"It Affects You For a Lifetime"! Perspectives on Child Sexual Abuse in Jamaica

A Qualitative Study

Executive Summary

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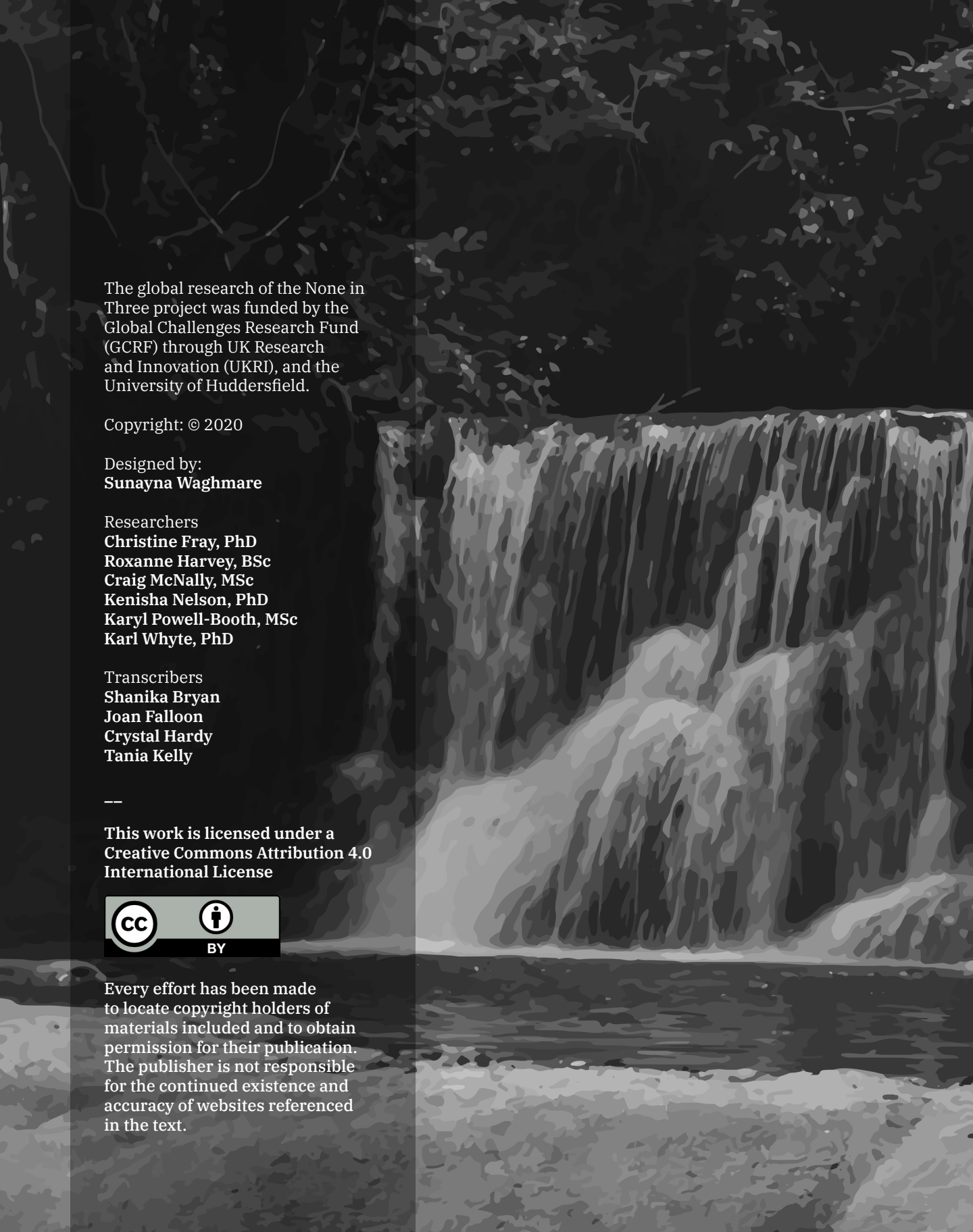

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Message from the Commonwealth Secretariat

1 Unicef, 2018, Situation Analysis of Jamaican Children, read online
2 Jones & Trotman Jemmott, 2016, Twenty-one lessons: preventing domestic violence in the Caribbean read online

It is a scourge on our global society that even today, one in three women and girls experience physical or sexual violence in their lifetime. Gender-based violence (GBV) is a crisis that extends beyond national and socio-cultural boundaries, across the globe, and across our Commonwealth member countries alike. It affects people of all ages, genders, ethnicities, and economic backgrounds. It is an urgent, world-wide human rights issue.

