Cries in the Dark - Child Sexual Abuse in Guyana Today

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Foreword by
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A GUYANESE SOCIETY WHERE EVERY CHILD HAS THE RIGHT TO GROW UP IN A SAFE AND SECURE FAMILY AND COMMUNITY
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Prologue

Child sexual abuse is seen as the worst form of abuse against children and a particularly alarming and distressing type of trauma because of the shame it instills in the victims. Child sexual abuse is when an adult or older child coerced, forces or persuades a child into sexual activities.

In Guyana, the reporting of all abuse against children has increased and in particular, child sexual abuse reports continue to increase which may mean that more child victims are being enabled and empowered to recount what has happened to them. Secondly, there is some improvement in the delivery of services to children who have been sexually abused. In 2014, there were 3,883 reported cases of child abuse to the Childcare and Protection Agency, 628 (16%) were child sexual abuse cases. In 2017, the CPA report reflected a total of 4,179 cases of abuse with 841 (20%) of those cases being child sexual abuse. In a period of three years (2014-2017) there has been an increase of 5% of reported child sexual abuse cases.

Approximately 30% of the reported cases of child sexual abuse are referred to the Child Advocacy Centres (CACs) where children receive services to specifically address the trauma and support through the legal process. It is certainly a societal challenge in which over 500 children annually may not receive any counselling for the trauma they have suffered and are likely to grow into adulthood bearing the wounds of their traumatic childhood. This cannot be a desirable situation. Thus, scaling up of psychosocial support services in all Regions of Guyana for children is a necessity for developing a socially and mentally healthy community and society. Alternatively, we may continue to read of stories such as:

“Amenda,” who contracted HIV

Amanda, who has cognitive disabilities, was 15 and living with her grandparents at the time her abuse was discovered. A cousin noticed that an older male cousin who was known to be HIV positive sometimes snuck into the house. The grandmother decided to have Amanda tested and discovered that she was positive for HIV. Because of her intellectual disability, Amanda was unable to state when the abuse began or provide comprehensive details. After a report to CPA and the police, Amanda attended several counseling sessions at the CAC and then stopped. Upon following up, it was discovered that Amanda moved out of her grandmother’s home and the family members stated that they did not know where she was living. Subsequent investigations from the CAC revealed that Amanda was living with her alcoholic mother and in a relationship with a much older man.

Ameena Gafoor
Patron
ChildLinK Inc.
Foreword

Abuse is a harsh word! Whether this harshness is phonemic or an accumulation of shared experiences, or both, it invokes negative reactions in most of us. Some of these reactions are emotional – fear, disgust, self-repudiation, guilt, depression, anger; some reactions are cognitive – conscious rejection or acceptance, resolution!

When children and adolescents are subjected to abuse, our hearts are broken because we know that abuse robs them of so much, including parts of their childhood! That’s the emotion! Our cognition helps us repudiate abuse and resolve to do differently! However, our reactions need to go beyond the emotional and/or or the cognitive. We need to build on both of these and take action to mitigate and ameliorate their situation, to assist and facilitate their own coping responses, and ultimately to prevent abuse of yet more children and adolescents.

This study is an excellent example of taking action – it takes the facts, applies a clear-headed cognitive response, fired by our emotions, including our imagination of a better place. It shows us what the situation is, and then helps us to understand why, and how it can be different and better. For these reasons, ChildLinK and all associated with this research report are to be congratulated and appreciated.

I hope that we shall be able to make the necessary changes to significantly reduce abuse of children and adolescents, and to empower families and communities to prevent and to cope. As good as the report is, its only real value will be in the judicious consideration and implementation of its recommendations. As Nelson Mandela said, “After climbing a great hill, one only finds that there are many more hills to climb.” To help us climb the next hill in this journey, I offer sentiments borrowed from Rabindranath Tagore: I slept and dreamt that life was joy. I awoke and saw that life was service. I acted and behold, service was joy.

Dr. Barbara Reynolds
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EXECUTIVE SUMMARY

Cries in the Dark: Child Sexual Abuse in Guyana Today

This summary is based on a study of the first 338 reports of Child Sexual Abuse (CSA) received by the Child Advocacy Centres (CACs) operated by ChildLinK in Guyana, as well as research interviews with teenage CSA victims and their supportive caretakers.

Age at First Abuse

26% of cases reported to the CACs concerned children who said they first suffered abuse at the age of 10 or younger, and 60.9% reported that they first suffered abuse at the age of 13 or younger.

Of the 338 children referred to the ChildLinK CACs during the target years, 41 were boys (12%).

The Abusers: Many children reported abuse by more than one offender. Some of the abusers (42%) were non-family members who were known to their victims, such as community members, family friends, or service providers and professionals such as teachers, pastors, or bus conductors. Only one of the abusers mentioned in the 338 reports was a woman.
Male members of the child’s immediate or extended family, such as a father or stepfather, uncle, step-uncle or cousin, a brother-in-law or grandfather made up the second largest category of abusers (40%). A full 84% of the child victims alleged abuse by family members or known persons from the community. Stepfathers (12.4%), fathers (6.8%), and brothers (6.2%) alone make up more than one quarter of the abusers reported to the CACs.

**Type of Abuse:** Fully 57.7% of the victims reported to the CACs had experienced forcible rape, which means physically forced penetration of the child’s vagina, anus or mouth with the abuser’s penis, finger, or an object. 18.9% of the victims reported to the CACs had experienced sexual contact, consisting of intentional touching of their breasts, bottoms or genitals, underneath their clothing, or being made to touch the abuser’s genitals. 12.4% of the participants experienced statutory rape. That is, they were considered below the age of consent (in Guyana the age of consent is 16 years), and were coerced into participating in sexual acts by an older person. In some instances, threats of violence formed part of the coercion. 4.4% of the children referred to the CAC were victims of penetrative sexual abuse by an older brother or step-brother.

**Health Effects:** Some victims experienced significant health problems such as a ruptured uterus; sexually transmitted infections including gonorrhoea and HIV; and pregnancy and childbearing. Child sexual abuse is a pathway for the transmission of HIV, Hepatitis C, and other STIs including the virus that causes cervical cancer. Left untreated, some of these infections lead to infertility and even death. A person who is abused in childhood and does not receive adequate medical attention including STI screening is at risk of suffering irreparable harm and transmitting infections to others.

**Mental Health Effects:** Victims reported lasting psychological impact such as extreme anxiety, being very sad, getting angry easily, feeling bad, thinking about the abuse “all the time,” crying a lot, feeling down or depressed, and “spacing out a lot.” Participants described feelings of loss of control over their emotions and their lives. Some felt generally suspicious after the abuse, especially around men. Participants described post-traumatic symptoms such as nightmares,
sleeping and eating problems, flashbacks, numbness, irrational fears, incessant crying, and suicidal feelings, as well as significant suicide attempts. Victims described increased isolation after the abuse.

**Effects on Education and Housing:** CSA often precipitated children dropping out of school, failing, or being unable to sit their exams. Victims’ living situations were upended by the abuse and the fallout from the CSA disclosure. Some victims were forced to move out of their home or live with other family members or in an institution, most commonly if the abuser continued to live in the child’s home. Some abusers fled, once they were exposed, most commonly to another community within Guyana or to Suriname, and sometimes the child was blamed for the abuser’s decision to leave. If the abuser had brought income to the family home, victims’ families often fell deeper into poverty after the abuse, sometimes becoming homeless or being forced to live in crowded conditions with relatives.

