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Research article

Action research improves services for child sexual abuse in one Caribbean nation: An example of good practice

Sandra D. Reid^{a,*}, Rhoda Reddock^b, Tisha Nickenig^b^a Psychiatry Unit, Faculty of Medical Sciences, The University of the West Indies, St. Augustine, Trinidad and Tobago^b Institute of Gender and Development Studies, The University of the West Indies, St. Augustine, Trinidad and Tobago

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ABSTRACT

Background: Child sexual abuse (CSA) is a multi-dimensional problem. The search for best practice must consider the complexities surrounding CSA and its management in any particular society.

Objective: Data previously gathered from service providers on CSA service provision in Trinidad and Tobago identified key deficient issues in policy and practice. In this paper, researchers aimed to bridge the gaps identified, and effect changes to improve services for CSA using an action research methodology.

Participants and setting: Service providers from all sectors in governmental and non-governmental organizations in Trinidad and Tobago, who work with children at risk of CSA were involved in the process.

Methods: Researchers led the service providers into an awareness of their own practice through critical discussion of, and reflection on, the key deficient issues. The new knowledge generated, with guided input from evidenced-based best practice, led to the development of guidelines for management. Discussion of the practicability of the guidelines by service providers in multiple sectors generated more new knowledge that refined the management approach.

Results: The contextual knowledge obtained from service providers resulted in best practice guidelines for service providers that were culturally relevant and context-sensitive, adaptive and implementable, and allowed a seamless multidisciplinary response to CSA in Trinidad and Tobago within prevailing constraints.

Conclusions: Action research offers an effective approach to improve services for CSA through mobilization of service providers and changes in policy and practice. It is applicable in any setting and likely to be effective in any socio-cultural context.

1. Introduction

The Caribbean is a region of the Americas consisting of several island and mainland nation-states in the Caribbean Sea between North and South America. The national prevalence of child sexual abuse in Trinidad and Tobago is unknown but a study of adolescents in the Caribbean (Halcón et al., 2003) found that 42.8% of sexually active adolescents first had sexual intercourse before the age of 10 years. Of these, 47.6% of females and 31.9% of males stated that their first intercourse was forced or somewhat coerced by family members or persons known to their family. Anecdotal reports from a meeting of service providers in governmental and non-governmental organizations (NGOs), and a wider range of stakeholders including community organizers, women's movement

* Corresponding author.

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activists, medical practitioners, and representatives from national family services and relevant government ministries suggested that the prevalence was far greater, and that there were communities where child sexual abuse appeared to be supported by prevailing socio-cultural factors. Jones and Trotman Jemmott (2009) identified some of these interlocking factors as poverty and the socio-economic reliance of women on men, implicit social sanctioning especially when the perpetrator was in a position of power, patriarchal values which place protecting male status and privilege above protection of the child and disempowerment of children. This is alarming not only for what it suggests about the prevalence of this practice in Trinidad and Tobago, but also because child sexual abuse is associated with a multitude of social, physical and psychological sequelae which require professional intervention regardless of the time of presentation.

Early meta-analytic reviews found significant associations between child sexual abuse and anxiety, anger, depression, re-victimization, self-mutilation, sexual problems, substance abuse, suicidality, impairment of self-concept, interpersonal problems, obsessions and compulsions, dissociation, posttraumatic stress responses and somatization in adult women (Neumann, Houskamp, Pollock, & Briere, 1996). Even when there are no direct long term psychological sequelae, more recent evaluations have concluded that child sexual abuse is an indirect risk factor for anxiety disorders (Maniglio, 2012), suicidal behaviour (Briere, Madni, & Godbout, 2016), sexual re-victimization (Waldron, Wilson, Patriquin, & Scarpa, 2015) and adult psychopathology in both males and females (Hillberg, Hamilton-Gachritsis, & Dixon, 2011) through complex, intermediary factors.

