



BREAKING THE SILENCE: A MULTI-SECTORAL APPROACH TO PREVENTING AND ADDRESSING CHILD SEXUAL ABUSE IN TRINIDAD AND TOBAGO

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SERVICE DELIVERY

Service delivery for victims of child sexual abuse (CSA) and incest in Trinidad and Tobago is grossly inadequate in all sectors. Specifically, the absence of child-centered services, a common definition of a “child,” and an alternative safe accommodation for child survivors of sexual abuse and incest is striking in light of national legislation¹ that requires mandatory reporting of suspected CSA and incest cases, and removal of child victims from their home.

The conceptualization and understanding of the definition of CSA and incest is a significant determinant in the formulation of services as well as actual service delivery by agencies in Trinidad and Tobago. Findings from a large qualitative study conducted from 2008 –2011 spearheaded by the Institute for Gender and Development Studies (IGDS) at the University of West Indies (UWI), St. Augustine campus² reveal that there are large inconsistencies and omissions in agency definitions of CSA and incest, as well as definition discrepancies among front-line service providers. All of this has implications for the formulation of policy and provision of services to children who have been abused.

The Sexual Offences (Amendment) Act 2000, Domestic Violence Act and the Children’s Authority Act are foundational to many of these agency’s policies and protocols. These laws guide many agency definitions of CSA and incest, as well as their definition of a child. Generally, official agency definitions distinguished between CSA and incest by delineating that the latter involves perpetration by a family member. There are, however, significant variations in the details included in these definitions. In the definitions of CSA, for many, incest was defined as a sexual grievance against a child perpetrated by an adult who is related to the child by blood popularly described as a “blood relation”. By this definition, CSA committed by step-parents or non-‘blood-related’ residents in the home of the child is not considered incest. These nuances impact service and service delivery for children who are sexually abused. A smaller number of agencies specified that incest was a sexual offence committed by a relative resident in the home or a non-relative resident in the home while other agencies used “blood relations” as a defining term for the

consideration of incest. Definitions are therefore significant determinants of service provision.

Agencies’ capacities to ensure the safety of children are also often informed by how the agency differentiates between incest and CSA. Agencies that make the distinction, indicate that the nature of the abuse and identity of the perpetrator has extenuating implications for the likelihood of continued abuse. Finally an agency’s ability to safeguard children who report CSA is often times dependent on their knowledge of the nature of the child’s abuse.

Policies & Procedures

For many agencies, the definition of a child is taken from legal statutes. There were discrepancies amongst the agencies on the age that constitutes a child. For some agencies, an individual under 18 years of age is a child, for others under 16, and yet there are a number of residential care agencies that do not accept children above age 12. These age prescriptions are integral parts of the policies and procedures of agencies and therefore have crucial implications for service provision to children who are sexually abused.

Child-Centered Services

Few agencies provide child-centered services (defined as services that prioritize the needs and concerns of children as opposed to adults.) There are very few agencies in the country, for instance, that a child can access services without being accompanied by an adult. There are agencies, however, which were not necessarily child-centered but instead family-oriented. These agencies offer a variety of services inclusive of programmes for children up to age 18 and for youth as educational and psychosocial support services. Notably none of these services is specifically for children who are sexually abused. In principle a child of any age can access counseling in schools, however, according to teachers and principals interviewed for the IGDS, UWI study (see footnote 2 above) parents or caregivers are interviewed subsequently as part of the intervention process.

¹ Sexual Offences (Amendment) Act 2000

² From 2008 – 2011, the Institute for Gender and Development Studies (IGDS) at the University of West Indies (UWI), St. Augustine embarked on a study exploring the attitudes and perceptions of community members and service providers in Trinidad and Tobago surrounding gender and sexuality, including information on child sexual abuse and incest. A sub-study explored the protocols, policies and practices of service provision related to child sexual abuse in Trinidad and Tobago by gathering information on (1) schools (2) teachers, principals and guidance officers involved in frontline service delivery. Information in this policy brief is based on findings from that study. The study was conducted in partnership with the Trinidad and Tobago Coalition Against Domestic Violence (CADV), UNICEF, Trinidad and Tobago, and UN Trust Fund to End Violence Against Women as part of a three-year action research project entitled, Breaking the Silence: A Multi-Sectoral Approach to Preventing and Addressing Child Sexual Abuse in Trinidad and Tobago.