**Keeping Silent:** While some children disclosed the abuse the very day it occurred, many children kept the abuse secret for months or even years. They reported that they were afraid of the abuser, afraid of their parents, or feared that no one would believe them. Abusers silenced the children by threatening them or their families, or by bribing the victims or family members with gifts.

**Disclosure or Discovery:** Children reported that they finally disclosed when they could not tolerate the abuse, or when someone finally asked them what was wrong. In some cases, children did not tell but rather another adult discovered the abuse and reported it to authorities. While some parents responded supportively, others blamed or even beat the child victims.

**Services:** Carers and child victims reported that counselling from the Child Advocacy Centres was helpful. Carers said that their children became less aggressive, less suicidal, less ashamed and less depressed after counselling, and were able to resume many of their previous activities such as sleeping, eating, and seeing friends. Participants said that the counselling resulted in increased closeness among family members, and a greater ability to speak about meaningful topics.

**Prevention and Next Steps:** The report contains numerous suggestions for preventing child sexual abuse in Guyana, including establishing more child advocacy centres and fully funding them, national prevention campaigns, and specialized training for police, psychotherapists, medical staff, prosecutors, protective social workers and community workers.

“I was afraid I would have been thrown out and I would have nowhere to go.”
1. Introduction

Child sexual abuse (CSA) is one of the most devastating forms of violence a person can suffer. Without adequate intervention, sexual abuse may permanently change a child’s life course, with echoes throughout the child’s family, community and nation. Relatively little is known about CSA in Guyana; how the abuse happens, how disclosures and discovery happen, and how existing services meet the needs of victimized children and their families. This report and the research study on which it is based begin to fill in those gaps and help us understand many aspects of CSA in Guyana. Most especially, we will focus on (1) the sexual abuse that occurs; (2) the effects of the abuse on victims and their families; (3) how abusers gain compliance and enforce secrecy around sexual acts; (4) the disclosure and discovery process; (5) suggestions for prevention provided by child victims and their caretakers; (6) services accessed and satisfaction with these; and (7) next steps for promoting effective CSA prevention, investigation, and recovery in Guyana.

The United Nations Convention on the Rights of the Child (2011) asserts children’s right to be free from all forms of violence, including sexual abuse and exploitation. It further defines sexual abuse and exploitation as including:

(a) The inducement or coercion of a child to engage in any unlawful or psychologically harmful sexual activity; (b) The use of children in commercial sexual exploitation; and (c) The use of children in audio or visual images of child sexual abuse; (d) Child prostitution, sexual slavery, sexual exploitation in travel and tourism, trafficking (within and between countries) and sale of children for sexual purposes and forced marriage. Many children experience sexual victimization which is not accompanied by physical force or restraint but which is nonetheless psychologically intrusive, exploitive and traumatic.

Most notably, and in accord with other definitions, this definition includes acts that are coerced as well as forced, because children are unable to give meaningful consent; they do not understand the implications of the actions which the older or more powerful person is planning. Coerced sexual acts in childhood and adolescence have long-term effects, even in the absence of physical violence.

Worldwide, an estimated almost 20% of women (one in five) and eight percent of men (one in twelve) are abused sexually before the age of 18 (Pereda, Guilera, Forns & Gómez-Benito, 2009). UNICEF (2014) estimates that around 120 million girls under the age of 20 (about 1 in 10) and about a third as many boys have been subjected to forced sexual intercourse or other forced sexual acts at some point of their lives. These global figures are alarming. What about Guyana?

Robust data on CSA in the Caribbean in general and Guyana in particular is still hard to find, suggesting the need for more research. One study in nine Caribbean countries found that 47.6% of sexually active girls and 31.9% of sexually active boys described their first intercourse as forced or somewhat coerced and attributed blame to family members or people known to the family (Halcon, Blum, Beuhring, Pate, Campbell-Forrester & Venema, 2003). The most comprehensive study of CSA in the Caribbean was conducted in 2008-9 and consisted of six Eastern Caribbean countries (excluding Guyana). The prevalence of CSA reported in this study was 13% total, with variation among countries and with women reporting three times as much CSA as men. Extrapolating these rates to Guyana—around 100,000 children and adults living in Guyana today have been victims of childhood sexual abuse. Phrased differently, of the approximately 260,000 children under 15 living in Guyana today, we can expect 33,000 of them to be sexually victimized before they become adults, unless something changes.
Reported cases of child sexual abuse has increased and whist this increase cannot be seen as an increase in child sexual abuse it is clear that the real figures on the number of children who have experienced sexual abuse is unknown and that there is significant under-reporting. In 2015 and 2016 the CPA received 676 and 734 reports of sexual violence, respectively constituting 15% of the reported cases of abuse against children. In 2017, the CPA reports indicated there were 4179 cases of child abuse, of which 20% was cases of child sexual abuse totalling 841 reported cases.

Albeit, this report captures the experiences of child sexual abuse victims, it refers to children from birth to 18 years which take into account adolescences whose experiences with sexual abuse will pinpoint different dynamics compared to younger children. Further, ChildLinK considers the on-going international debate on the reference of victims versus survivors. It took many years for the truth about sexual abuse to come to the fore, it’s still fragile and must be constantly nourished by research and services that respond with empathy and an open heart to the stories of children and adults who have been victims and are now survivors and victims who may never have the opportunity to become a ‘survivor’.

CSA is considered an Adverse Childhood Experience (ACE), demonstrated to contribute to a range of negative outcomes including worsened physical and mental health, early death, disturbed relationships, and a greater likelihood of substance abuse problems (Anda et al, 2006). Child sexual abuse is harmful in large part because of the stress response that it evokes in victims, which affects their developing brain and body. The abuse is particularly harmful when it occurs repeatedly over time, becoming a chronic source of stress.

This report contains information obtained from interviews with teenage CSA victims who had received a forensic interview, counselling, or both at a Child Advocacy Centre (CAC) operated by ChildLinK, as well as the supportive caretakers of these CSA victims.

1.1. **Child Advocacy Centres (CACs)**

Child Advocacy Centres (CACs) are internationally accepted as the best model for investigating and coordinating efforts for suspected child victims of sexual and other violence. According to this model, professionals from the Police, Public Prosecution, Child Protection services, medical team, and NGOs coordinate their efforts to investigate serious crimes against children through the CAC. The heart of the multidisciplinary CAC process is the Child Forensic Interview, which is conducted by a specially trained Child Forensic Interviewer. This interviewer typically has a social work or psychology background, understands child development, and has knowledge of sexual crimes against children as well as the local legal system. Conducting the interview in a systematic and non-leading way, video recording it, and making the interviews available to professionals from these various agencies spare children from having to repeat multiple times to multiple people the details of what may be the worst moments of their lives. A team of professionals from the above-named agencies observe the child interview from another room, and consult with the interviewer to make sure all the necessary details are collected during this process. The Child Forensic Interview and the interdisciplinary CAC model are found to result in more effective investigations and prosecutions and less trauma to children, than other approaches to the investigation of child sexual victimization (Cross et al, 2008). These interviews not only provide details on the alleged abuse, they also provide information to police about where to find evidence and witnesses, facilitating Prosecutors’ efforts to bring alleged
offenders before the courts. Many CACs also provide specialty CSA medical exams, counselling, and court advocacy to victims and their families.

