

Session 1:

Child-sensitive counseling, complaint and reporting mechanisms in different settings for children victims of violence, including sexual violence and exploitation: need for confidential, age- appropriate, gender-sensitive, disability-sensitive, safe and well-publicized mechanisms which are easily accessible to all children. Lessons, challenges and recommendations from national independent institutions for children's rights.

Children who are victims and witnesses of violence including sexual violence and exploitation, **need child-sensitive counseling, complaint and reporting mechanisms which is confidential, age-appropriate, gender-sensitive, disability-sensitive, safe, well-publicized and easily accessible**

Protecting children from violence, exploitation and abuse is an integral component of protecting their rights to survival, growth and development. However, in spite of the best efforts, children continue to become victims and witnesses of violence at home, at school and in their communities. Sometimes the act of violence committed is so severe and traumatic that it affects the child victims and witnesses emotionally, psychologically or cognitively.

The Current Situation

Counseling, Complaint and Reporting Mechanism

In Jamaica, everyone including children is mandated by law to report known or suspected violence and maltreatment of children. Section 6(1) and (2) of the Child Care and Protection Act 2004 (The Act) states that prescribed person or any person who has information which causes that person to suspect that a child-

- a) has been, is being or is likely to be, abandoned, neglected or physically or sexually ill-treated; or
- b) is otherwise in need of care and protection,

shall make a report to the Children's Registry.

The Registry is the central body which is responsible for receiving, recording, assessing and referring the report to the relevant agencies, that is, the Office of the Children's Advocate and the Child Development Agency for further investigation. Where necessary, reports are also made directly to the security forces.

Child Development Agency (CDA)

The Child Development Agency has overall responsibility for the care and protection of children. For the Financial Year 2009/2010 the Agency received and processed 7,693 reports through its Intake Services. Children who were deemed uncontrollable or displaying behaviour management problems (4,204), physical abuse (412), sexual abuse (361) and abandonment (79), were the majority of cases. The remainder of reports included instances of neglect, requests for one-off counseling and other investigations¹.

¹ Economic and Social Survey Jamaica 2009

Office of the Children's Registry (OCR)

This office was created by The Act and was established in 2007.

The Registry operates under the strict confidentiality. The staff is under a duty to keep all reports confidential unless the information contained in the report is needed for official purposes. Staff members can be fined a penalty of a maximum of JA\$500,000 fine or six months imprisonment or both if they are found guilty of disclosing information pertaining to any report made by or on behalf of a child.

There are various ways in which reports are made. This can be done via the telephone by calling 1-888-PROTECT, via walk-ins, via emails or via fax. The Registry operates a 16 hour work shift from Mondays - Fridays. The intake officers at the OCR have been trained in the area of counseling.

In 2009 it recorded 6,150 reports – mainly due to an increased awareness of its work. This increased awareness was attributed to its islandwide public education programmes and consultations. The Office of the Children's Advocate partnered with the OCR in many of their sessions (20 consultations and 30 presentations were made).

Office of the Children's Advocate (OCA)

The Office of the Children's Advocate was created in The Act and was established in January 2006.

The Children's Advocate and the Legal System

The Act mandates our Office to provide legal advice and recommendations to Parliament, Government Ministers and other relevant authorities. Additionally, our Legal Policy Officers represent children in civil and family law cases and represent children before Commissions of Enquiry whenever the rights and best interests of children are in issue.

The OCA also receives complaints made by or on behalf of children whose rights and best interests have been violated, primarily as a result of the actions or inactions of a relevant authority, (namely a government ministry, department, agency or company; a statutory body or authority; a parish council or corporation) or by any other person. The provisions are to be found in Part II of the First Schedule to The Act.

The OCA also receive complaints from children who are in the care and custody of the state. This often occurs when members of the OCA's team including the Children's Advocate, investigators or public education specialist visit these children's homes, places of safety and correctional centers to conduct unannounced or announced visits or speak with the children. They are able to speak to the team of visitors in privacy or are encouraged to do.

Complaints from the general public including children are made mostly via telephone, walk-ins, from media reports, letters, or during public education sessions.

Complaints are kept in the strictest of confidence and the OCA has a responsibility by law to maintain proper records of complaints received without revealing the personal details of the child concerned. While, the Office does not have a counsellor or psychologist, one of the investigators is a trained social worker and the other a retired member of the Jamaica Constabulary Force.

In 2009, 34.7 per cent of the over 400 complaints received related to child abuse (sexual, physical, emotional, neglect). In addition, some 72 cases involving relevant authorities were received from the Office of the Children's Registry.

