

**Promoting Child Rights**  
**Selected Proceedings of the Caribbean Child Research**  
**Conference 2006**

**Edited by Aldrie Henry-Lee, PhD and Julie Meeks Gardner, PhD**

**DRAFT\***

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## **Introduction**

# **Promoting Child Rights through Research in the Caribbean**

**Aldrie Henry-Lee**

## **Background**

The United Nations Children’s Fund (UNICEF), in partnership with the University of the West Indies (UWI) through the Sir Arthur Lewis Institute of Social and Economic Studies (SALISES) and the Caribbean Child Development Centre (CCDC), and in association with the Early Childhood Commission (ECC), the Planning Institute of Jamaica (PIOJ), the Office of the Children’s Advocate (OCA), the Jamaica Coalition on the Rights of the Child (JCRC), the Child Development Agency (CDA) and the Ministry of Education and Youth (MoEY), hosted the first Caribbean Child Research Conference in Jamaica in 2006 under the theme “*Promoting child rights through research*”.

This conference was a regional interdisciplinary one, covering a range of child-related issues. It aimed to share research findings and issues related to children, to strengthen the network of researchers on children’s issues, and to encourage research in priority, as well as other important but neglected, areas.

Forty-seven papers from the Caribbean islands of Jamaica, St Lucia, Trinidad & Tobago, Guyana, Dominica, the OECS, Suriname, and Belize were presented at the conference. All authors were thereafter invited to submit their papers for peer review by three professionals in the field. The papers in this current volume are those which survived the rigorous peer-review process. Most of the papers are based on research in Jamaica, with three exceptions from Trinidad, St Lucia and the Caribbean as a region. It is hoped that policy makers, academia, students and persons working in child-related activities will find this publication very useful in the formulation and implementation of child-related policies. The co-editors are hopeful that this volume will be the first of a series of publications emanating from annual conferences on child research.

In keeping with the theme of the 2006 conference, this introductory chapter attempts to do the following:

1. Examine very briefly the child rights agenda in the Caribbean (many of the papers will also examine the issue);
2. Provide a very brief situational analysis of the status of children in the Caribbean;
3. Evaluate the process of translating research into policy in the Caribbean by outlining the opportunities and the challenges that face both researchers and policy makers;
4. Provide a brief summary of the main findings in the papers in this current volume.

## **Child Rights**

The Child rights agenda is increasingly receiving attention worldwide. The care and protection of the most vulnerable group in the society is seen as integral to the development process. However, children were not always given such priority status: at the beginning of the development discourse, the emphasis was on economic growth and the focus was on adults. As the puristic economic model failed, the international society called for more attention to be paid to social development. As the social side of development grew in importance, and from 1946 when the Declaration of Human Rights was passed, the rights-based approach to development appeared increasingly in the development literature. The Millennium Development Goals, the Convention on the Rights of the Child, and the World Fit for Children document advocated that more attention be paid to the child, and the emphasis was not only on social development but also on the moral aspects of the development – the issue of rights. Child advocates now speak of the violation of child rights and call for the protection of the rights of the child. The rights-based approach to development (RBA) was seen as pivotal to the improvement in the lives of children, worldwide.

The main advantages of the RBA cited by Tsikata (2007, 2-3) include the following:

- The RBA identifies rights and duties holders, thereby enhancing accountability.
- Strategies are directed at redressing injustice rather than relieving suffering.

- It takes a normative stance on the side of the oppressed and excluded, thus compelling a focus on vulnerable groups such as women.
- It underlines that rights are inalienable, universal, non negotiable, indivisible and interdependent.
- A starting point is that people have agency and can drive change, and are therefore not passive recipients of development aid.
- Violation of rights is taken as a point of reference and this is helpful for systematic analysis.
- Efforts are directed at the roots of structural injustices rather than the effects.
- The RBA promotes institutional change rather than charity because it moves the discourse from needs to rights.
- It forces collective action and alliances rather than individual efforts.

In 1989, the General Assembly of the United Nations approved the Convention on the Rights of the Child. There are 54 articles and these span five sets of rights (Barrow 2002, xiv):

1. General rights which include the right to life, information and privacy;
2. Rights requiring protective measures – these include the right to protection from social and economic exploitation;
3. The rights concerning the civil status of children – these encompass the preserve one’s identity and to remain or be reunited with one’s family;
4. The rights concerning development and welfare – these include the rights to a reasonable standard of living and access to basic social services;
5. The rights concerning children in special circumstances, e.g., orphans and refugees.

## **The Child Rights Agenda in the Caribbean**

Since the General Assembly of the United Nations approved the Convention on the Rights of the Child on November 20, 1989, a number of achievements have been fulfilled in the Caribbean, as noted by Meeks et al. in section 1 of this book. These include full ratification of the Convention on the Rights of the Child by all countries, and the signing

or ratification by many countries of supporting conventions to improve the quality of life of the child, such as the Convention on the Rights of the Child and the Inter American Convention on Human Rights.

Meeks et al. also identify significant gaps in legislation, implementation and enforcement, including a lack of uniformity in laws regarding the age a person is considered a child and the absence of legislation for compulsory reporting of child abuse or acts of violence against children. These identified gaps present many possible areas for research and investigation.

