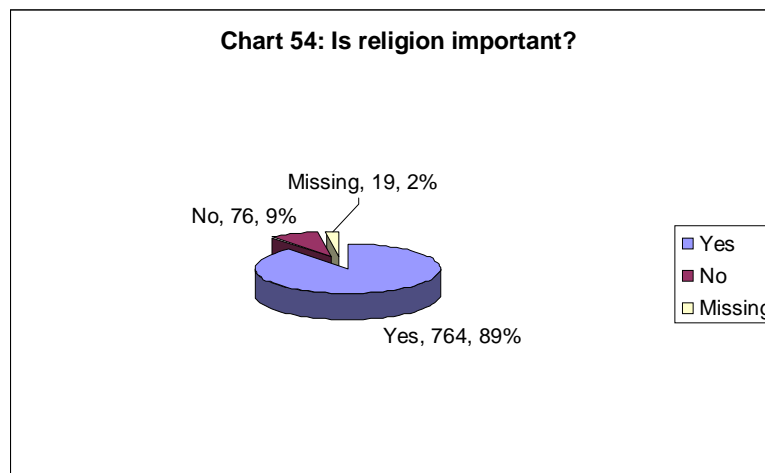
Support and Counselling Services

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.

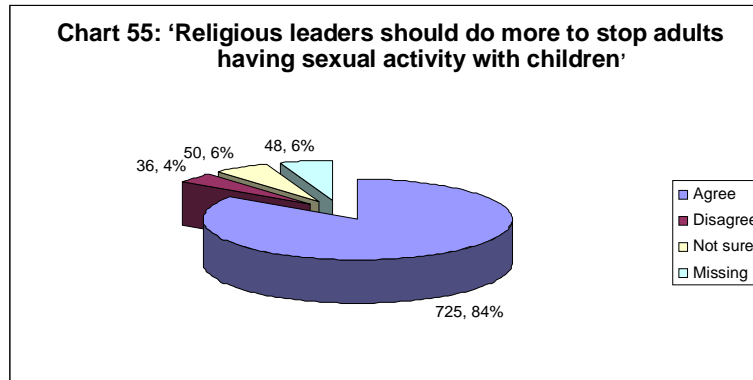


Religious leaders

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.

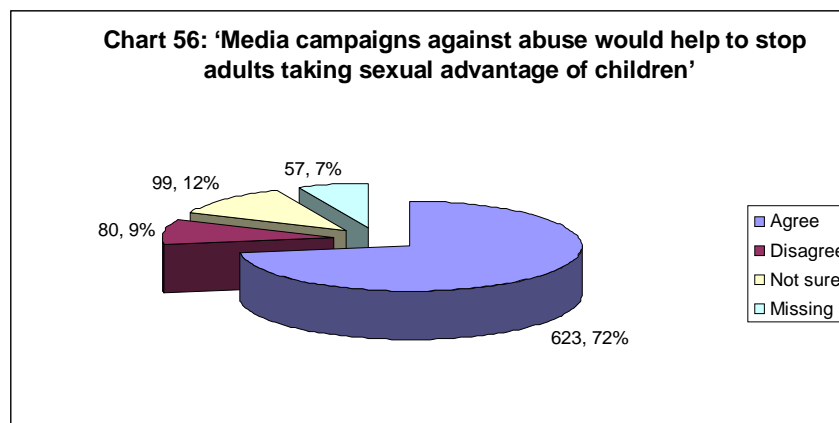


Role of the media

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.