1.1.1 CACs in Guyana Today
ChildLinK and Forward Guyana in collaboration with the Childcare and Protection Agency (CPA) opened Guyana’s first CAC in Georgetown in February 2014. This collaboration expanded to open the Region 5 CAC in May 2015 and the Region 3 CAC in September 2015. Blossom Inc., another partner of the CPA, opened another CAC in Georgetown and subsequently in Region 2 during the 2015 to 2016 period. Since the opening of the CACs, both agencies have been receiving referrals of children who are known or suspected to have been abused sexually from law enforcement, the Director of Public Prosecutions (DPP), the Ministry of Education through the schools, Georgetown Public Hospital, and the Childcare and Protection Agency.

From February 2014 to December 2017, these referrals to CACs operated by ChildLinK totalled 171 in Region 4 (Georgetown); 87 in Region 5 (West Coast, Berbice) and 80 in Region 3 (West Bank Demerara). ChildLinK received a total of 338 referrals during this time period. Data for this report was collected from these children’s files or face-to-face interviews, as described below. While those children who are reported to CACs are undoubtedly just a small portion of the victimized children in Guyana, and they most likely differ in some ways from their peers who are abused but do not come to the attention of authorities, nevertheless these children provide chilling insight into the problem of CSA in Guyana, and potential solutions.

2. Scope and Focus
This report describes both the details of the sexual violence perpetrated against children and teens in Guyana, as well the broader picture of the harms CSA inflicts on individuals and families. The report contains statistics on all the cases referred to the CACs operated by ChildLinK as well as quotes from individual victims and their caretakers, to illustrate the dynamics and dilemmas of sexual abuse in the lives of Guyana’s children and teens. The qualitative information provided here is rich in details that help us understand the predicaments of Guyana’s abused children and their families. It also shines a light on the paths we need to forge to provide greater safety for children and teens. Lisa Fontes, Ph.D., a U.S.-based psychologist with international experience in CSA, served as the lead author of this report, working closely with members of the research team. Dr. Fontes has visited Guyana’s CACs twice and provided training and coaching to the CACs teams including Police and CPA officers.

2.1 The Study
This study entailed the following steps:
• Ethics review
• Research team establishment
• General file review & identification of the potential sample
• Contacting the participants
• Detailed review of the participants’ file
• Interviews with teens
• Interviews with adult caretakers
• Data analysis

2.2 Ethics Review
Guyana is in the process of implementing ethics boards to guide research. Therefore, the research team examined and followed international research ethics guidelines. Due to ethical concerns and the imperative to avoid re-traumatizing vulnerable children and families, only victims who were 15 or older at the time of the research were interviewed. The team obtained both caretaker and teen consent/assent for the study. To improve the quality of the rapport, where possible a counsellor or forensic interviewer who was known to the child conducted the interview. Additionally, since a great deal of information is in the teen’s file, the research interviews focused on the services received and suggestions for prevention and intervention, rather than on the traumatic incidents themselves. The researchers obtained information about the abusive incidents from the teens’ files. The research team designed the study to avoid causing distress in the participants, asking questions in ways that respected the child and the child’s family. They carefully avoided questions that were likely to re-stimulate traumatic memories, and repeatedly reminded the participants that they had the right to withdraw from the study at any time.

2.3 Research Team
The research team consisted of Forensic Interviewers and Counsellors from the three CACs operated by ChildLinK and were supervised by ChildLinK’s Managing Director and Programme Coordinator. A researcher from Family For Every Child (a U.K. based global coalition), reviewed the questionnaire. The research team met regularly to design the study, and developed an informed consent letter and introductory and closing statements to use with each participant.

2.4 Sample
Members of the research team reviewed the children’s files and extracted general data from every one of the 338 children and teens referred to the CACs operated by ChildLinK between February 2014 and December 2017. Based on the general file review, the researchers identified all individuals who fit the study criteria:

• They were at least 15 years old at the time of the research.
• They had disclosed being a victim of contact sexual abuse during childhood (either intentional sexual touching, physically forced rape, sexual contact, statutory rape by an adult or peer, or sibling sexual abuse). Some but not all of the participants were also victims of non-contact abuse (such as the taking of sexualized photographs).
• They had reported the abuse and received counselling services or a forensic interview at the CAC.

As a result of these criteria, 40 teens were selected for individual research interviews.

2.4.1 Contacting the Participants
The research team attempted to contact caretakers for the 40 teens by phone and reached 37. The caretakers were informed about the research and ChildLinK’s interest in holding an interview with them and the victim in their care. The research team also spoke on the phone
with potential participants who were available, to let them know about the study and to answer questions. Verbal consent was sought and dates were decided upon for the child and caretaker to visit a ChildLinK CAC for the interviews. In the initial telephone conversation three caretakers expressed concern about the confidentiality of their child’s participation in the initial phone conversation. When the process was explained in greater detail, these caretakers stated that they were comfortable with the teens participating. All 37 teen victims who were reached agreed to participate. On the date of the interviews at the CACs, both the caretakers and the victims signed written consent forms. Three of the potential participants no longer lived with a family member and were living in children’s homes (institutions) at the time of the study. In these instances, the consent of the Childcare and Protection Agency (CPA) was sought and obtained.

2.5 Data Collection

- **Review of children’s file** - Prior to the meetings, a member of the research team carefully reviewed the files of the teens who agreed to attend interviews, seeking information about the child’s family situation, abuse history, and other details. The information obtained in these detailed file reviews was entered into a spreadsheet.

- **Interviews with victims** - The research interviews at the CACs focused on the support the teens received after the sexual abuse and how the abuse affected their lives. In many cases, the teens expressed that they were glad to reconnect with a counsellor or forensic interviewer who had been supportive during a difficult period of their childhood. A total of 37 teens were interviewed in this way, and the interviews lasted from 20 to 30 minutes.

- **Interviews with adult caretakers** - Usually an adult caretaker (most often a mother) accompanied the teens to their interviews. At the same time the teen was interviewed, another research team member interviewed the caretaker about their experiences with CSA and with the services they or their child had received. Although the research team made efforts to interview all the caregivers of the 37 children who were participating in the research, only 31 caregivers participated. Some caregivers simply did not show up on the day of the scheduled interview, and declined to reschedule. All of the victims and caretaker participants were interviewed individually in private rooms.

2.6 Data Analysis

The research team recorded their information from the files and the research interviews on a spreadsheet, so each child and caretaker’s situation could be studied independently. Where the files included exact quotes from children’s statements in their own words (from forensic interviews, for instance), these were inserted into the spreadsheets. Dr. Fontes worked alongside the research team to identify the themes and issues in the data for inclusion. Research team members participated often, contributing insights and returning to client files for additional information or verification, when necessary.
3. Findings and Discussion

In this section we describe demographic characteristics of the broad sample of victims referred to the ChildLinK operated CACs.