Recognising this, national governments, international bodies such as the United Nations (UN) and non-governmental organisations (NGOs), have developed strategies to end violence against women and girls (VAWG). Appropriate national and international laws are a crucial component in safeguarding women's and girls' rights. But alone, they are not enough. From the moment they are born, millions of girls are subjected to multiple forms of violence including rape, female genital mutilation (FGM), sexual exploitation and child marriage. Survivors may experience trauma, drop out of school, suffer from mental health problems, all of which also have significant social and economic costs.

In spite of the progress made over recent decades, the statistics still tell a shocking and unacceptable story, as do the harrowing individual experiences of the survivors of GBV interviewed by the None in Three Research Centre for this report.

Child sexual abuse (CSA) is a major form of GBV in Jamaica. The Planning Institute of Jamaica reported that 255 children were victims of rape in 2016. Growing CSA trends in the Caribbean include the over sexualisation of children, and its normalisation. The None in Three Jamaica team is seeking to prevent this form of child abuse through their research.

Media attention in countries across the globe raises consciousness of the issue in waves, from the Me Too movement, to the reported 'hidden' pandemic behind the 2020 lockdown due to Covid-19 – a surge in domestic abuse. This is not a new phenomenon, but the growing awareness is a catalyst for action to which we must respond. All countries, all societies need to work to eradicate this pandemic that affects 1 in 3 women in their lifetime.

The Commonwealth Secretariat is working alongside partner organisations on measures that will help our 54 member countries to stem the rising tide of GBV, especially school related GBV. Educating to actively promote a gender equal, respectful, non-violent culture with gender aware pedagogy or approaches is key. As a member of the Global Working Group to End School-Related Violence, the Secretariat aims to help practitioners and policy makers in the education sector, apply a gender lens when developing violence prevention, response approaches and safeguarding. Schools related gender-based violence (SRGBV) affects millions of children and young people, especially girls.

The Ni3 Centre's approach, which we in the Commonwealth subscribe to, is one of prevention through high-quality, gender sensitive education. By engaging young people as adolescents, when attitudes and opinions are forming, we stand the best chance of influencing them for good. The potential for adolescents and young people to act as agents of change and achieve the social transformation necessary to end GBV is tremendous. None in Three's approach includes developing and testing immersive, pro-social computer games, themed around issues of GBV, to help young players build empathy with victims, and to prevent future violence.

We welcome this research and the accompanying three reports (from None in Three in India, Uganda and the UK) and the contribution that the innovative approach could make to our work. By listening to the lived experiences of both victims and perpetrators of GBV in four study countries, the global research centre has built up a solid evidence base for each of its culturally appropriate, educational video games. It will therefore provide a new resource to help end GBV including school related GBV.

Through renewed commitment and concerted action, we can end domestic and gender-based violence.

Layne Robinson
Head, Social Policy Development
Commonwealth Secretariat

Foreword

The problem of Child Sexual Abuse (CSA) in Jamaica is intractable. Many reports and scholarly papers have created a body of work that has highlighted the cultural underpinnings of the practice and the ways in which victims are permanently traumatised. This prior work has led to the establishment of institutions to remove children from abusive situations and laws to deal with perpetrators. Yet, as this research report reveals, the problem still exists and is in need of greater national attention. Aptly titled, "It affects you for a lifetime!" Perspectives on Child Sexual Abuse in Jamaica, this research report adds unique insights to the existing store of knowledge. The Team has done an excellent job in the research and writing of this important and useful report.

