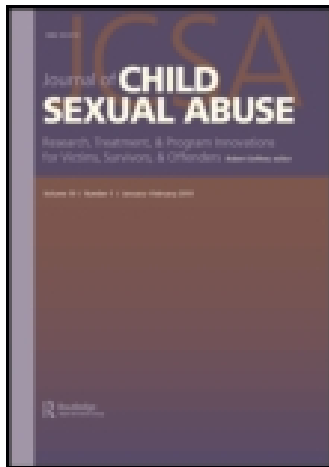


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Breaking the Silence of Child Sexual Abuse in the Caribbean: A Community-Based Action Research Intervention Model

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In Trinidad and Tobago, little data exists on child sexual abuse, although there are many anecdotal reports of high prevalence. The Breaking the Silence Gender and Community Empowerment Model is a multidisciplinary intervention to prevent and respond to child sexual abuse in Trinidad and Tobago. It is an innovative, gender-sensitive intervention that uses a community based action research methodology anchored in a national framework. Preliminary evaluation of the Breaking the Silence model shows increased knowledge of child sexual abuse, increased willingness to discuss child sexual abuse, and an impact that goes beyond the target communities. This model can be replicated in communities to prevent and respond to child sexual abuse and adapted to address other sensitive social issues in the Caribbean.

KEYWORDS *child sexual abuse, incest, Caribbean, action research, intervention*

Child sexual abuse (CSA) is prevalent in the Caribbean. In a survey of 15,695 students 10 to 18 years old, Halcon and colleagues (2003) found that 34.1% of children in 9 Caribbean countries were sexually active. Of these, 92.3% had their first sexual intercourse before the age of 16 years, 42.8% before the age of 10 years, and by age 16 to 18 years, 32.5% of males and 9.9%

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of females had more than 5 sexual partners. Most alarming, however, is that 47.6% of females and 31.9% of males described their first intercourse as forced or somewhat coerced and attributed blame to family members or persons known to their family.

CSA is defined as any activity between a child before the age of legal consent and an older, more powerful adult or substantially older child in which the child is used for a sexual or erotic purpose. This was adapted from the commonly used definition by Johnson (2001) to emphasize the power dynamics between victim and perpetrator. The authors have defined incest as any such interaction with a close relative or anyone perceived as a close relative that is committed to secrecy. In the English-speaking Caribbean, it is more popularly used to describe relationships between older relatives and children under the legal age of sexual consent. This definition takes into consideration the importance of “blood” as well as kinship ties in the local extended family structure (Barrow, 1999). The United Nations Convention on the Rights of the Child (United Nations General Assembly, 1989), to which Trinidad and Tobago is a signatory, defines a child as a person under the age of 18 years. However, under the Sexual Offences Act of Trinidad and Tobago (1986), 16 is the legal age of sexual consent. For this study therefore, a child is regarded as a person under the age of 16 years.

CSA is a traumatic experience, with significant potential for psychopathology, dysfunctional relationships, and increased HIV risk. This has been documented in Trinidad and Tobago (Reid, 2006; Reid, Nielsen & Reddock, 2010) and other Caribbean countries (Lowe, Gibson, & Christie, 2008). The social context for rape and other forms of sexual abuse against young women and girls in the Caribbean involves several interconnecting factors, such as gender inequality, social norms based on patriarchal values, domestic violence, the economic dependence of many women on men, and a limited appreciation of children’s rights. Though less prevalent, boys are not immune from CSA (Jones & Trotman-Jemmott, 2009).

BACKGROUND

Trinidad and Tobago is the southernmost country in the Caribbean, a two-island nation with an estimated population of 1.3 million in 2010 and a gross national income per capita of 15,543 USD in 2009 (Central Statistical Office, 2010). The Breaking the Silence (BTS) research project was initiated in response to concerns expressed by a wide range of professionals with an interest in child welfare about an increasing prevalence of CSA. These stakeholders included service providers in governmental and nongovernmental organizations (NGOs), community organizers, women’s movement activists, and representatives of various government ministries, national

family services, and the national medical facility for the treatment of sexually transmitted infections. Stakeholders acknowledged the taboo nature of the subject, identified regional differences in prevalence, and noted the emergence of incest as a particularly challenging practice. They also noted inaction, suggesting the tolerance of CSA in certain communities, which demanded that this situation be unearthed and addressed with new lenses. Most important this project focused on the gendered character of the issue.

