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## BREAKING THE SILENCE: A MULTI-SECTORAL APPROACH TO PREVENTING AND ADDRESSING CHILD SEXUAL ABUSE IN TRINIDAD AND TOBAGO

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Arts in Action, The United Nations Trust Fund to End Violence Against Women and  
the United Nations International Children's Emergency Fund (UNICEF), Trinidad and Tobago.

# Protocols for Child Sexual Abuse/Incest Service Delivery in Trinidad and Tobago



## Break the Silence end child sexual abuse

Break the Silence is an action research project on issues surrounding Child Sexual Abuse, of the Institute for Gender and Development Studies, the University of the West Indies in collaboration with the Trinidad and Tobago Coalition Against Domestic Violence and in partnership with UNICEF and the United Nations Trust Fund to End Violence Against Women.

Protocols for Child Sexual Abuse/Incest Service Delivery in Trinidad and  
Tobago  
May 2011

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May 2011

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This document should be cited as: Breaking the Silence: A Multi-Sectoral Approach to Preventing and Addressing Child Sexual Abuse in Trinidad and Tobago (2011). *Protocols for Child Sexual Abuse/Incest Service Delivery in Trinidad and Tobago*. Institute for Gender and Development Studies, The UWI, St. Augustine, Trinidad and Tobago.

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## DRAFT PROTOCOL FOR CHILD SEXUAL ABUSE: REPORTING (TRINIDAD)

TABLE OF CONTENTS		SUGGESTED CONTENT
INTRODUCTION, BACKGROUND	e.g. Brief overview of situation, range of services available (by whom), legislative context, goal of enhancing the provision of services etc.	This protocol should be used nationally as part of the fundamental frame work for reporting, and it should also be used in collaboration with all the appropriate acts.
AIM OF PROTOCOL		To identify the prerequisites for reporting, specifically as it relates to children who have been sexually abused; those who at risk of being sexually abused and those who may become perpetrators.
WHO SHOULD USE THIS PROTOCOL?	Range of stakeholders that should apply the protocol	All service providers; with specific reference to professionals who are charged with the responsibility of taking reports from sexually abused children.
SCOPE OF THE PROTOCOL	Target Group, specific range of services addressed by the protocol	Covers all children and young people up to the age of 18 years. Intake, interviews, referrals and education/training. Identifying the social support network
DEFINITIONS		Definition of Reporting: 'Documentation, storage and retrieval of accurate information'.
GOVERNING (GUIDING) PRINCIPLES		Client's empowerment, fostering a child-focused environment, adopting a non-discriminatory approach to practice.
KEY ELEMENTS OF GOOD PRACTICE		Meeting the client at their point of need while being sensitive to their personal context, adhering to confidentiality, maintaining client's dignity and self-worth.

TABLE OF CONTENTS		SUGGESTED CONTENT
UNDERSTANDING CHILD SEX ABUSE VICTIMS	e.g. Key characteristics of the target group that service providers should take into consideration	Lapsing into silence, mono-syllabic responses, developmental regression, non-verbal communication, body language. Service providers must be specially trained to recognize and treat with these characteristics. While the interviewer may not be able to recognize changes in behavior, the persons accompanying the child may be able to describe any unusual behaviour.
KEY STEPS FOR HANDLING CASES	Key steps based on the agreed range of services address by the protocol in outlining the scope above	<ol style="list-style-type: none"> <li>1. Initial report is taken</li> <li>2. The child undergoes a medical examination</li> <li>3. The official statement/report is prepared based on the initial reports and the findings of the medical examination</li> </ol>
STRATEGIES FOR IMPLEMENTATION		<ol style="list-style-type: none"> <li>a. Professional training is VITAL for service providers taking reports e.g. Police Officers, Medical Staff etc. Interviewing techniques will be a critical area for training to be able to get the information from the child accurately, comprehensively and humanely. The person taking the report must know what questions to ask and how to ask them.</li> <li>b. The environment is also important. The space in which the report is taken must be child-friendly (<i>HIV Coordinator of MNS noted that police stations are being refurbished that may take into consideration the recommendations of the protocol</i>)</li> <li>c. A multidisciplinary team approach should be adopted, not necessarily to take the report, but persons should be available as needed.</li> <li>d. Data capture forms may be used in the interview to support this protocol</li> </ol>

## DRAFT PROTOCOL FOR CHILD SEXUAL ABUSE: REPORTING (TOBAGO)

TABLE OF CONTENTS		SUGGESTED CONTENT
INTRODUCTION, BACKGROUND	e.g. Brief overview of situation, range of services available (by whom), legislative context, goal of enhancing the provision of services etc.	This protocol seeks to ensure that reporting of CSA follows the required steps, is 'child-friendly' and that service providers are well trained. The public must also be sensitized of organizations and services related to the CSA so that they can offer help to a child that has been abused.
AIM OF PROTOCOL		To ensure that a child-friendly approach is adopted in the reporting process
WHO SHOULD USE THIS PROTOCOL?	Range of stakeholders that should apply the protocol	Service providers and the general public. Educating the general public takes account of the fact that a child may report to anyone. Members of the public must be aware so that they are able to take the appropriate steps to provide emotional and other support.
SCOPE OF THE PROTOCOL	Target Group, specific range of services addressed by the protocol	The full scope of the reporting process from the initial report to the reporting for the police, health care services, social welfare agencies
DEFINITIONS		<ul style="list-style-type: none"> <li>◆ Child: Anyone under the age of 18 regardless of sex.</li> <li>◆ Sexual Abuse: Any inappropriate touch to the body or exposure to any sexual materials or behavior</li> </ul>
GOVERNING (GUIDING) PRINCIPLES		

TABLE OF CONTENTS		SUGGESTED CONTENT
KEY ELEMENTS OF GOOD PRACTICE		<ul style="list-style-type: none"> <li>◆ One single agency or umbrella organization to receive reports and avoid the child having to give the report over and over again (re-victimization)</li> <li>◆ Creation of a universal form for collecting details of a report which can be used by the various agencies that would need the information – police, health, social welfare etc.</li> <li>◆ The child should be allowed to have an adult of choice accompany them or a social worker should be available if the child is alone</li> <li>◆ Locations for reporting should provide a range of services for children so that persons reporting CSA are not singled out and become targets for stigma, discrimination and/or reprisals</li> </ul>
UNDERSTANDING CHILD SEX ABUSE VICTIMS	e.g. Key characteristics of the target group that service providers should take into consideration	
KEY STEPS FOR HANDLING CASES	Key steps based on the agreed range of services address by the protocol in outlining the scope above	<ol style="list-style-type: none"> <li>1. One central agency/umbrella organization for reporting</li> <li>2. One person taking the report. Other stakeholders may view the reporting process through a one way mirror or the session may be video taped</li> <li>3. The physical space should be conducive and age appropriate – which may require different rooms for different age ranges</li> <li>4. A case workers should be assigned to each child to assist the child right through the entire process (case workers need to keep detailed notes and/or partner with other case workers so that if the case workers must go on leave, the quality of service to the child is sustained)</li> </ol>
STRATEGIES FOR IMPLEMENTATION		

## DRAFT PROTOCOL FOR CHILD SEXUAL ABUSE: INTERVIEWING/PHYSICAL ENVIRONMENT (TRINIDAD)

TABLE OF CONTENTS		SUGGESTED CONTENT
INTRODUCTION, BACKGROUND	e.g. Brief overview of situation, range of services available (by whom), legislative context, goal of enhancing the provision of services etc.	The interview process is one of the most critical and essential elements and the first point of contact in treating with crisis situations. It is our hope that through the development of this protocol, the interviewing process will be effective, efficient and equally beneficial to all parties. The protocol is for the initial intake interview.
AIM OF PROTOCOL		To ensure that the interviewing process is both effective and efficient
WHO SHOULD USE THIS PROTOCOL?/ WHO ARE THE STAKEHOLDERS?	Range of stakeholders that should apply the protocol	The stakeholders include parents, teachers, guidance counselors, district medical officers, all other frontline service providers, children, young people, police officers (both male and female)
SCOPE OF THE PROTOCOL	Target Group, specific range of services addressed by the protocol	This protocol covers children and young people up to the age of 18 years.
DEFINITIONS		
GOVERNING (GUIDING) PRINCIPLES/ PHILOSOPHY		Our interviewing process should be guided by the following: validity, confidentiality, creation of a safe and helpful environment, tolerance and sensitivity to sexuality and gender identities. 'Believe the child until proven otherwise'