One sequel of child sexual abuse that has not received a lot of attention in the Caribbean is the increased HIV risk. Researchers in North America and sub-Saharan Africa examined women of various ethnicities and reported on the relationship between child sexual abuse, primary mental disorders, substance use disorders and increased HIV risk (Wyatt, Carmona, Loeb, & Williams, 2005; Myers et al., 2006; Meade, Kershaw, Hansen, & Sikkema, 2009; Lewis, 2012). A more direct relationship between child sexual abuse and HIV transmission has been examined in sub-Saharan Africa but little direct empirical work has been done (Lalor, 2008). The association between child sexual abuse and HIV risk has been previously reported but not explored in the Caribbean (Lowe, Gibson, & Christie, 2008; Reid, 2006). In Trinidad and Tobago, an association between child sexual abuse and HIV seropositivity has been reported among different sub-populations - 83% of treatment-seeking HIV-positive female drug abusers reported a history of child sexual abuse (Reid, 2006), and among pregnant women attending antenatal clinic, a history of child sexual abuse was associated with a positive HIV serostatus (Hutchinson & Jameson, 2006). There are no empirical data on the number of children infected with HIV as a consequence of sexual abuse, but there is growing awareness that this mode of transmission may be an under-recognized public health problem. (Reid, Reddock, Rogers, & Nickenig, 2010; Andersson et al., 2012; Lindegren et al., 1998; Reid, Nielsen, & Reddock, 2010; Shapiro & Makoroff, 2006).

2. Breaking the Silence: a multi-sectoral approach to end child sexual abuse– an action research project

2.1. Action research methodology

The Breaking the Silence (BTS) project (2007–2011) is an action research project that was established to understand child sexual abuse in Trinidad and Tobago, and to empower male and female adults and children to understand and address this phenomenon and its complications. For this project child sexual abuse was defined as any activity between a child before age eighteen, and an older, more powerful adult or substantially older child, in which the child is used for a sexual or erotic purpose. The Breaking the Silence project was developed on the principle that successful interventions for change in communities must be preceded by an understanding of both the target community, and the gendered and cultural context in which the phenomenon being investigated occurs, and there must be authentic participation of community members. It therefore used an action research methodology.

Action research was first described by Lewin (1946) as a methodology for making planned social change. In their definition, Carr and Kemmis (1986) describe action research as “simply a form of self-reflective enquiry, undertaken by participants in social situations in order to improve the rationality and justice of their own practices, their understanding of these practices, and the situations in which the practices are carried out.” Bradbury-Huang (2010) introduces the participatory role of the researcher in action research when she describes action research as “knowledge creation arising in the context of practice requiring the researchers to work *with* practitioners to effect change through this generation of knowledge”. Reason and Bradbury (2001) emphasize this value of action research in producing practical knowledge that is useful to people in the everyday conduct of their lives, and contributing to the increased well-being of human persons and communities. In action research the research interventions become a source of research data collection.

The Breaking the Silence project addresses sexual violence against children. Sullivan, Bhuyan, Senturia, Shiu-Thorton, and Ciske (2005) affirmed action research as an effective approach to enhance the cultural relevance and the relevance to practice for research in domestic violence. According to Pettit (2010), action research also provides an alternative approach to bring about changes in knowledge, policy, and practice, but few studies have looked at action research methodology to effect changes in policy and practice. In contrast with conventional views of policymaking which emphasize objective data and analysis to create knowledge that leads to better policies and improved practices and outcomes, Pettit reiterates the different view of what knowledge is, where it comes from and how it contributes to change through action research.

2.2. Description of the Breaking the Silence project

The Breaking the Silence project emerged from a larger study of gender, sexuality and the implications for HIV in Trinidad and Tobago that was initiated by the Institute for Gender and Development Studies of the University of the West Indies. Out of this study,

the high prevalence of child sexual abuse, including intrafamilial sexual abuse, reported by a variety of stakeholders involved in the care of children demanded an investigation of this taboo phenomenon in the context of gender, sexuality and HIV. The resulting interdisciplinary Breaking the Silence action-research project was also initiated by the Institute for Gender and Development studies.

The BTS Project asked the question – What are the meanings of child sexual abuse in Caribbean sexual cultures, and what are the implications for social policy, legal practice, and educational and preventative interventions in the region? The Project comprised several studies and activities that generated multi-faceted information from researchers, national stakeholders, service providers and community members. This multi-method action research project was able to draw on a range of data collection methods and as a result produced a range of new information and knowledge. It emphasized reflexivity as a method to generate knowledge constructed by both the researchers and those being researched, and was implemented by a multi-sectoral team. Details of the methodology have already been published (Reid, Reddock, & Nickenig, 2014). A brief description of the activities and components follows:

- i Review of relevant existing national legislation and draft Children's Bills which provided an understanding of the then current legislative framework.
- ii A study of service providers which is discussed in detail in this paper.
- iii Ethnographic case studies in three selected communities – two in Trinidad and one in Tobago, representing the diversity of the Trinidad and Tobago population, in order to understand the gendered and sociocultural meanings associated with child sexual abuse, identify key community stakeholders and prepare these communities for further interventions.
- iv Meetings with national and community stakeholders to seek input from community liaison committees, teachers, young people and other key persons in the community, and a project advisory committee. Through these meetings researchers galvanized support, and the stakeholders made recommendations on the design, development, implementation, and evaluation of the community interventions based on cultural sensitivity and national needs.
- v A community-based participatory action research study through the development and implementation of community-based interventions, derived from the data collected in the ethnographic studies and study of service providers, and community recommendations. In addition to sharing knowledge, the community interventions provided data through feedback from community members which further enhanced the researchers' understanding of child sexual abuse in Trinidad and Tobago and was used to develop further interventions.
- vi A national awareness campaign – Break the Silence: End Child Sexual Abuse - was an important output of the Project, and was a direct response to feedback from community members and project national stakeholders who felt that the urgency of the issue demanded immediate national sensitization. As a result, the Project developed an empathetic gender- and ethnic-neutral symbol of healing from child sexual abuse (Blue Teddy, 2018) that continues to have significant impact on raising awareness, public discourse and national and Caribbean level responses to child sexual abuse and the need for effective management.

An innovative aspect of this study sought to examine the impact of gender ideologies on shaping the context within which child sexual abuse and intrafamilial family violence take place, the response of victims and non-victims, and service provision for child victims of sexual abuse.

3. Socio-cultural context of child sexual abuse in Trinidad and Tobago

Researchers have emphasized the challenges of addressing social problems, including problems of inter-personal violence, without an understanding of a community's power structure and cultural context (Parpart, 2000). This is particularly so in the case of a taboo issue like child sexual abuse. To begin to address the issue of child sexual abuse in any society requires an understanding of the complexity of factors, including the social, gendered and cultural norms that contribute to its occurrence and persistence.

3.1. Inadequate legislation

Caribbean governments have demonstrated their commitment to children through ratification of several international agreements. The latter include The Conventions on the Rights of the Child (CRC), which by 1993 had been ratified by all Commonwealth Caribbean countries, and the 1990 World Summit Declaration for the Protection, Survival and Development of Children. Many of the region's States (with the support of civil society) have developed National Plans of Action for Children within the context of the creation, review and/or amendment of relevant legislation, policy formulation and increased allocation of resources to the social sector. However, countries also find it challenging to address properly the issues with respect to juvenile justice, nutrition, health, family care and support, and overall child rights protection (Barrow, 2001).

3.2. Gendered power relations and ideologies of male sexual entitlement

Jones et al cite a World Bank Study which identifies the onset of sexual initiation in the Caribbean as earliest in the world with the exception of Africa. (2003: xiv, cited in Jones, 2013:44). This points to the continuing challenges of unequal power relations between women and men, children and adults, despite improvements in women's educational and economic status. But this can also be linked to gender ideologies based on notions of male sexual entitlement, and expectations that women and girls would set boundaries – physical and sexual (Reddock, Reid, & Nickenig, 2018). These public expressions of male sexuality become even more significant as indicators of heteronormativity in a homophobic context. On the other hand, homophobia also makes it difficult for young men to

acknowledge sexual abuse when they are victimised. It is important to note that this situation exists in a context where sexuality education is not officially available in schools due to resistance from religious institutions, and the increasing sexualisation of popular culture including social media. Many young persons are therefore not empowered to make the best sexual decisions or to protect themselves.

3.3. Mother blaming

While incest is a criminal offence commonly perpetrated by men, the common response to the offence, especially with the abuse of the female child is to perceive her as seductive and/or blame her mother “for not preventing the rape/incest, or secretly ‘wanting’ it” (Bernard, 2001; Breckenridge & Baldry, 1997; Reddock et al., 2018). Mothers are therefore being presented as “choosers” and not “reactors” to men’s abusive behaviours (Buchbinder & Eisikovits, 2004; Reddock et al., 2018).

The dynamics of secrecy and disclosure diminish the victim’s experiences of child sexual abuse and provides the groundwork for a range of ideological excuses that blame mothers and exculpate males. Women’s attitudes cannot be separated from the psycho-social factors that trap them and influence their decision-making. These factors may include fear of the abuser, financial constraints and recognition of systemic failures in legal and social service delivery that prevent their being assured personal protection and social support for their children (Jones & Trotman Jemmott, 2009). Local explanations for child sexual abuse and early sexual encounters focused on the absence of mothers due to work outside the home, the presence of stepfathers, and the socio-economic need of mothers and girl children. Notions of blood and family were found to mediate child sexual abuse/incest taboos among family members and justify it among non-biological relatives (Reddock, Reid, & Nickenig, 2012:3).