CSA is prohibited by law, and it is mandatory for any parent, guardian, temporary custodian, or health provider with reasonable grounds for suspicion to report sexual activities involving persons under the age of 16. In Trinidad over a 6-month period in 2006, police received 165 reports of CSA in which 85% were violations of girls and 16% were cases of incest (Rape Crisis Society of Trinidad and Tobago, 2006). A survey on norms and values in 2007 noted the overwhelming perception of the general population (87%) that CSA and incest are very prevalent and underreported (Matroo, 2011). A small prevalence study indicated that 26% of adult psychiatric outpatients in Trinidad and 12% of nonpatient controls reported a childhood history of sexual abuse (Baboolal et al., 2007). These figures are significant not only for what they say about the high prevalence of CSA but the extent of underreporting suggested.

The child welfare system in Trinidad and Tobago is underdeveloped, and social service structures are not in place to ensure optimal identification of and interventions for victims of CSA. Providers of services for children at risk reveal that services, in general, are not child-sensitive and are driven primarily by legal statutes (Reid, Reddock, Rogers, & Nickenig, 2010). The legal and institutional infrastructures are thought by service providers to compromise the safety of victims, when children are taken away from abusive homes without adequate resources for safety and follow-up. Service providers described ChildLine as a proactive response to child welfare and protection. This is a free 24-hour telephone help line and outreach service to children and young persons, schools, and youth groups that is operated by an NGO.

Despite the reported significant prevalence, there were no reports on the understanding, impact, or prevention of CSA in Trinidad and Tobago, and stakeholders expressed feelings of inadequacy when treating CSA victims. The BTS project was established to understand ethnographically the socio-cultural meanings associated with CSA within the sexual cultures in Trinidad and Tobago and its diverse character in different ethnic, religious, class, and geographical contexts. This fills a research gap by providing new data on CSA and an understanding of its tolerance in the community. A key objective was also to develop a gender-sensitive, community-based, action research intervention for empowering children, parents, and other community members to prevent and respond to CSA.

CONCEPTUAL FRAMEWORK

The World Health Organization advocates a public health approach to violence prevention (Dahlberg & Krug, 2002). The four-step approach includes (a) a systematic collection of data about the magnitude, scope, characteristics, and consequences of violence to define the problem; (b) a determination of the causes and correlates of violence, the factors that increase or decrease risk, and the factors that are likely to be modified by intervention; (c) the design, implementation, and evaluation of interventions; and (d) actions to reduce and prevent violence at a population level, the implementation of effective interventions in a wide range of settings with monitoring of impact on risk factors and target outcomes as well as cost effectiveness. The BTS project used this as a framework to investigate CSA in Trinidad and Tobago. To adequately accomplish these goals on a taboo topic like CSA, the researchers built on the principle that an understanding of the target community must precede any intervention and that there must be authentic participation of community members, involving them in a cyclical process of planning, implementation, observation, reflection, and evaluation of the intervention. Researchers emphasized the critical nature of establishing strong partnerships and linkages with key community leaders and other stakeholders in the community before entering the community. The BTS model therefore uses an action research methodology in which the actual intervention becomes the source of research data collection. According to Gilmore, Krantz, and Ramirez (1986):

Action research . . . aims to contribute both to the practical concerns of people in an immediate problematic situation and to further the goals of social science simultaneously. Thus, there is a dual commitment in action research to study a system and concurrently to collaborate with members of the system in changing it in what is together regarded as a desirable direction. Accomplishing this twin goal requires the active collaboration of researcher and client. (p. 161)

As noted by Parpart (2000), such community-based, participatory empowerment approaches emerged as part of the gender and development critique of the top-down character of most development practice. Rai (2007) reminds us that the concept of empowerment includes *both* individual conscientization (*power within*) and collective action (*power with*), which can lead to politicized power with others to bring about change (*power to*). Our approach emerged from the ground up, responding to the needs of the communities and linked to the wider national and regional context of gender inequality, children's rights, and social transformation, at least in relation to this specific issue.

By utilizing a community-based action research methodology, the BTS project aimed to collect data that not only shaped the immediate

interventions but once analyzed would lead to a better understanding of the gender, relational, sociocultural, family, and community dynamics that support CSA in communities. This knowledge drives subsequent interventions designed to impact the community climate and processes and fosters healthy relationships. The project explores the interaction of factors at different but connected ecological levels and includes methodological components that bridge the psychological and the social systems. This methodology allows for a socioecological examination of the systems supporting CSA in communities, consistent with Bronfenbrenner's (1977) ecological theory of human development and informs the primary and secondary prevention of CSA.

This article reports on the development, implementation, and evaluation of this community-based action research model, which aimed to understand the context of child sexual abuse, sensitize communities, and raise awareness. The report provides the framework for replication and adaptation of the model to address CSA and other sensitive social issues.