TABLE OF CONTENTS		SUGGESTED CONTENT
KEY ELEMENTS OF GOOD PRACTICE		<ul style="list-style-type: none"> <li>◆ Ensure that the information gathered in the first interview is sufficiently applicable to key agencies which includes a holistic view of the child (family, cultural and community background)</li> <li>◆ Communicate to the child the limits of confidentiality</li> <li>◆ Continued reassurance during the interview process that sharing what has happened is part of the helping and healing process</li> <li>◆ Continued reassurance of the child's sense of self-worth and dignity during the interview process to help build their trust in the interviewing process</li> <li>◆ Affirm the dignity and rights of the child as a human being</li> <li>◆ Respect for individual diversity</li> <li>◆ Continuous training and professional development for interviewers</li> <li>◆ Full knowledge of the proper referral process</li> </ul>
UNDERSTANDING CHILD SEX ABUSE VICTIMS	e.g. Key characteristics of the target group	Evidence of distress – Being withdrawn during the session, crying, getting distracted, being angry, having angry/violent outbursts, sexual precocious, body odors and unkempt physical appearance, isolated
KEY STEPS FOR HANDLING CASES	Key steps based on the agreed range of services address by the protocol in outlining the scope above	<ol style="list-style-type: none"> <li>1. Ensure that the physical environment is conducive – It must be private and child friendly, video and/or voice recording should be used if possible, telephones should be switched off, no distractions by persons entering and leaving the room (post a 'do not disturb' sign outside the office door), ensure comfortable temperature in the room, etc.</li> <li>2. Notify the child that this is a confidential interview to particular limits and explain these limits fully</li> <li>3. Ask a range of simple, age appropriate, relevant questions to ascertain critical information for the relevant agencies to move further with investigation. Use appropriate language and avoid jargon the child will not understand.</li> <li>4. Be careful of body language, inappropriate expressions and judgemental language, facial expressions</li> <li>5. If referral is required, explain this process to the child; prepare case notes and follow through on referrals</li> </ol>
STRATEGIES FOR IMPLEMENTATION		<ol style="list-style-type: none"> <li>1. Consultation with key stakeholders on the draft interview protocol</li> <li>2. Dissemination of the interview protocol</li> <li>3. Design i) an appropriate data collection instrument for interviewing that would meet the needs of multiple users; ii) a handbook/guide of do's and don'ts in the interview</li> <li>4. Implement the protocol</li> <li>5. Monitor and evaluate</li> <li>6. Review and strengthened as needed</li> </ol>



## DRAFT PROTOCOL FOR CHILD SEXUAL ABUSE: INTERVIEWING (TOBAGO)

TABLE OF CONTENTS		SUGGESTED CONTENT
INTRODUCTION, BACKGROUND	E.g. Brief overview of situation, range of services available (by whom), legislative context, goal of enhancing the provision of services etc.	At present there are no clear guidelines for interviewing children who are alleged/ suspected victims of abuse.
AIM OF PROTOCOL		To provide guidelines for effective practice, increase accountability and transparency, improve existing services, lessen re-victimization/re-traumatization.
WHO SHOULD USE THIS PROTOCOL?/ WHO ARE THESE STAKEHOLDERS?	Range of stakeholders that should apply the protocol	Police officers, social workers, teachers, lawyers, probation officers, guidance officers, all other persons who are responsible for interviewing children
SCOPE OF THE PROTOCOL	Target Group, specific range of services addressed by the protocol	Children who have been abused (neglect, physical, sexual, verbal, psychological)
DEFINITIONS		A child is considered any individual under 18 years of age
GOVERNING (GUIDING) PRINCIPLES/ PHILOSOPHY		<ul style="list-style-type: none"> <li>◆ Confidentiality</li> <li>◆ Non-judgmental attitude</li> <li>◆ Sensitive/empathy</li> <li>◆ Purposeful expression of feeling (by the child)</li> <li>◆ Acceptance</li> <li>◆ Individualization – each case treated individually</li> <li>◆ Client's right to self-determination (e.g. draw instead of speaking)</li> <li>◆ Controlled emotional involvement (by interviewer)</li> </ul>

TABLE OF CONTENTS		SUGGESTED CONTENT
KEY ELEMENTS OF GOOD PRACTICE		<p>Proper information gathering which will lead to informed assessment</p> <p>Appropriate questions i.e. questions which will :</p> <ul style="list-style-type: none"> <li>◆ Enhance client-professional relationship (e.g. ice breakers, open-ended questions, gain trust of child )</li> <li>◆ Provide adequate/needed information(e.g. pointed questions/ closed-ended questions where necessary)</li> </ul>
UNDERSTANDING CHILD SEX ABUSE VICTIMS	e.g. Key characteristics of the target group that service providers should take into consideration	Child may have a vulnerable mental state, inclined to change stories, apprehensive when dealing with persons of the same sex as the sex offender, angry. The interviewer should be sensitive of the impact of their own sex on the child being interviewed.
KEY STEPS FOR HANDLING CASES	Key steps based on the agreed range of services address by the protocol in outlining the scope above	<ol style="list-style-type: none"> <li>1. Gather necessary information on nature of the case</li> <li>2. Report incident to relevant authorities.</li> <li>3. Police to take child to the hospital to be examined</li> <li>4. Interview process takes place – video recording of interview to avoid re-victimization</li> </ol>
STRATEGIES FOR IMPLEMENTATION		<ol style="list-style-type: none"> <li>a. Multi-disciplinary approach</li> <li>b. Training for all stakeholders</li> </ol>

## DRAFT PROTOCOL FOR CHILD SEXUAL ABUSE: INVESTIGATION (TOBAGO)

TABLE OF CONTENTS		SUGGESTED CONTENT
INTRODUCTION, BACKGROUND	E.g. Brief overview of situation, range of services available (by whom), legislative context, goal of enhancing the provision of services etc.	To gather information in order to provide a holistic approach
AIM OF PROTOCOL		To conduct the proper investigation, taking all factors into consideration such as the legal, the medical and the socio-economic situation without gender prejudice. The process must also be child friendly.
WHO SHOULD USE THIS PROTOCOL?/ WHO ARE THESE STAKEHOLDERS?	Range of stakeholders that should apply the protocol	Stakeholders are all the individuals and agencies that offer services; such as the social workers, health care providers, educational system and the protective services
SCOPE OF THE PROTOCOL	Target Group, specific range of services addressed by the protocol	The protocol covers children and young people 18 and under
DEFINITIONS		CSA: All inappropriate sexual acts between an adult and child; or between a child and child, within a family setting (nuclear, single, extended and visiting)
GOVERNING (GUIDING) PRINCIPLES/ PHILOSOPHY		<ul style="list-style-type: none"> <li>◆ Must be done in an effective and timely manner</li> <li>◆ There must be no probing and coercion; must avoid manipulation (attempts to influence answer)</li> <li>◆ There must be confidence and trust between the provider and the victim</li> <li>◆ The first point of contact must be recorded (as far as possible)</li> </ul>

TABLE OF CONTENTS		SUGGESTED CONTENT
KEY ELEMENTS OF GOOD PRACTICE		<ul style="list-style-type: none"> <li>◆ Training must be on an ongoing basis – keep current</li> <li>◆ The environment must be inviting and soothing (e.g. colours of the room)</li> <li>◆ Health care workers must be trained in client care and customer care services (communication skills, making eye contact, ability to make the child feel safe etc.)</li> <li>◆ Health care providers must be able to de-stress e.g. aroma therapy, sabbaticals</li> <li>◆ Ensure that evidence is collected accurately so that it can be presented in a court matter</li> <li>◆ Interviewers should have the skills to separate truth for fiction in reports</li> </ul>
UNDERSTANDING CHILD SEX ABUSE VICTIMS	e.g. Key characteristics of the target group that service providers should take into consideration	CSA victims may show aggressive behaviors, may be withdrawn from others, tend to outburst. Interviewers must pay attention to non-verbal communications – body language, gestures etc.
KEY STEPS FOR HANDLING CASES	Key steps based on the agreed range of services address by the protocol in outlining the scope above	<ol style="list-style-type: none"> <li>1. Must be a systematic approach</li> <li>2. The child must be placed in a soothing and comfortable environment</li> <li>3. Service providers must be patient and caring</li> <li>4. Questions should be appropriate and effective for acquiring information without being drawn out and overly taxing for the child</li> <li>5. All sessions must be recorded</li> <li>6. Interviewers must avoid being emotionally involved in a case – get so emotional about the case there is burn out and/or the quality of service to the child is affected</li> <li>7. Interviewers must be confidential and non-judgmental</li> </ol>
STRATEGIES FOR IMPLEMENTATION		



