Jamaica NONE in three

POLICY BRIEF

Child Sexual Abuse in Jamaica

University of Technology, Jamaica

University of HUDDERSFIELD
Inspiring global professionals

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This Policy Brief is drawn from qualitative research with adult survivors of child sexual abuse (CSA) carried out by the None in Three Research Centre Jamaica (www.noneinthree.org/jamaica/) during 2018-19. The research involved: in-depth interviews with 15 female survivors of child sexual abuse; two focus groups, one with male survivors and one with professionals who had worked with male survivors; and a review of systematic reviews of schools-based, child-focused CSA preventative interventions.

Executive Summary and full research report are available here:
www.noneinthree.org/jamaica/resources/

Information about the broader policy context is available here:
www.noneinthree.org/jamaica/policy-hub/

JAMAICA

THE POLICY CHALLENGE

CSA is a pervasive problem within Jamaican society and continues to be perpetuated due to social and cultural factors that limit opportunities for disclosure and normalise CSA within communities and society at large. While there is limited data on the prevalence of CSA in Jamaica, incidence figures and associated news media reports indicate that until 2017[1] there was a year on year rise in reports of CSA and that most sexual assaults are perpetrated against girls under 18[2]. **A None in Three Jamaica survey conducted during 2018-19, involving 7,182 children aged 9 to 17, found that:**

- **11%** of girls experienced adult-perpetrated CSA by someone in their home and
- **28.8%** of girls experienced CSA perpetrated by an adult outside of their home.

Overall, these figures are likely to underestimate the true extent of CSA[3].

A multifaceted approach is needed which reduces the prevalence of CSA and provides support to victims.
The policy recommendations in this document aim to support the Government in achieving these objectives.

[1]The National Children's Registry (n.d.)
[2]Freedom of Information request by the Research Directorate, Immigration and Refugee Board of Canada, Ottawa in 2007. JAM101751.E Jamaica: Prevalence and forms of child abuse; legislation governing the protection of abused children and its implementation; availability of child protection services (2003 - 2006)
[3]The likely underestimate is for a number of reasons including: the focus on adult-perpetrated CSA - they do not take account of youth-perpetrated abuse by peers or siblings; the data were collected in classroom settings and some children may not have wanted to report their experiences in this context; the survey was distributed only to children within mainstream education; and some children may have been unable to acknowledge or accurately label their experiences as abusive.

HIGHLIGHTS FROM OUR FINDINGS

Experiences of CSA

- **CSA involved** physically touching the child's sexual regions or forcing the child to touch the perpetrator's sexual regions as well as non-contact abuse: verbal harassment or, forcing a child to engage in pornographic images or films.
- **The age of onset of abuse** ranged from 4 years to 15 years of age.
- **Child sexual abuse is as a result of multiple factors** including negative cultural perceptions and myths which normalise CSA, low socio-economic status, negative parental factors, child shifting (i.e. the practice of sending children to stay with friends and relatives for extended periods of time), and prior victimisation.
- Factors which **increased vulnerability** included:
  - substandard living arrangements
  - lack of adequate supervision
  - poor parent-child relationships

Child sexual abuse was largely perpetrated by individuals known to the victims such as family members or family friends and co-occurred with physical and verbal/ emotional abuse.

Effects

- **Poor** self-esteem, emotional distress, suicidal thoughts, self-harming behaviours
- **Challenges** with intimate relationships, sexual functioning, and parenting
- **Challenges** in functioning in respect of academic and occupational lives
- **Externalising behaviour** such as the use of substances, stealing, and gambling

CSA was associated with **adverse outcomes** which were not just experienced over the short-term following the abuse, but persisted throughout the survivors' lives.