Jamaica Constabulary Force (JCF)

Oftentimes, the first point of disclosure for abuse is the police. Unlike the OCR and the OCA, which are centrally located, there are Stations across the island which are open 24 hours. Both OCR and OCA are also relatively new entities compared with the Jamaica Constabulary Force which has been in existence from as far back as 1716 and has some 94 stations.

There is a station officer who is responsible for receiving and recording complaints. The complaints are recorded in the Station Diary stating the date, time, and nature of complaint. The individual, based on the nature of the complaint may also be taken into a private room where further information is taken from him or her. Referral is done to a doctor or hospital if necessary. Not much is done in terms of counseling at the police station and sometimes there is little or no privacy when reports are been made based on the physical layout of the area. The JCF also has a responsibility to report the complaint to the OCR however there are some instances where this is not done.

There is also a special arm of the JCF created specifically to deal with violence and abuse. This is the Centre for the Investigation of Sexual Offences and Child Abuse (CISOCA). The objectives of CISOCA are:-

- to create an atmosphere which will encourage victims [including children and their significant others] to report incidents of sexual offences and child abuse;
- to ensure efficient and effective investigation into allegations of abuse;
- to enhance the rehabilitation of victims through counseling and therapy; and
- to conduct public education programmes on Sexual Offences and Child Abuse.

The Head Office of the CISOCA Centre was recently refurbished to make it more child-friendly. It was also fitted with technology for the receiving of statements.

Counselling Services

There is a CISOCA Unit in each parish and some offer counseling interventions to child victims and witnesses making reports. In some Centres where there is no counsellor, they rely on the **Victim Support Unit** to provide counseling and help to prepare children for court. This Unit located within the Ministry of Justice with volunteers across the island, provide psychosocial support to victims and their families.

The Victim Support Unit works across the island with a mobilized group of trained volunteers. In 2009 the Unit served 12,096 clients. The main categories of offences for which clients sought the services of the VSU were: carnal abuse 15.6 per cent, rape 13.0 per cent, domestic violence 11.1 per cent, wounding 11.0 per cent, and other 12.8 per cent. Additionally, 16,196 counselling sessions (8,451 new and 7,745 follow up) and 464 meetings that benefited 30,749 persons were held².

Children may also be referred to school Guidance Counsellors or Child Guidance Clinics attached to hospitals in each parish for counseling. These clinics offer child and adolescent mental health services. Unfortunately, in some parishes these operate only once or twice per month thus creating a very long waiting list and denying access to many in need.

² Economic and Social Survey Jamaica 2009
There is no desegregation of data for children

Other Reporting Mechanisms

Other reporting mechanisms include the schools either to a teacher, guidance counsellor, school nurse or principal. These persons are individuals that the child victim or witness is familiar with and there is a sense of trust and comfort which makes it easier for them to report. Disclosure is also made at the hospitals; health centres; private doctors or to a member of a NGO or community group. However, by virtue of their status, these individuals who are referred to as prescribed persons in the CCPA, are mandated to report each case to the Office of the Children's Registry.

More recently with the increasing number of missing children an **Ananda Alert System** was introduced in May 2009, named after an 11 year old who was abducted, raped and murdered on her way from school. This system mobilizes civil society to help to find these children by transferring information on the missing child to cellular phone users. Thanks to the two (2) mobile providers in Jamaica (refer to Appendix II).

Children with Disabilities

In the case of children who are hearing or speech impaired, the Prosecutor in Court will make arrangement for an interpreter to be present in Court.

At the CISOCA Centre, there is cooperation with the Jamaica Association for the Deaf to provide sign language services where the complainant's speech and or hearing impaired.

For the blind, identification of perpetrator may be done through voice or touch identification. There are ramps at the Head Office for the physically disabled.

CHALLENGES

Challenges faced in providing child-sensitive counseling, complaint and reporting mechanisms which is confidential, age- appropriate, gender-sensitive, disability-sensitive, safe, well-publicized and easily accessible to all children who are victims and witnesses of violence including sexual violence and exploitation

There are several challenges faced in providing child-sensitive counseling, complaint and reporting mechanisms for children who are victims and witnesses of violence including sexual violence and exploitation. In 2008, the Office of the Children's Advocate and the Family and Parenting Centre (NGO) sought funding to undertake a review of the child protection system in Jamaica. Funds were obtained from the British High Commission in Jamaica and an audit of the system was undertaken by a British Child Protection Consultant.

The principal aim of the Child Protection Audit was to "review current systems and procedures used by a range of organizations to respond to reports of alleged sexual and physical abuse of children and to make recommendations to reduce the trauma experienced by child abuse victims during the investigation and criminal trials, and also to preserve and enhance the quality of the evidence available to the court."