## **Child Rights and Research**

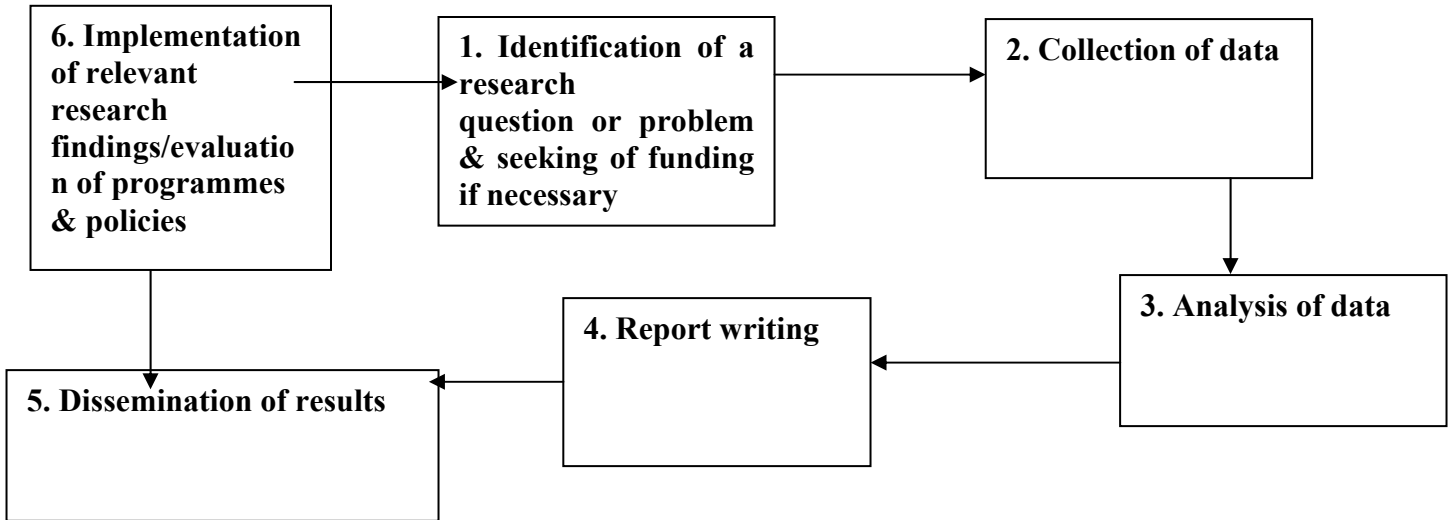
Promoting child rights through research is essential as we seek to fulfil our commitments to the Convention on the Rights of the Child. Evidence-based research can only enhance the process of formulation and implementation of policies to improve the status of children and realize their rights. Figure 1 below outlines the research process. Although the stages are not sequential, those listed are the main stages. Ideally, the relevant findings and recommendations would be implemented, but this is not always the case. The researcher and the policy maker may have some interaction at stage 5, but unless the policy maker is open to suggestions, the dissemination of results would not change the process of implementation.

There is a dearth of research on the status of child rights and the actual implementation of the child rights agenda in the Caribbean. What is even more disturbing is that it is not clear how much the policy process is influenced by evidence-based research. In some countries, e.g. Jamaica, there have been deliberate efforts made to strengthen the link between research and policy. However, in several Caribbean countries, the link remains very weak.

Figure 2 outlines the policy process. Fusing the research and policy processes is very difficult. Although some of the stages may overlap, some are quite distinct. Decisions are often made based on a crisis situation and in an ad hoc fashion. The policy maker often considers the issues of funding above all other factors and may be inclined to prioritize. The researcher is influenced by a number of factors as s/he contemplates what to research. These factors include the current social and economic environments, the

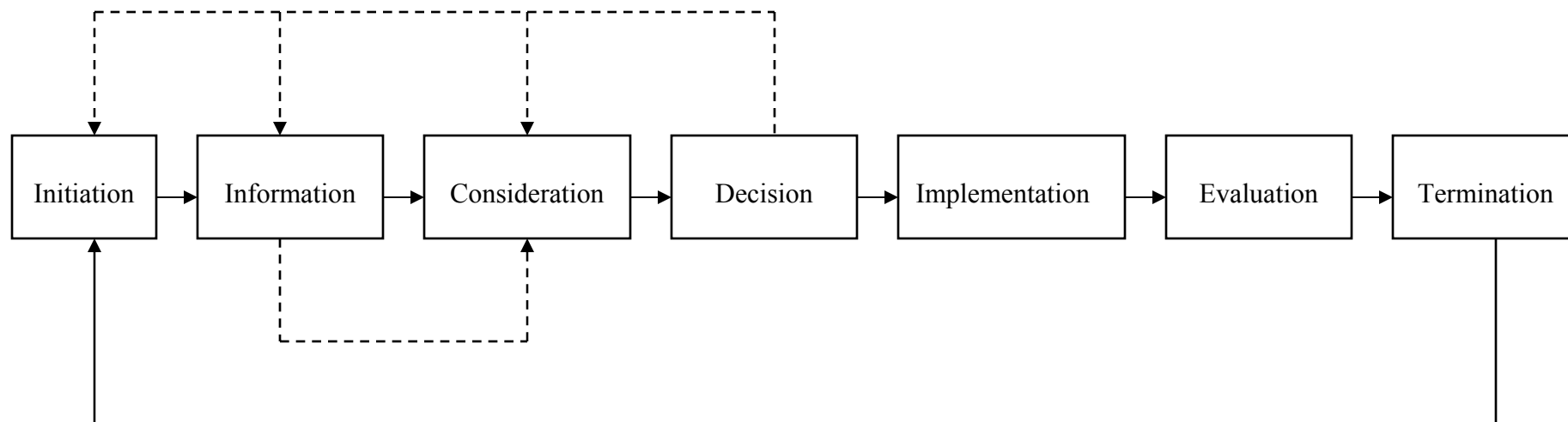
availability and extent of funding, and current government policies. For example, a study carried out by the Essential National Health Research Task Force in Jamaica in 1995 found that the main forces driving the research process were the current health issues and the availability of funds.