3.1 Age at First Abuse

Although a substantial number of cases reported to the CACs concerned children who reported that their abuse began in the teen years, 88 (26%) reported that they first suffered abuse at the age of 10 or younger, and 206 (60.9%) reported that they first suffered abuse at the age of 13 or younger. Even where we are looking at individuals whose abuse began in their teen years, these are rarely cases of two peers experimenting, and are much more likely to be situations of frank exploitation, such as with a man who is 25 years or older taking advantage of his young neighbour, stepdaughter or niece. In other words, although a 14-18 year old may be physically mature, she is considered a child according to United Nations definitions (United Nations, 2016), and in need of protection from sexual pressures by adults and older adolescents.

![Figure 1: Age of First Abuse](image)

For ethical reasons, the research team chose to interview only children who were at least 15 years and most were 16 or older at the time of the interview. For some children, the abuse had begun some years before this interview was conducted, and the disclosure or discovery process had happened shortly after the initial abusive incident, even the very same day as the first abusive act. For most, however, the abuse had occurred over a period of months or years, from early childhood up into the teen years. Some children’s abuse had started at such an early age that they could not remember a time when they were not being abused.
3.2 Family Situation and Time of Day of the Abuse
The CACs have attended to Guyanese families from all ethnic groups. At the time of the abusive incidents, the victims lived in a variety of family and extended family situations, with parents, siblings, aunts and uncles, grandparents, stepparents, and others. Some lived in small and some in large households. The great majority (over 87%) lived with at least one parent when the abuse began. Children were abused during all times of day and night—whenever the abuser had private and uninterrupted access to the child, even for brief periods, such as when the child’s mother stepped out to run an errand.

3.3 Victims’ Gender

Figure 2 – Age Range of First Abuse

Figure 3 – Victims’ Gender
Of the 338 children referred to the CACs operated by ChildLinK during the target years, 41 were boys (12%). With one exception, the boys who had been seen at the CAC were still too young at the time of the research to be asked to participate in research interviews. The younger age of the referrals of boys may reflect reluctance on the part of boys to report or discuss their victimization once they approach the teen years. One male teen victim was interviewed for this study, and his experience of sexual abuse by a man seemed similar to those of the other (female) participants. Further research with a larger sample of male victims would afford us greater knowledge of the experience of male CSA victims in Guyana.

3.3 The Abusers and Their Relationship to the Child

While most of the children reported abuse by only one individual, many children reported abuse by more than one and up to five people. Most of the abusers (42%) were non-family men who were known to their victims, such as community members, family friends, or service providers or professionals such as a teachers, pastors, or bus conductors. Male members of the child’s immediate or extended family, such as a father or stepfather, uncle, step-uncle or cousin, a brother-in-law or grandfather made up the second largest category of abusers (40%). These abusers were usually related by blood, marriage, or through a family-like relationship with a female relative (such as an aunt or grandmother’s boyfriend).
We want to underline the fact that 84% of the child victims reported to the CAC alleged abuse by family members or known persons from the community. The true percentage of children abused by family members and known persons is most likely even higher, since children have more difficulty disclosing abuse perpetrated by people close to them, and family members are likely to protect other family members by not calling in authorities. Clearly, strangers who might grab a child in a dark alley do not pose the greatest danger to Guyana's children. Rather, men who they know—both inside and outside their family—are most likely to sexually abuse them. Stepfathers (12.4%), fathers (6.8%), and brothers (6.2%) alone make up more than one quarter of the abusers reported to the CACs. The closeness of these relationships poses challenges when we consider how to keep children safe after a disclosure, as a case winds its way through the court system, or in situations where no conviction has resulted but a child and his/her siblings are still considered “at risk.” Removing the child from the home may still leave siblings and other relatives vulnerable to sexual abuse from the same assailant. It is far better to remove the alleged abuser from the home, through informal and formal means, and this is the approach taken in many countries to safeguard other children living in the same home. Removing the abuser also reduces the chances of making the child victim more vulnerable to abuse by others.

Unknown assailants made up 10% of the abusers. In some cases, these were bandits who had attacked a child on the street or in her home. In others, the child was unable to identify the abuser due to the child’s young age. It is also possible that the child or caretaker knew the abuser’s identity but was unwilling to disclose it to protect the abuser. Eight percent (8%) of the abusers were identified by victims as peers, often known to the victim from school. Some of these peers used violence and/or coercion and were, indeed, abusive. In other instances, family members reported that their daughter was being abused by a similar aged peer, while the teens themselves asserted that the encounters were consensual, and the CAC staff decided no abuse of power was evident. These cases comprise a relatively small percentage of the total number of the reports to the CAC (well under 8% of the total).
Out of the 338 cases reported to ChildLinK during the target period, one involved a female abuser, who was a stepmother. The abusers ranged in age from high school age through men in their sixties and seventies. (Children who experienced inappropriate sexual touch at the hands of other children are not likely to be reported to the authorities and CACs. Children’s inappropriate sexual touch is more often handled within and between families).

3.4 The Abusive Incident

In this next section, we provide information on the primary abusive incident reported to the CAC. Where multiple abuses occurred during that one incident, they were all recorded. Most children reported that multiple acts were perpetrated against them during the same incident or multiple incidents. It is worth noting here that the researchers did not record milder acts that often form part of the abuse and grooming process, such as sexualized kissing and back rubs. Many children mentioned being compelled to watch pornographic photos or videos, or being made to pose for child sexual abuse videos and photos (child pornography). However, the area of electronic exploitation was not systematically recorded.

3.4.1 Forcible Rape

57.7% of the victims reported to the CACs had experienced forcible rape, which means physically forced penetration of the child’s vagina, anus or mouth with the abuser’s penis, finger, or an object. These acts were sometimes initially quite violent, causing bruising, bleeding or tears in sensitive tissues. Where children were victimized repeatedly over time, or where more than a day or two has passed since an abusive incident, physical evidence is unlikely to be seen in a medical exam, even with a trained medical evaluator (Hu et al, 2018). (These medical exams are still recommended, however, to assess for sexually transmitted infections, pregnancy, injury, and signs of other abuses or diseases).
3.4.2 Sexual Contact
18.9% of the victims reported to the CACs had experienced sexual contact, consisting of intentional touching of their breasts, bottoms or genitals, underneath their clothing, or being made to touch the abuser’s genitals.

3.4.3 Statutory Rape
12.4% of the participants experienced statutory rape. That is, they were considered below the age of consent in Guyana, and were coerced into participating in sexual acts by an older person, without the use of physical force. In some instances, threats of violence formed part of the coercion.

3.4.4 Sibling Abuse
4.4% of the children referred to the CAC were victims of sexual abuse by an older brother or step-brother. In this study, “sibling abuse” includes only penetrative sex. It is worth noting that sibling sexual abuse is found to be as harmful psychologically as father-daughter incest (Cyr, Wright, McDuff & Perron).

3.4.5 Location of the Abuse
The abusers took advantage of their victims in the child’s home, in the abuser’s home, in his car, in the home of friends or relatives, in hotels, at a friend’s house, on the bus, outdoors, and in public establishments such as shops, churches and schools. While some children reported that they were abused only once, most of the children were abused several times over a period of years, or even over more than a decade.