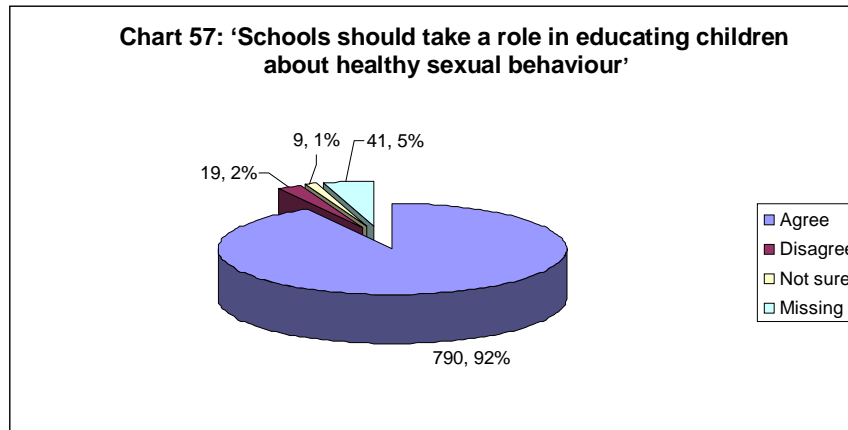
'Media campaigns against abuse would help to stop adults taking sexual advantage of children'

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.



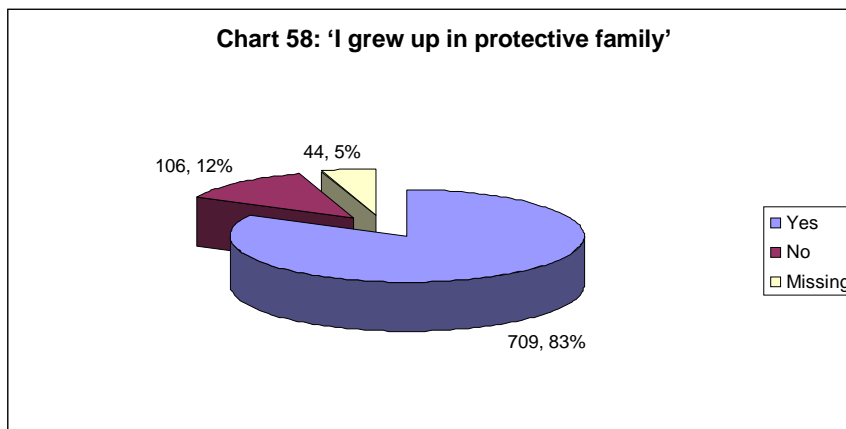
'Schools should take a role in educating children about healthy sexual behaviour'

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 were 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.