**FIGURE 1: THE RESEARCH PROCESS**



Promoting child rights through research and influencing the policy process would mean that the researcher and the policy maker are in constant contact from the beginning of their individual activities. This is rarely the case. Unless the policy maker has requested the research, the research findings are only brought to his attention at the end of the research process.

**Figure 2: The Policy Process**



Source: Suggested by G. K. Roberts in a private communication (Hill 1998, 32)

The social planner is intent on improving the situation of children. Planning for children should be informed by the empirical data on the progress made to realize child rights in the Caribbean. This is easier said than done. Not all research is relevant to policy formulation. Research that can be translated into policy has to be credible and objective. The research has to be relevant, timely and disaggregated by gender, geographical area and other variables which would provide a more in-depth analysis of the status of children. More effort has to be made to ensure that relevant research is disseminated to the policy makers.

There are some opportunities for and challenges to promoting the child rights agenda through research. These opportunities include the ratification of conventions by several countries, the current promotion of child rights, increased reporting of child vulnerability and increased interest of Caribbean researchers in child-related issues. The electronic and print media have also increased their reporting of the risks that children face every day. This is the opportune time for researchers to promote child rights through research.

However, both researchers and policy makers face challenges as they attempt to develop a culture of collaboration. There is limited and controlled dialogue between the researchers and the policy makers. In most cases, researchers are called upon to carry out research at the request of international or national agencies. Most policy research is externally driven and based on demands by international agencies who may want to influence the process of policy formulation and implementation.

Developing countries have a small number of good local researchers who are overworked. Researchers suffer from a lack of funding, time and training. Policy makers themselves limit their own understanding of research. Those using the research findings may see the findings differently from the researchers. Sometimes the language of researchers does not facilitate dialogue as they do not always explain or present findings in a simple user-friendly manner. Some of the policy recommendations that the researchers put forward are not implementable and show a lack of understanding of the policy environment. In a “publish or perish” environment, the researchers are not always interested in policy-oriented research. Many research activities lack a dissemination plan and proposed strategies to ensure that research findings are translated into practice. Consequently, some very important research findings remain hidden in files far away

from the policy makers. Figure 3 provides some more constraints faced by researchers at various levels in the health field. Researchers who are interested in providing data and findings to influence the policy process are faced with the same challenges.

The process of promoting child rights through research has other problems. Children are still seen as “properties of their parents”, and participation of children is still limited. Economic constraints limit financial investment in children and recommendations that call for increased expenditure on children are not often welcomed by the State. Promoting child rights through research will necessitate a new “culture of collaboration” between the researchers and the policy makers. Child advocates must increase their demand that policy is informed by research in order that the child rights agenda is effectively advanced.

**Figure 3: Constraints on developing country researchers**

Personnel	<ul style="list-style-type: none"> <li>Restricted research choice</li> <li>Intellectual isolation</li> <li>Low salaries</li> <li>Limited promotion</li> <li>Fewer career paths</li> <li>Insufficient training</li> </ul>
Work Environment	<ul style="list-style-type: none"> <li>Lack of information</li> <li>Inadequate support staff</li> <li>Institutional instability</li> <li>Weak facilities</li> <li>*Lack of perception of the relevance of research to the solution to health problems</li> </ul>
Macro Environment	<ul style="list-style-type: none"> <li>Lack of demand for research</li> <li>Lack of scientific culture</li> <li>Weak public support</li> <li>Bureaucratic rigidity</li> <li>Political instability</li> <li>*Lack of perception of the relevance of research to the solution</li> <li>*Inadequate funds</li> <li>*absence of an agreed plan for research policy due to political instability</li> <li>*lack of support from external agencies for research capacity building to meet national needs and priorities</li> </ul>

Source: Nuyens Y. The Role of Research for Health Services, Health Policy and Human Resources Development. *International Journal of Health Services* 5, no. 2 (1994): 60.

\* Council on Health Research for Development (COHRED).

## The Caribbean Context

Internationally promoting child rights through research is a difficult task, and even more so in developing countries. In small island developing states, it is indisputable that the challenges facing children, researchers and policy makers in the Caribbean are intensified given the economic and social vulnerabilities of the islands. The Commonwealth Vulnerability Index (CVI) was compiled using 30 variables representing economic, environmental and spatial dimensions of the characteristics of developing countries. Income growth volatility was the noted the most significant vulnerability. According to the CVI, 10 of the 28 most vulnerable states and nearly one in three are from the Caribbean. None of the Caribbean islands was considered as having “low vulnerability” (Table 1). The vulnerability to natural disasters can also adversely affect children. In 2004, the Caribbean islands were particularly vulnerable to hurricanes and Grenada, Haiti, Bahamas were worst affected. During natural disasters, children are negatively affected by the decline in public expenditure and reduced unemployment faced by their parents (UNICEF 2005, 4).