3.4. Gender-based violence

Child sexual abuse, including intrafamilial child sexual abuse, is also part of the larger continuum of violence against women in particular sexual violence. Until recently it was not perceived as part of the wider movement against gender-based violence. In many ways it is still seen primarily as a public health or social problem with less emphasis on its gendered underpinnings. Due to increased activism and public education around this issue there is evidence of increased reporting and court action against perpetrators (Sookraj, 2011).

4. Challenges of child sexual abuse management in Trinidad and Tobago prior to the Breaking the Silence (BTS) project

The National Family Services (NFS) of Trinidad and Tobago, and the Probation Division offered free counselling services to victims of all types of family violence, including child victims of sexual abuse (Government of the Republic of Trinidad & Tobago & Ministry of Social Development & Family Services, 2018) Following investigation, reports were made to the legal authorities and children were referred for medical assessment. The NFS also offered placement services to victims of child sexual abuse but foster placement homes were inadequate in number. Counselling services for children were also provided by social workers, and counsellors at various NGOs. Foremost among the NGOs was the Rape Crisis Society (RCS). Victims of child sexual abuse identified by teachers were usually referred to the RCS either directly or through school-based guidance counsellors where available. The RCS had no authority to remove children from their homes. Through its free Childline hotline service manned by trained counsellors another NGO, the Coalition against Domestic Violence, identified child victims and made reports to schools.

Established as a pilot in one district of Trinidad and Tobago, the Family Court, with a team of judges and magistrates specially trained in family law, has jurisdiction over child protection matters including child sexual abuse (Judiciary of the Republic of Trinidad & Tobago, 2018). If an adult were convicted of a sexual offence, the Court could order that the care or custody of the child victim be removed from the convicted person to an appropriate court-appointed adult, until the child attained the age of sixteen or less as decided by the court. The Family Court had not yet expanded as planned and the resources were thinly stretched as services were provided for the entire country.

Early identification of at risk children fell under the domain of the community health nursing services, but because of staff shortages, district health visitors rarely performed this primary care function. Thus, a pervasive paucity of resources and the absence of well-established linkages resulted in a severe fragmentation of services to child victims of sexual abuse, and an inadequacy of the capacity to effectively manage child sexual abuse.

5. Study of service providers – the BTS experience

One component of the Breaking the Silence project was the Study of Service Providers. This study examined the nature and adequacy of services provided to victims of child sexual abuse in Trinidad and Tobago. It enquired into the practices and experiences of service providers in a range of governmental and non-governmental organizations, and across service sectors, about the accessibility and types of services available to victims of child sexual abuse, and their perception of the adequacy of these services to meet the demand and therapeutic needs of child sexual abuse victims. It also sought to triangulate the findings to identify the extent to which agencies interacted with each other in addressing related issues e.g. HIV risk and treatment.

In summary, the study found that there were weak policy frameworks related to child sexual abuse within the agencies designated with the care and protection of children. Legal statutes were the major determinants in the conceptualization and delivery of services and service providers considered these inadequate for the demands of frontline service provision for victims of child sexual abuse. For

example, there were discrepancies in the definition of a child because of conflicts within existing legal statutes. Depending on the legal statute used by service agencies – the then Children’s Act of Trinidad and Tobago, the Sexual Offences Act or the UN Convention on the Rights of the Child, the definition of a child by age varied. Also, there was a legislated minimum age for service provision without an accompanying adult which limited accessibility and approachability of services to minors seeking help for child sexual abuse without an adult present. There was a striking absence of inter-agency standards, protocols and procedures resulting in lengthy administrative processes which compromised the safety of victims by leaving them in homes where the abuse reportedly took place, and increased the risk of re-traumatizing. With regard to the standard of care, the study of service providers revealed an absence of specialized child-centered services for the management of child sexual abuse. Almost all of the interventions provided were subsumed within service provision that dealt with a wide range of health and social issues with no priority given to the needs and concerns of children. Staff had low levels of specialized training and their personal perceptions of and attitudes to child sexual abuse influenced practice. The findings particularly noted that in the provision of care no distinction was made between extra- and intra-familial sexual abuse of children. The findings also brought to light for the first time, the gap between service provided to victims of child sexual abuse and the reality of this experience as a risk factor for HIV infection among children. The contextual knowledge obtained from service providers confirmed the need for more effective services for victims of child sexual abuse in Trinidad and Tobago.

