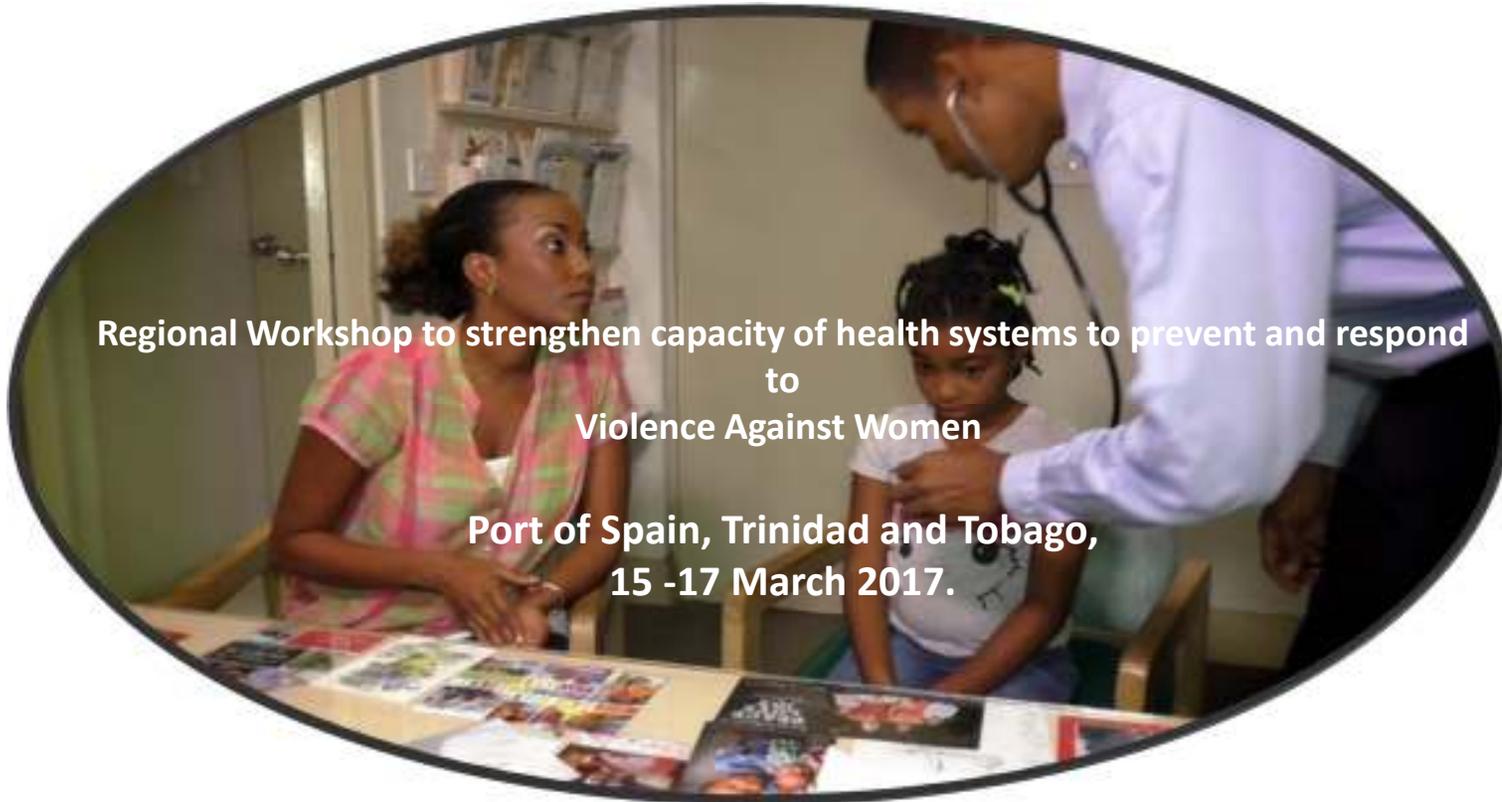


16 March 2017

Lisa McClean-Trotman Phd





Outline of presentation

- Situation on sexual VAC
- Brief overview of the BTS campaign
- Issues related to Health Professionals and sexual VAC
- UNICEF Actions within the context of BTS
- next steps