## DRAFT PROTOCOL FOR CHILD SEXUAL ABUSE: REFERRALS (TRINIDAD)

TABLE OF CONTENTS		SUGGESTED CONTENT
INTRODUCTION, BACKGROUND	e.g. Brief overview of situation, range of services available (by whom), legislative context, goal of enhancing the provision of services etc.	The wellbeing of the child in a society is paramount. It is vital that there are measures and services available through the state and civil society to protect the child or provide support when the child becomes a victim of abuse, and/or when parents/guardian are unable to protect the child, bearing in mind the Rights of the Child.  <i>(Because the parent has the first responsibility, the state and civil society should also provide support e.g. parenting education programmes; to parents to minimize situations which may lead to abuse of children)</i>
AIM OF PROTOCOL		To ensure that all service providers are familiar with all the agencies and services available to CSA victims for health care system, shelter/ accommodation, legal services, welfare support and the like  To foster the development of a comprehensive, national database of <u>qualified</u> service providers for CSA services, updated regularly
WHO SHOULD USE THIS PROTOCOL?	Range of stakeholders that should apply the protocol	Service providers and general public
SCOPE OF THE PROTOCOL	Target Group, specific range of services addressed by the protocol	Children and young persons up to age 18 years. Existing legislation may have to be amended to allow access up to 18 years
DEFINITIONS		Definition of Referrals – Putting people in touch with the services that they need, in a dignified manner

TABLE OF CONTENTS		SUGGESTED CONTENT
GOVERNING (GUIDING) PRINCIPLES		Confidentiality, Human Rights, Rights of the Child, Clients' right to refuse a referral
KEY ELEMENTS OF GOOD PRACTICE		<ul style="list-style-type: none"> <li>◆ Ability to recognize the abilities you do not have. It's not about passing on the problems, but ensuring that CSA victims have access to the best services in each area of needs.</li> <li>◆ Internal and External referrals</li> <li>◆ Teamwork/ Collaboration</li> <li>◆ Confidentiality</li> <li>◆ Follow up/walking through critical cases from beginning to end (adopting a team approach among service providers)</li> <li>◆ Key agencies should be open 24 hours</li> </ul>
UNDERSTANDING CHILD SEX ABUSE VICTIMS	e.g. Key characteristics of the target group that service providers should take into consideration	
KEY STEPS FOR HANDLING CASES	Key steps based on the agreed range of services address by the protocol in outlining the scope above	Listening, understanding, assessing, decision making.

TABLE OF CONTENTS		SUGGESTED CONTENT
STRATEGIES FOR IMPLICATIONS		<ol style="list-style-type: none"> <li>1. Develop a national referral systems incorporating service providers in the state sector, private sector and civil society</li> <li>2. Create sample forms that may be used, and a referral guide (<i>this work group committed to provide a draft</i>)</li> <li>3. Create opportunities for collaboration and working in teams</li> <li>4. Strengthen advocacy for support infrastructure, goods and services to ensure service providers can provide high quality services to children</li> <li>5. Facilitate accreditation of service providers, including training for service providers to build capacity and capability</li> <li>6. Educate public on services available – targeting children with appropriate messages</li> <li>7. There must be timelines in making referrals and receiving the service</li> </ol>

## DRAFT PROTOCOL FOR CHILD SEXUAL ABUSE: REFFERALS (TOBAGO)

TABLE OF CONTENTS		SUGGESTED CONTENT
INTRODUCTION, BACKGROUND	E.g. Brief overview of situation, range of services available (by whom), legislative context, goal of enhancing the provision of services etc.	This protocol is to provide all agencies working directly and indirectly with children in Trinidad and Tobago with guidance for referring a child who has reported abuse.
AIM OF PROTOCOL		To establish a referral policy for all children who are victims of child sexual abuse.
WHO SHOULD USE THIS PROTOCOL?	Range of stakeholders that should apply the protocol	All individuals involved in the care of children or who through their work may have a direct impact on the life of a child
SCOPE OF THE PROTOCOL	Target Group, specific range of services addressed by the protocol	The protocol targets all Educators, Healthcare Workers, Guidance Officers, Social Workers; Child Care providers (e.g. Baby sitters), Police Officers and Family Court.
DEFINITIONS		Referral: Refers to the steps involved in treating with reporting of an incidence of sexual abuse by a child or a parent or guardian or anyone who comes into contact with that child and suspects abuse
GOVERNING (GUIDING) PRINCIPLES		A collaborative approach must be taken at all times – an umbrella body should be established to ensure that the child does not re-live the abuse by reporting the same thing to more than one agency.
KEY ELEMENTS OF GOOD PRACTICE		<ul style="list-style-type: none"> <li>◆ Confidentiality</li> <li>◆ Established guidelines that are adhered to</li> <li>◆ Anonymity</li> <li>◆ Professionalism</li> <li>◆ Sensitivity</li> <li>◆ Child Friendly Approach</li> </ul>

TABLE OF CONTENTS		SUGGESTED CONTENT
UNDERSTANDING CHILD SEX ABUSE VICTIMS	e.g. Key characteristics of the target group that service providers should take into consideration	It is important to specify chronological vs. mental age It is important to understand the cultural and social background of the child
KEY STEPS FOR HANDLING CASES	Key steps based on the agreed range of services address by the protocol in outlining the scope above	<ol style="list-style-type: none"> <li>1. The process is structured in three versus: Primary Referrals ⇔ Secondary Referral ⇔ Tertiary Referrals. <ul style="list-style-type: none"> <li>◆ Primary referral (first points): Child X reports abuse to teachers, parents, caretakers, guidance officers.</li> <li>◆ Secondary Referrals: The initial report (from teacher, parent etc.) is referred to social services and a social worker and case number is assigned</li> <li>◆ Tertiary Referrals: Case is referred to police services, health care, family court, temporary foster care (when child has to be removed from the environment)</li> </ul> </li> <li>2. A single National Database accessible by all key agencies e.g. Community Police, Social Services, Health Care Organizations, and Family Court – persons must have certain level of access to ensure confidentiality. Database should also ensure no child ‘slips through the cracks’</li> <li>3. Each victim should be assigned a case number that follows them throughout the process</li> <li>4. Access to psychological evaluation and counseling throughout the process</li> <li>5. Placement of victims in a secure environment e.g. temporary foster care or adoption</li> <li>6. Re-examination and counseling for the child and parents, guardians and siblings (as family are victims as well)</li> </ol>

## DRAFTING A PROTOCOL FOR SERVING CHILD SEX ABUSE VICTIMS: TRAINING (TRINIDAD)

TABLE OF CONTENTS		SUGGESTED CONTENT
INTRODUCTION, BACKGROUND	e.g. Brief overview of situation, range of services available (by whom), legislative context, goal of enhancing the provision of services etc.	This Protocol is for all persons who come in contact with children who are abused as well as the perpetrators of the abuse. There is an understanding that social workers, teachers, persons working in children homes, officers in the protective service and other persons may not be trained specifically for Child Sexual Abuse.
AIM OF PROTOCOL		To equip the service providers with techniques, procedures and strategies useful in alleged child sexual abuse cases while nurturing a child-centered child-friendly philosophy in the professional
WHO SHOULD USE THIS PROTOCOL?	Range of stakeholders that should apply the protocol	Head of relevant service agencies and relevant training personnel within these organizations
SCOPE OF THE PROTOCOL	Target Group, specific range of services addressed by the protocol	Scenario applied for draft protocol is for a new professional, recent graduate just entering service provision viz. new worker in a children's home, new psychologist, new social welfare officer etc.
DEFINITIONS		Definition of a child – Proposed Children Authority Act , the UN and WHO defines a child as a person under the age of 18 years  Definition of Child Sexual Abuse – to be developed