6. The use of action research to influence policy and practice related to child sexual abuse management in Trinidad and Tobago – an example of good practice

6.1. The approach using action research

The study of service provision for child sexual abuse employs action research methodology to effect changes in policy and practice as described by Pettit (2010). Through this study as noted by Pettit, knowledge, policy and practice are co-created through an emergent process of action and learning, including critical reflection, a reappraisal of norms, values and assumptions and an understanding of how these are shaped by power.

The survey of service providers showed that in Trinidad and Tobago legal statutes were the major determinants in the conceptualization and delivery of services. These are frequently inadequate for the demands of frontline service and even when adequate, are not realised because of the absence of policies and programmes to effect them.

The government’s delay in enacting and implementing laws that enhance protection of children from sexual abuse and provide adequate intervention, resulted in a compromise of the safety and level of care offered to child victims of sexual abuse. By identifying the gaps that existed between need and service provided for child sexual abuse, the Study of Service Providers identified some of the major developmental concepts for constructing guidelines for a more comprehensive and therapeutically efficient management of child sexual abuse, specifically the need for:

- consistency and collaboration across agencies in service planning based on best practice knowledge,
- a consistent and relevant legislative framework,
- professionally trained staff, and
- prompt safe placement if it is determined that a child must be taken out of the home for safety and well being.

The BTS research team spurred on legislative changes related to child sexual abuse service provision, and mobilized service providers to enhance practice. This approach accepted that local knowledge of the situation presented by service providers was authentic and valuable.

Involving service providers in inquiry surrounding child sexual abuse and its management, then using the data gathered and a process of reflexivity, the researchers determined to develop best practice guidelines for service providers that were culturally relevant, context-sensitive, adaptive and implementable within the constraints of the prevailing limitations of service provision, and that represented the perspectives and subjectivities of the service providers. This paper presents the process and outcome. It is intended that the approach may be replicated or adapted in other under-resourced counties to drive legislative change and to develop an integrated evidence-based approach to child sexual abuse management that considers the community’s cultural context and power structure, and mobilizes service providers to effect change.

6.2. Development of best practice guidelines by service providers

Researchers engaged in three steps along a continuum of critically reflective practice consistent with the three Rs of reflection, reflexivity and reciprocity identified in action research and described by Robertson (2000).

Step 1 – The researchers collected data from service providers on their practice and perceptions. These findings of the service providers study showed that in Trinidad and Tobago there were no guidelines to assist agencies, supervisors or frontline staff in the assessment and management of cases of child sexual abuse. Participation in this process challenged the service providers to reflect on and increase awareness of their practice and attitudes and reinforced the need for a best practice framework to optimally meet the needs of victims and potential child sexual abuse victims and their families.

Step 2 - Representatives of service providers from all sectors in Trinidad and Tobago who come in contact with children in their work were brought together for the first time to discuss and enhance their service delivery capabilities in managing child sexual abuse. In January 2010 two capacity building workshops, one each in Trinidad and in Tobago, shared the findings of the study and

engaged participants in reflective discussion to generate new knowledge for the practical management of child sexual abuse. Facilitators intentionally guided the service providers through what was considered best practice and obtained their feedback on the feasibility of practical application, as well as their determination of action within the group. In that process, new knowledge was generated through conscious attempts to solve practical problems, and discussion of the workability of the proposed solutions in the local context (Greenwood & Levin, 2007).

The knowledge thus derived from the service providers, together with evidence-based international best practice were used by researchers and service providers to develop comprehensive recommendations for improved policies and protocols for service provision that embraced the minimum acceptable policies and standards concerning reporting, assessment, safety, confidentiality, treatment protocols and referral. A manual was produced as guide for a standardized approach to service delivery, capacity building and self-care for providers across service agencies. The systematic framework for service planning, distilled from the recommendations of experienced staff who participated in its development, would enhance the ability of agencies to successfully complete their challenging mandate even with limited resources. These workshops also served to build synergies among service providers for a more seamless management of child sexual abuse, strengthen the understanding of the link between HIV and child sexual abuse, and introduce service providers to gender analysis and its implications for child sexual abuse and HIV.

Step 3 - The practicability of the new knowledge generated was further discussed by other groups of service providers and used as a platform for generation of further new knowledge that enhanced the final product. Through community-based education and skills-building workshops, and two discipline-specific workshops in Trinidad and in Tobago, study findings and the manual of recommended protocols and policies were shared with teachers (February 2011), health service providers in specific communities (May 2011), and police officers (August 2014). Well-received and clearly written policies and protocols can greatly enhance an agency's response to child sexual abuse. At all steps the service providers were actively involved in the research process and their input influenced the development of the guidelines. Both parties benefitted as the researchers gathered data from the service providers on child sexual abuse and its management in Trinidad and Tobago, and used the data to help the service providers reflect on, understand and change their practice.