High Vulnerability	Higher Medium Vulnerability	Lower Medium Vulnerability	Low Vulnerability
Antigua & Barbuda The Bahamas Dominica Grenada Guyana St. Kitts & Nevis St. Lucia St. Vincent & the Grenadines Suriname	Barbados Haiti Jamaica	Dominican Republic Trinidad & Tobago	

Source: Commonwealth Secretariat (2004)

The table below provides data on selected socioeconomic data for some Caribbean countries. None of the countries experienced GDP growth rate of over 5 per cent. Debt servicing was quite high in some countries (where data was available). Guyana's debt servicing was as high as 200 per cent of GDP between 1990 and 2001. These figures highlight the vulnerability of the states already demonstrated by the CVI.

Table 2: Comparative and Selected Economic Indicators for selected Caribbean countries (2003)

	Size (km)	HDI Rank	GDP per capita(US)	GDP growth rate 2004	GDP per capita annual growth	Total service (as % of GDP 1990-2001)
Antigua & Barbuda	442	56	9961	1	2.7	114
Bahamas	13939	49	15797	3	0.1	N/A
Barbados	431	27	10281	3	2.1	N/A
Belize	22960	67	3258	3	1.6	93
Cuba	110900	52	N/A	N/A	3.7	N/A
Dominica	750	68	3661	1	N/A	N/A
Dominican Republic	48730	94	2494	-1	4.2	N/A
Grenada	345	93	3965	4.5	2.9	112
Guyana	214970	92	912	2.4	4.4	200
Haiti	27750	150	460	-5	1.7	N/A
Jamaica	11424	78	3005	2.1	-0.5	139.4
St. Kitts & Nevis	269	51	7609	2.4	3.9	160
St. Lucia	616	71	4222	2	0.7	N/A
St. Vincent & the Grenadines	388	80	3047	2.8	2.5	N/A
Trinidad & Tobago	5128	54	6752	6.2	2.9	N/A

Source: UNICEF (2005, 29)

It is not surprising that given these high levels of vulnerability that poverty levels are high in the Caribbean. Most of the Caribbean islands report about a third of their population living in poverty. Haiti stands out with 81 per cent of their population living below the poverty line (Table 3). Only Bahamas recorded poverty levels less than 10 per cent. Poverty tends to be higher among single-parent, female-headed households and in the rural areas. Children often form the larger proportion of persons who are poor and often constitute the most vulnerable demographic group.

**Table 3: Poverty Indicators by selected Caribbean Countries**

Country	Poverty Indicators				
	Year CPA conducted	% of population below the poverty line	% below the indigence line	Poverty Gap	FGT P2 (Severity)
Anguilla	2002	23	2	6.9	3.2
Antigua & Barbuda***	1990s	12.0			
British Virgin Islands	2002	22	1	4.1	1.7
Bahamas***	1990s	5.0			
Barbados*	1997	13.9	1	2.3	n.a
Belize^	2002	33.5	10.8	11.1	6.1
Dominica^^^	2002	39.0	15.0	10.2	4.8
Grenada	1999	32.1	12.9	15.3	9.9
Guyana*	1999	35.0	19.0	12.4	n.a
Haiti	1995	81.0			
Jamaica*	2002	19.7	n.a.	n.a.	n.a
Nevis	2000	32.0	17.0	2.8	1.0
St Kitts <sup>R</sup>	2000	30.5	11.0	2.5	0.9
St Lucia <sup>R</sup>	2006	28.8	1.6		
St Vincent & the Grenadines <sup>R</sup>	1996	37.5	25.7	12.6	6.9
Suriname	1993	77.0			
Trinidad & Tobago*	1992	21.2	11.2	n.a.	n.a.
Turks & Caicos Islands <sup>R</sup>	1999	25.9	3.2	5.7	2.6

Sources: Thomas and Wint (2002, 5), Anguilla Poverty Assessment Report (2002, 35), Regional Report on the MDGS (2004, 17)

R: Country Poverty Assessments (CPAs) conducted by CDB

^ CPA conducted by DFID

\*Jamaica Survey of Living Conditions (Planning Institute of Jamaica, 2001); Barbados CPA (IDB, 1998); Guyana CPA (UNDP, 2000); Trinidad & Tobago CPA (World Bank, 1999).

^^: [http://www.caricom.org/archives/econrep\\_03-countrydata.pdf](http://www.caricom.org/archives/econrep_03-countrydata.pdf)

The gini coefficient measures income inequality. The closer the indicator is to 1, the higher the income inequality. Grenada has the highest income inequality with Anguilla the lowest. Poverty and high inequality limit the life chances of children and promote intergenerational poverty.