TABLE OF CONTENTS		SUGGESTED CONTENT
GOVERNING (GUIDING) PRINCIPLES		<ol style="list-style-type: none"> <li>1. Confidentiality</li> <li>2. Respect</li> <li>3. Professionalism</li> <li>4. Non-judgmental attitude</li> <li>5. Care and concern</li> <li>6. Training must be research and evidence based and rooted within a local context. It must have an understanding of the strengths and weaknesses of the existing culture.</li> <li>7. Culture-based and evidence-based practice</li> <li>8. Empowerment process for trainee which includes active knowledge generation between trainee and trainer.</li> <li>9. Clear and accurate documentation of process</li> </ol>
KEY ELEMENTS OF GOOD PRACTICE		<ul style="list-style-type: none"> <li>◆ Believe the child until proven otherwise</li> <li>◆ Trainer must embody the Guiding Principles outlined above</li> <li>◆ Trainee must be respected</li> </ul>
UNDERSTANDING CHILD SEX ABUSE VICTIMS	e.g. Key characteristics of the target group	Signs of: Low self-esteem; Highly sexualized behavior e.g. promiscuity; Withdrawal symptoms; Involuntary soiling of self (bed wetting etc.); Recalcitrant behavior
KEY STEPS FOR HANDLING CASES		
STRATEGIES FOR IMPLEMENTATION		<ol style="list-style-type: none"> <li>1. A week of orientation prior to beginning job</li> <li>2. Reviewing case studies to become familiar the nature and types of CSA, the process, judgments, services provided, referrals etc.</li> <li>3. Meeting other stakeholders to learn for their experiences</li> <li>4. Meeting CSA clients</li> <li>5. Post training support, with evaluation and further training</li> </ol>

## DRAFTING A PROTOCOL FOR SERVING CHILD SEX ABUSE VICTIMS: TRAINING (TOBAGO)

TABLE OF CONTENTS		SUGGESTED CONTENT
INTRODUCTION, BACKGROUND	E.g. Brief overview of situation, range of services available (by whom), legislative context, goal of enhancing the provision of services etc.	There is a need for training and development within the child abuse scenario.
AIM OF PROTOCOL		To provide guidelines for training and development of i) services providers and ii) the general public.  Training and retraining should be mandatory for all stakeholders involved.
WHO SHOULD USE THIS PROTOCOL?	Range of stakeholders that should apply the protocol	Magistrate, Police, Social Worker, Caregiver, F.B.O/C.B.O./N.G.O/ Teachers, Media
SCOPE OF THE PROTOCOL	Target Group, specific range of services addressed by the protocol	Magistrate, Police, Social Worker, Caregiver, F.B.O/C.B.O./N.G.O/ Teacher
DEFINITIONS		Incest: Rape or sexual violation of a consenting or non-consenting individuals under the age of 18
GOVERNING (GUIDING) PRINCIPLES		The first and most important objective is the protection of the child. Service providers need to be aware of and declare any conflict of interest where they may know the perpetrator or the victims and/or the families

TABLE OF CONTENTS		SUGGESTED CONTENT
KEY ELEMENTS OF GOOD PRACTICE		<ul style="list-style-type: none"> <li>◆ Communication of laws, statutes and guiding principles – intimate knowledge of law and application</li> <li>◆ linking or networking between all stakeholders involved in service provision</li> <li>◆ Early identification and intervention</li> <li>◆ Parents knowledge of appropriate and inappropriate behaviour, e.g. touch, media, songs, culture, language, religion etc.</li> <li>◆ Responsive approach – learning to listening and to have more sensitive to the situation</li> <li>◆ Healthy communicative relationship between parents and children</li> <li>◆ Service providers need to respect all others in the value chain of service provision (for more effective collaboration and the highest quality of service to the child)</li> </ul>
UNDERSTANDING CHILD SEX ABUSE VICTIMS	e.g. Key characteristics of the target group that service providers should take into consideration	CSA victims may demonstrate violence, suicidal attempts, depression, promiscuous behaviour, lack of trust, disruption in education, risk of drug abuse
KEY STEPS FOR HANDLING CASES	Key steps based on the agreed range of services address by the protocol in outlining the scope above	<ol style="list-style-type: none"> <li>1. Sensitivity training for service providers to be empathetic and open minded</li> <li>2. Training should also enable service providers to be prepared to deal with graphic, harsh information</li> <li>3. Training content will include communication skills, in particular good listening ability; and self-awareness</li> </ol>
STRATEGIES FOR IMPLEMENTATION		<ol style="list-style-type: none"> <li>a. The laws need to be amended re: age appropriateness and the UN Children Rights Charter</li> <li>b. Public Education programmes are critical – training can be made available through workshops, seminars, programs in the community and in the media</li> </ol>

## DRAFTING A PROTOCOL FOR SERVING CHILD SEX ABUSE VICTIMS: SELF-CARE FOR PROVIDERS

TABLE OF CONTENTS		SUGGESTED CONTENT
PHILOSOPHY		To ensure that the service provider maintains a holistic (mental, physical, spiritual, and social) healthy lifestyle in order to provide high quality child-centered services to children in Trinidad and Tobago.
INTRODUCTION, BACKGROUND	e.g. Brief overview of situation, range of services available (by whom), legislative context, goal of enhancing the provision of services etc.	Service providers have been challenged in providing quality service to children who have been affected by abuse in Trinidad & Tobago. Some of the challenges may include; limited resources and support systems, legislative restrictions, organizational policies, and inadequate training. This protocol seeks to provide guidelines to organizations for the improvement and management of the level of self-care for service providers working in the field of CSA.
AIM OF PROTOCOL		The aim of this protocol is to empower providers with the necessary resources to prevent burnout.
WHO SHOULD USE THIS PROTOCOL?	Range of stakeholders that should apply the protocol	All CSA Service Providers
SCOPE OF THE PROTOCOL	Target Group, specific range of services addressed by the protocol	All CSA Service Providers
DEFINITIONS		<ul style="list-style-type: none"> <li>◆ Self-Care – total well-being of professionals</li> <li>◆ Service Provider—persons who are trained and equipped with the knowledge, skill, and expertise to provide care to survivors and perpetrators of sexual abuse. Such as Social Workers, Psychologists, etc</li> <li>◆ Child Sexual Abuse (CSA) – as defined in the Children Authority Act, Sexual Offences Act, United Nations Convention on the Rights of the Child,</li> <li>◆ Burnout—physical and mental exhaustion that prevents functionability</li> </ul>

TABLE OF CONTENTS		SUGGESTED CONTENT
GOVERNING (GUIDING) PRINCIPLES		As a result of the job in itself, professionals can become emotionally involved and stressed, therefore the professional must take preventative measures
KEY ELEMENTS OF GOOD PRACTICE		<ul style="list-style-type: none"> <li>◆ Self-awareness</li> <li>◆ Good communication and sharing of information</li> <li>◆ A team player</li> <li>◆ Knowledge of limitations</li> <li>◆ Continuous training</li> <li>◆ RESTORE – Rest, Exercise, Silent Meditation, Thought Control, Others- Social Support, Relaxation, and Eating &amp; Drinking Right.</li> </ul>
UNDERSTANDING SELF-CARE	e.g. Key characteristics of the target group that service providers should take into consideration	Understanding the importance of self-care
KEY STEPS FOR HANDLING CASES	Key steps based on the agreed range of services address by the protocol in outlining the scope above	<ol style="list-style-type: none"> <li>1. Knowledge of signs and symptoms of burnout</li> <li>2. Making adequate use of social support through membership in Associations</li> <li>3. Knowledge and Access to resources, including mandatory counseling every 6 months</li> <li>4. Debriefing sessions</li> <li>5. Group Consultation &amp; Supervision</li> <li>6. Daily use of RESTORE Technique</li> <li>7. Continuous Training and Development</li> <li>8. Stress Management Workshops</li> </ol>
STRATEGIES FOR IMPLEMENTATION		<ul style="list-style-type: none"> <li>◆ Sensitization Workshops</li> <li>◆ Pamphlets, Brochures, Posters</li> <li>◆ Mental Health Day at least once a month</li> <li>◆ De-Stress Day/Weekend</li> </ul>