Situation of Children

Data on situation relating to sexual VAC

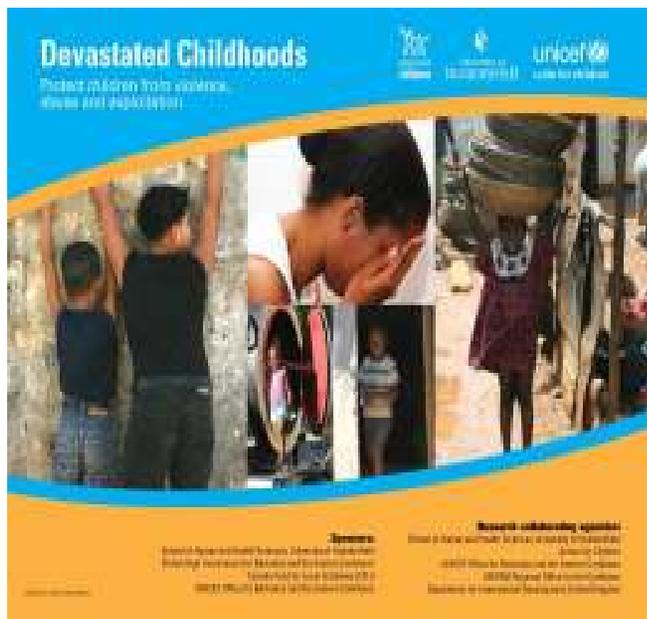
- Child protection data
- Research

Research

- 2007-2010 HFLE longitudinal study
- Study on Sexual Practices among Evangelical Youth-2006 (Barbados); 2009 (other EC countries)

Research

Barbados & OECS



Trinidad and Tobago

Gender Power and Child Sexual Abuse

The University of the West Indies

St. Augustine Campus



Convergence of Findings



1. No clarity on definition of childhood

- **Age of 13 as end of childhood:** 15.9% agreed; 77.2% disagreed; 2.1% were not sure and 4.8% did not answer.
- **Age of 16 as end of childhood:** 51.9% agreed; 37.3 % disagreed, 5% were not sure and 5.8% did not answer.
- **Age of 18 as end of childhood:** 77.4% agreed; 15% disagreed; 4.6% were unsure and 3% did not answer.
- **Sexual Activity as end of childhood:** 7.1% agreed; 88.5% disagreed and 2.1% were not sure.
- **Pregnancy as end of childhood:** 14.7% agreed.

- **Age of puberty as end of childhood:**

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)

- **Age of “ripeness” to contribute to household income:**

Some women regard men having sex with their girl children as a means of generating income for the family once the girls reach an age *they* (the mother) considers appropriate even though, in all the instances reported, the girls were minors.

(Study by Elsie Le Franc)

CSA Affects mainly girls

- Prevalence of sexual abuse of girls estimated at 20-45% of females under the age of 18 years.



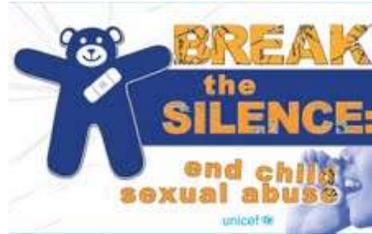
#7. but boys are increasingly victims as well

- Sexual abuse of boys appears to be also common, and increasing, but even more under-reported than that of girls.
- Stated awareness by the boys that they too could be victims of CSA from male perpetrators but resistance to discussing this.



NOTE

- While no surveys have been done to determine extent among preschool children we know from country reports that children from as early as 2 years can be found with STIs which are one of the signs of sexual abuse



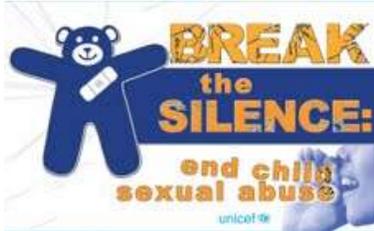
Overview of BTS- End Child Sexual abuse

BTS – an integrated approach to addressing Sexual VAC

BTS – End Child Abuse was launched across the English-speaking Caribbean. It became the umbrella for activities related to:

- strengthening the legal and policy frameworks
- building on and revitalizing services, initiatives,
- implementing a communication and social mobilization campaign using *the Teddy Bear as a symbol of hope and healing*



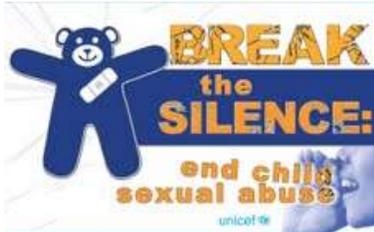


Key target groups for BTS

- Children
- Families (parents and caregivers)
- Professionals (**health**, education, law enforcement)
- Media
- Community persons who interacted with children and their families (religious leaders and lay workers; coaches)
- Parliamentarians



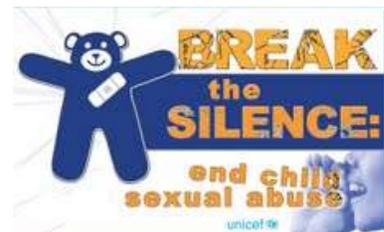
VAC and Health Care Providers



Issues

CP agencies in countries indicated

- that medical professionals reluctant to report cases or to involve
- Treat the problem medically and sent home the child
- Few countries with mandatory protocols to guide management and reporting of sexual VAC



UNICEF Actions with Health Sector

- **Research** – elite interviews conducted as part of opinion poll study in 2014 in selected eastern Caribbean countries. Medical professionals (doctors and nurses) in Barbados, Dominica and St. Vincent were interviewed to understand attitudes practices that would hinder reporting
- **Media campaign** developed targeting health professionals
- **Supported the development of protocols** of child abuse management and reporting **sensitization** for Health professionals on the same

Findings from the research

Objective of the elite interviews

- To understand:
 - How medical professionals felt about institutions capacity to deal with cases of CSA
 - Would they report cases of CSA – why/ Why not?
 - What would prevent them from reporting?