LITERATURE REVIEW

The Caribbean has very few studies evaluating child abuse prevention programs. Jamaica, Barbados, and Trinidad and Tobago have a network of parenting education initiatives that include components on preventing child abuse and neglect. These programs are promising, but their coverage is generally inadequate, and only a small percentage of persons in need access them (United Nations Children's Fund [UNICEF], 2006). Most official data on child sexual abuse in the Caribbean come from government agencies and NGOs, which provide the necessary preventive, supportive, and remedial social services to the children and their families. Less attention has been given to trend analysis of these rich data sources in relation to evidence-informed policy development and strategic planning that would facilitate the protection of children. Consequently, the search for root causes of CSA has been preempted by studies looking at risk factors (Barclay, 2011).

For years, therefore, there was little research into what had been a taboo and virtually hidden topic. The regional concern with violence against women, gender-based violence, and sexual violence had amazingly not led to an addressing of this issue until recently. Shifting from the risk factor focus, Jones and Trotman-Jemmot (2009) aimed to understand the cultural and social context of CSA in six eastern Caribbean countries. Also conceived as an action research project, this study overlapped with the Trinidad and Tobago BTS study, but there were major methodological differences. These included the stronger community participation and involvement, the focus on empowerment and conscientization, the novel data collection methods, and the combination with a national campaign.

Community-based research is increasingly recognized as a viable approach to developing relationships with communities to address complex

public health problems. Rationales for using this approach include the opportunity for researchers and community members to learn from one another, address power imbalances, empower participants, democratize knowledge, enhance the relevance of research, and connect research to larger social change efforts (Sullivan, Bhuyan, Senturia, Shiu-Thorton, & Ciske, 2005). Community-based prevention has been promoted for the reduction of child abuse (Daro & Dodge, 2009). The literature notes the benefits of community-based research, but few articles discuss accounts of community participation in actual research and report on actions, especially in the arena of interpersonal violence. Sullivan and colleagues (2005) presented a case study of a community-based research on domestic violence in the United States. They described the specific ways in which a community-based approach was operationalized and discussed in detail how community participation shaped various stages of the research. Consistent with the experiences of others, Sullivan and colleagues (2005) affirmed community-based research as a viable model for developing relationships with community members, fostering diverse participation, sharing decision making, and developing culturally competent research methods and data analysis. Furthermore, they concluded that cultural relevance and the relevance to practice were enhanced by community participation. Agency and advocate participation led to enhanced legitimacy of the research within the broader domestic violence community.

The literature also reveals how community-based action research can assist in empowering communities to end harmful cultural practices toward women and girls and lead to locally developed strategies for social change. For instance, Hague and colleagues (2011) used participatory action research to explore possible interrelations between bride-price and domestic violence and poverty in Uganda. The use of this methodology established strategies that would work toward removing some of the harmful effects of bride-price and hence toward women's empowerment nationally and locally. Similarly, in a case study looking at child maltreatment in Guatemala City, McMillan (2007) revealed how community-based research can further the personal empowerment of participants, generate change in individual's sense of themselves, and galvanize community resources and organizations toward social change.

METHOD

Selection of Research Communities

Approval to conduct the research was obtained from the Ethics Committee of the Faculty of Medical Sciences, University of the West Indies, Trinidad and Tobago. Three communities—a rural agricultural and fishing community consisting of 13 villages located along the northeastern coast of Trinidad, an urban area in northwestern Trinidad, and a rural fishing village in northern

Tobago—were selected for the project because of their diversity in urban environment, ethnicity, religion, class, and social groupings. This allowed a more comprehensive examination of the characteristics of CSA in the national society. Considerations of accessibility and safety also influenced the selection of communities.

Development of the BTS Community Empowerment Model

THE PROPOSED INTERVENTION

Action research ensures that an intervention is informed by theoretical considerations and spends time refining the methodological tools to suit the exigencies of the situation. The researchers are responsible for the design and management of the BTS model, analysis of data collected from the community prior to the intervention, and determination of the specific methodology. The initial community intervention proposed by the project research team was informed by bibliographic data, theoretical considerations, and reports from professionals experienced in community-based social science interventions, specifically the community caravan model, which was successfully utilized by a respected NGO. Using a holistic approach, the community caravan would focus on social mobilization and an information campaign on CSA delivered by a multidisciplinary team of counselors, health professionals, child care workers, social workers, and nurses trained to work with individuals and families in the community for health promotion and disease prevention (i.e., health visitors). The caravan would conduct quarterly visits to each community over a one-year period.

The first community rejected the proposed centralized community caravan. Through an active community-based organization they had been regularly exposed to health education and screening. They suggested a decentralization of the intervention to reach more persons and identified the need for sustainable skills, the specific need to intervene in spaces where men and boys hang out, and the need of a counseling center. This forced the researchers to rethink the intervention, as each community shaped the content of the BTS model.