ChildLine, the only helpline of its kind in Trinidad and Tobago, offers children access to counseling services through its helpline services and out-reach services to primary and secondary schools. The latter are geared to educating students about the existence of the helpline as well as stressors and threats to the physical and psychological wellbeing of children. Additionally, workshops are facilitated on youth-related topics, which seek to educate and empower children and young persons. The toll free helpline operates 7 days per week, 24 hours a day, 365 days per year. Despite ChildLine's service provision, significant gaps exist in child-centered services including the provision of psychological evaluations and intensive follow-up services.

In the case of battered mothers who seek care in shelters, agency protocol only permits boys up to 9 years old, and girls up to 12 years old to receive housing. At the shelters there are services provided for mothers or battered women, but not for their children. The lack of service provision in this area is an indication of lack of capacity, funding, skills and infrastructure, rather than an indication of unawareness of the needs of these type services by agency staff.

Confidentiality & Anonymity

Most agencies that guaranteed confidentiality made exceptions for mandatory or compulsory reporting. Only a small number of participating agencies required that employees sign confidentiality agreements. Anonymity was generally not assured by the agencies. Service providers in Trinidad and Tobago highlight that there are significant shortcomings in care offered to children. Many agencies are extremely overwhelmed by the demand for CSA service provision. A formidable challenge is the lack of professional staff, which has made it difficult for governmental agencies as well as NGOs to achieve mandate/missions related to CSA.

Generally, agencies that participated in the IGDS, UWI study of CSA service provision function in a context where legal and institutional infrastructure, or lack thereof, undermines child protection efforts at multiple levels of service provision. These agencies operate in a service context where the demand for services profoundly outstrips service capacity. Offering a wide range of services to children who have been sexually abused, agencies indicated that as a result of functioning in resource limited environments, 'innovation' and 'creativity' are necessary for service provision. In this resource-limited context, respondents of the study noted their observation of a sharp increase in reported CSA cases within the past five years. This upsurge in reporting has been attributed to the increased visibility of CSA cases in the print and television media. While agency respondents indicated receptivity to increased reporting, agencies face the formidable challenge of meeting the demand and securing the safety of vulnerable children and young persons who have been sexually abused

Recommendations

Reporting

A single data collection instrument for reporting and interviewing should be developed through consultation with key stakeholder agencies.

Interviews with a child should be videotaped and the relevant stakeholders allowed to access the tape for investigation and prosecution as necessary to prevent continuous re-victimization.

Expansion

Victims: long term counseling support, should be made available at the time of reporting and sustained.

Perpetrators: Long-term counseling and rehabilitation should be made available.

Steps must be taken to ensure that victims do not become prey to stigma or even retribution, by providing services that single them out.

Safe homes must be created in the light of mandatory reporting and removal of child victims

Protocols

Service providers must be made to sign confidentiality agreements. Penalties for breaches of confidentiality among service providers need to be established/enforced.

Develop protocols and procedures to ensure uniform, high quality, children-friendly, seamless service for CSA victims. Part of this initiative should include consideration and adoption of protocols created by key Trinidad and Tobago stakeholders at a 2009 workshop at UWI, St. Augustine and the Division of Education, Youth and Sport in Tobago related to CSA and incest, as well as recommendations included in the 2010 Study of Service Provision spearheaded by IGDS, UWI, St. Augustine. Service provider training and monitoring sessions are recommended during and after implementation of new policies/protocols.

There must be cross referencing between service providers in CSA and HIV. In other words sexually abused children should be exposed to HIV testing and HIV positive children and young people should be considered referred for Counseling and treatment as necessary for CSA and incest.

Ensure that protocols are accepted and implemented by NGOs and other non-state institutions e.g. children's homes

Treatment

Ensure that physical facilities for services are child-friendly (police station interview rooms, health care facilities etc.)

Children may be given different ways to express themselves and/or report the incident (through drawing)

Increase the age limit for providing shelter for children with battered mother

Safe accommodation is needed for children at risk of CSA and incest (esp. over 14 years)

Key Partners

- Ministry of Education
- Division of Education, Youth and Sport, Tobago House of Assembly
- Ministry of Health
- Division of Health and Social Services, Tobago House of Assembly
- Ministry of Gender, Youth and Child Development
- Ministry of National Security
- Children's Authority of Trinidad and Tobago
- Institute for Gender and Development Studies, UWI
- HIV/AIDS Coordinators in each Ministry
- National HIV Programme, Office of the Prime Minister
- Tobago AIDS Coordinating Committee, Tobago House of Assembly
- ChildLine
- Family Planning Association of Trinidad and Tobago
- Trinidad and Tobago Rape Crisis Society