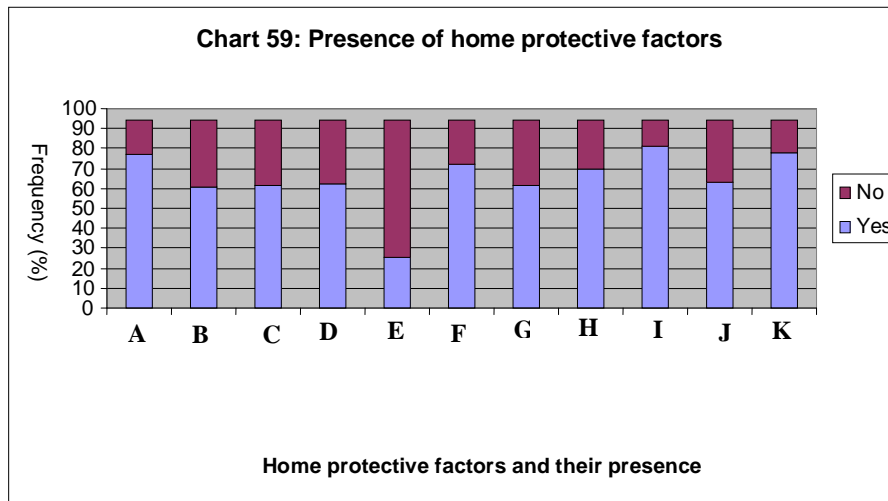
Risk and Protection

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

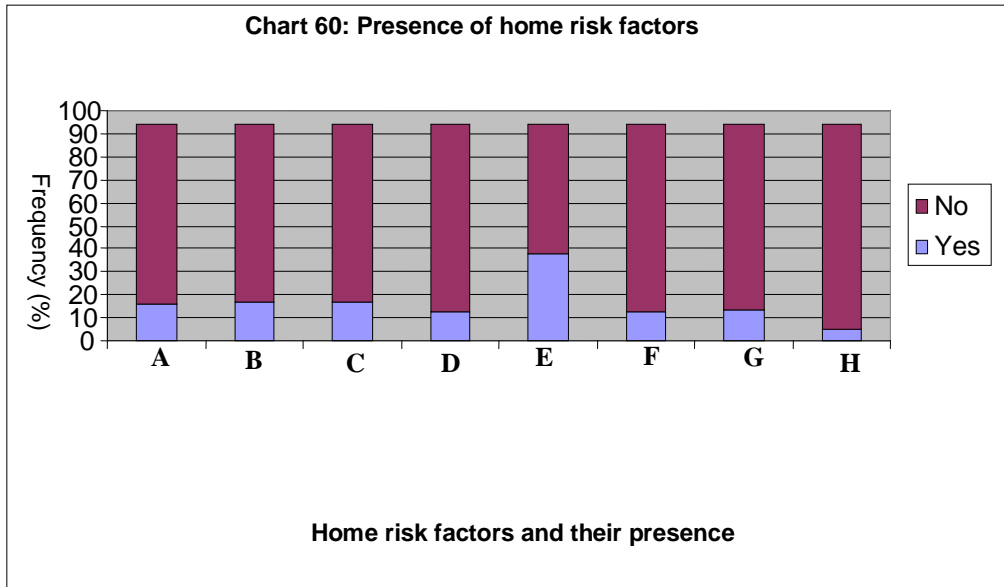
We investigated this still further by examining the extent to which respondents' families contained the risk and protective factors we had identified from the literature. The findings are consistent with the numbers of people who reported that they grew up in protective households i.e. more people grew 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 !! 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 stupidly 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 prolonged 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.

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 disadvantaged 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 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 be 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.

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 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'. 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 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

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

'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.

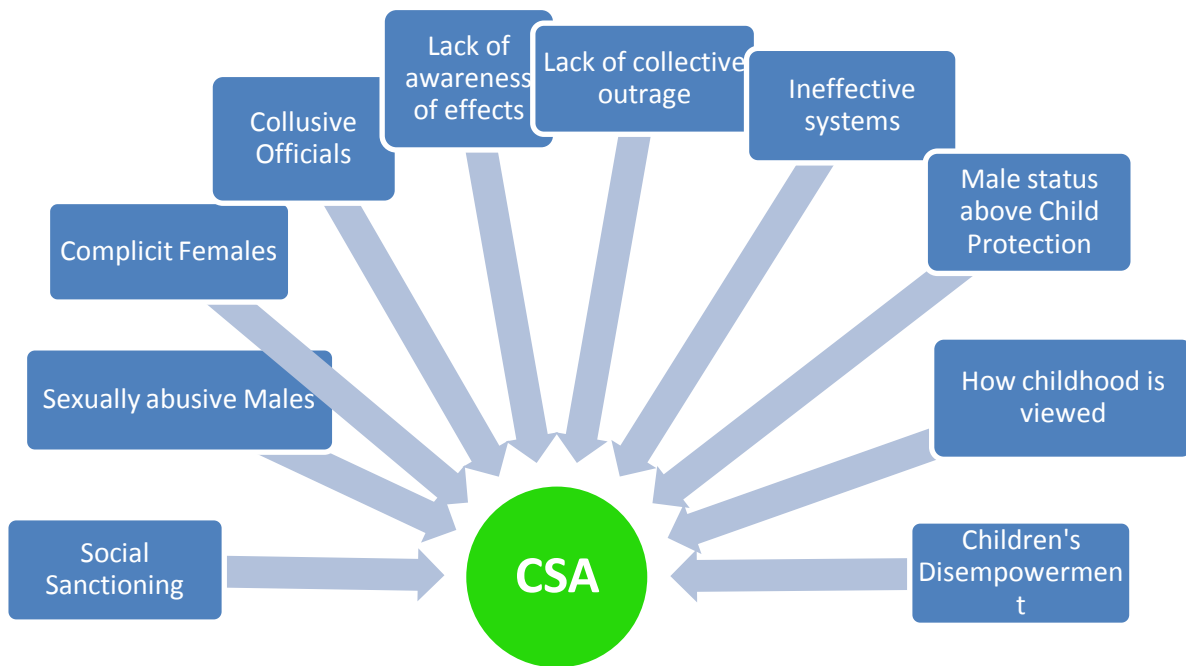
There appears to be a dominant perception that men are easily tempted and thus perhaps lack sexual control. Conversely, the findings also suggest that girls are somehow held as partially responsible for men's behaviour because of the way they dress; furthermore the very fact of girls' physical/sexual 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 to 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 were 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.