ETHNOGRAPHIC CASE STUDIES

To understand the sociocultural meanings associated with CSA and to prepare for the community intervention, the BTS project conducted ethnographic case studies in the three selected communities. Field researchers spent three months in each community to understand the complex factors underlying CSA and to sensitize and prepare community members for participation in the intervention. They gathered data on social history, family structure and relations, and how children and young persons are perceived and treated. Data were also collected on sexual norms, attitudes and taboos,

and how CSA and childhood incest are understood and experienced. Data collection methods included social maps, participant observation, conversations, key informant interviews, and attendance to community activities in each community. Field researchers identified a minimum of 10 key stakeholders from each community, including community members and service providers working or living in the community, for future in-depth interviews, participation in service provider surveys, representation on community teams, and participation in the intervention.

INPUT FROM COMMUNITIES AND ADVISORY COMMITTEES

Input was sought from key national stakeholders, key persons in the community, and a project advisory committee. Approximately 100 representatives from governmental organizations and NGOs participated in two national stakeholder meetings by virtue of interest or involvement in the issue of CSA. In the two meetings, held in both Trinidad and Tobago, researchers galvanized support, and the stakeholders recommended approaches based on cultural sensitivity and national needs. At one meeting, stakeholders suggested that we should immediately put the issue of CSA in the media because the issue required urgent action. This together with feedback from other project partners stimulated the emergence of a BTS campaign and the hiring of a media consultant.

Researchers also established a project advisory committee to provide broader feedback and recommendations on matters related to the design, development, implementation, and evaluation of the model. These were professionals with expertise and experience relevant to sexuality research, gender-based violence, HIV research, and CSA and were representative of a range of professions including education, finance, law enforcement, community outreach, and national security in Trinidad and Tobago.

Key persons in the community, identified during the community ethnographic studies and study of service provision, were invited to community stakeholders meetings. The researchers discussed the BTS project and the occurrence of CSA based on the initial ethnographic findings, reinforced the need for an intervention, and encouraged community participation. The community gave direct feedback on the proposed intervention model. A key outcome of these meetings was the development of community teams that facilitated entry of the project teams into each community and community acceptance of and participation in the activities. All community team members were trained and sensitized on gender and CSA.

Researchers and community representatives collaborated through two formal mechanisms. The community teams, led by a community liaison officer, made input to the model design by proposing activities specific to their community culture and needs. The community liaison officer received a small stipend for coordination of meetings and logistical needs related to

the intervention. An implementation team interacted directly with the community and facilitated feedback and interaction between researchers and the community on local issues related to the model.

IMPLEMENTATION

A well-established and respected NGO known for domestic violence and child advocacy served as a project implementation team responsible for the coordination, management, and completion of all intervention activities. The implementation team was also responsible for sensitizing the community to the BTS intervention, preparing them for the model activities, and promoting participation. Along with other hired facilitators, the project implementation team conducted activities in the field, and supervised the collection of research and evaluation data, consistently providing feedback to the researchers.

Successful model implementation requires consistent team meetings for communication and feedback between researchers and the project implementation team and between the implementation team and community teams. These teams met at least monthly. Additional informal meetings took place regularly as needed. In addition, all researchers were involved in certain key activities in the field, such as the community stakeholder meetings, and were encouraged to attend community-based activities.

While model activities are not designed to elicit disclosure by participants, given the highly sensitive nature of CSA there is a possibility that during activities victims or perpetrators and/or their families may experience psychological distress. In implementing the model, the researchers employed on-call trained mental health professionals in, near, or out of the community (if necessary to ensure privacy) to provide crisis intervention if needed. Interventionists provided an on-site intervention and ensured that the affected individuals or families were registered with an appropriate national or community agency for follow-up management. It was extremely helpful to have an experienced psychiatrist as a researcher who could appropriately assess specific cases.

STUDY OF SERVICE PROVISION RELATED TO CSA

Researchers further understood CSA through a study of service provision related to CSA in Trinidad and Tobago. This study provided an understanding of the larger national context in which the project operated and would eventually relate to the recommendations that would emerge from the project. It collected data from supervisors and frontline workers in governmental and nongovernmental agencies that provide services for children at risk for CSA. The study included national agencies and agencies in the three selected communities that provide services in the health (including HIV/AIDS), education,

social development, judicial, and national security sectors. Quantitative and qualitative data were collected on attitudes and perceptions of CSA and how related policies, protocols, and procedures are implemented to help victims. These findings will be presented in a subsequent publication.

REFINEMENT OF THE INTERVENTION MODEL

At each intervention activity, data were collected through note-taking and debriefing sessions. The data from the ethnographic case studies, the study of service provision, and the ongoing model activities were explored to determine the local construction, meanings, and community perceptions of CSA, thus providing new information on vocabulary, underlying meanings, and the social and gendered context for CSA as well as risk and protective factors. Together with ongoing input from the community teams and advisory committees, researchers continuously refined each BTS community model to suit the needs and culture of each community (see [Figure 1](#)).