The reported impacts included compromised psychological functioning, interpersonal relationships, academic and occupational functioning, and inappropriate behaviours.

fear of disbelief

blaming and shaming

poor self esteem

functional challenges

externalised behaviour

relationship challenges

facing their perptrator

lengthy court process

Disclosure of CSA

- Some victims did not want to tell anyone about the abuse because of:
  - Fear of **disbelief** by others
  - Fear of **what may happen to their family**, especially when they were financially reliant on the perpetrator
  - **Blaming and shaming** by others, especially family and community members
  - Feeling **the need to protect** the perpetrator due to power and status as well as their relationship with the family
  - The **long process** of taking a case to court
  - The prospect of having to **face the perpetrator** in court
- It was easier to tell when:
  - Someone **took the time** to be supportive, to listen and intervene
  - There was someone to tell who had gone through **similar experiences**
  - When **others (e.g. a doctor) observed** changes in their behaviour and investigated or probed as to the reason

After the abuse occurred, survivors experienced mixed emotions including anger, disappointment, despair, shame, and confusion. **This resulted in disclosure being delayed in many instances.**

The strategies used for coping by survivors are not static; rather they change over time. Survivors used both immediate and long-term coping strategies. Support could be effective even if offered virtually.

Coping and Resilience

- Survivors found support from:
  - The church
  - Other survivors
  - Persons who have never experienced CSA
- Writing about the abuse was another **effective coping strategy**, which was not only helpful to those who wrote, but also to those who later read the manuscript.

Specific Experiences of Male Survivors

- Male survivors **described experiences** such as:
  - Aggressive behaviours
  - Hyper-sexuality
  - Out-of-control behaviours
  - Hyperactivity
  - Problems with authority
  - Poor social interactions
  - Use of indecent language
  - Poor academic outcomes
  - Drug use
- Males were **less likely to disclose** because of misperceptions or beliefs which led to sexual abuse being viewed as a 'rite of passage'.
- **Other factors which contributed** to non-disclosure among boys included lack of knowledge that they were victimised, fear of negative reactions to disclosure, and pressure from family to conceal the abuse.

CSA was **equally traumatising** for male and female survivors. Boys and men show a range of adverse outcomes, some of which are similar to those reported for female survivors, but in some cases expressed differently.

POLICY RECOMMENDATIONS

1. Develop the Role of Schools and Education

Raise awareness and improve knowledge about CSA using school-based interventions to help children recognise CSA and how and where to get help. School-based programmes should:

- Have **evaluations of their effectiveness** built into the delivery plans
- **Incorporate active participation** through modelling, discussions and skills rehearsal
- Be **at least four to five sessions** long
- **Provide developmentally appropriate information** to children about CSA (pivotal to facilitating disclosures)
- Have the **capacity** to be delivered by a range of trained personnel
- **Involve parents** to scaffold the children's learning, to increase the parents' understanding of how to create environments that are conducive to inviting a child to make a disclosure, and how to respond appropriately to a disclosure (in a manner that is both emotionally supportive of the child and protects them from further harm)
- **Ensure teachers can fully contribute through training** on signs of CSA and how to help children with disclosure and reporting
- **Cover all forms and contexts of CSA** (e.g. female and peer-perpetrated CSA as well as that perpetrated by adult males, intra and extra-familial CSA, online facilitated CSA)

evaluations of effectiveness

active participation

four to five sessions

appropriate information

increase training capacity

involve parents

CSA training for teachers

cover all forms and contexts of CSA

2. Improve Public Education Strategies

Promoting CSA prevention is everyone's responsibility and there needs to be greater emphasis on increasing awareness at all levels of society about the risks for, and signs of, CSA, sexual grooming and the contribution of bystander apathy to the problem. Public Education Strategies should:

- Use **social marketing campaigns aimed at increasing the awareness** of members of society so that people understand that CSA is wrong and ought not to be tolerated (including the use of music, dub poetry, traditional and social media)
- **Use mass media to build positive social change** by challenging attitudes that are complicit with CSA
- **Provide an understanding of how and where to make official reports** of suspected CSA so that support can be given to children and appropriate measures taken against perpetrators