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 exists 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 tackling 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

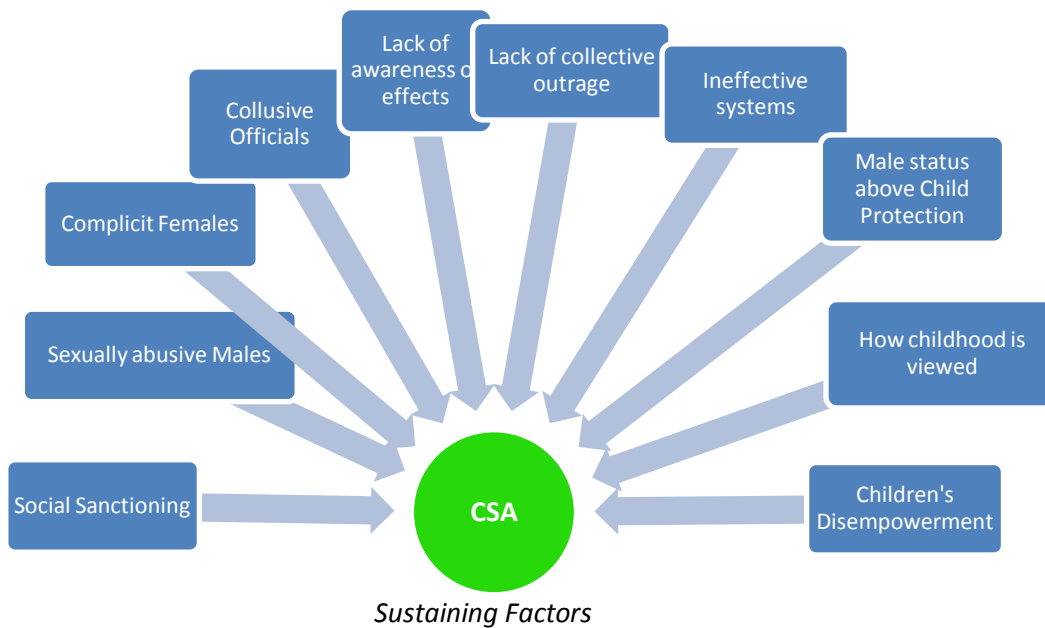
All stakeholders will need to be part of the process:

- 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.



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

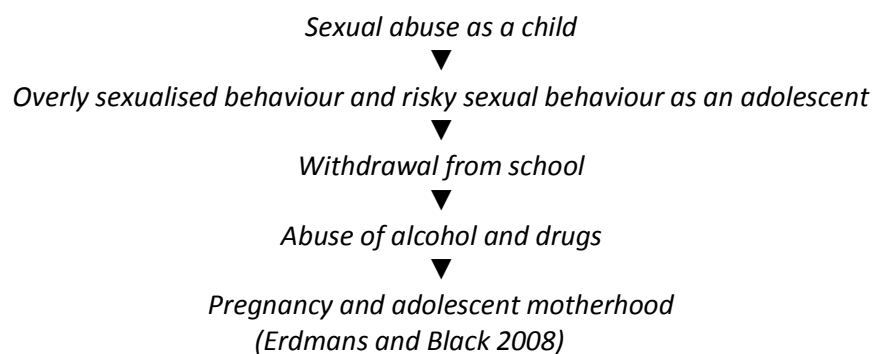
Young person A was repeatedly sexually abused by her stepfather. She is fearful of disclosure (her stepfather is a policeman, the family is financially dependent upon him, she has close relationships with his children, fears disbelief) and has told no-one. A has dropped out of school and has a history 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:*



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 the 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 be 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, offers 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.theplace2be.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.ecpatinternational.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 of internet and cell phone services. More information about the NDPC campaign is available at: www.nspcc.org.uk/.../campaign/.../About%20issue%20safetynet

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 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
<i>Regional Strategic Plan for Building Abuse-free Childhoods</i>	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 <i>Regional Strategic Plan for Building Abuse-free Childhoods</i>	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.