CORE ELEMENTS OF THE FINAL BTS GENDER AND COMMUNITY EMPOWERMENT MODEL

The BTS Model is community-specific. The final Intervention Model in each community is a product of continued refinement from reports of field

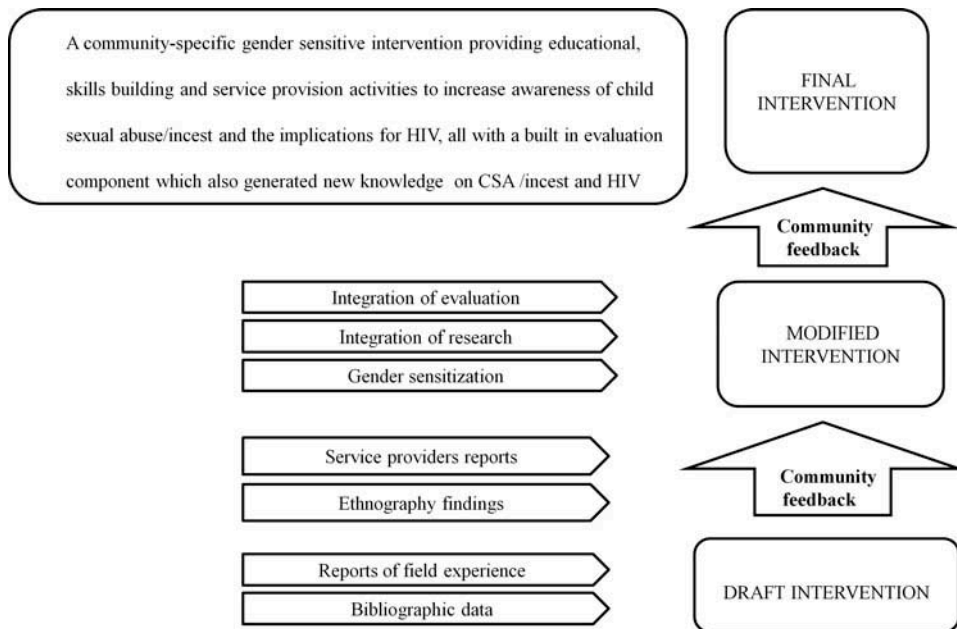


FIGURE 1 Development of the BTS Community Empowerment Model.

experience, community surveys, ethnography, and feedback from community members. Core elements emerged, which form a standard BTS Gender and Community Empowerment Model that can be made community-specific with the appropriate data.

Activities

The final BTS model includes three types of activities—education, skills building, and service provision—that reflect the general needs identified by all three communities that were involved in the model design. All of the model activities introduced notions of gender and gender ideologies and how these ideologies affect differential risks, attitudes, and treatment approaches related to CSA.

EDUCATION

Educational activities aimed to (a) teach people about healthy relationships and to identify potentially abusive situations; (b) promote gender awareness and sensitivity to male and female participants; (c) inform about protective policies, services, and actions related to CSA; (d) educate about the relationship between CSA and HIV; and (e) motivate individuals to work toward changing the social structures and norms that support the occurrence of CSA. [Table 1](#) outlines specific objectives for different target populations and the approaches used.

SKILLS BUILDING

The skills building activities empowered adults and youth in the community to intervene directly or indirectly in the prevention of and response to CSA and the negative consequences associated with those experiences. These activities built sustainability into the model by leaving community members with new skills to continue addressing issues related to CSA and provided a cohort of trained persons for subsequent scaling up of the model. The activities targeted different population groups according to the expressed needs of the community and their existing baseline skill level. For example, in one community where there was a local radio station and young persons were interested in developing radio drama presentations, the selected activity was the development of writing, acting, and radio-recording skills relevant to producing radio drama presentations and the development of one radio dramatic presentation related to CSA. [Table 2](#) outlines the skills building activities and the specific training objectives of each activity.