“Murleen,” 6, Assaulted by a family friend
Six year-old Murleen lives with her mother and older brother. Her father recently passed away, prompting a family friend to visit the home and sleep over at times, to help the family feel more secure. Occasionally in the mornings while the mother prepared breakfast, this family friend would rub his penis on Murleen’s leg. Eventually he progressed to digital then penile penetration. While bathing her, one day the mother noticed the child was having a creamy discharge and decided to take her to a local health clinic. They discovered that Murleen had contracted Gonorrhea. A report was made to the police, and the child was then referred to the Child Advocacy Center for a forensic interview, where she disclosed the abuse. Murleen and her mother had group and individual counseling at the CAC, where she was also taught about appropriate and inappropriate touching.
4. Recognizing the Abuse

For this and the remaining sections of this report, we will be turning to data generated in the in-depth research interviews, including their direct quotes. Some of the victims initially did not define their experiences as sexual abuse, either because they were too young to have a name for what they were subjected to, or because the abuser manipulated their emotions and made them feel like they were in a romantic relationship. When abusers initially approached children, they often presented the sexual activities as games, simple affection, hygiene routines, or ways to have fun. Over time, the sexual abuse became increasingly intrusive.

Other victims said they were aware from the first instance that the acts were abusive, because:

- they were perpetrated by family members, or by people or who were much older
- because the acts hurt
- because when they tried to refuse the acts, they were forced
- because although a teen had consented to a sexual act with one person, he invited his friends

4.1 Effects of Abuse

The victims reported a number of negative effects of the sexual abuse. Many felt they had been changed forever by the abuse, and divided their lives between “before” and “after.”

4.1.1 Emotional Changes

Victims reported being sad, getting angry easily, feeling bad, thinking about the abuse “all the time,” crying a lot, feeling down or depressed, and “spacing out a lot.” Participants described feelings of loss of control over their emotions and their lives. Many reported new or nearly constant anxiety.

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Manzuri, 7, Acted Out Sexually at School

Manzuri, 7, lived with his mother in an apartment. Every day he was left alone at home after school, while his mother would be at work. A few apartments up, a man would give Manzuri sweets and bring him into the laundry room, where he would force Manzuri’s mouth unto his penis. The abuse went on for a few months. The matter came to the attention of authorities when Manzuri was caught practicing the same act on children in his classroom, crawling under the desks and bench and reaching for his classmates’ genitals. Further investigation showed that Manzuri was also practicing the same act on the children in the home where his mother left him while she was out of the country. The teacher then reported the case to the CPA, where the child was scheduled for a forensic interview at the CAC. In addition to describing the abuse, the child also revealed in the interview that he had a throat infection, which was confirmed to be a sexually transmitted infection.

Manzuri was placed in institutional care while his mother was out of the country. His CAC counsellor visited the institution to conduct sessions, helping the child understand appropriate boundaries and recover from his trauma.
4.1.2 Trust
Some victims said they did not feel they could trust others (especially men) and felt generally suspicious, following the abuse.

4.1.3 Post-Traumatic Stress
Participants described symptoms such as nightmares, problems with sleeping or eating, flashbacks, numbness, irrational fears, incessant crying, and suicidal feelings, including significant suicide attempts.

4.1.4 Self-esteem
Participants conveyed that they felt bad about themselves or felt like everything was their fault.

4.1.5 Isolation
Some victims described increased isolation after the abuse. They said they kept to themselves, had no friends, their families stopped talking to them, they “stopped talking to people,” or had “trouble talking to family because they pretend it never happened.”

4.1.6 Boyfriends
A number of the victims stated that they thought they made poor choices in their relationships with males because they were abused by their fathers or father figures and were looking for a replacement. The CSA relationship serves as a distorted model for future relationships, and interferes with victims’ abilities to form meaningful, lasting, and stable relationships with others (Finkelhor & Browne, 1985).

4.2 Material changes
The abused children’s lives changed in both small and dramatic ways after the abuse or disclosure.

4.2.1 Health
At least 4 of the 338 victims seen at the CAC suffered from a ruptured uterus as a result of the abuse and needed to be hospitalized, some requiring surgery for their injuries. Some abuse resulted in pregnancy and childbirth, other victims contracted HIV, gonorrhoea, chlamydia, syphilis, or other sexually transmitted infections (STIs) from the abuse. Child sexual abuse must be seen as an important path for the transmission of HIV, Hepatitis C, and other STIs including the virus that causes cervical cancer. Left untreated, some of these infections will lead to infertility and even death. A person who is abused in childhood and does not receive adequate medical attention including STI screening is at risk of suffering irreparable harm and innocently transmitting infections to others.

4.2.2 Education
Participants reported they were unable to focus in school as a result of the abuse. Many said their school performance suffered; several said they began getting into trouble at school; many stopped attending school; several regretted that they were unable to complete their CSEC and possibly even go on to further their studies or pursue tertiary level education. Often, CSA precipitated school cessation or failure. We must eliminate CSA so every Guyanese child can reach his or her academic potential.
4.2.3 Living Situations
Victim’s living situations were upended by the abuse and the fallout from the CSA disclosure. Some victims were forced to move out of their home or live with other family members or in an institution, most commonly if the abuser continued to live with her immediate family after the abuse. Following the disclosure, some abusers fled, most commonly to another community within Guyana or to other neighbouring countries, and sometimes the child was blamed for the abuser’s decision to leave. If the abuser had brought income to the family home, victims’ families often fell deeper into poverty after the abuse, sometimes becoming homeless or being forced to live in crowded conditions with relatives.

4.2.4 What Would Have Been Different In Victims’ Lives
When asked what would be different in their lives if they had not been abused, the victims described completing the activities and enjoying the peace that should be every child’s birth right: they would have finished school, continued living with their families, been happy, had friends, and would have been able to make something of their lives. One said she “Would have had a proper job and a normal life.” A number of teens expressed their sadness at not being able to finish school and write the CSEC, which they felt would interfere with their ability to get a job for the rest of their lives. One girl whose abusive stepfather kept her isolated at home and did not allow her to play with other children, said that she “would have been playing more as a young child”.

4.3 Effects on the Family
Both the teen and adult participants described numerous negative effects of the abuse on the entire family including:

- A young teen being forced to raise the child conceived through her victimization, with all the stress, expense, and disruption to the entire family this implies.
- Disputes between a victim’s non-abusive parents that caused separations (for example, if a paternal uncle was the abuser, the mother and father might disagree whether to report the abuse to authorities).
- Tension and cut-offs between different sides of the extended family, where some sided with the abusers and others with the victims.

“Odessa,” 13, Victimized by Her Stepfather for 6 years
Thirteen year old Odessa was victimized by her stepfather from the age of seven to thirteen, when the abuse was discovered. At night the stepfather would come into her room. He raped her orally and vaginally and obligated her to watch pornography and practice the acts that they viewed together. Odessa eventually ran away from home and stayed with a classmate, whose mom alerted the Childcare and Protection Agency of the abuse. Odessa’s mother did not believe her when she disclosed. Odessa was removed from the home by the Childcare & Protection Agency (CPA) and went to live nearby with a maternal aunt. The CPA referred Odessa to the CAC where she received Trauma Focus Cognitive Behavioral Therapy to help her cope. To add to Odessa’s trauma, the perpetrator would visit the shop next door to her aunt at least three times a week and would intentionally stare at Odessa intimidatingly. This led to Odessa becoming fearful of walking on the road or even going out to school or to play. Odessa also became depressed and emotionally distressed, and threatened to commit suicide. The CAC counselor intervened and the perpetrator was warned by a police officer to stay away from Odessa intimidatingly. This led to Odessa becoming fearful of walking on the road or even going out to school or to play. Odessa also became depressed and emotionally distressed, and threatened to commit suicide. The CAC counselor intervened and the perpetrator was warned by a police officer to stay away from Odessa, who continued to live with her mother. Odessa received a year of counseling at the CAC. Finally the counselor was able to persuade her mother to attend parenting sessions geared toward parents of children who had been abused sexually. The mother eventually admitted to having seen signs of abuse in her daughter prior to her running away from home. She grew to believe her daughter and put her partner out of the home, so her daughter could move back home.
The emotional toll of caring for a victimized child, whose entire future seems to be cut short by the assaults.