There were several challenges highlighted in the Audit Report. These included:

- Human resource constraints
- Inadequate number of counselors to provide various well needed psychosocial and emotional support

- Inadequate number of trained in-take officers to receive the complaints
- Lack of a multi-agency approach in the receipt and handling of complaints
- inadequate facilities and infrastructure for confidentiality in reporting, space for counseling
- Legislative challenges and limitations
- Lack of legislative framework to allow for use of technology in recording complaints for use in the trial process to minimize secondary traumatization of the child victim.
- Difficulties in the environment in the Courts conducive to enabling the child to give detailed and confidential testimony³.
- Scope to improve the process of investigations, support and protection of child victims and the criminal trial process.

There are efforts ongoing to address these shortcomings.

These efforts are supported by legislations such as the recently passed Sexual Offences Act (2009) takes into consideration the gender neutrality of sexual abuse, the extra vulnerability of children with disability and mental disorders and children entrusted to authority figures. There are special provisions in dealing with children suffering from mental disorders. It now includes an offence categorized as "grievous sexual assault" to cover a wide range of sexual abuses apart from rape. Incest can now be committed by males and females and sexual grooming is a criminal offence.

³ Child Protection Audit Report, July 2008

RECOMMENDATIONS

- (1) Children who are victims of abuse and violence are adversely affected emotionally, psychologically and cognitively.

There must be mechanisms in place to treat the child to prevent or mitigate against post traumatic stress disorders manifesting itself in behaviour such as one or more of the following:

- hyper vigilance
- anxiety
- changes in sleep and eating pattern
- aggression
- withdrawal
- avoidance

These services should be accessible every hour of everyday.

Trained service providers should be provided with the skills to be able to identify children needing short, medium or long term intervention and with the knowledge to make appropriate referrals.

- (2) For children accused of crimes who are involved in the criminal justice system there ought to be programmes in place to prepare and help them through the system and to deal with case outcomes. As the OCA has only two advocates who are specialist in this area of law, the defence of children is conducted by legal aid council who are not necessarily specialist in this area of law.

Jamaica with assistance from the Canadian International Development Programme through their Canadian Overseas Volunteer Programme, is introducing a **Children in Court Programme** to better assist child victims and witnesses who have to appear before the courts. This is in response to growing awareness that many children who are abused are unable to function properly in Court because they are unprepared.

- (3) For the children who will go through the criminal justice system especially as victims and perpetrators – have programmes in place to prepare and help through the system and to deal with case outcomes.
- (4) Use technology to minimize the risk of secondary traumatization of abused children and introduce the use of video recorded statements. With appropriate legislative framework this could be used as evidence in chief in the courts.
- (5) A multi-agency approach is being recommended with agency collaboration from the start of the receipt of the complaint – Security, Child Care and Child Rights Specialists and Health Services coming together to share information to reduce the stress on children, improve the effectiveness of investigation and to make joint decisions concerning the well being of the child and the family, where necessary.
- (6) Ensure adequate documentation of all processes and analyze data periodically to inform decision making for improved processes etc.

- (7) Where resources allow, have courts with again appropriately trained staff dedicated to the handling of these cases suitably equipped to deal with children and their families with waiting rooms, play areas, with access to snacks and food, bearing in mind the lengthy process involved in a court trial in some cases.
- (8) Forensic Specialists are also being recommended to provide interviewing and psychiatric assistance, where necessary.
- (9) Special measures to receive and handle complaints from children with disabilities or impairment must be in place.

CONCLUSION

In Appendix I, there is a summary Case Study of work done by the Bustamante Hospital for Children. It is called the Child Abuse Mitigation Programme and was designed to do follow up work with victims and perpetrators of violence. Unfortunately, resource constraints brought the programme to an untimely end. This hospital caters to children birth to 12 years old – the only dedicated hospital in the island for children.

A CASE STUDY

CAMP BUSTAMANTE

The Child Abuse Mitigation Project Bustamante Hospital for Children (CAMP Bustamante) was the first hospital based intervention of its kind and was established in January 2004 out of a need to provide urgent follow up of child victims of violence, who did not come to the attention of the Child Development Agency. The project was conceptualized within the Intersectoral Working Group on Children and Violence.

CAMP Bustamante operated to support one of the overall goals of the Country Programme of Cooperation between UNICEF and the Government of Jamaica, to reduce illness and death from violence. As such the project was a tertiary level violence prevention hospital based intervention and served children 0-12 years old, who are treated at the hospital for any form of injury that results from intentional or unintentional violence.