6.3. Legislative changes related to service provision for child sexual abuse

The Sexual Offences (Amendment) Act 2000, Domestic Violence Act and the Children's Authority Act of Trinidad and Tobago were found to be foundational to the policies and protocols of service agencies. The Children's Authority Act of Trinidad and Tobago (Republic of Trinidad and Tobago, 2018(a)), legislated in 2000, set out the state's obligation to ensure that child victims receive appropriate treatment for their recovery and social integration. Recommendations based on the study as well as from other components of the project were shared with legal drafters and senior policy makers, and the Act adequately addressed some of the concerns raised in the Study of Service Providers. It established a child as a person under the age of eighteen years and formed the basis of the Children's Authority of Trinidad and Tobago, a specialized agency for the care and protection of children, and an advocate for children's rights. The Children's Authority would employ professional staff, and be given the power to investigate reports of child sexual abuse and to remove children from homes where they are in imminent danger. While allowing for a better response to the needs of child victims of sexual abuse, the Act did not respond to all of the issues identified by the study. In particular, there was still need for consistent collaboration across agencies in service planning based on best practice knowledge, and for service providers to obtain professional knowledge especially related to the socio-cultural determinants of child sexual abuse in the country. They also needed to become aware of the differential impact of extra- and intra-familial child sexual abuse and the direct and indirect risk of HIV associated with child sexual abuse.

Following the study of service providers, a policy brief on service delivery for child sexual abuse (Reddock, Reid, & Nickenig, 2011) summarized the findings of the study and made recommendations for legislative changes for improved standards of care. The Breaking the Silence Project research group made recommendations for the full proclamation of the Children's Authority Act, the operationalisation of the Children's Authority of Trinidad and Tobago and the provision of a more comprehensive and therapeutically efficient management of child sexual abuse, consistent with, and beyond the mandates of the Children's Authority Act. The policy brief addressed the need for young people to readily access services, and emphasized the need for services to be specialized, child-centered, structured, responsive, safe, of high quality, confidential, seamless and linked to supporting agencies including the judicial system and HIV services. In 2011 the lead BTS project researchers held policy roundtables with key senior stakeholders from government ministries and the Children's Authority Board of Trinidad and Tobago to share the research findings and recommendations, and researchers met with Government to discuss the adoption of recommendations as standard procedure. Simultaneously, triggered by feedback from community members and led by a media specialist, a national awareness campaign increased public awareness and discussion about issues related to sexual abuse of children, and the limited resources available for intervention. The campaign also aimed to influence policymakers to increase their commitment to policies and interventions for the effective prevention and management of child sexual abuse. Multiple newspaper articles and talk shows remarked on the significant increases in reports of child sexual abuse to law enforcement officials which cannot conclusively be attributed to the Project but has been associated with it (Sookraj, 2011).

Highlighting the discrepancy between legislation and the UN Convention for the Rights of the Child, the Breaking the Silence Project also recommended that the rights of the child be made central to legislation. This was effected with the new Children's Act of 2012 (Republic of Trinidad and Tobago, 2018(b)) which repealed the old Act and certain sections of the Sexual Offences Act, and increased the age of a definition of a child to eighteen years, thus making the legal age of sexual consent eighteen years. This new Children's Act of 2012, which was proclaimed in 2015, included a detailed list of sexual offences against children possibly for the first

time in Trinidad and Tobago (Children's Act, 2012:146-134-147). Child sexual abuse and intrafamilial family violence were therefore inextricably established as a responsibility of the Authority as the Children's Authority Act 2012 which accompanied the Children's Act mandated annual reporting. The Children's Authority of Trinidad and Tobago was operationalized in May 2015.

7. Lessons learned

In conducting the Breaking the Silence project, and specifically the Study of Service Providers, several strengths and challenges were identified:

7.1. Improvement in policy and practice through action research

This study demonstrates the potential of action research methodology, even in an under-resourced Caribbean nation, to mobilize individuals and drive improvement in policy and practice. Preliminary evaluation showed that service providers in Trinidad and Tobago reported increased knowledge, improved attitude and increased gender sensitization after participation in workshops where the findings of the service provider study and the newly-developed guidelines for practice were shared and discussed (Reid et al., 2014). Among 85 participants, 87% of respondents in Trinidad and 67% of respondents in Tobago 'agreed' or 'strongly agreed' that they were better equipped 'to implement gender sensitive policies and procedures related to child sexual abuse, and at 4 months follow up, 80% of respondents reported that they were able to strengthen their organization's response to child sexual abuse as a result of participation in the workshops. If scaled up, these workshops are likely to continue knowledge generation linked to every day practice, and make a significant difference in service providers' capacities to intervene with victims of child sexual abuse in Trinidad and Tobago.