TABLE 1 Educational Interventions: Target Groups and Objectives

Teachers	Other Adults	Students	Children
Workshops enabled teachers to:	Adult workshops aimed to:	Workshops for teenage students in secondary schools aimed to:	Workshops enabled children to:
Speak to children about sex and sexuality.	Sensitize male and female community members about CSA by exploring attitudes and feelings about the issues.	Increase awareness of CSA and related signs and symptoms.	Learn assertiveness skills surrounding their sexual rights.
Recognize possible signs of CSA.	Inform male and female community members on ways to keep children safe and how to prevent and respond to CSA in communities.	Increase awareness of appropriate responses to abusive experiences.	Learn about existing resources for CSA and HIV.
Provide a general introduction to notions of gender and gender ideologies in society as well as how these ideologies contribute to gendered assumptions about sex and sexuality and the occurrence of CSA and HIV.	Provide general introduction to notions of gender and gender ideologies in society as well as how these ideologies contribute to gendered assumptions about sex and sexuality and the occurrence of CSA and HIV.	Explore attitudes and perceptions related to CSA.	
Appreciate the link between CSA and HIV.	Increase awareness of the resources available in communities as well as the country to deal with CSA.	Provide general introduction to notions of gender and gender ideologies in society as well as how these ideologies contribute to gendered assumptions about sex and sexuality and the occurrence of CSA and HIV.	
Be aware of the legal implications of CSA, including the need to take action.	Increase awareness of the link between CSA and HIV.	Increase awareness of the link between CSA and HIV.	
Educational objectives were achieved through:			
<ul style="list-style-type: none"> • Workshops for secondary school teachers • Workshops on gender, sexuality and parenting for male and female parents and caregivers • Theater-in-education workshops for secondary school students • Interactive and invisible theater for men and women in community social settings (bars, basketball courts, football and cricket fields) • Cottage meetings for men and women in the community • Storytelling, spoken word, and poetry sessions for primary and secondary school children 			

TABLE 2 Skills Building Interventions: Specific Activities and Objectives

Activities	Training Objectives
<p>Training in crisis intervention skills, specifically as it relates to disclosure of CSA. Target: Persons working with children (e.g., homework center facilitators, teachers, social workers).</p>	<ul style="list-style-type: none"> ● Child development and the impact of domestic abuse ● Child sexual abuse: assessment and intervention ● Building self-esteem in young persons ● Self-care and peer support among facilitators
<p>Training in facilitation skills to run support groups for the empowerment of women and adult survivors of CSA. Target: Mental health professionals in the community, women community members, and adult survivors of CSA.</p>	<ul style="list-style-type: none"> ● Skills and competencies required when facilitating ● Working with women ● How to choose the right facilitation methods ● Interpersonal skills to establish rapport quickly ● Listening and responding with authenticity ● Feedback and disclosure ● Managing conflict constructively ● Feedback to participants
<p>Parenting workshops to provide training to start parent support groups. Target: Community members—male and female parents and child caregivers.</p>	<ul style="list-style-type: none"> ● Modelling behaviours in parenting ● Child development: sex and sexuality ● Educating children about sex and sexuality ● Gender ideologies and relationship to child development ● Biology and sexuality ● Facilitation skills for parenting groups ● Initiating parent support groups in communities
<p>Development of artistic and dramatic skills using the theme of CSA and HIV. Target: Young persons—males and females.</p>	<ul style="list-style-type: none"> ● Development of skills relevant to producing radio drama presentations ● Development of one radio dramatic presentation related to CSA ● Development of poetry about CSA and HIV ● Development of skills relevant to producing a dramatic presentation on family life issues

SERVICE PROVISION

The research provided services to improve the capacity of each community to address their expressed CSA prevention and treatment needs. This included empowering communities to take responsibility for prevention and treatment and promoting awareness and utilization of existing services through posters and information cards highlighting national and community-specific resources available for CSA and HIV. With the assistance of trained

professionals, community members who participated in the skills-building activities were involved in service provision. Services included community parenting support groups and groups for the empowerment of women and women survivors of CSA. Through family health fairs, local and national service providers also offered health screens, wellness workshops, and interactive learning experiences addressing sexual health and condom use, family relationships and violence, and sexual abuse.

Data Collection

Data collection methods included (a) ethnographic notes during interventions, (b) pre- and post-intervention evaluation questionnaires, (c) pre- and post-intervention discussions (using dramatic scenarios), (d) focus group discussions and structured interviews with participants and facilitators conducted by an independent evaluator three and four months after model implementation, and (e) focus group evaluations with students six months after model implementation. Ethnographers recorded “thick descriptions” of the interventions. Ethnographic notes included participants’ reactions to the interventions; their knowledge, attitudes, and perceptions about CSA; the influencing gender ideologies; and knowledge gained from the interventions. All note takers and implementation team members were trained in ethnographic data collection methods. Biweekly training and debriefings continued throughout their fieldwork. Notes were also taken at debriefing sessions held directly after each activity with all project and community team members who were present and at focus groups held with community liaison officers, members of the implementation team, and the project coordinator. At least one of these focus groups was video recorded and a representative range of model intervention activities were photographed and video recorded for documentation purposes and further analysis.

Follow-Up

It is vital to return to communities after implementing the model activities and to continue technical assistance. For example, participants of skills-building workshops requested post-implementation assistance to ensure quality and sustainability of newly formed parenting and women’s empowerment support groups. Follow-up should include a minimum of 4 return visits to the community over a 12-month period.