In fulfillment of the mandate, a model of a brief intervention was developed that incorporated both preventive and therapeutic services that were directed towards reducing risk of future violence related injury and establishing referral links to services and supports in an effort to decrease the need for a longer term intervention.

The intervention strategy is home visitation supplemented by school visits to assess the level of risk, what strengths exist in the child's family to enable modifications deemed necessary to facilitate healing, reduce

the likelihood of any re-occurrence and possibly avoid out of home placement.

Screening is done to make a determination in two categories of risk, high and low, and a non-clinical screening tool was developed to assess signs of traumatic stress, parent/child dynamics, caregiver/parent's risk for abuse, the quality of social and emotional support in the family constellation, access to and use of relevant social services.

Cases deemed to be at high risk were referred to the Child Development Agency for further investigation and to the Child Guidance Clinic if a child's symptoms indicate that mental health screening is required. Low risk cases were those that do not require CDA or mental health intervention. In both categories, referrals were made for services to meet the targeted needs of the clients.

An important aspect of assessment was to have the client participate in age appropriate after school activities as these were thought to provide experiences that have restorative effects in facilitating healthy, creative expression, re-building of a child's sense of self as well as resilience and a base for life skills. To this end over 120 clients were enrolled in programmes at various institutions offering after school or artistic cultural training or programmes.

A strengths based approach was taken in working with parents to modify a client's environment so that normal growth and development are possible. In this regard, home based counseling included, identifying unusual behavioral signs, differentiating punishment and discipline, the quality of supervision in the home and sensitizing parents to the benefits of after-school activities that are well structured and supervised.

Brief home-based counseling was done over a span of two to five visits to bring about such adaptations within the family constellation that would raise awareness of a child's developmental needs and the use of formal and informal social services and supports that could reduce the risk of recurrence. The quality of supervision during non-school hours and participation in structured, age appropriate activities were also essential aspects of the treatment plan

Some play therapy techniques were used in engaging the clients, build rapport and facilitate the naming and expression of feelings. In the case of clients who were toddlers, a safety audit was carried out to ensure that such clients were protected from burns and accidental ingestion of toxic chemicals.

Skill building was done through independent reading and weekly in-house peer evaluation and teaching sessions some of which take the form of practice sessions in areas such as play therapy techniques.

The project received an average of 25 referrals per month. Two-thirds of which were physical assault, including gunshot wounds. The majority of physical assaults included blunt force injuries to the head face and neck. Of the almost 33% of sexual assault cases, girls were overly represented.

Of the 985 cases 1% was repeat injuries. Client data also show that 85% of the injuries were inflicted by someone the child knew and is involved in his/her care in some way. In descending order, injuries were sustained at home, school and on the streets. Injuries, including sexual

assault, by a peer are about 16%. Peer abuse often included the use of sharp objects such as pencils.

Over 90% of the project's clients were from high risk, urban settings and households were mostly female headed and over 50% of the clients were performing below grade level in school.

Strengths:

- Provided psychosocial services for a previously unserved group of children and their families
- Contributed to surveillance data on the scope of the problem of injuries from violence.
- Provided a possible alternative to out of home placement of children at risk for consequences of maltreatment
- Provided practical learning experiences for tertiary level students
- Provided a template for subsequent hospital based interventions.
- Parents/caregivers gained knowledge about positive parenting and the dangers of maltreatment.
- Clients with mental health issues and problems were able to access therapeutic services.

Limitations of the model

- Screening criteria were not adequately sensitive and specific.
- Addressing risk factors for abuse that are static or have stable ongoing conditions such as conditions of poverty, unemployment and socio-economic status were beyond the scope of the project and services are either sparse or difficult to access.

APPENDIX II

ANANDA ALERT

Ananda Alert System is Jamaica's Child Recovery Strategy which was modeled off the **Amber Alert** System in the United States of America (USA). According to the Ananda Alert Policy Document (2008): "there has been a steady spate of child abductions that ultimately led to murder". The Constabulary Communication Network (CCN), reports that between January 1 and September 30, 2008, 737 children were reported missing (177 males and 560 females). 519 were returned, with over 200 still missing. Two murders have been confirmed, with one unconfirmed.

The system, which was named after Ananda Dean, who was abducted and subsequently murdered, is aimed at mobilizing public and private sectors, civil society and communities to work with law enforcement to assist in the speedy and safe recovery of missing children.

The Department of Local Government has been able to forged alliances with the CCN and a few media houses in publicizing information on missing children. The Department was also successful in receiving sponsorship from two of the three mobile entities (Digicel and LIME) to disseminate text messages on missing children to subscribers. Both entities have set up text lines for customers to sign up to receive these messages.