**Table 4: Estimates of gini coefficient in selected Caribbean Countries**

	Year CPA conducted	Gini Coefficient
MDCs		
Guyana*	1999	Not available
Barbados*	1997	0.39
Jamaica*	2001	0.38
Trinidad & Tobago*	1992	0.42
LDCs		
Anguilla <sup>R</sup>	2002	0.31
Belize <sup>R</sup>	2002	0.4
British Virgin Islands	2002	0.23
Turks & Caicos Islands <sup>R</sup>	1999	0.37
OECS		
Comm. Of Dominica	2002	0.35
Grenada <sup>R</sup>	1999	0.45
St Kitts <sup>R</sup>	2000	0.40
Nevis <sup>R</sup>	2000	0.37
St Lucia <sup>R</sup>	2006	0.42
St Vincent & the Grenadines <sup>R</sup>	1995	0.56

Source: Thomas and Wint (2002, 5.)

<sup>R</sup>: CPAs conducted by CDB

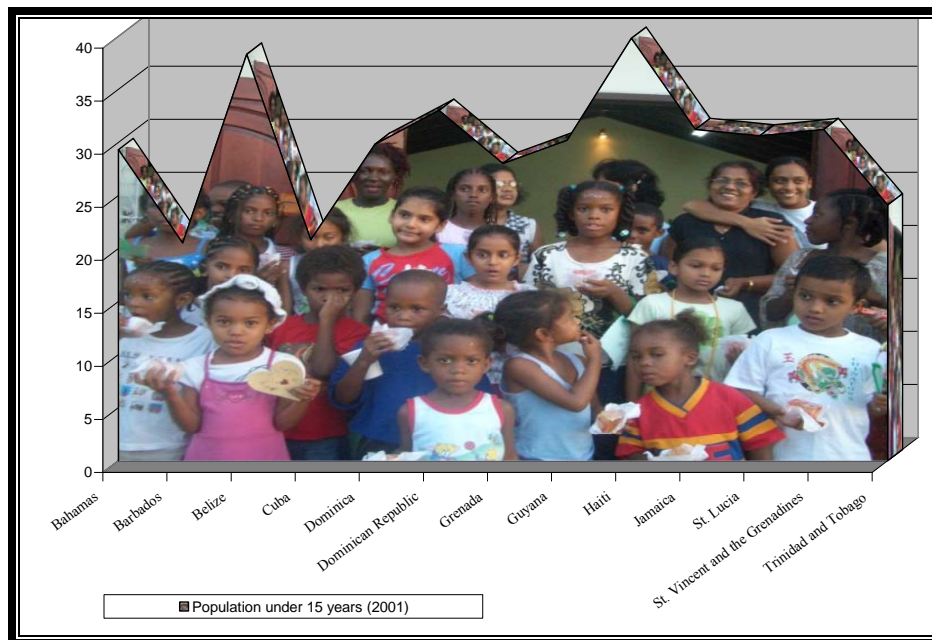
\*Jamaica Survey of Living Conditions, Planning Institute of Jamaica, 2001; Barbados, CPA, IDB, 1998; Guyana CPA, UNDP, 2000, Trinidad & Tobago CPA, World Bank, 1999.

This is the context in which child right advocates try to promote child rights in the Caribbean. It is also the environment in which both the researchers and the policy makers carry out their individual tasks. Undoubtedly the social, economic and environmental vulnerabilities only intensify the difficulty of their tasks.

## The Status of Caribbean Children

Given those vulnerabilities and issues outlined in the previous sections, it is evident that there is a significant amount of research that needs to be carried out on children in the Caribbean. Children aged less than 15 years constitute as much as 30 per cent of the population (Figure 4) in many Caribbean islands and therefore warrant greater policy attention. In this section, we examine some of the vulnerabilities that children in the developing Caribbean islands face.

**Figure 4: Percentage of population under 15 years for selected Caribbean countries 2001**



Source: UNICEF (2005, 30)

Using a life cycle approach, we highlight some vulnerabilities of the Caribbean child at different stages. We will not present an exhaustive discussion of the status of children as the subsequent chapters are very informative on the matter. The Caribbean has made great strides in the areas of health and education and much investment has taken place in these two sectors. However, we are lagging in other areas.

The early years (0–8 years) are very important, and if a sound foundation is not laid for survival, health and nutrition, the later years of a child’s life are adversely affected. Despite the generally low infant mortality rates, high incidences of mortality are correlated positively with marginalized groups and geographic areas. Causes of death for children under five years old include preventable and or easily treatable diseases. The eight main causes of death in 2004 were acute respiratory infection (e.g., pneumonia), intestinal infectious diseases (e.g., diarrhoeal diseases), nutritional conditions and anaemia (e.g., malnutrition, iron deficiency anaemia), congenital anomalies (abnormalities of organs of the body present since birth), motor vehicle injuries, fires, other intestinal and parasitic infections (e.g., worms, malaria) and AIDS (UNICEF 2005). AIDS, homicide and undetermined causes remain significant contributors to death. Immunization rates for measles for children under one year old still remain low at below 90 per cent. There is still limited investment in early childhood education. There is also the need to reform the legislative system to ensure coordinated provision and monitoring of standards in the sector; and equitable access to quality provisions to minimize the plight of the children in high-risk situations (UNICEF 2005, 16).