REFERENCES

- Baboolal, N. S., Lalla, S., Chai, M., Curtis, R., Nandwani, C., Oliveri, L. and Smith, C. (2007) Childhood sexual abuse among outpatients attending adult psychiatric outpatient clinics: a case-control study. *West Indian Medical Journal*, 56(2), 152-158.
- Back, S. and Lips, H.M. (1998) Child sexual abuse: victim age, victim gender, and observer gender as factors contributing to attributions of responsibility. Elsevier Science. Available at: http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6V7N-3V5MNY0-5&_user=10&_rdoc=1&_fmt=&_orig=search&_sort=d&_view=c&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=6610c7cf3f5be34ff4ecbacbc724f708 [Accessed 30 March 2009]
- Barrow, C. (2007) Adolescent Girls, Sexual Culture, Risk and HIV in Barbados. Paper for Salises 8th Annual Conference, March 26-28. <http://sta.uwi.edu/conferences/salises/documents/Barrow%20%20C.pdf> [Accessed 30 March 2009]
- Blum, R.W., Halcon, L., Beuhring, T., Pate, E., Campell-Forrester, S. and Venema, A. (2003) Adolescent Health in the Caribbean: Risk and Protective Factors, *Research and Practice, American Journal of Public Health*, 93(3). Available at <http://www.ajph.org/cgi/content/full/93/3/456> [Accessed 8 February 2009]
- Briggs, L. and Joyce, P.R. (1997) What determines post-traumatic stress disorder symptomatology for survivors of childhood sexual abuse. Elsevier Science. Available at: http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6V7N-3SWXY5G-7&_user=10&_origUdi=B6T70-3V3DS6V7&_fmt=high&_coverDate=06%2F30%2F1997&_rdoc=1&_orig=article&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=ad073b27fe06060f0b46e9011542e2dc [Accessed 30 March 2009].
- Broadhurst, K., Wastell, D., White, S., Hall, C., Peckover, S., Thompson, K., Pithouse, A. and Davey, D. (2009) Performing 'Initial Assessment': Identifying the Latent Conditions for Error at the Front-Door of Local Authority Children's Services, *British Journal of Social Work*, Advance Access, 1-19.
- Cannon, M. (2001) Invited commentaries on: Cycle of child sexual abuse: links between being a victim and becoming a perpetrator, *The British Journal of Psychiatry*, 179, 495-496.
- Cermak, P. and Molitor, C. (1996) Male victims of child sexual abuse, *Child and Adolescent Social Work Journal*, 13(5). Springer. Available at: <http://www.springerlink.com/content/m05vw59405045x38> [Accessed 22 April 2009].
- Correia, M. and Cunningham, W. (2003) *Caribbean Youth Development: Issues and Policy Directions By World Bank*. Washington, DC: World Bank Publications.
- Denov, M. S. (2004) The Long-Term Effects of Child Sexual Abuse by Female Perpetrators. A Qualitative Study of Male and Female Victims, *Journal of Interpersonal Violence*, 19(10), 1137-1156. Available at: <http://jiv.sagepub.com/cgi/content/abstract/19/10/1137>
- Dunn, L.L. (2001) *Situation of Children in Prostitution: A Rapid Assessment*. Geneva: International Labour Organisation. Available at: <http://www-ilo-mirror.cornell.edu/public/english/standards/ipecc/simpoc/jamaica/ra/prostitution.pdf>. [Accessed 4 February 2009].
- Eldemire, D. (1983) Sexual abuse of children in Kingston and St. Andrew, Jamaica. A paper presented at a Caribbean Regional Conference on child abuse and neglect, Oct 10-13, 1989, Port of Spain Trinidad.