This document presents the findings and conclusions of qualitative research done among Jamaican survivors of CSA in the context of a global project titled None in Three (Ni3). Its investigative techniques are scientifically sound. The voices of the victims are presented with authenticity as they bear witness to the inestimable damage done to their lives while they were vulnerable, young and helpless. The findings are presented with singular granularity that makes compelling reading. This report is certain to stimulate dialogue and the search for further solutions for this severe national problem that affects male and female with devastating personal and societal consequences.

We confirm through this important research work that CSA in Jamaica is composed of contact and non-contact abuse. Survivors experience physical, verbal and emotional damage. The average age of onset is nine (9) years old. Touching, penetration, pornographic performances are part of the spectrum enforced on children due to financial dependence, shame and fear of repercussions.

The drivers of CSA in Jamaica are multi-layered and multifactorial. These include myths, culture, lack of parental supervision, child shifting, poor educational preparation and limited awareness of children's rights.

Survivors report maladaptive and destructive behaviours that last a lifetime. They speak of the consequences of poor emotional and psychological support. General emotional distress leads to anger, hostility, homicidal thoughts and suicidal ideation. Poor interpersonal relationships, lowered academic performance and becoming dysfunctional at work are all part of the deleterious impact of CSA. Many victims do not come forward because of an inadequate justice system that often shames the victim, scars familial relationships and damages social positioning.

From the evidence unearthed, so much is left to be done to mitigate against the problem of CSA and quell the hurt and trauma that it causes. There needs to be a system of therapeutic justice and psychological support to enable salutary and positive healing effects. The report suggests several policy, practice and societal changes that could lead to remedy. The solutions require comprehensive and multi-disciplinary approaches.

Finally, this report, "It affects you for a lifetime..." leaves me with the haunting images of helpless children suffering and shuddering in silence, in fear of recrimination from family and society, as they endure the maltreatment of a lifetime. Alone and vulnerable, like lambs to the slaughter.

Ellen Campbell Grizzle CD., PhD., R. Ph
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Acknowledgements

We would like to say thanks to the University of Technology, Jamaica, the local home of our research centre, for providing the environment to enable us to be involved in such an important effort to help stem child sexual abuse in Jamaica. Special thanks are extended to the participants of our in-depth and focus group interviews, who have entrusted us with sensitive yet vital information that will be used to educate, enlighten and effect social as well as policy change in our country. We also extend appreciation to our counterparts from the other country teams in India, Uganda and the UK who exchanged ideas at various points along the way during the research process. Additionally, this study would not have been possible without the kind support of our many valued stakeholders which include:

Centre for Investigation of Sexual Offences and Child Abuse (CISOCA)
Child Protection & Family Safely Agency (CPFSA)
Children First
Choose Life International
Dispute Resolution Foundation
Eve for Life
Girl Guides' Association
Institute of Gender & Development Studies-University of the West Indies
Jamaicans for Justice
Men of God against Violence and Abuse (MoGAVA)
Ministry of Education, Youth and Information
Ministry of Foreign Affairs and Foreign Trade
Ministry of Health
Ministry of Justice
Ministry of National Security
National Council on Drug Abuse
Soroptimist International Club of Jamaica
The National Parenting Support Commission
UNICEF Jamaica
Woman Incorporated (Crisis Centre)
Women's Centre of Jamaica Foundation
Women's Media Watch
Women's Resource & Outreach Centre
Young Women Christian Association (YWCA)

Executive Summary

UNICEF[3] estimates that at least **120 million adolescent girls** under the age of 20, or about **one in ten, experience child sexual abuse worldwide**. The figures for Jamaica are also staggering, as the Child Protection and Family Services Agency (CPFSA)[4] reported just under **2,500 cases** between January and October 2018, in a population of **2.7 million**. The figures for boys are unknown as fear of stigma or reprisals lead to underreporting by boys.

The aim of these studies was to gain an understanding of child sexual abuse through the eyes of adult male and female survivors in Jamaica.

3 UNICEF. (2014). Nearly one in four adolescent girls experience physical violence, read online
4 The gleaner. (2018). Horrific! - 20% Spike in child abuse cases reported to cpfsa so far this year, read online

Method

Two sets of qualitative studies were conducted.

One was in-depth interviews with female survivors of child sexual abuse ages 17 and older.