Some family members keeping the abuse secret from other family members to avoid violent confrontations—with this secrecy resulting in decreased intimacy.

Additional responsibilities of caring for the grandchild who was conceived from the sexual assault, or of a teen who acquired HIV through sexual assault.

The negative impact of gossip in the family and community on both the child and the

Additional responsibilities of caring for the grandchild who was conceived from the sexual assault, or of a teen who acquired HIV through sexual assault.

Blame related to the abuse causing disputes in immediate and extended families, and communities.

Family members accusing each other of making up lies

Economic stress from having to move or “kick out” a breadwinner resulting in a family becoming homeless or the siblings being split up and sent to live with other relatives.
5. Abuse Revealed

CSA can be revealed in many ways, only one of which is direct disclosure by child victims to an adult when seeking protection or help. CSA often does not come to light because of a child’s disclosure about it but rather through multiple other routes that lead people to realize what is happening. This section explores how abuse was discovered, how abusers impede children’s disclosures and enforce their submission, how children ended up disclosing, and others’ responses to their disclosures.

5.1 Discovery

Some victims described how their abuse was discovered through means other than through a direct initial disclosure. In a common pattern coming out of this research, child and teen victims expressed their distress by "getting into trouble", which means to do something that is thought of as a deviant behaviour in order to bring attention to the individual. This misbehaviour brought them to the attention of authorities or family members, eventually prompting a disclosure for example;

- A teen was taken to a welfare officer for her (mis)behaviour, where she disclosed CSA.
- The child’s suicide gestures and attempts led family members and professionals to press her to say what was wrong.
- “Mom saw me with money and asked how I got it.”
- “I ran away and my mom asked why”
- “We were caught in bed”
- My sister/brother/mother/father caught us in the act
- “Someone saw us and told my father”
- “I got pregnant”
• One girl was married off at 13 years by her mother to a man from the community who was twenty years older than her. She was rescued by one of the man’s relatives who discovered the girl’s age.

5.2 How Abusers Gain Compliance and Enforce Secrecy.
To maintain sexual access to children and teens over time, and to preserve their reputations, abusers pressure children to submit to repeated abuse and secrecy. Children reported a range of tactics to gain their compliance and enforce secrecy.

5.2.1 Gifts.
Sometimes abusers gave children gifts such as: money, (marijuana) “weed,” food, chocolate, ice cream, clothes, or privileges such as getting their own way. Sometimes the abusers gave money or gifts to the child’s mother or other family members, to gain access to the child.

5.2.2 Threats.
All abusers threatened the children implicitly, by demonstrating their power in a variety of ways. Some children reported that the abusers also issued specific threats to make them comply with the abuse and keep it secret:

• Threatened to kill the child’s mother.
• Threatened to kill the child (e.g. “I was crying and screaming and he raised his voice and said, ‘Shut your f--king mouth before I kill you.’”)
• Threatened to “put me out.”
• “Threatened to take his hands and a big knife and dig out my insides.”
• “My stepfather threatened to make the family unhappy.”
• “He said if I talk, he will tell people I have AIDS.”

5.2.3 Manipulation.
Often the abusers gained compliance and secrecy by manipulating their young victims. For example, one abuser told his seven year old victim that she liked his actions and that no one would believe her if she told them. Abusers also told victims that they would get into trouble or get a beating and their parents would be angry if they disclosed. This is important to note: children who are afraid of a beating are unlikely to tell their parents about abuse, because they are afraid they will be further punished.

Some victims reported manipulation by abusers that made them feel “special,” and like they were his “girlfriend,” even when there was a difference in age of ten or more years. Family friends, community members, older peers at school, and even family members used the boyfriend/girlfriend approach to gain children’s compliance. Some children reported that they did feel like the abuser’s girlfriend, because they had become intimate, or had developed feelings for the person, or because she had believed she loved him, or because he was nicer to her than most other people. Other teens reported that they knew they were not the abusers’ girlfriend because he was already married to or dating another family member, or, as one child stated, “because he is a big man and I am a little girl. Plus, he’s got his wife, my aunt.” Children who feel loved, appreciated, and well cared-for at home may less likely to succumb to an abuser’s seduction attempts.

5.2.4 Additional Reasons Children Did Not Disclose
In addition to the gifts, threats, and manipulation mentioned above, children reported a variety of other reasons why they kept the abuse a secret.
- Fear of the abuser
- Fear of being punished by a supportive mother or father
- Thought the abuse was their fault
- Afraid others wouldn’t believe them
- Didn’t want to get in trouble
- “It felt good and I was scared of him”
- Scared others in the family or community would look at them funny

5.3 Disclosures
Across the globe, it is extremely difficult for children to tell others that they have been abused sexually. UNICEF (2017) reports that worldwide, only one percent of adolescent girls who have experienced sexual violence said they reached out for professional help. In the United States, even today, most children who are sexually abused do not tell anyone during their childhood years (Lyon, 2009). This secret-keeping, places a great burden on young victims, as they struggle in isolation with intense feelings such as pain, shame, despair, and anger. In the interviews, the victims revealed their motivations for disclosing the abuse, and others’ responses to their disclosures:

- “I got tired of what he was doing to me and plus he was still beating my mother.” (a teen who was abused many times by her stepfather, starting at the age of 8 years old.)

- “I was not able to bear it anymore to keep it in my heart.”

- One girl who was repeatedly raped by her stepfather reported that he was possessive and overbearing and would not allow her to interact normally with men and male peers. She disclosed when she felt she could no longer tolerate this isolating control.

- Parental punishment for perceived misbehaviour (such as speaking back, staying out late, or poor grades) sometimes led children to disclose the abuse.

- Some children described being overwhelmed by the on-going abuse or their feelings in response to it: “I couldn’t take it anymore” or “He wasn’t stopping” or “I got fed up.” They described anger, frustration, sadness and despair.

- Some described disclosing because they knew the abuse “was wrong.”
Some children initially disclosed to peers, teachers or other family members, who pressured them to tell an authority or their parents so they could get help (It is notable that some of these teachers did not directly inform other authorities themselves).

Some children disclosed in response to the beatings of a sexually abusive father or stepfather.

"My mom wanted me to go and spend time with the person who abused me and I didn’t want to go"

"The acts were painful and hurt".

"I wanted to know how they would react. When I told I was drunk, because it was boiling up in me all these years."

"My teacher forced me to tell about the abuse"

One girl who was raped by her 75 year old grandfather told her grandmother, stepmother, aunt and father on the very same day.

One teen said she told her mother who did not believe her, and so she told her teacher who she is not sure believed her. She said she disclosed “Because of the Health and Family Life Education topics in school.”