- Flemming, J., Mullen, P. and Bammer, G. (1996) *A study of potential risk factors for sexual abuse in childhood*. Elsevier Science. Available at: http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6V7N-3T7F1F5-5&_user=10&_origUdi=B6V7N-3VWPMP7-7&_fmt=high&_coverDate=01%2F31%2F1997&_rdoc=1&_orig=article&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=cc4d0405df872b1df63f2ec50d035f74. [Accessed 30 March 2009].
- Finklehor, D. and Araji, S. (1986) *A Sourcebook on Child Sexual Abuse*. Sage. Available at: <http://books.google.com/books?hl=en&lr=&id=dqxyL10fOoC&oi=fnd&pg=PA7&dq=Theories+of+Child+sexual+abuse&ots=qhYT4GippA&sig=uRgykY4DQbss61BAgiDylkdZETk#PPP1,M1> [Accessed 15 March 2009].
- Finkelhor, D., Hotaling, G., Lewis, I.A. and Smith, C. (1990) Sexual abuse in a national survey of adult men and women: Prevalence, characteristics and risk factors, *Child Abuse and Neglect*, 14, 19-28.
- Finkelhor, D., Hotaling, G., Lewis, I.A. and Smith, C. (1989) Sexual abuse and its relationship to later sexual satisfaction, marital status, religion and attitudes, *Journal of Interpersonal Violence*, 4(4), 379-399.
- Finkelhor, D. (1994) The international epidemiology of child sexual abuse, *Child Abuse and Neglect*, 18(5), 409-417.
- Freeman-Longo, R.E. and Blanchard, G.T. (1998) *Sexual Abuse in America: Epidemic of the 21st Century*. Brandon, VT: Safer Society Press.
- Gallagher, B. (2007) Internet-initiated incitement and conspiracy to commit child sexual abuse (CSA): The typology, extent and nature of known cases, *Journal of Sexual Aggression*, 13(2), 101-119.
- Glaser, D. (2000) Child Abuse and Neglect and the Brain: A Review, *Journal of Child Psychology and Psychiatry*, 4(1), 97-116. Available at: <http://poundpuplegacy.org/node/4103>
- Gidycz, C. A., Orchowski, L.M., King, C.R. and Rich, C.L. (2008) Sexual Victimization and Health-Risk Behaviours: A Prospective Analysis of College Women, *Journal of Interpersonal Violence*, 23 (6), 744-763. Available at: http://eric.ed.gov/ERICWebPortal/Home.portal?_nfpb=true&_pageLabel=ERICSearchResult&_urlType=action&newSearch=true&ERICExtSearch_Related_0=EJ598734
- Gilbert, N. (ed.) (1997) *Combating child abuse: international perspectives and trends*. Oxford University Press US. Available at: [http://books.google.com/books?hl=en&lr=&id=B0Ce7pvd0oC&oi=fnd&pg=PP12&dq=The+Confidential+doctor+system+\(Belgium\)&ots=Lk1Uv_lIS&sig=u8wNmUjQB9Ff_pvQGs27LpCGajU#PPP1,M1](http://books.google.com/books?hl=en&lr=&id=B0Ce7pvd0oC&oi=fnd&pg=PP12&dq=The+Confidential+doctor+system+(Belgium)&ots=Lk1Uv_lIS&sig=u8wNmUjQB9Ff_pvQGs27LpCGajU#PPP1,M1) [Accessed 14 April 2009].
- Hall, R. C. and Hall, R.C.W. (2007) *A Profile of Pedophilia: Definition, Characteristics of Offenders, Recidivism, Treatment Outcomes, and Forensic Issues*. Available at: <http://www.mayoclinicproceedings.com/content/82/4/457>.
- Gold, S.N., Hughes, M. and Swingle, J.M. (1996) Characteristics of childhood sexual abuse among female survivors in therapy, *Child Abuse and Neglect*, 20(4), 323- 335.
- Hetzel-Riggin, M.D., Brausch, A.M. and Montgomery, B.S. (2007) A meta-analytic investigation of therapy modality outcomes for sexually abused children and adolescents: An exploratory study. *Child Abuse and Neglect*, 37, 125-141.

Kessler, B. L. and Bieschke, K. J. (1999) A retrospective analysis of shame, dissociation and adult victimization in survivors of childhood sexual abuse, *Journal of Counselling Psychology*, 46(3), 335-41.