Each interview took place in a secure and safe environment with an interviewer.

A total of ***15 females*** participated in the study.

With their permission, the interviews were audio-taped and were later transcribed verbatim. These transcripts were later analysed by four local Jamaican researchers, to see the themes that emerged.

A study was also conducted with male survivors of child sexual abuse.

Two focus group interviews were conducted. The first with male survivors aged 16-25 years.'

The other focus group interview took place among male professionals who work with ***male survivors*** of child sexual abuse. All male participants gave permission for their interviews to be recorded using audio-recorders. These were later transcribed and analysed by a team of four local Jamaican researchers.

All participants chose a pseudonym (false name), by which they were called throughout the interview. Their names and identities were kept confidential. Before conducting any of the interviews, ethical approval was gained from the University of Huddersfield's School of Human and Health Sciences Research Ethics Panel and the University of Technology, Jamaica, Ethics Committee.

KEY FINDINGS

EXPERIENCES OF ABUSE

Findings from our research indicate that child sexual abuse, which was perpetrated by individuals known to the victim such as family members or family friends, involved physical as well as verbal/emotional abuse. ***The age of onset of abuse ranged from 4 years to 15 years of age. The average age was 9 years old.*** CSA which involves physically touching the child's sexual regions or forcing the child to touch the perpetrator's sexual regions is referred to as contact sexual abuse, while noncontact abuse involves verbal harassment or forcing a child to engage in pornographic images or films. The experience of survivors included both contact and noncontact sexual abuse.

This research also reveals that ***child sexual abuse happens 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.*** Among the low socio-economic factors were issues concerned with financial difficulties and residing in disadvantaged communities, in substandard living arrangements which increased vulnerability to abuse. Lack of adequate supervision and poor parent-child relationship were identified as some of the negative parental factors which contributed to sexual abuse.

EFFECTS OF ABUSE

CSA is associated with adverse outcomes, which are not just experienced over the short term immediately following the abuse, but can persist throughout the survivors' lives. Female survivors reported challenges with psychological functioning, interpersonal relationships, academic and occupational functioning, and inappropriate behaviours. They experienced significant emotional distress resulting in a range of emotions, as well as suicidal thoughts, self-harm behaviours and poor self-esteem. In addition, CSA was associated with challenges with intimate relationships, sexual functioning, and parenting. Female survivors

also reported that subsequent to the abuse, they struggled in various aspects of their academic and occupational lives. Further, perhaps in an attempt to cope, some survivors engaged in externalising behaviour such as the use of substances, stealing, and gambling.

DISCLOSURE

After the abuse occurred, it was revealed that ***survivors experienced mixed emotions including anger, disappointment, despair, shame, and confusion. This resulted in disclosure being delayed in many instances. Some respondents reported that they did not want to tell anyone about the abuse*** for various reasons. These included:

- fear of disbelief by others;
- fear of what might happen to their family especially when they relied on the perpetrator financially;
- 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 relationship with the family.

Other reasons given included the long process cases take in court, in some instances up to three years. This was worsened by the fact that they would have to face the perpetrator in court for several appearances during this period, which the survivors found to be traumatic. Some explained that even when formal reports were made, they decided either not to identify the perpetrator as such, or to drop charges before the court cases were finished.

For those who decided to tell someone about it, this was found to be easier when there was someone who took the time to be supportive, to listen and intervene. Having someone who had gone through similar experiences was encouragement to share or reveal their own experiences as well. In other instances, the disclosure was not planned; it came out either because they had medical conditions that caused them to go to the doctor or because others observed changes in their behaviour and investigated or probed as to the reason for these changes. In a few cases, the first time that disclosure was being made was in the interview for this study. All persons who required intervention were signposted to psychiatrists or psychologists who had previously agreed to provide such services pro bono to such individuals.

COPING AND RESILIENCE

The strategies used for coping by survivors are not static but can change over time. Both positive and negative coping strategies were employed. Writing about the abuse was an important coping strategy used by several participants. Some utilised various escape strategies to avoid the effects of the abuse. These included substance use, singing, doing puzzles, playing games or hanging out with friends.