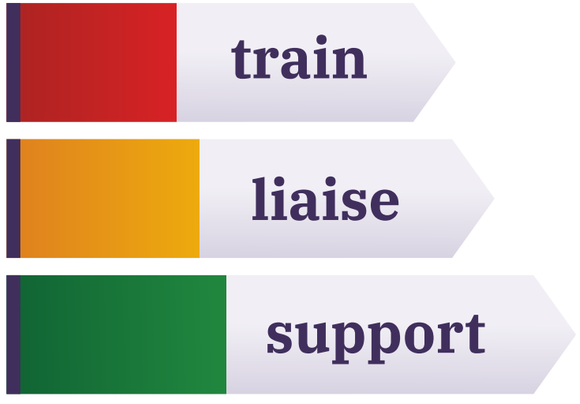
3. Empower Parents and Family Members

Empower parents and other family members to facilitate disclosure and provide support for children. This can be achieved through educational group work sessions on CSA for families. Such sessions should:

- **Define** child sexual abuse
- **Describe factors** that put children at risk of being sexually abused
- **Provide an understanding of the grooming process** and how they themselves might be groomed by others to gain access to their children
- **Discuss the rights of children** in respect to care and protection
- **Describe the range of potential impacts** of child sexual abuse on the child
- **Discuss the importance of communication** within the family system
- **Discuss the importance of providing care and protection** to children and the role of professionals in assisting with these endeavours

4. Building Agency Capacity and Skills

Our research **highlighted the need for systemic improvements to agency procedures and practices** and in respect of professional skills. There was a particular need for greater cooperation and collaboration between government departments in providing holistic care and support to victims of CSA. Most victims of CSA in our study did not receive justice and their cases were not properly investigated when disclosure was made to police officers. The following improvements are recommended:



- Improve the **Criminal Justice System** through:
  - **Sensitisation training** for frontline staff who are part of the judicial process
  - **Better, proactive, time-sensitive and child-friendly** approaches to investigations of abuse
  - Greater commitment across the board to **enforcement of the law**
  - Improvements in the efficiency and effectiveness of **prosecution processes**
  - Provision of **rehabilitation and treatment programmes** for perpetrators
  - **Establishing child-friendly courtrooms and criminal justice procedures**. For example, video recording of evidence in chief, use of closed-circuit television as an alternative method for cross-examination, and preparing children and families for court proceedings through courtroom visits prior to actual court dates.

- Improve **Child Protection Agencies** through:
  - Improving their **efficiency in responding** to disclosures or reported suspicions of CSA
  - **Better delivery of services** to children (use of child-centred approaches and support through legal proceedings)
  - **Improved training of staff** in recognising and responding to CSA and assessing ongoing risk
  - **Providing family-based interventions** that empower non-abusing family members to provide protection and support
  - Developing interventions for children in **residential institutions**
- **Medical professionals**, including paediatricians and family doctors, must be aware of the indicators of and conditions related to CSA and alert the authorities when they suspect cases. Medical care for CSA victims should be improved through:
  - Training for health professionals (particularly those in **obstetric, maternal health care and general practice)** in identifying and responding to CSA
  - Specific training in **child forensic medical examinations** for key staff
  - Building into the healthcare system **routine and standardised screenings for CSA**, since evidence suggests that a brief screening tool can be used to identify children who have experienced sexual trauma
  - **Training** in managing disclosures and reporting
  - Training in the **mental health implications** of CSA
  - **Improved mental health services** for children and young people impacted by CSA

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None in Three is a global research centre which develops and evaluates prosocial games to prevent gender-based violence. It is based at the University of Huddersfield; the project which produced this work was funded by the UK Government's Global Challenges Research Fund through UK Research and Innovation, in an international partnership including UTech, Jamaica.

The Centre takes name from the fact that, according to the World Health Organisation, one in three women and girls are subject to physical or sexual violence in their lifetime. We aim to make this none in three.

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UKRI UK Research and Innovation

GCRF Global Challenges Research Fund