## DRAFT PROTOCOL FOR CHILD SEXUAL ABUSE: SELF CARE FOR SERVICE PROVIDERS (TOBAGO)

TABLE OF CONTENTS		SUGGESTED CONTENT
INTRODUCTION, BACKGROUND	e.g. Brief overview of situation, range of services available (by whom), legislative context, goal of enhancing the provision of services etc.	Self-care is needed so as to ensure that Service Providers are well able to discharge their functions and duties to the benefit of their clients.
AIM OF PROTOCOL		To ensure that the health care provider is mentally, physically, spiritually and emotionally well.
WHO SHOULD USE THIS PROTOCOL?	Range of stakeholders that should apply the protocol	All Service Providers: e.g. social workers, probation officers, guidance counsellors, religious leaders/counsellors, Health Care Professionals, teachers etc.
SCOPE OF THE PROTOCOL	Target Group, specific range of services addressed by the protocol	All aspects of self-care viz. Managing time, Job Security & Safety, Refreshing one's self, Retooling and Upgrading oneself, Debriefing Sessions among Professionals, Ensuring that leave breaks(vacation) are taken at appropriate times
DEFINITIONS		Self-Care: The balancing of a person's mental, physical, emotional and spiritual wellbeing in the carrying out of one's duty
GOVERNING (GUIDING) PRINCIPLES		<ul style="list-style-type: none"> <li>◆ Self-awareness – Knowing personal limitations/capabilities in relations to the scope of responsibilities</li> <li>◆ Seeking the necessary support/assistance in a timely fashion</li> <li>◆ Making oneself available for counselling</li> </ul>

TABLE OF CONTENTS		SUGGESTED CONTENT
KEY ELEMENTS OF GOOD PRACTICE		<ol style="list-style-type: none"> <li>1. Ensure you maintain a healthy mind and body</li> <li>2. Adhere to confidentiality</li> <li>3. Ensure the environment is conducive to best practice</li> </ol>
UNDERSTANDING CHILD SEX ABUSE VICTIMS	e.g. Key characteristics of the target group that service providers should take into consideration	Governing laws should be implemented/amended/enforced so as to protect both the victim and providers
KEY STEPS FOR HANDLING CASES	Key steps based on the agreed range of services address by the protocol in outlining the scope above	
STRATEGIES FOR IMPLEMENTATION		



## DRAFT PROTOCOL FOR CHILD SEXUAL ABUSE: INTERVIEWING/PHYSICAL ENVIRONMENT

TABLE OF CONTENTS		SUGGESTED CONTENT
INTRODUCTION, BACKGROUND	e.g. Brief overview of situation, range of services available (by whom), legislative context, goal of enhancing the provision of services etc.	The interview process is one of the most critical and essential elements and the first point of contact in treating with crisis situations. It is our hope that through the development of this protocol, the interviewing process will be effective, efficient and equally beneficial to all parties. The protocol is for the initial intake interview.
AIM OF PROTOCOL		To ensure that the interviewing process is both effective and efficient
WHO SHOULD USE THIS PROTOCOL?/ WHO ARE THE STAKEHOLDERS?	Range of stakeholders that should apply the protocol	The stakeholders include parents, teachers, guidance counselors, district medical officers, all other frontline service providers, children, young people, police officers (both male and female)
SCOPE OF THE PROTOCOL	Target Group, specific range of services addressed by the protocol	This protocol covers children and young people up to the age of 18 years.
DEFINITIONS		
GOVERNING (GUIDING) PRINCIPLES/ PHILOSOPHY		Our interviewing process should be guided by the following: validity, confidentiality, creation of a safe and helpful environment, tolerance and sensitivity to sexuality and gender identities. 'Believe the child until proven otherwise'

TABLE OF CONTENTS		SUGGESTED CONTENT
KEY ELEMENTS OF GOOD PRACTICE		<ul style="list-style-type: none"> <li>◆ Ensure that the information gathered in the first interview is sufficiently applicable to key agencies which includes a holistic view of the child (family, cultural and community background)</li> <li>◆ Communicate to the child the limits of confidentiality</li> <li>◆ Continued reassurance during the interview process that sharing what has happened is part of the helping and healing process</li> <li>◆ Continued reassurance of the child's sense of self-worth and dignity during the interview process to help build their trust in the interviewing process</li> <li>◆ Affirm the dignity and rights of the child as a human being</li> <li>◆ Respect for individual diversity</li> <li>◆ Continuous training and professional development for interviewers</li> <li>◆ Full knowledge of the proper referral process</li> </ul>
UNDERSTANDING CHILD SEX ABUSE VICTIMS	e.g. Key characteristics of the target group	Evidence of distress – Being withdrawn during the session, crying, getting distracted, being angry, having angry/violent outbursts, sexual precocious, body odors and unkempt physical appearance, isolated
KEY STEPS FOR HANDLING CASES	Key steps based on the agreed range of services address by the protocol in outlining the scope above	<ol style="list-style-type: none"> <li>1. Ensure that the physical environment is conducive – It must be private and child friendly, video and/or voice recording should be used if possible, telephones should be switched off, no distractions by persons entering and leaving the room (post a 'do not disturb' sign outside the office door), ensure comfortable temperature in the room, etc.</li> <li>2. Notify the child that this is a confidential interview to particular limits and explain these limits fully</li> <li>3. Ask a range of simple, age appropriate, relevant questions to ascertain critical information for the relevant agencies to move further with investigation. Use appropriate language and avoid jargon the child will not understand.</li> <li>4. Be careful of body language, inappropriate expressions and judgemental language, facial expressions</li> <li>5. If referral is required, explain this process to the child; prepare case notes and follow through on referrals</li> </ol>

TABLE OF CONTENTS		SUGGESTED CONTENT
STRATEGIES FOR IMPLEMENTATION		<ol style="list-style-type: none"> <li>1. Consultation with key stakeholders on the draft interview protocol</li> <li>2. Dissemination of the interview protocol</li> <li>3. Design i) an appropriate data collection instrument for interviewing that would meet the needs of multiple users; ii) a handbook/guide of do's and don'ts in the interview</li> <li>4. Implement the protocol</li> <li>5. Monitor and evaluate</li> <li>6. Review and strengthened as needed</li> </ol>

## DRAFT PROTOCOL FOR CHILD SEXUAL ABUSE: REFERRALS

TABLE OF CONTENTS		SUGGESTED CONTENT
INTRODUCTION, BACKGROUND	e.g. Brief overview of situation, range of services available (by whom), legislative context, goal of enhancing the provision of services etc.	The wellbeing of the child in a society is paramount. It is vital that there are measures and services available through the state and civil society to protect the child or provide support when the child becomes a victim of abuse, and/or when parents/guardian are unable to protect the child, bearing in mind the Rights of the Child.  <i>(Because the parent has the first responsibility, the state and civil society should also provide support e.g. parenting education programmes; to parents to minimize situations which may lead to abuse of children)</i>
AIM OF PROTOCOL		To ensure that all service providers are familiar with all the agencies and services available to CSA victims for health care system, shelter/ accommodation, legal services, welfare support and the like  To foster the development of a comprehensive, national database of <u>qualified</u> service providers for CSA services, updated regularly
WHO SHOULD USE THIS PROTOCOL?	Range of stakeholders that should apply the protocol	Service providers and general public
SCOPE OF THE PROTOCOL	Target Group, specific range of services addressed by the protocol	Children and young persons up to age 18 years. Existing legislation may have to be amended to allow access up to 18 years
DEFINITIONS		Definition of Referrals – Putting people in touch with the services that they need, in a dignified manner

TABLE OF CONTENTS		SUGGESTED CONTENT
GOVERNING (GUIDING) PRINCIPLES		Confidentiality, Human Rights, Rights of the Child, Clients' right to refuse a referral
KEY ELEMENTS OF GOOD PRACTICE		<ul style="list-style-type: none"> <li>◆ Ability to recognize the abilities you do not have. It's not about passing on the problems, but ensuring that CSA victims have access to the best services in each area of needs.</li> <li>◆ Internal and External referrals</li> <li>◆ Teamwork/ Collaboration</li> <li>◆ Confidentiality</li> <li>◆ Follow up/walking through critical cases from beginning to end (adopting a team approach among service providers)</li> <li>◆ Key agencies should be open 24 hours</li> </ul>
UNDERSTANDING CHILD SEX ABUSE VICTIMS	e.g. Key characteristics of the target group that service providers should take into consideration	
KEY STEPS FOR HANDLING CASES	Key steps based on the agreed range of services address by the protocol in outlining the scope above	Listening, understanding, assessing, decision making.