PERSPECTIVES ON MALE SEXUAL ABUSE

CSA can also be severely traumatising for male survivors. Focus group discussions with practitioners who work with male victims of CSA reported that boys/men show a range of adverse outcomes, some of which are similar to those reported for female survivors, but in some cases expressed differently. In our focus groups, 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; and
- smoking.

In addition, findings from the focus group discussion with male practitioners revealed that non-disclosure of sexual abuse among boys was a result of flawed perceptions or beliefs. Such misconceptions 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.

Conclusion and Recommendations

Overall, the evidence is compelling that CSA is a severe problem within Jamaican society. CSA continues to be perpetuated due to social and cultural factors that help to limit disclosure and normalise CSA within communities and society at large. The result is that survivors are left feeling isolated and can suffer adverse consequences of abuse; most times, not receiving the help they need to cope with the abuse. On their own, they may develop maladaptive coping mechanisms to "heal" themselves, but this is not inevitable: some survivors demonstrated that resilience and recovery may also be possible. Nonetheless, it is apparent that there are many gaps to be filled in addressing CSA in Jamaica. It is also quite clear that a multifaceted approach needs to be taken to tackle CSA, with the aim of reducing the number of incidents and providing necessary support to victims.

The following recommendations are made in light of the findings of this research.

Raising awareness and improving knowledge about CSA using school-based interventions

To help children and their carers to understand the many factors associated with CSA, there needs to be a drive to increase public (including children's) awareness about the signs of CSA and sexual grooming. Providing developmentally appropriate information to children about CSA is pivotal to facilitating disclosures. Teachers also benefit, as they too can be informed about signs of CSA and how to act on helping children with disclosure and reporting. Further, there is some evidence that parental involvement can result in knowledge and attitudinal gains and increase support for their children. School-based programs should:

- Have evaluation of effectiveness built in
- Incorporate modelling, discussion and skills rehearsal
- Be at least four to five sessions long
- Have the capacity to be delivered by a range of personnel
- Involve active parental input

Educating the public about CSA - promoting CSA prevention is everyone's responsibility

Enormous effort must be made to educate the public to change negative attitudes about CSA. One way of doing this, is through the use of social marketing campaigns aimed at increasing the awareness of members of society so they understand that CSA is wrong and ought not to be tolerated. This may include the use of music, dub poetry, traditional and social media, or other channels that are culturally relevant and appealing locally. Mass media have great potential in positively building awareness of and changing attitudes about CSA.

Empowering parents and other family members to facilitate disclosure and support for children

Family members must actively engage in the prevention of CSA by breaking the silence and taking a zero-tolerance approach to CSA. Additionally, parents, guardians and other family members need to be empowered, through education, with information about how to appropriately prevent CSA and respond when a child discloses sexual abuse. Conducting educational social group work sessions on child sexual abuse with the family members is a starting point in preventing and responding to CSA. This prevention strategy focuses on educating family members about sexual abuse, with the objective of strengthening families on the topic. The objectives of these educational work sessions should include:

- defining child sexual abuse
- discussing measures to be taken when the child is sexually abused
- describing factors that put children at risk of being sexually abused
- discussing the rights of children in respect to care and protection
- describing the impact of child sexual abuse
- discussing the importance of communication within the family system
- discussing the importance of providing care and protection to children and the role of professionals

Conclusion and Recommendations

Sensitisation training for frontline staff who are a part of the judicial process

Frontline staff in the judicial system need to be adequately trained in how to appropriately respond to persons who are victims of CSA. The roles of police officers and prosecutors are important in CSA cases and their actions can affect the outcome of investigations and legal consequences associated with CSA. In addition, the police, especially the special unit for handling CSA cases, should establish proper protocols and guidelines in conducting investigations into CSA, interviewing child victims and suspects. Further, due to the recognition that poor interviewing can result in emotional distress, alienation of children, and inaccurate assessments of allegations, police officers and other professionals within the Centre for the Investigation of Sexual Offences and Child Abuse (CISOCA) should receive specialised training in child forensic interviewing.