It is not easy to prove the existence of a cause and effect relationship between the Breaking the Silence Project and the proclamation and operationalisation of the Children's Authority Act in Trinidad and Tobago, since public policies represent only one of a multitude of factors that might have had simultaneous influence (Milton et al., 2011). It can however be accepted that the Break The Silence national awareness campaign, an unintended outcome of the Project, markedly increased visibility and discussion of child sexual abuse. As described in the previously published report of the community-based participatory action research intervention (Reid et al., 2014), a direct result of the campaign was that thousands of community members from several geographically separate communities in Trinidad and Tobago that were not involved in the project hosted several marches/walks highlighting the BTS child sexual abuse symbol to raise awareness of child sexual abuse and to call for the government to improve programmes and policies. A support network was also established.

7.2. Training of reflexive practitioners and facilitators

Pettit (2010) cautions that the creation of knowledge for change is essentially a social and political process, and how this process is facilitated will shape the outcomes. In using this approach therefore, researchers must be trained to conduct action research and facilitators must be well trained as reflective practitioners and facilitators of learning to generate knowledge and action with others in participatory ways. Researchers in the Breaking the Silence project were therefore very careful in ensuring that the facilitators leading the reflexive discussions were not only well trained but were not a part of the research team. Independent trained facilitators with expertise in community-based action research and gender analysis were engaged to conduct the reflexive workshops with service providers. In that way the interests of the service providers were safeguarded above and beyond that of the researchers.

7.3. Establishing the study as a national one

The Breaking the Silence project was a community-based project targeting three communities representing the diversity of the population of Trinidad and Tobago. If the service providers engaged were only from these communities, the researchers were aware that such a minority group would not be a valid representation of the collective interest of all service providers in Trinidad and Tobago. The Study of Service Providers and the ensuing service provider workshops were therefore developed for service providers in governmental and non-governmental agencies in the three targeted communities as well as national agencies that provide services in health, education, social development, judicial and national security sectors. The collective output would then have national relevance, and could be regarded as national guidelines.

7.4. Maximizing the chances of changes in policy and practice

A major strength of action research methodology is the expected high level of ownership of the intended beneficiaries of the research (the service providers), through their substantial involvement in the process. But the extent of interest and participation of different agency representatives varied significantly. Feedback from service providers indicated that even with high levels of ownership the degree of empowerment achieved by the research process would be overstated since the service providers were not always invested with the authority to effect change. On reflection, it may have been more useful to ensure that frontline service providers participating in reflexive workshops self-identified as interested in the process. Participation of both frontline service providers and decision-making supervisors from each agency may also have increased the possibility of implementation and sustainability of the best practice guidelines. The degree of adoption of the recommended changes in practice remains to be documented in the future by

another review of the policies and procedures of agencies providing service to child victims of sexual abuse.

Similarly, a major focus of this study was the promotion of inter-agency collaboration in the management of child sexual abuse. The researchers conducted reflexive, knowledge-generating workshops with representatives from different government ministries involved in the management of child sexual abuse, but apart from the first workshop which generated the guidelines, these were not conducted in a collaborative setting. The study assumed that all stakeholders sharing in the process would necessarily have equal capacity and opportunity to influence the procedure related to care of child victims of abuse but coordination between government agencies is difficult to achieve. Senior governmental officials and policy makers became involved in the process when the final guidelines were presented at policy roundtable discussions. Even then, the decision makers were not always represented. More empowerment for change may have come through earlier involvement of decision makers in the study, for their education and to gain support for change.

7.5. Inclusion of key understated elements in child sexual abuse management – gender sensitivity

The focus on gender ideologies was innovative and brought new insights to an issue that has not been traditionally perceived as a gender issue. The Study of Service Providers revealed that gender ideologies, norms and stereotypes contributed to the ways in which child sexual abuse was rationalized by service providers who for example, felt that the strong sexual urges of men were a possible reason for sexual abuse of children, and that women were not likely to be perpetrators of sexual abuse (2010b, Reid, Nielsen et al., 2010). Service providers also reported sex differences in the responses to child sexual abuse with male victims showing more anger, shame, embarrassment and self-blame and being less willing to engage in therapy. Differences were also noted in the responses of male and female parents when confronted with news of abuse of their child. These gendered social ideologies and behaviours impacted the identification and assessment of victims of sexual abuse and reinforced the importance of emphasizing the gendered underpinnings of child sexual abuse in all of the study's methodology.