BREAK THE SILENCE MEDIA CAMPAIGN

The BTS media campaign and hiring of a media consultant resulted from the feedback of community stakeholders. The campaign aimed to (a) increase

public awareness about issues related to gender and CSA and de-silence discussion, (b) increase public awareness about existing resources for preventing and responding to CSA, and (c) influence policymakers, service providers, and other leaders to increase their commitment to gender sensitive, evidence- and human rights based policies and interventions that prevent and address CSA.

EVALUATION

An external evaluator worked with the researchers from start-up to create a monitoring and evaluation plan that was implemented throughout the intervention period. Three specific project objectives were evaluated: increase in knowledge, capacity development, and motivation to act. Activity indicators, outputs, and outcomes measured the achievement of these objectives for each intervention. Evaluation data were collected as described previously.

RESULTS

Project Outcomes and Outputs

Four months after implementation of the BTS Gender and Community Empowerment Model, the following project outcomes and outputs signified increased knowledge, capacity building, and motivation to act, as it relates to CSA:

- Ethnographic case studies and the study of service provision provided an understanding of community members' perceptions and attitudes toward CSA and their understanding of its meaning and significance in three communities, which represented the diversity of the Trinidad and Tobago population. These findings will be presented in a subsequent publication.
- One community developed a seven-episode radio soap opera as an output from a skills-building workshop. The soap opera will be aired on national radio and the local community radio station accompanied by a teaching guide to ensure accurate knowledge transmission.
- In each community, community members were motivated to establish and sustain support services to identify and help victims of CSA. One community established a parent support group, and the second established two support groups for CSA survivors. In the third community, a teacher who had received training in early recognition of CSA set up a homework center, with an awareness of the need for parental education about CSA and early identification and reporting of suspected cases of CSA according to procedural recommendations from the Ministry of Education.

- School principals and teachers who participated in the BTS model used knowledge gained to host six youth-friendly CSA educational workshops for approximately 400 primary and secondary school children.

Quantitative Findings

Of 1,236 participants in BTS activities, all reported a clearer understanding of CSA and had increased awareness of available community resources. Seventy-four percent of 221 participants (60% female) in a random sample of 10 education and skills-building workshops had an increase in knowledge of CSA, and 82% of 317 teachers reported increased knowledge of accurate definitions of CSA, the presenting signs, and ability to identify CSA. Eighty-two percent of teachers also reported an improved ability to build assertiveness in young persons' sexual decision making and to talk about sexual issues in a youth-friendly manner. Seventy-four percent of 651 participants (except teachers) and 50% of teachers had greater understanding of gender ideologies and the relevance to CSA. Among 303 youth attending primary and secondary schools, 89% had greater knowledge/understanding of CSA, gender ideologies, and the link between CSA and HIV.

Qualitative Findings

Preliminary analysis of focus group findings and data from structured interviews identified the main theme of sustained gain in knowledge about CSA as a direct result of the BTS community activities. The following comments support this:

- Community 1: "I can say that I learnt a lot from this project about child abuse. I always knew it was wrong but this project helped me to really understand what qualifies as abuse and that it is not just men who abuse girls but women also abuse boys. It goes both ways." (49-year-old Afro-Trinidadian female)
- Community 2: "This project definitely increased my knowledge of child sexual abuse and all types of abuse of children for that matter. I did not have these details before the project. I am happy I participated. The project should continue 'cuz people will forget." (39-year-old Indo-Trinidadian female)
- Community 3: "For me personally, the project helped me to understand a lot of things about child abuse that I did not know before. Not only that, I understand now, what I should do if a child in my village tells me he or she is abused." (42-year-old Afro-Trinidadian female)

A key output of the BTS media campaign was the creation of an ethnic and gender neutral icon—a blue teddy bear with a plaster over its



FIGURE 2 The Trinidad and Tobago Break the Silence Campaign symbol—Break the silence: End child sexual abuse (color figure available online).

heart—that brands the campaign with a visual symbol people could associate with CSA (see [Figure 2](#)). As a direct result of the campaign, thousands of community members from four geographically separate communities in Trinidad and Tobago that were not involved in the project hosted four different marches/walks highlighting the BTS child sexual abuse symbol to raise awareness of CSA and to call for the government to improve programs and policies. A BTS network was established that spawned further marches and awareness raising events.

Interest has been expressed by national and regional governments in scaling up the project to other communities and countries. There is also interest in adopting policy and legislative recommendations made by the researchers, and an NGO has given support to continue the production of communication tools to raise greater awareness of CSA in 24 communities throughout Trinidad and Tobago.