5.4 Responses to Disclosures

For a report from the child to arrive at the CAC, an adult had to believe the child’s disclosure or discover signs of abuse and make the report to the Police or CPA who will refer the case to the CAC. Not all reported cases of sexual abuse against children are referred to the CACs. In some instances, it is when the Police Officers are having difficulty in gathering the evidence from the child who is too traumatized to tell that they will refer the cases to the CAC. The CACs are guided by signed protocols by the Childcare and Protection Agency, ChildLinK and the Police Department to ensure that children are not further traumatized by having to tell their stories more than once to an officer. Whilst there has been an increase in referrals to the CACs, many children are still questioned by officers who are not trained to work with children, which can be traumatic and also results in less information and a delayed process.

Therefore, we do not have data on the children who did report the abuse and were never believed and whose cases were not referred to the CACs. Some of the 338 children disclosed to their relatives, teachers, friends, or priests, who believed them and immediately protected them from further abuse. However, unfortunately, believing and protecting immediately was not a typical response. Rather, often the abusers’ threats to children were more the reality, that they (the children) would not be believed and that they would be blamed or punished.

Victims were told the abuse was their fault and they should have been more careful. For example, a girl who was 13 years old when her cousin started raping her and bribing her with ice cream, was told by her grandmother that the abuse was her fault.

Some victims were punished after a disclosure for “being too young for sex".
Many girls were told they were abused because of the way they dress, because their clothes were too short or too tight.

If the offender was a family member or a close family friend, sometimes others blamed the victim and shunned the child, as if the true problem was the disclosure and not the abuse.

“My family is disappointed in me”.

“My stepfather was angry with me. He said why I did not talk all these years.” (A teen who was abused by two relatives and an unknown person from the age 6.)

We must believe Guyana’s children if we are to protect them from sexual abuse. A mother’s belief in her child’s disclosure, and acting protectively and supportively, have been found to be key determinants of both children’s recovery from CSA and their willingness to disclose at a forensic interview (Malloy & Lyon, 2006). This will invariably help the prosecution of the abusers. Many people, including parents and professionals in the field, tend to disbelieve children’s reports of sexual abuse much more than they disbelieve other people’s reports of crimes (Shiu, 2008). Research shows, however, that children are much more likely to lie in their denial of sexual abuse or their recantation of a disclosure, to protect an abuser, than they are to invent false allegations of abuse (Malloy, Lyon, & Quas, 2007). Young children, children with cognitive delays, and children with the most severe forms of abuse, perpetrated multiple times, are less likely to be believed than older children who report a single incident (Melkman, Hershkowitz & Zur, 2017). And yet the young children, who suffer chronic situations of CSA, and especially those with cognitive delays, are in the most desperate need of our protection.

5.5 Services and Recovery

After reporting the abuse, the victims and their families typically accessed more than one service, including some combination of the Police, Childcare and Protection Agency, ChildLinK, medical examinations, school welfare, and counselling. Young women who got pregnant as a result of their abuse were sometimes also referred to a parenting education class. Victims’ and their carers’ experiences with these services were mixed, with both positive and negative elements. The teens and carers expressed frustration with the legal process, even when they felt the police had been kind. In most instances, the legal case had been dropped, or was unresolved, or the carers and teens did not know the status of the legal case. Both teens and carers were aggravated and deeply disturbed by the legal delays and ‘dead ends’, and with abusers who had simply fled, or paid a fine, or still lived openly and in some cases close to the victim—without any seeming legal repercussions. It must be noted that since the launching of the Sexual Offences Court in November 2017 by the Acting Chancellor and the Judiciary and there has been an approximate 80% successful prosecution rate of child sexual abuse cases that have made it to the new Court.

Some victims were regularly intimidated or stalked by their abusers. Others feared this might happen: “I am afraid that he will come back to my life.” Participants expressed their fear that abusers who had not been sanctioned for their activities would be likely to target additional victims.

Medical Examinations - Conducting medical examinations for cases of child sexual abuse requires highly specialized training and privacy. Unfortunately, neither is adequately available and some children are often obliged to sit in hospital waiting rooms for long periods before receiving medical care in the company of a carer, a police officer, and or a social worker with
inadequate privacy before they are finally examined by in many instances a general practitioner who is not trained in what specifically to look for in a forensic sexual examination. Frequently, children are examined using adult-sized instruments, and in full view of those present; in some cases namely the police officer, the social worker, the carer, and others in the hospital. Since the CACs have been operational and building collaboration with the hospitals this has improved but there remains a need for significant progress on medical examinations for children who have been sexually abused from public health facilities.

Counselling - Several teens and carers described the benefits of post-abuse individual and group counselling. Carers said that their children became less aggressive, less suicidal, less ashamed and less depressed after counselling at the CAC. They said their children were able to resume many of their previous activities after counselling, including eating and seeing friends. Participants said that the counselling resulted in increased closeness among family members, and a greater ability to speak about meaningful topics. One mother said, “We cry together, we pray together, and we have open conversations together now.” One teen said that after counselling, “I felt like a weight come off my body.” Another said, “Most support came from the CAC on various topics that were discussed, especially my feelings and self-esteem.” Several teens and carers said they wished they had had some kind of counselling before the abuse, so they would have known how to communicate better and disclose the abuse sooner.

5.6 Community and Family Support.
The data revealed informal activities and events that helped children recover after disclosing the sexual abuse were simple but profound. These included conscious efforts to remove risk factors, increased protection, love and care from parents/carers, siblings, teachers, cousins, and other extended family members. Where one family member had been an abuser or failed to protect a child, another family member would sometimes step in post-disclosure to raise the child and help him/her to feel better. Children also described the importance of living free from fear of continued contact with the abuser.

5.7 Children’s Views on Protection
The victims spoke forcefully about what could have been done to protect them, and how we can protect other children. They described the need to increase education of children at home, in school, and through the media, about sexual abuse and what to do if someone tries to abuse them. Children rarely have sufficient power to protect themselves from abuse. This protection must come from family, educators, community members, and law enforcement.

The victims recommended that family members spend more time at home, pay more attention to their children, and ask them about their lives. They suggested that adults be more patient with children, help them feel loved, and show more interest in them, so they are able to speak about difficult subjects more easily. They suggested more honest, open conversations between adults and the children in their lives, at home, in school, in extended families, and in the community. Several children mentioned that they felt at greater risk because they were not living with their parents, but rather with other family members, who did not show sufficient interest in them. Bess-Bascom, 2016 “Girls between the ages of 13-15 years recorded the highest number of placements in institutional care, mostly as a result of sexual violence. One respondent suggested that women’s economic independence would free them from the pressures of men who might abuse their children. She stated, “If mommy was not depending on a man to provide, I would not have been abused so many times.”