In the middle years (8–12 years), there are issues of access to good-quality education. Although the MDG goal for universal primary education has been achieved, the challenge is to ensure that all girls and boys are accessing good-quality education. The marginalization of boys in the education system is of major concern and the child rights policy agenda must address this issue. Poor educational outcomes result in limited access to the labour market.

Adolescent years are not enjoyable ones for a significant proportion of children. Quality education at the secondary level is not always adequate and many graduate from school with limited possibilities for gainful employment. Abuse, sexual exploitation, teenage pregnancy, HIV/AIDS and child labour are some of the vulnerabilities that Caribbean adolescents face (UNICEF 2007).

At all stages of their childhood, poverty is a major risk for children. Poverty is a violation of human rights, and all children living in poverty suffer from severe social exclusion. Children with disabilities are more susceptible to social exclusion. Learning disability is the most prevalent disability that children face and their right to education is

compromised as many Caribbean governments are unable to invest in children with disabilities (UNICEF 2005, 16). At all stages of the life cycle, there is a need to cater to the concerns of both boys and girls. Too often, our social services are not gender-sensitive and do not meet the differing needs of our children. For example, our schools rarely recognize that boys and girls benefit from different teaching methods and assessments. Our policy makers have to ensure that child-related policies are gender-sensitive. This and other issues were examined in the papers presented in the 2006 Child Research Conference.

## **Promoting Child Rights through Research – the 2006 Conference Papers**

This publication of selected papers presented at the first Caribbean Child Research Conference held in 2006 provides useful information on the status of children in the Caribbean and the progress made towards the realization of rights. In this section, we summarize briefly the research findings in this volume.

In the first section, “Issues of Violence”, Julie Meeks-Gardner et al. explore the extent of child abuse and neglect and indicate that the problem is endemic in the Caribbean and that large numbers of children are believed to be affected. The figures provided differ in their magnitude but are in all cases alarmingly high. Meeks-Gardner et al. call for more analysis of the impact and effectiveness of interventions to reduce violence against children.

Godfrey St Bernard then examines recent cases of child homicide in Trinidad & Tobago. The quantitative findings point towards domestic upheavals as a principal factor resulting in child homicide. Such upheavals are usually precipitated by the dissolution of unions, love triangles and parents’ efforts to discipline their children. St Bernard recommends that such investigations should target a range of alternative issues including offences characterized by male-perpetration, female-perpetration and juvenile-perpetration, and where appropriate, make distinctions between familial and stranger-perpetration.

Charlene Coore investigates post-traumatic stress in a sample of inner-city Jamaican children. Her findings indicated that the majority of children had experienced seven or more negative life-events. There was a significant positive correlation between life-events and post-traumatic symptoms. The results indicate the high levels of stressful life-events to which these children are exposed, as well as the impact these events have on psychological well-being. This type of research has important implications for policy in health, education, care and protection of our youth and the development of families and communities in Jamaica.

Finally, in this first section, Tazhmoye Crawford examines qualitative and quantitative data on incest collected between 2000 and 2006 through interviews, questionnaires, and statistical reports. The study reveals the difficulty in researching such a sensitive topic, and highlights that current legislation is inadequate – the Incest (Punishment) Act, 1980 does not, for example, address homosexual incest or incest among adults. Crawford’s recommendations include redefinitions of legal terms (e.g., the misleading ‘cleared-up’), and education of parents (victims and non-victims) around issues of sexuality and ways of communicating with their children so that they can identify the resources to deal with the issues.

In the second section, “An Historical Perspective”, Shani Roper examines perceptions of children in Jamaica between 1914 and 1938. Perceptions of children are important, because it is only as we change our perception of the child that we begin to emphasize child-centred policies. Roper demonstrates that perceptions of children in that period were influenced by sociocultural and economic paradigms, and in turn influenced the formation of policies. Perceptions have changed from viewing children as economic objects to recognizing them as individuals with rights.

In the first paper of the third section, “Health Matters”, Georgiana Gordon-Strachan et al. address the current limitations of official birth statistics and suggest that an assessment of the number of births registered after the year of occurrence needs to be made. This information could be used to adjust the estimate of registered births each year. Their study found that the hospital dataset was more complete than the Registrar General’s. They recommend that birth data from public hospitals should be complemented with birth data from private institutions and those without an attendant (facility unknown) to

estimate the level of birth and birth rates for any given year, in order to make projections and corrections to the official statistics.

Rohan Bell then examines a “Bashy Bus” project which offered a mobile unit for adolescents and youth providing counselling and clinical services for their sexual, reproductive and psycho-social health and well-being. The focus groups were done with adolescents from March Pen, Flankers and Springfield. The findings of this study show clearly that the adolescent population is at risk in terms of their sexual and reproductive health behaviour and status. The "Bashy Bus" and other similar initiatives are therefore seen as welcome interventions to help build adolescents' knowledge and skills using youth-friendly methodologies and environments.

Section four, “Education”, features an examination by Helen Baker-Henningham of children's performance at the Grade 1 inventory test. Baker-Henningham's study found that 58 per cent of children attending primary schools in Jamaica could be classified as being ‘not ready’ for the demands of the grade 1 curriculum compared to 29 per cent of children attending preparatory schools. Boys were at a two-fold risk of mastering none of the subscales of the G1RI and 70 per cent less likely to master all subscales when compared to girls. She calls for an improvement in the quality of education provided in primary schools to reduce the extent to which poor children are disadvantaged on entry into the formal school system relative to their wealthier counterparts.