LeFranc, E., Wyatt, G.E., Chambers, C., Eldemire, D., Bain, B. and Ricketts, H. (1996) Working women sexual risk taking in Jamaica, *Social Science and Medicine*, 4(10), 1411-1417.

LeFranc, E., Tucker, M.B, Wyatt, G.E., Bain, B.C. and Simeon, D.T. (1994) The meaning of sexual partnerships: Re-examining the Jamaican family system. *Bulletin of Eastern Caribbean Affairs*, 19, 17-30. Available at: <http://bases.bireme.br/cgi-bin/wxislind.exe/iah/online/?IscScript=iah/iah.xis&src=google&base=MedCarib&lang=p&nextAction=lnk&eXprSearch=2263&indexSearch=ID> [Accessed 16 April 2009].

Lord Laming (2003) The Victoria Climbié Inquiry. Report of an Inquiry by Lord Laming. Cm 5730. London: The Stationery Office. Available at: www.victoria-climbié-inquiry.org.uk/finreport/finreport.htm

Lord Laming (2009) *The Protection of Children in England: A Progress Report*. HC330. London: The Stationery Office. Available at: <http://publications.everychildmatters.gov.uk/eOrderingDownload/HC-330.pdf>

McLeer, S.V., Deblinger, E., Henry, D. and Orvaschel, H. (1992) Sexually abused children at high risk for post-traumatic stress disorder. *Journal of American Academy of Child and Adolescent Psychiatry*, 31(5), 875-9. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/1400120?dopt=Abstract>

Messman-Moore, T.L., Ward, R.M. and Brown, A.L. (2009) Substance Use and PTSD Symptoms Impact the Likelihood of Rape and Revictimization in College women, *Journal of Interpersonal Violence*, 24(3), 499-521. Available at: http://eric.ed.gov/ERICWebPortal/Home.portal?nfpb=true&pageLabel=ERICSearchResult&urlType=action&newSearch=true&ERICExtSearch_Related_0=EJ598734 Accessed 30th March 2009.

Noll, J. G. (1993) Does Childhood Sexual Abuse Set in Motion a Cycle of Violence Against Women? *Journal of Interpersonal Violence*, 8(3), 331-345.

Robst, J. (2007) Childhood sexual abuse and the gender wage gap, *Economic Letters*, 99(3), 549-551. Available at www.sciencedirect.com.

Rossmann, B.B.R. and Rosenberg, M.S. (1998) *Multiple Victimization of Children: Conceptual, Developmental, Research, and Treatment Issues*. Haworth Press. Available at: http://books.google.com/books?id=slrSK395awcC&printsec=frontcover&source=gb_s_summary_r&cad=0#PPA64,M1 [Accessed 15 March 2009].

Sanderson, C. and Kingsley, J. (2006) *Counselling Adult Survivors of Child Sexual Abuse* (3rd ed.). London: Questia. Available at: <http://www.questia.com/PM.qst?a=o&d=113429223>. [Accessed 31 January 2009].

Schaar, K. K. and McCanne, T. R. (1998) *Relationship of childhood sexual, physical, and combined sexual and physical abuse to adult victimization and posttraumatic stress disorder*. Elsevier Science Inc. Available at: <http://www.sciencedirect.com/science?ob=ArticleURL&udi=B6V7N-3V7J8GH-Y&user=10&origUdi=B6V7N-3T7F1F5-5&fmt=high&coverDate=11%2F30%2F1998&rdoc=1&orig=article&acct=C000050221&version=1&urlVersion=0&userid=10&md5=4fe5a07647e017a18b96d1feed6fbc10>. [Accessed 30 March 2009].

Seidl, A.H., Stanton, M.P., Pilleterri, A., Smith, C. and Boehler, B. (1993) Nurses' Attitudes Toward the Child Victims and the Perpetrators of Emotional, Physical, and Sexual Abuse, *Institute for Psychological Therapies*, 5. Available at: http://www.ipt-forensics.com/journal/volume5/j5_1_4.htm

Taylor, S.C. and Lloyd, D. (2001) *Mandatory Reporting and Child Sexual Abuse: Contextualising Beliefs and Attitudes*. Victoria: University of Ballarat.