TABLE OF CONTENTS		SUGGESTED CONTENT
STRATEGIES FOR IMPLICATIONS		<ol style="list-style-type: none"> <li>1. Develop a national referral systems incorporating service providers in the state sector, private sector and civil society</li> <li>2. Create sample forms that may be used, and a referral guide (<i>this work group committed to provide a draft</i>)</li> <li>3. Create opportunities for collaboration and working in teams</li> <li>4. Strengthen advocacy for support infrastructure, goods and services to ensure service providers can provide high quality services to children</li> <li>5. Facilitate accreditation of service providers, including training for service providers to build capacity and capability</li> <li>6. Educate public on services available – targeting children with appropriate messages</li> <li>7. There must be timelines in making referrals and receiving the service</li> </ol>

## DRAFTING A PROTOCOL FOR SERVING CHILD SEX ABUSE VICTIMS: TRAINING

TABLE OF CONTENTS		SUGGESTED CONTENT
INTRODUCTION, BACKGROUND	e.g. Brief overview of situation, range of services available (by whom), legislative context, goal of enhancing the provision of services etc.	This Protocol is for all persons who come in contact with children who are abused as well as the perpetrators of the abuse. There is an understanding that social workers, teachers, persons working in children homes, officers in the protective service and other persons may not be trained specifically for Child Sexual Abuse.
AIM OF PROTOCOL		To equip the service providers with techniques, procedures and strategies useful in alleged child sexual abuse cases while nurturing a child-centered child-friendly philosophy in the professional
WHO SHOULD USE THIS PROTOCOL?	Range of stakeholders that should apply the protocol	Head of relevant service agencies and relevant training personnel within these organizations
SCOPE OF THE PROTOCOL	Target Group, specific range of services addressed by the protocol	Scenario applied for draft protocol is for a new professional, recent graduate just entering service provision viz. new worker in a children's home, new psychologist, new social welfare officer etc.
DEFINITIONS		Definition of a child – Proposed Children Authority Act , the UN and WHO defines a child as a person under the age of 18 years  Definition of Child Sexual Abuse – to be developed

TABLE OF CONTENTS		SUGGESTED CONTENT
GOVERNING (GUIDING) PRINCIPLES		<ol style="list-style-type: none"> <li>1. Confidentiality</li> <li>2. Respect</li> <li>3. Professionalism</li> <li>4. Non-judgmental attitude</li> <li>5. Care and concern</li> <li>6. Training must be research and evidence based and rooted within a local context. It must have an understanding of the strengths and weaknesses of the existing culture.</li> <li>7. Culture-based and evidence-based practice</li> <li>8. Empowerment process for trainee which includes active knowledge generation between trainee and trainer.</li> <li>9. Clear and accurate documentation of process</li> </ol>
KEY ELEMENTS OF GOOD PRACTICE		<ul style="list-style-type: none"> <li>◆ Believe the child until proven otherwise</li> <li>◆ Trainer must embody the Guiding Principles outlined above</li> <li>◆ Trainee must be respected</li> </ul>
UNDERSTANDING CHILD SEX ABUSE VICTIMS	e.g. Key characteristics of the target group	Signs of: Low self-esteem; Highly sexualized behavior e.g. promiscuity; Withdrawal symptoms; Involuntary soiling of self (bed wetting etc.); Recalcitrant behavior
KEY STEPS FOR HANDLING CASES		
STRATEGIES FOR IMPLEMENTATION		<ol style="list-style-type: none"> <li>1. A week of orientation prior to beginning job</li> <li>2. Reviewing case studies to become familiar the nature and types of CSA, the process, judgments, services provided, referrals etc.</li> <li>3. Meeting other stakeholders to learn for their experiences</li> <li>4. Meeting CSA clients</li> <li>5. Post training support, with evaluation and further training</li> </ol>

## DRAFTING A PROTOCOL FOR SERVING CHILD SEX ABUSE VICTIMS: SELF-CARE FOR PROVIDERS

TABLE OF CONTENTS		SUGGESTED CONTENT
PHILOSOPHY		To ensure that the service provider maintains a holistic (mental, physical, spiritual, and social) healthy lifestyle in order to provide high quality child-centered services to children in Trinidad and Tobago.
INTRODUCTION, BACKGROUND	e.g. Brief overview of situation, range of services available (by whom), legislative context, goal of enhancing the provision of services etc.	Service providers have been challenged in providing quality service to children who have been affected by abuse in Trinidad & Tobago. Some of the challenges may include; limited resources and support systems, legislative restrictions, organizational policies, and inadequate training. This protocol seeks to provide guidelines to organizations for the improvement and management of the level of self-care for service providers working in the field of CSA.
AIM OF PROTOCOL		The aim of this protocol is to empower providers with the necessary resources to prevent burnout.
WHO SHOULD USE THIS PROTOCOL?	Range of stakeholders that should apply the protocol	All CSA Service Providers
SCOPE OF THE PROTOCOL	Target Group, specific range of services addressed by the protocol	All CSA Service Providers
DEFINITIONS		<ul style="list-style-type: none"> <li>◆ Self-Care – total well-being of professionals</li> <li>◆ Service Provider—persons who are trained and equipped with the knowledge, skill, and expertise to provide care to survivors and perpetrators of sexual abuse. Such as Social Workers, Psychologists, etc</li> <li>◆ Child Sexual Abuse (CSA) – as defined in the Children Authority Act, Sexual Offences Act, United Nations Convention on the Rights of the Child,</li> <li>◆ Burnout—physical and mental exhaustion that prevents functionability</li> </ul>

TABLE OF CONTENTS		SUGGESTED CONTENT
GOVERNING (GUIDING) PRINCIPLES		As a result of the job in itself, professionals can become emotionally involved and stressed, therefore the professional must take preventative measures
KEY ELEMENTS OF GOOD PRACTICE		<ul style="list-style-type: none"> <li>◆ Self-awareness</li> <li>◆ Good communication and sharing of information</li> <li>◆ A team player</li> <li>◆ Knowledge of limitations</li> <li>◆ Continuous training</li> <li>◆ RESTORE – Rest, Exercise, Silent Meditation, Thought Control, Others- Social Support, Relaxation, and Eating &amp; Drinking Right.</li> </ul>
UNDERSTANDING SELF-CARE	e.g. Key characteristics of the target group that service providers should take into consideration	Understanding the importance of self-care
KEY STEPS FOR HANDLING CASES	Key steps based on the agreed range of services address by the protocol in outlining the scope above	<ol style="list-style-type: none"> <li>1. Knowledge of signs and symptoms of burnout</li> <li>2. Making adequate use of social support through membership in Associations</li> <li>3. Knowledge and Access to resources, including mandatory counseling every 6 months</li> <li>4. Debriefing sessions</li> <li>5. Group Consultation &amp; Supervision</li> <li>6. Daily use of RESTORE Technique</li> <li>7. Continuous Training and Development</li> <li>8. Stress Management Workshops</li> </ol>
STRATEGIES FOR IMPLEMENTATION		<ul style="list-style-type: none"> <li>◆ Sensitization Workshops</li> <li>◆ Pamphlets, Brochures, Posters</li> <li>◆ Mental Health Day at least once a month</li> <li>◆ De-Stress Day/Weekend</li> </ul>

## DRAFT PROTOCOL FOR CHILD SEXUAL ABUSE: REPORTING

TABLE OF CONTENTS		SUGGESTED CONTENT
INTRODUCTION, BACKGROUND	E.g. Brief overview of situation, range of services available (by whom), legislative context, goal of enhancing the provision of services etc.	This protocol seeks to ensure that reporting of CSA follows the required steps, is 'child-friendly and that service providers are well trained. The public must also be sensitized of organizations and services related the CSA so that they can offer help to a child that has been abused.
AIM OF PROTOCOL		To ensure that a child-friendly approach is adopted in the reporting process
WHO SHOULD USE THIS PROTOCOL?	Range of stakeholders that should apply the protocol	Service providers and the general public. Educating the general public takes account of the fact that a child may report to anyone. Members of the public must be aware so that they are able to take the appropriate steps to provide emotional and other support.
SCOPE OF THE PROTOCOL	Target Group, specific range of services addressed by the protocol	The full scope of the reporting process from the initial report to the reporting for the police, health care services, social welfare agencies
DEFINITIONS		<ul style="list-style-type: none"> <li>◆ Child: Anyone under the age of 18 regardless of sex.</li> <li>◆ Sexual Abuse: Any inappropriate touch to the body or exposure to any sexual materials or behavior</li> </ul>
GOVERNING (GUIDING) PRINCIPLES		