The victims suggested stakeholders work with schools and encourage children not to be afraid to disclose. It must be noted that the Family Life Education has incorporated the Tell Scheme
Campaign which is designed to help disclosures among primary age students. However, it is not clear to what extent these sessions are facilitated in the classrooms and disclosures appropriately managed and reported to Childcare and Protection Agency or Police Department. There are concerns that children who report to a teacher about sexual abuse are more likely to have their cases addressed by the head teachers and the case may not be reported to Police or the CPA and therefore not referred to the CAC for emotional care of the child. These children are hardly likely to receive any emotional help to cope with the trauma of child sexual abuse. The participants of this study also suggested training for educators, on how to listen better to children. The victims suggested that we teach children that it's not just strangers who pose a risk, but family members, too. They recommended a national advertising campaign telling children about sexual abuse. They suggested that adults ask children what's wrong and ask gentle questions when children misbehave or act out, rather than attacking them.
6. Conclusion

ChildLinK’s experiences with its first 338 referrals of child sexual abuse cases have led to both pessimism and optimism. Pessimism because the CSA situation in Guyana right now is so dire, as children from infancy through their teen years are being preyed upon and permanently scarred by those who should be providing their care. Pessimism also because our nation is still in the beginning stages of mounting an effective response to the problem of CSA, and in the meantime children are experiencing harm and many perpetrators are yet to be brought to justice. Optimism, because many good people are dedicating their time and skills towards responding to this crisis. The development of the CACs, the enhanced training of people who work in the field, and the Sexual Offences Legislation of 2010 and subsequently the Court in 2017, have all contributed to more children reporting and receiving help but more importantly policies, systems and practices are being strengthened to provide services to children who have been sexually abuse and a strong message is being sent to offenders that sexual violence against children will not be tolerated in Guyana. Further, we experience optimism also because we see the effects of our work on individual children and families, as they recover and resume their lives. We know our work helps make CSA that much less likely in the next generation.

6.1 Beyond the Findings: Next Steps

The importance of child maltreatment research lies in its ability to suggest future paths for protection and intervention. This study clearly suggests avenues to achieve greater safety for children and more so a need for in depth research to ascertain a clearer narrative of child sexual abuse in Guyana. Other key recommendations that emerged from this study include:

6.1.1 Prevention

- Establish a national plan for the prevention of child sexual abuse, with measurable steps and including all stakeholders, funding options/mechanisms and guidelines for reporting.

- Establish ‘better parenting’ programmes and campaigns (through CACs, public media, churches, health centres and communities) to specifically address child sexual abuse and help parents & other family members speak more openly and lovingly with their children. This open communication would make it easier for children to report their worries and problems, including possible abuse.

- Prohibit corporal punishment. This study demonstrates that fear of beatings deters children from speaking with their carers about abuse. General acceptance of corporal punishment also allows sexually abusive carers to beat children into silence. Guyana remains one of the few countries that still permit child corporal punishment in the home, schools, in some alternative care settings, in some day care, (Global Initiative to End Corporal Punishment, 2018). Teaching parents, carers and educators’ proactive, positive discipline rather than punishment would create an environment that is less conducive to child sexual abuse. Corporal punishment sabotages efforts to teach about ‘good touch’ and ‘bad touch’ or ‘inappropriate touching’.

- Establish educational programs for boys and men. The vast majority of abusers are men, and often these are male family members who believe they are entitled to sexual
access to any and all females in their sphere. Boys and men need to be educated about appropriate sexual boundaries and the harms of sexual abuse. They also need to understand the illegality of these acts and be educated on the seriousness of the offenses.

- **Develop the CAC programmes.** Throughout the world, CACs have an important role to play in prevention activities in their communities. Because they are knowledgeable about local risk factors and resources, CAC staffs are well-suited to engage in prevention in local institutions such as churches, schools, and community centres. Prevention positions need to be separately resourced, so as not to drain resources from CAC investigations and acute clinical needs. CACs can function only if they have a steady and dependable source of funding, adequate to hire sufficient forensic interviewers and counsellors as well as administrative staff. These personnel need to receive adequate training and supervision. Continued professional development and supervision helps in improving the CACs’ ability to provide needed services. However, emotional toll on the CAC staff resulting in high staff turnover, burn out and early retirement must be planned a part of the wider CAC programme.

- Implement the Health and Family Life Modules which place emphasis on younger children disclosing or ‘telling’ of abuse including sexual abuse and knows about ‘good and bad and inappropriate touching’. Further, all children who have been sexually abused need emotional support and should be referred for trauma counselling despite the abuse may have taken place years ago. Children should be encouraged to tell their stories in an environment where professionals are skilled to communicate with children and that children are not interrogated or have to confront the abusers or tell their stories over and over.

**6.1.2 Investigation**

- **Establishment of other CACs:** Several Regions (mainly the hinterland Regions) in Guyana have no CACs. Even in those Regions with CACs, distances can be great and transportation poor, meaning that the majority of Guyanese children have limited or no access to the forensic interviews, counselling, case coordination, and legal and other support offered by the CACs. CACs house the forensic interviewer and coordinate investigative efforts, resulting in more thorough investigations and greater likelihood of an effective legal response. Children across all Regions in Guyana should have access to the services of the CACs.

- **Institute Police reforms** to create a specialization in crimes against children. Police who work on these crimes need continuous training in the specialized investigation, report writing, and testifying that these cases require. Sexual Offense Officers should dedicate themselves to this field for a long period of time, so they can hone their expertise.

- **Create a medical examination protocol and corps of trained professionals.** Guyana could benefit from improved training in specialised forensic medicals where medical professional learn how to conduct examinations for child sexual abuse in the most advanced and least traumatic way possible. Not only does this protect children from traumatic medical examinations, it also improves the likelihood of obtaining important evidence and detecting STIs and other possible conditions that need treatment.
• **Enhance Training for Prosecutors:** Prosecutors could benefit from specialized training in handling these child sexual abuse cases. Although the laws in each nation differ, the approach to these cases is common across nations, and can help determine their outcome.

6.1.3 Recovery

• **Increase access to specialized counselling for CSA victims and their families.** Training in this specific issue should be offered in social work, psychology, and school welfare preparation programmes, and continuing education provided to those who are already in the field. Such services need to be available throughout the country.

• **Offer wider educational support or programmes for pregnant and parenting teens** so they can continue their schooling. A case can be made both for support to allow girls to continue in their current schools, as well as separate programmes that are geared to the challenges of raising children while in school. CSA should not cut short a child’s opportunity to achieve educational goals and lead a successful life.

6.2 Partnerships

The CACs have been established through strong government and civil society partnerships. Significant efforts have been made to bring together the Ministry of Social Protection, (Childcare and Protection Agency), the Guyana Police Force, Ministry of Education, Ministry of Public Health, Director of Public Prosecutions and civil society to implement a key component of the Sexual Offences Legislation of 2010 through the CACs. This wider government and civil society partnership ensured that a growing number of children who are victims of sexual abuse are accessing the necessary services. This collaboration needs further strengthening to expand each component of the CACs services including:

- Prevention campaigns through the Childcare and Protection Agency and other community and faith groups to improve education and prevention strategies.
- Reporting and referring to the CACs all reported cases of CSA through the Police Department, Childcare and Protection Agency and Ministry of Education.
- Medical examinations from the Ministry of Public Health.
- Strengthening the role and functions of the multi-disciplinary team chaired by the Director of Public Prosecutions and includes Police, Childcare and Protection Agency and civil society to support each child throughout the process to maximize efficiency among the service providers as well as the CACs.
- Forensic interviews, trauma based counselling and court support for children across all Regions from civil society organizations, the Police Department and Childcare and Protection Agency, thus building stronger collaboration for the delivery of the CACs services which given the obligatory attention inclusive of resources will create greater effectiveness and reduce child sexual abuse.
7. References