Trotman Stoby, E. (2002) Social Services Delivery in the OECS and Turks and Caicos Islands - A research component of the Family Law & Domestic Violence, Legal and Judicial Reform in the Organisation of Eastern Caribbean States (OECS) and Turks and Caicos Islands. Unpublished research report.

Waller, G. (1994) Childhood Sexual Abuse and Borderline Personality Disorder in the Eating Disorders. *Child Abuse and Neglect*, 18, 97-101.

Wenger, E. (2008) *Communities of practice, Learning, Meaning and Identity*. Cambridge: Cambridge University Press.

The World Bank (2003) *The World Bank Study on Caribbean Youth Development, Issues and Policy Directions*. Washington, DC: The World Bank.

ANNEXES

- 1. ETHICAL PROTOCOL**
- 2. NATIONAL RESPONSE TEAM**
- 3. CONSENT FORM**
- 4. THEORETICAL FRAMEWORK FOR QUESTIONNAIRE**
- 5. SAMPLING FRAMEWORK**
- 6. INSTRUCTIONS FOR USING QUESTIONNAIRE**
- 7. QUESTIONNAIRE**
- 8. STAKEHOLDER ANALYSIS**
- 9. FOCUS GROUPS**
- 10. INDIVIDUAL POLICY-FOCUSED INTERVIEWS**
- 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	1.	Must carry authorisation, ID and cell phone at all times	Rs	During fieldwork Ongoing monitoring and vigilance required
	Fear	2.	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	Rs	
	Increased possibility of personal harm or injury	3.	Must notify the PI of their whereabouts at all times during fieldwork	Rs	
	Increased risk of theft of personal goods	4.	Must only go to locations pre-agreed	Rs PIs	

		5.	with PI and to agencies where authorisation has been obtained	Rs	
		6.	Must be mindful of and take responsibility for assessing risk for personal safety within any given situation.	Rs	
		7.	If conducting interviews, survey and focus groups after dark, must be especially mindful of personal safety	Rs	
		8.	Must not carry valuables during fieldwork	PI	
			PI to follow up all stages of fieldwork through regular email/phone contact		
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.	To be addressed in training	PIs	
		11.	Focus group, interviews and surveys must be held in appropriate (public) settings	Rs	
		12.	Where there are any obvious signs of alcohol or drug use among participants, then the research process should be ended immediately	Rs	
		13.	Abusive language or behaviour must lead to the immediate termination of research process	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.	Training	PIs	
		16.	Establishment of National Response Teams	Rs PIs	
		17.		Rs	

		18.	<p>Should not engage in counselling or giving advice but must refer to the National Response Teams (NRTs)</p> <p>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</p>	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 QUESTIONNAIRE

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 v	
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 v		Please v	
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
<ul style="list-style-type: none"> • 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 Groups	Stakeholder	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

- Identify a person who will be your Recorder (it is best if this is the same person for all your focus groups)
- 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
- Ensure that the Recorder knows how to operate the digital recording equipment
- Ensure the Recorder is prepared for manually recording information in case the digital recorder is not used
- Make sure you are acquainted with the details of your National Response Team
- Familiarise yourself with the Focus Group Guidance
- Make sure you have sufficient copies of the Consent Form
- Identify a lockable storage cabinet to keep all data
- Ensure all approvals/agency permissions have been obtained in writing wherever possible (be mindful that ethical approval might be needed from the respective institution)
- Pre-test electronic recording equipment
- Ensure venue, time & refreshments are organised and all participants notified

Conducting Focus Groups

- Introduce yourself and describe the aims and purpose of the study
- Each person should be asked to sign a consent form
- 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
- Take the first 15 minutes to brief participants and clarify the objectives of the study
- 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
- Ensure informants that the utmost regard will be given to confidentiality
- 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
- 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 1 - 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



University of
HUDDERSFIELD

The Centre for Applied Childhood Studies

School of Human and Health Sciences

The University of Huddersfield

Queensgate

Huddersfield, HD1 3DH.

UK

Action for Children

85 Highbury Park

London, N5 1UD

UK