TABLE OF CONTENTS		SUGGESTED CONTENT
KEY ELEMENTS OF GOOD PRACTICE		<ul style="list-style-type: none"> <li>◆ One single agency or umbrella organization to receive reports and avoid the child having to give the report over and over again (re-victimization)</li> <li>◆ Creation of a universal form for collecting details of a report which can be used by the various agencies that would need the information – police, health, social welfare etc.</li> <li>◆ The child should be allowed to have an adult of choice accompany them or a social worker should be available if the child is alone</li> <li>◆ Locations for reporting should provide a range of services for children so that persons reporting CSA are not singled out and become targets for stigma, discrimination and/or reprisals</li> </ul>
UNDERSTANDING CHILD SEX ABUSE VICTIMS	e.g. Key characteristics of the target group that service providers should take into consideration	
KEY STEPS FOR HANDLING CASES	Key steps based on the agreed range of services address by the protocol in outlining the scope above	<ol style="list-style-type: none"> <li>1. One central agency/umbrella organization for reporting</li> <li>2. One person taking the report. Other stakeholders may view the reporting process through a one way mirror or the session may be video taped</li> <li>3. The physical space should be conducive and age appropriate – which may require different rooms for different age ranges</li> <li>4. A case workers should be assigned to each child to assist the child right through the entire process (case workers need to keep detailed notes and/or partner with other case workers so that if the case workers must go on leave, the quality of service to the child is sustained)</li> </ol>
STRATEGIES FOR IMPLEMENTATION		



## DRAFT PROTOCOL FOR CHILD SEXUAL ABUSE: INTERVIEWING

TABLE OF CONTENTS		SUGGESTED CONTENT
INTRODUCTION, BACKGROUND	E.g. Brief overview of situation, range of services available (by whom), legislative context, goal of enhancing the provision of services etc.	At present there are no clear guidelines for interviewing children who are alleged/ suspected victims of abuse.
AIM OF PROTOCOL		To provide guidelines for effective practice, increase accountability and transparency, improve existing services, lessen re-victimization/re-traumatization.
WHO SHOULD USE THIS PROTOCOL?/ WHO ARE THESE STAKEHOLDERS?	Range of stakeholders that should apply the protocol	Police officers, social workers, teachers, lawyers, probation officers, guidance officers, all other persons who are responsible for interviewing children
SCOPE OF THE PROTOCOL	Target Group, specific range of services addressed by the protocol	Children who have been abused (neglect, physical, sexual, verbal, psychological)
DEFINITIONS		A child is considered any individual under 18 years of age
GOVERNING (GUIDING) PRINCIPLES/ PHILOSOPHY		<ul style="list-style-type: none"> <li>◆ Confidentiality</li> <li>◆ Non-judgmental attitude</li> <li>◆ Sensitive/empathy</li> <li>◆ Purposeful expression of feeling (by the child)</li> <li>◆ Acceptance</li> <li>◆ Individualization – each case treated individually</li> <li>◆ Client’s right to self-determination (e.g. draw instead of speaking)</li> <li>◆ Controlled emotional involvement (by interviewer)</li> </ul>

TABLE OF CONTENTS		SUGGESTED CONTENT
KEY ELEMENTS OF GOOD PRACTICE		<p>Proper information gathering which will lead to informed assessment</p> <p>Appropriate questions i.e. questions which will :</p> <ul style="list-style-type: none"> <li>◆ Enhance client-professional relationship (e.g. ice breakers, open-ended questions, gain trust of child )</li> <li>◆ Provide adequate/needed information(e.g. pointed questions/ closed-ended questions where necessary)</li> </ul>
UNDERSTANDING CHILD SEX ABUSE VICTIMS	e.g. Key characteristics of the target group that service providers should take into consideration	Child may have a vulnerable mental state, inclined to change stories, apprehensive when dealing with persons of the same sex as the sex offender, angry. The interviewer should be sensitive of the impact of their own sex on the child being interviewed.
KEY STEPS FOR HANDLING CASES	Key steps based on the agreed range of services address by the protocol in outlining the scope above	<ol style="list-style-type: none"> <li>1. Gather necessary information on nature of the case</li> <li>2. Report incident to relevant authorities.</li> <li>3. Police to take child to the hospital to be examined</li> <li>4. Interview process takes place – video recording of interview to avoid re-victimization</li> </ol>
STRATEGIES FOR IMPLEMENTATION		<ol style="list-style-type: none"> <li>a. Multi-disciplinary approach</li> <li>b. Training for all stakeholders</li> </ol>



## DRAFT PROTOCOL FOR CHILD SEXUAL ABUSE: INVESTIGATION

TABLE OF CONTENTS		SUGGESTED CONTENT
INTRODUCTION, BACKGROUND	E.g. Brief overview of situation, range of services available (by whom), legislative context, goal of enhancing the provision of services etc.	To gather information in order to provide a holistic approach
AIM OF PROTOCOL		To conduct the proper investigation, taking all factors into consideration such as the legal, the medical and the socio-economic situation without gender prejudice. The process must also be child friendly.
WHO SHOULD USE THIS PROTOCOL?/ WHO ARE THESE STAKEHOLDERS?	Range of stakeholders that should apply the protocol	Stakeholders are all the individuals and agencies that offer services; such as the social workers, health care providers, educational system and the protective services
SCOPE OF THE PROTOCOL	Target Group, specific range of services addressed by the protocol	The protocol covers children and young people 18 and under
DEFINITIONS		CSA: All inappropriate sexual acts between an adult and child; or between a child and child, within a family setting (nuclear, single, extended and visiting)
GOVERNING (GUIDING) PRINCIPLES/ PHILOSOPHY		<ul style="list-style-type: none"> <li>◆ Must be done in an effective and timely manner</li> <li>◆ There must be no probing and coercion; must avoid manipulation (attempts to influence answer)</li> <li>◆ There must be confidence and trust between the provider and the victim</li> <li>◆ The first point of contact must be recorded (as far as possible)</li> </ul>

TABLE OF CONTENTS		SUGGESTED CONTENT
KEY ELEMENTS OF GOOD PRACTICE		<ul style="list-style-type: none"> <li>◆ Training must be on an ongoing basis – keep current</li> <li>◆ The environment must be inviting and soothing (e.g. colours of the room)</li> <li>◆ Health care workers must be trained in client care and customer care services (communication skills, making eye contact, ability to make the child feel safe etc.)</li> <li>◆ Health care providers must be able to de-stress e.g. aroma therapy, sabbaticals</li> <li>◆ Ensure that evidence is collected accurately so that it can be presented in a court matter</li> <li>◆ Interviewers should have the skills to separate truth for fiction in reports</li> </ul>
UNDERSTANDING CHILD SEX ABUSE VICTIMS	e.g. Key characteristics of the target group that service providers should take into consideration	CSA victims may show aggressive behaviors, may be withdrawn from others, tend to outburst. Interviewers must pay attention to non-verbal communications – body language, gestures etc.
KEY STEPS FOR HANDLING CASES	Key steps based on the agreed range of services address by the protocol in outlining the scope above	<ol style="list-style-type: none"> <li>1. Must be a systematic approach</li> <li>2. The child must be placed in a soothing and comfortable environment</li> <li>3. Service providers must be patient and caring</li> <li>4. Questions should be appropriate and effective for acquiring information without being drawn out and overly taxing for the child</li> <li>5. All sessions must be recorded</li> <li>6. Interviewers must avoid being emotionally involved in a case – get so emotional about the case there is burn out and/or the quality of service to the child is affected</li> <li>7. Interviewers must be confidential and non-judgmental</li> </ol>
STRATEGIES FOR IMPLEMENTATION		