Findings from research (Dominica)

Health care system not equipped to handle cases

Would report even though it is emotionally draining

Some nurses intimidated by the court process

Some doctors reluctant because the police investigation takes up too much time

Failure to report would mean they are contributing to VAC

Findings from research (SVG)

Felt the Health care system was equipped to handle cases

Reporting is emotionally draining

Some doctors do not like to get “tied down” with the responsibility of reporting so would defer to other authorities

Some simply do not want to get involved

Some doctors don't report because they lack faith in Child Protection institutions

Some doctors don't report because they lack faith in law enforcement institutions

Findings from research (BDOS)

Health Care Providers were very likely to report cases of CSA

They agreed that many Health Care Providers would **not** report cases of CSA because of the shame and embarrassment it can cause (within the Health Care Fraternity)

Some doctors reluctant because the court process takes up too much time

Health Care Providers said some of their colleagues were uncomfortable discussing instances of sexual abuse with their colleagues and this might prevent some cases from being reported.

Health Care Providers would **not** report cases of CSA because their sole responsibility was to treat the case medically and there is a possibility that they could be ostracised by others for making a report of CSA.

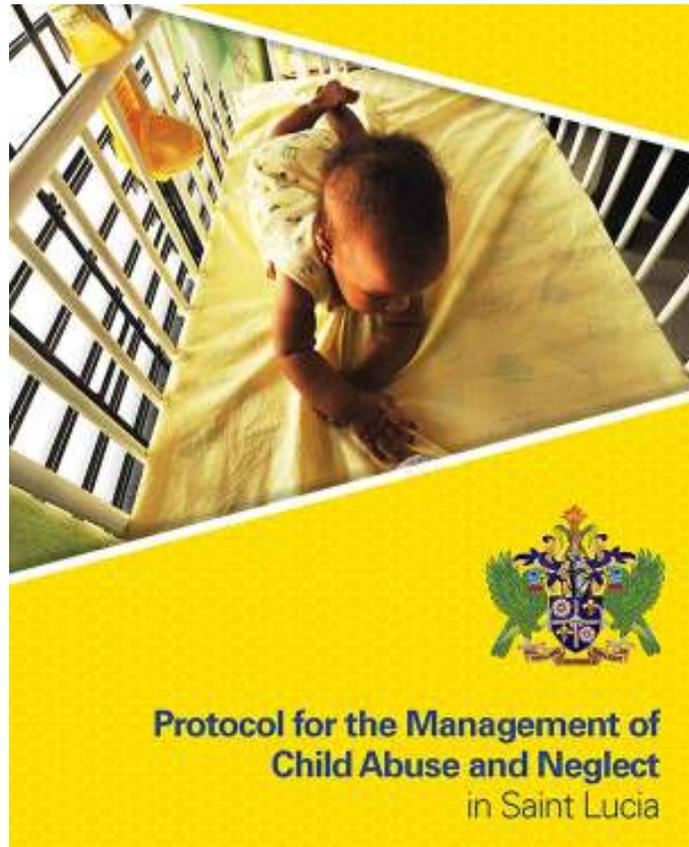
Health Care providers felt that many of their colleagues would **not** report cases of CSA because of the potential embarrassment the prosecution and court case might cause the child's family.

In summary

In dealing with health care providers it is more than addressing social norms...

also need to look at addressing the enabling environment for them to become involved and to consider other theoretical models

Development of Reporting protocols



**Protocol for the Management of
Child Abuse and Neglect**
in Saint Lucia

Sensitisation for health workers on child abuse protocol

Feedback from health professionals

countries

- Barbados
- St. Lucia
- TCI
- Dominica
- St. Vincent and the Grenadines
- Trinidad

Media campaign

Media campaign targeting health professionals



Next Steps –

Next Steps

Communication campaigns underscoring that preventing VAC is everyone business – continue targeting of health professionals to become involved

More research to understand their issues in relation to VAC and VAW

Address the barriers to Health professionals reporting- (intangible cost related factors such as time, simple form; user-friendly protocols)

Strengthen systems to encourage health sector to respond to survivors of CSA and their families

Capacity building on how to clinically diagnose; how to interview children; what type of reports/ evidence will help with court cases

awareness for health professionals on non-touching forms of abuse- how to talk to families about this kind of abuse if required



We are all a vital part of the fight!