In the fifth section, “Poverty and Its Impact”, Christopher Smith assesses child poverty in Jamaica and shows that rural areas have accounted for the most vulnerable children. The variables of school attendance, possession of required textbooks and possession of health insurance were statistically significant in Smith's study. Smith suggests that possible areas for future research could include looking at possible causes of poverty such as the educational level and employment status of the parents of poor children, as well as the consequences of being a poor child.

Marina Ramkissoon's paper examines child shifting in Jamaica. Her study revealed that 23 per cent of her sample were shifted from mother, father, aunt, grandmother, or another caregiver. Most of the shifted children were estimated to have shifted once, twice or three times. Socioeconomic motivation was a major cause for shifting, and included

migration, convenience for school and financial difficulty. She calls for more research on the nature of shifting and its impact on children and the families.

In the last paper in this section, Aldrie Henry-Lee examines poverty and child rights in St Lucia at three levels – provision, protection and participation – and demonstrates that at all levels, the poor and marginalized children have been found wanting. Children in the rural areas and boys are particularly vulnerable.

Section six concerns “Policy, Participation and Action”. First, Jimmy Tindigarukayo’s paper evaluates the youth information centres (YIC) in Jamaica. The YICs have had tremendous positive impact on all their stakeholders, especially the youth who utilize them and communities where the centres are located. Tindigarukayo found that the impact of the YIC on the lives of participants from both centres included improvement in self-esteem and confidence, improvement in computer skills and expansion in choices of employment and network of friends. The paper provides pertinent recommendations for the way forward for the YIC concept.

Finally, Eris Schoburgh examines the policy process in Jamaica and makes the critical point that if we emphasize the rights of citizens, our children’s rights will be protected. The overarching conclusion is that the desired outcomes of a child-centred policy framework are tied to the manner in which citizenship is defined and substantiated and frequently there is a discrepancy between the two. The paper ends with suggested strategies that could lead to progressive realisation of citizenship and by extension greater state/governmental/policy capacity to put children first.

## **The Way Forward**

The 2006 conference papers examined many important issues. The second Child Research Conference in 2007 seeks to fill more research and policy gaps by discussing the following topics:

- Children and Trafficking
- Women and Children: The Double Dividend of Gender Equality
- Children: Poverty, Marginalization and Risks
- Children, Information Technology and the Media

- Children and Natural Disasters
- The Justice System and Children
- Children and HIV/AIDS
- Children, Sexuality and Age of Consent
- Boys in the Education System
- Convention on the Rights of the Child in Practice
- Children in Violent Circumstances (Perpetrators and Victims)
- Social Investment in Children
- Children's Perception on Nation-Building and Citizenship
- Parenting for the Twenty-first Century
- Differently-Abled Children
- Child Development

This second conference will involve the participation of an increased number of persons. In 2006, the conference targeted 200 persons. This year, 300 individuals have been invited. On each day, there will be 100 children in attendance. The other 200 persons are drawn from government, non-governmental agencies and academia. The theme of this second conference remains the same and it is expected that another volume of papers will be published with a wider Caribbean focus.

One of the strategies that we plan to implement is the preparation of policy briefs for the policy makers in order to facilitate the dialogue between policy makers and researchers. We also plan to hold policy forums targeted at the policy makers to disseminate the relevant research findings.

We also want to increase the participation of children in the process. Another important aspect of the conference will be the presentation of research papers completed by children. In subsequent conferences, a concerted effort will be made to increase the participation of children. Child participation is essential and

State parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the view of the child being given due weight in accordance with the age and maturity of the child (Article 12, Convention on the Rights of the Child)

It is only through the participation and collaboration of children, researchers and policy makers can we successfully promote child rights through research.

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United Nations 1989 Convention on the Rights of the Child

## **Section 1**

### **Issues of Violence**

# **Violence against Children in the Caribbean: A Desk Review**

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## **Abstract**

*This report represents the Caribbean section of the global study which will summarize the status of knowledge on violence against children. Information was obtained through library and internet searches, responses from governments to structured questionnaires, and the Caribbean Consultation on Violence against Children (Trinidad, March 2005). The review indicated that experiences of violence against children vary widely across the 16 targeted countries. However, violence against children is both a serious and growing problem in the region. Exposure to violence including drive-by shootings, sexual molestation at home and in the community, school-yard bullying, and widespread corporal punishment at school and at home were particularly worrying. In some countries, children were targeted for kidnappings and murders, and problems with security forces were documented including beatings and incarceration in highly unsuitable 'lock-ups' along with adult offenders. The countries with the highest levels of violence against children were Jamaica, Trinidad & Tobago and Haiti. Some of the underlying causes of violence against children were the same as those contributing to violence in general. These included historical precedents of violence for punishments and in addressing conflicts, politically-based arming of civilians, the rise of narco-trafficking, and social factors such as poverty and wealth disparity, migration leading to family instability, and inadequate educational systems. Although all of the countries had legislation which addressed some aspects of violence against children, this needs to be more comprehensive. Greater participation of children in addressing the issues needs to be observed. Efforts to address violence against children require better coordination, reporting procedures and management, including budgetary allotments. Policies to adequately address these issues are an imperative.*