DISCUSSION

Community-based participatory action research is increasingly recognized as an effective approach to reducing sexual and intimate partner violence and has been described as ideally suited for improving the health of communities (Hague, Thiara, Turner, 2011; McMillan, 2007; Sullivan et al., 2005). There have also been important critiques of this methodology (Parpart, 2000; Phillips & Kristiansen, 2012). Parpart (2000), for example, highlights its increased effectiveness in reaching women and the poor more generally, but she also emphasizes the challenges posed when researchers lack familiarity with the community's power structure and cultural context. In addition, Parpart (2000) notes that these approaches have often neglected the larger

national and regional power structures within which the communities exist and their inability to challenge them.

The BTS Gender and Community Empowerment Model utilizes a unique methodology that appears, at preliminary evaluation, to have transcended some of the challenges described previously. In relation to the understanding of the community context, one of the strengths of the BTS model is the ethnographic research, which allowed for prior understanding of the communities and facilitated entrance and acceptance of the intervention. In addition, our model was firmly anchored within a larger national framework shaped by the comprehensive service provider study, which preceded the community intervention, the stakeholder meetings, and the national media campaign that accompanied the entire process. The involvement of service provider agencies and CSA advocates also legitimized the research, as described by Sullivan and colleagues (2005), and increased the possibility of continuity.

Participatory approaches call for full participation in all phases of the research project and often assume the skills needed for such participation. In this project, community participants called for and received the skills that empowered them to participate optimally, such as crisis intervention skills and training for early identification of CSA, training for community liaison teams, and training for the support groups that emerged. The success of the project is not just what happened in the communities but also at the national level. One of the consistent critiques of participatory empowerment approaches is their emphasis on the local while generally tending to ignore the national power structures. The development of a national media campaign, a direct response to community feedback, took the project beyond the communities. Data from the community activities fed into the campaign, which fed into communities not initially targeted in the research project. The resulting mushrooming effect saw an increasing number of communities calling for action, increasing national sensitization and media reporting, with an anticipated increase in political will to improve services in the health, social services, and legal sectors. Together, these have the potential to promote improved care for victims of CSA, eventually reduce the prevalence and incidence of CSA and by extension reduce the HIV risk for children and youth. In fact, in the months immediately following the BTS intervention, a steadily increasing number of reports of CSA to the police, while not conclusively attributable to it, has been associated with the BTS project (Sookraj, 2011). More certainly, the BTS model has gained the support of the government of Trinidad and Tobago and the private sector, who have expressed interest in scaling up the model for adaptation and implementation in other communities and increasing support for sustaining activities in the original three target communities.

The replicable design, the sociocultural sensitivity of the approach, and the powerful symbolism of the teddy bear icon make the BTS model suitable for implementation throughout the Caribbean. In November 2012, the

United Nations Children's Fund and the United Nations Secretary-General's UNiTE to End Violence Against Women campaign accepted the blue teddy bear as a regional symbol to fight against CSA throughout the Caribbean. The campaign calls for all countries to put in place strong laws, action plans, preventive measures, data collection, and systematic efforts to address sexual violence.

The BTS model has its challenges and limitations. In the implementation of this project, researchers engaged in an interdisciplinary, consultative, and participatory process that involved a great deal of collaboration with stakeholders in government, academia, NGOs, community-based organizations, religious institutions, education, health, media, the arts, and community members in every part of the planning, implementation, and evaluation of project activities. While this inclusive approach was effective in ensuring that all stakeholders felt ownership of the process, involving such a wide range of stakeholders and personalities proved difficult and at times delayed project activity.

Ethnographic data collection, while an important component of the model, takes a great deal of time and financial resources. The BTS project in Trinidad and Tobago was limited to a three-month ethnographic study in the communities selected. While this time period afforded the collection of useful information to direct important decisions about model design and implementation, it is highly recommended that this component of the study involve at least six months of data collection. Also, in spite of training and debriefing with research assistants throughout the project life, ethnographic notes sometimes lacked the detail that was sought because these note takers were not trained ethnographers.

Project evaluation, another vital component, presented a number of challenges that affected data collection and analysis. Issues of data quality arose as implementation team members sometimes did not follow through consistently with pre- and post-intervention questionnaires. This affected the level of analysis regarding some workshop outcomes. These were later replaced by scenarios that were more consistently implemented. During interventions conducted in schools, the team had limited available time to collect evaluation data because students were only available for short periods. To compensate for this, the team conducted focus group evaluation sessions with students six months post-implementation. The timing and hence nature of project impact measured was therefore different for students than other participants. Participant recall may have been a limiting factor.

Daro and Dodge (2009) have described the potential positive impact of community-based interventions for child abuse prevention but acknowledge the challenge of designing and implementing high-quality, multifaceted community prevention initiatives. Despite its limitations, the BTS model has demonstrated this positive impact. By successfully garnering support from public institutions, community-based stakeholders, community members,

and policymakers and promoting awareness and understanding of the taboo subject of child sexual abuse, the BTS model has created a positive environment for a change in CSA risk.

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