7.6. Inclusion of key understated elements in child sexual abuse management – HIV risk

In developing practice guidelines with the service providers there was always a focus on best practice from which the service providers would reflect on the feasibility of implementation. The Study of Service Providers reported that service providers did not adequately investigate the direct HIV risk associated with child sexual abuse. The lack of awareness was noted among all sectors of service provision. The study's deliberate emphasis on HIV risk increased awareness and reinforced the importance of HIV assessment in child victims of sexual abuse. This introduced the service providers to a previously neglected area of management with the potential for significant consequences, and promoted compliance with the WHO recommendations for service provision.

7.7. Sustainability

Sustainability of the effects of this study was established in a number of ways. The most critical however was the relationship established with the emerging Children's Authority of Trinidad and Tobago. As was noted earlier, one of the early project components was a legislative review where among others, the proposed suite of Children's legislation was reviewed and recommendations shared with the legal drafters in the Office of the Attorney General. In addition, even prior to the full functionality of the new authority, a presentation of preliminary findings of the service providers study was made to its first board. On completion of the study, this was followed up when findings and recommendations were shared with the board with its new director. Establishing child sexual abuse as a mandated reportable offence through the Children's Authority Act as previously described has ensured the availability of data on reports of sexual offences against children to the Authority. The Children's Authority has also taken the lead in liaising and working with relevant agencies such as the Child Protection Unit of the Trinidad and Tobago Police Service. All of this ensures the sustainability of the interest developed as a result of this action-research project and for the continued monitoring of trends and developments in this regard.

Ongoing relationship with the United Nations International Children's Emergency Fund.

(UNICEF) also contributed significantly to sustainability. Coming out of the recommendations from the study of service providers, in 2011 UNICEF and the BTS research group launched the Break the Silence: End Child Sexual Abuse initiative as a regional framework for addressing child sexual abuse in the Caribbean and Central American region. Through UNICEF there has been advocacy with national governments to allocate more resources for addressing child sexual abuse and for implementing the child sexual abuse protocol. (UNICEF Eastern Caribbean, 2018). As a result of UNICEF's advocacy the BTS initiative has been launched in thirteen Caribbean regions, including almost all of the Eastern Caribbean nations. Going forward, there is a plan to implement a monitoring framework to evaluate if interventions have effected change in attitudes and behaviours (UNICEF Eastern Caribbean, 2018). The continuation of the Break the Silence campaign with its Blue Teddy symbol, and its adoption by UNICEF Caribbean and Central America, and some Caribbean governments including the government of Trinidad and Tobago Gender and Child Affairs office (Government of the Republic of Trinidad & Tobago & Ministry of Foreign & CARICOM Affairs, 2018), has also been important in ensuring that the issue is kept alive.

The main lesson to be learnt from this experience is the importance of engaging with national policy makers, regional and international agencies working in the region at all stages of the project and of identifying those that are critical to continuing the work started by the action-research activity. The importance of background and baseline studies such as the service providers study are also a good basis for engaging with communities and stakeholders at other stages of the project.

8. Conclusion

Child sexual abuse is a multi-dimensional problem. The search for best practice must occur taking into account the complexities of child sexual abuse and its pervasiveness. Using an action research methodology the Breaking The Silence Project gathered data on child sexual abuse services in Trinidad and Tobago then led service providers into an awareness of their own practice through facilitation of critical discussion of, and reflection on, key issues identified as deficient in the practice.

The development of a protocol through cross-sectoral collaboration that allows for a seamless multidisciplinary response to child sexual abuse in Trinidad and Tobago was a significant output of the Service Providers Study of the Breaking The Silence Project. Combined with legislative changes, the recommendations and influence of this study bridged the gap between research, policy, activism and programming, a necessary approach for effective intervention. This was done primarily through the use of action methodology, an approach that can be used to improve service through changes in policy and practice.

A similar action-research approach in child protection can be used in any setting globally where services are inadequate and there is the will for change. Because the service providers themselves are involved in identifying the challenges related to service provision, and developing recommendations for improvement, this approach is more likely to be accepted and implemented than traditional research in any socio-economic, political or cultural context where improved services are needed.

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