## DRAFT PROTOCOL FOR CHILD SEXUAL ABUSE: REFFERALS

TABLE OF CONTENTS		SUGGESTED CONTENT
INTRODUCTION, BACKGROUND	E.g. Brief overview of situation, range of services available (by whom), legislative context, goal of enhancing the provision of services etc.	This protocol is to provide all agencies working directly and indirectly with children in Trinidad and Tobago with guidance for referring a child who has reported abuse.
AIM OF PROTOCOL		To establish a referral policy for all children who are victims of child sexual abuse.
WHO SHOULD USE THIS PROTOCOL?	Range of stakeholders that should apply the protocol	All individuals involved in the care of children or who through their work may have a direct impact on the life of a child
SCOPE OF THE PROTOCOL	Target Group, specific range of services addressed by the protocol	The protocol targets all Educators, Healthcare Workers, Guidance Officers, Social Workers; Child Care providers (e.g. Baby sitters), Police Officers and Family Court.
DEFINITIONS		Referral: Refers to the steps involved in treating with reporting of an incidence of sexual abuse by a child or a parent or guardian or anyone who comes into contact with that child and suspects abuse
GOVERNING (GUIDING) PRINCIPLES		A collaborative approach must be taken at all times – an umbrella body should be established to ensure that the child does not re-live the abuse by reporting the same thing to more than one agency.
KEY ELEMENT SOF GOOD PRACTICE		<ul style="list-style-type: none"> <li>◆ Confidentiality</li> <li>◆ Established guidelines that are adhered to</li> <li>◆ Anonymity</li> <li>◆ Professionalism</li> <li>◆ Sensitivity</li> <li>◆ Child Friendly Approach</li> </ul>

TABLE OF CONTENTS		SUGGESTED CONTENT
UNDERSTANDING CHILD SEX ABUSE VICTIMS	e.g. Key characteristics of the target group that service providers should take into consideration	It is important to specify chronological vs. mental age It is important to understand the cultural and social background of the child
KEY STEPS FOR HANDLING CASES	Key steps based on the agreed range of services address by the protocol in outlining the scope above	<ol style="list-style-type: none"> <li>1. The process is structured in three versus: Primary Referrals ⇒ Secondary Referral ⇒ Tertiary Referrals. <ul style="list-style-type: none"> <li>◆ Primary referral (first points): Child X reports abuse to teachers, parents, caretakers, guidance officers.</li> <li>◆ Secondary Referrals: The initial report (from teacher, parent etc.) is referred to social services and a social worker and case number is assigned</li> <li>◆ Tertiary Referrals: Case is referred to police services, health care, family court, temporary foster care (when child has to be removed from the environment)</li> </ul> </li> <li>2. A single National Database accessible by all key agencies e.g. Community Police, Social Services, Health Care Organizations, and Family Court – persons must have certain level of access to ensure confidentiality. Database should also ensure no child ‘slips through the cracks’</li> <li>3. Each victim should be assigned a case number that follows them throughout the process</li> <li>4. Access to psychological evaluation and counseling throughout the process</li> <li>5. Placement of victims in a secure environment e.g. temporary foster care or adoption</li> <li>6. Re-examination and counseling for the child and parents, guardians and siblings (as family are victims as well)</li> </ol>

# DRAFT PROTOCOL FOR CHILD SEXUAL ABUSE: TRAINING AND PLANNING

*The group introduced the protocol by ‘mapping’ the range of stakeholders involved in the CSA service delivery process as shown in Figure 1.*

FIGURE 1: CSA SERVICE DELIVERY PROCESS

TABLE OF CONTENTS		SUGGESTED CONTENT
INTRODUCTION, BACKGROUND	E.g. Brief overview of situation, range of services available (by whom), legislative context, goal of enhancing the provision of services etc.	There is a need for training and development within the child abuse scenario.
AIM OF PROTOCOL		To provide guidelines for training and development of i) services providers and ii) the general public.  Training and retraining should be mandatory for all stakeholders involved.
WHO SHOULD USE THIS PROTOCOL?	Range of stakeholders that should apply the protocol	Magistrate, Police, Social Worker, Caregiver, F.B.O/C.B.O./N.G.O/ Teachers, Media
SCOPE OF THE PROTOCOL	Target Group, specific range of services addressed by the protocol	Magistrate, Police, Social Worker, Caregiver, F.B.O/C.B.O./N.G.O/ Teacher
DEFINITIONS		Incest: Rape or sexual violation of a consenting or non-consenting individuals under the age of 18
GOVERNING (GUIDING) PRINCIPLES		The first and most important objective is the protection of the child. Service providers need to be aware of and declare any conflict of interest where they may know the perpetrator or the victims and/or the families

TABLE OF CONTENTS		SUGGESTED CONTENT
KEY ELEMENTS OF GOOD PRACTICE		<ul style="list-style-type: none"> <li>◆ Communication of laws, statutes and guiding principles – intimate knowledge of law and application</li> <li>◆ linking or networking between all stakeholders involved in service provision</li> <li>◆ Early identification and intervention</li> <li>◆ Parents knowledge of appropriate and inappropriate behaviour, e.g. touch, media, songs, culture, language, religion etc.</li> <li>◆ Responsive approach – learning to listening and to have more sensitive to the situation</li> <li>◆ Healthy communicative relationship between parents and children</li> <li>◆ Service providers need to respect all others in the value chain of service provision (for more effective collaboration and the highest quality of service to the child)</li> </ul>
UNDERSTANDING CHILD SEX ABUSE VICTIMS	e.g. Key characteristics of the target group that service providers should take into consideration	CSA victims may demonstrate violence, suicidal attempts, depression, promiscuous behaviour, lack of trust, disruption in education, risk of drug abuse
KEY STEPS FOR HANDLING CASES	Key steps based on the agreed range of services address by the protocol in outlining the scope above	<ol style="list-style-type: none"> <li>1. Sensitivity training for service providers to be empathetic and open minded</li> <li>2. Training should also enable service providers to be prepared to deal with graphic, harsh information</li> <li>3. Training content will include communication skills, in particular good listening ability; and self-awareness</li> </ol>
STRATEGIES FOR IMPLEMENTATION		<ol style="list-style-type: none"> <li>a. The laws need to be amended re: age appropriateness and the UN Children Rights Charter</li> <li>b. Public Education programmes are critical – training can be made available through workshops, seminars, programs in the community and in the media</li> </ol>

# DRAFT PROTOCOL FOR CHILD SEXUAL ABUSE: SELF CARE FOR SERVICE PROVIDERS

TABLE OF CONTENTS		SUGGESTED CONTENT
INTRODUCTION, BACKGROUND	e.g. Brief overview of situation, range of services available (by whom), legislative context, goal of enhancing the provision of services etc.	Self-care is needed so as to ensure that Service Providers are well able to discharge their functions and duties to the benefit of their clients.
AIM OF PROTOCOL		To ensure that the health care provider is mentally, physically, spiritually and emotionally well.
WHO SHOULD USE THIS PROTOCOL?	Range of stakeholders that should apply the protocol	All Service Providers: e.g. social workers, probation officers, guidance counsellors, religious leaders/counsellors, Health Care Professionals, teachers etc.
SCOPE OF THE PROTOCOL	Target Group, specific range of services addressed by the protocol	All aspects of self-care viz. Managing time, Job Security & Safety, Refreshing one's self, Retooling and Upgrading oneself, Debriefing Sessions among Professionals, Ensuring that leave breaks(vacation) are taken at appropriate times
DEFINITIONS		Self-Care: The balancing of a person's mental, physical, emotional and spiritual wellbeing in the carrying out of one's duty
GOVERNING (GUIDING) PRINCIPLES		<ul style="list-style-type: none"> <li>◆ Self-awareness – Knowing personal limitations/capabilities in relations to the scope of responsibilities</li> <li>◆ Seeking the necessary support/assistance in a timely fashion</li> <li>◆ Making oneself available for counselling</li> </ul>

TABLE OF CONTENTS		SUGGESTED CONTENT
KEY ELEMENTS OF GOOD PRACTICE		<ol style="list-style-type: none"> <li>1. Ensure you maintain a healthy mind and body</li> <li>2. Adhere to confidentiality</li> <li>3. Ensure the environment is conducive to best practice</li> </ol>
UNDERSTANDING CHILD SEX ABUSE VICTIMS	e.g. Key characteristics of the target group that service providers should take into consideration	Governing laws should be implemented/amended/enforced so as to protect both the victim and providers
KEY STEPS FOR HANDLING CASES	Key steps based on the agreed range of services address by the protocol in outlining the scope above	
STRATEGIES FOR IMPLEMENTATION		