Prosecution and rehabilitation of perpetrators

As was found in our research, most victims of CSA did not receive justice, due to their cases being inadequately investigated when disclosure was made to police officer. Therefore, greater enforcement of the law is required, in order to prevent new and/or prolonged cases of child victimisation. Jamaica already has the legislative framework established to tackle sexual abuse and violence and therefore, full enforcement of existing laws is paramount to dealing with perpetrators and officers must be objective and proactive in their investigations of abuse. The law and its consequences for sexual abuse must be well publicised until the very thought of it becomes a deterrent to anyone engaging or thinking of engaging in such acts.

In order to effectively respond to CSA, remedial/ rehabilitative programmes for perpetrators must be implemented following prosecution. Rehabilitation programmes for perpetrators of CSA are needed to reduce the likelihood of perpetrators becoming repeat offenders. Perpetrators of child sexual abuse have often been victims themselves and victimisation issues should be raised in offence-focused treatment programs to resolve early trauma.

Establishing child friendly courtrooms

For child sexual abuse victims, going through the court system can be stressful and lead to significant distress. The following measures may help to ease survivors'

level of distress as they interface with the justice system.

- Video recording of evidence in chief and the use of Closed circuit television (CCTV) to conduct a remote cross-examination (however, both of these 'special measures' reduce the likelihood of the case ending in a conviction) should be used as an alternative method of sharing victims' testimony, thus sparing the victims the potentially re-traumatising effects of having to face the perpetrator. Testifying in front of the accused is the most difficult part of the court proceedings for some children and protecting children from being in contact with the accused during the court proceedings may help to reduce their stress and anxiety.
- Support should be given to child victims and their families to ease distress and provide realistic expectations of court proceedings. Family members should be involved as well, as they too may be anxious, and this may inadvertently be transmitted to the child.
- CSA is difficult to prove and prosecute. This is due to the fact that the child victim is usually the only witness, which makes their testimony exceedingly important however, because of the overwhelming nature of the courtroom and the court case, children sometimes freeze or become anxious in the middle of testimony. Having a child-centred court that adopts a sensitive position to cases of CSA is paramount. It is critical that lawyers, judges and other court officials receive adequate training in how to recognise when a child is anxious and upset or becomes dissociated.

Improving efficiency and delivery of services within Child Protection Agencies

More child-care personnel are needed to work within Child Protection Agencies (Child Protection and Family Services Agency, Centre for the Investigation of Sexual Offences and Child Abuse, Office of the Children's Advocate) to assist with educating the general public, investigations, and processing of reported cases of CSA; thus improving response to CSA and reducing the waiting period. Greater empathy, as well as other psychological support and training, is needed among child-care professionals, to foster an environment of trust. Child service agencies should then be equipped with non-financial resources such as self-instructional materials or resource libraries. Adequate training in the form of workshops or conferences for agents may also prove useful in improving delivery of services to victims of child sexual abuse.

Medical and mental health services

In cases where current or on-going abuse is reported to the police medical examinations of CSA victims can provide important physical evidence in child sexual abuse cases, as well as detect when sexual abuse has occurred. Therefore, medical professionals including paediatricians and family doctors must be aware of the medical indicators of and conditions related to sexual contact and alert the authorities when they suspect cases of CSA. It is also important that at least some of these professionals are trained in child forensic medical examinations. Recognising that this recommendation will generate some concerns, consideration should be given to routine and standardised screenings for CSA being built into the healthcare system since evidence suggests that a brief screening tool where practitioners ask the child one or two questions can be used to identify children who have experienced sexual trauma.

Experiencing CSA can be detrimental to the health and well-being of survivors and their families. This can also be exacerbated by unsupportive interactions with medical personnel and the criminal justice system. There needs to be increased effort made to prevent survivors from enduring the mental health sequelae that can be associated with CSA. Routinely, once a child who has experienced CSA presents at an agency/organisation, they should be referred to support from professionals trained in this area to help them process the experience in a way that does not lead them to manifest expressions of mental distress. Mental health services should be available to survivors of CSA at various stages, from the point of disclosure, while going through the legal process, and even for some time after. In addition, it is critical that mental health practitioners are skilled in using evidenced-based treatment for CSA.

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