## **Introduction**

Worldwide, there has been increasing concern about levels of violence generally and in particular on the effects of violence against children. “Children” here refers to all persons under 18 years of age, as accepted by the Convention on the Rights of the Child (CRC). Violence not only leads to the obvious signs of physical harm when children are victims, but often to long-term psychological consequences, whether the children are direct victims, observers of violence or its aftermath, or have family or friends who are victims. Younger children may show regression to more immature behaviour. Long-term effects may include the children themselves demonstrating antisocial behaviour and aggression, and poor school achievement with the resultant reduced employability or earning potential. There have been a number of efforts to understand and address the problem of violence related to children including studies to determine causes and effects, interventions to lessen different aspects of the problem, and legislation, policy and advocacy towards the protection of children from various forms of violence. In the Caribbean, however, these actions have often been uncoordinated and there has been a lack of interdisciplinary feedback on the usefulness and effectiveness of different approaches. This report does not provide primary research findings, but is an attempt to look at the issue of violence and children in the Caribbean region in a holistic way across many disciplines, and to try to establish the status of this problem and efforts towards its solution.

This paper is based on a report carried out for UNICEF as a contribution from the Caribbean to the United Nations Secretary General’s Study on Violence against Children, which was launched in November 2006. The aim of that study was to “provide an in-depth global picture of violence against children and propose clear recommendations for the improvement of legislation, policy and programmes relating to the prevention of and responses to violence against children”. The full Caribbean report provides further details for each of 16 countries, including specific legislation and enforcement status, reports, studies and other publications, and available resources.

## **Background**

The Caribbean comprises a varied collection of countries: small islands as well as quite substantial continent-bound states; countries independent for over 40 years, some still colonial dependents; some with middle/high-level incomes to the poorest state in the Western hemisphere; some with rates of violence among the highest in the world, and others fairly idyllic with crime almost non-existent. For this review, we concentrated on the following countries: Jamaica, Haiti, Belize, Suriname, Guyana, Trinidad & Tobago, Barbados, St Lucia, Antigua and Barbuda, Dominica, Grenada, St Kitts and Nevis, St Vincent & the Grenadines, British Virgin Islands, Montserrat, and Turks and Caicos. These countries include all of the member states of the regional Caribbean Community and Common Market (CARICOM) except the Bahamas, and two CARICOM associate members (British Virgin Islands and Montserrat). These countries are primarily independent island states, though some remain protectorates of Britain (British Virgin Islands, Montserrat, Turks and Caicos), while Belize, Suriname and Guyana are located on the continental mainland close to the Caribbean Sea, but have close cultural and historical ties to the Caribbean islands. All are English-speaking except for Haiti (French and Creole) and Suriname which is a former Dutch colony where many residents are multilingual.

### **Underlying causes and contributing factors**

The problem of violence in the Caribbean has been widely discussed and condemned. Rates of interpersonal violence are extremely high in some countries and, equally alarmingly, appear to be on the increase even in those countries with traditionally low levels of violence (Krug et al. 2002).

The countries share a similar cultural and historical background, including the decimation of indigenous peoples after the arrival of Europeans in the late fifteenth century, the slavery of imported Africans primarily to work the sugar cane plantations, and the later arrival of East Indian and other ethnic groups as indentured labourers. The links to slavery and the brutal plantation life have been implicated in the continued violence experienced in the Caribbean.

There are several areas of focus of violence in the Caribbean. Within the last few decades there has been a surge of narco-trafficking throughout the region which is often

used as a trans-shipment area from the points of production in South and Central America to the large consumer markets of North America and Western Europe. There is also a long-standing history of violence related to political rivalry which, in some cases, became part of larger geopolitical considerations, especially during the “cold war” era. The extent to which this has occurred has varied considerably among the different countries. There have been long-standing links among ethnic tensions, politics and violence, primarily between the descendants of Africans and Indians in the countries where these groups are dominant, i.e., Trinidad and Guyana. A number of other social factors contribute to the violence of the region, including emigration, which leaves children more vulnerable to neglect, and to physical, emotional and sexual abuse; the poor quality of education available to many children; and the struggling economies of many countries.

## **Aims and Objectives**

This review represents an effort to compile national reviews prepared by the governments of the targeted 16 nations, as well as other published materials, and to summarize the status for the region, in order to better understand the level and impact of violence against children.

## **Methodology**

The review relied on three main sources for information. A search of the published information was carried out using libraries and the Internet, and through contact with several researchers working in the Caribbean. Data was also sought from the 16 countries targeted for this review through a questionnaire which was sent by the Office of the United Nations High Commissioner on Human Rights to all the governments in the region. The third source of information was the Caribbean Consultation on Violence against Children, which was held in Port of Spain, Trinidad between March 9 and 11, 2005, where stakeholders including members of governments and civil society, and young people discussed many of the issues. The consultation comprised a series of presentations and working groups. The main author was a primary facilitator of these

working groups; she coordinated all facilitators and the note-taking from the discussions which were multiple individual views of each topic.

## **Results**

The results are presented under the following five topics: national legal frameworks and enforcement; violence against children in homes and families; violence against children in communities and on the streets; violence against children in institutions, and in work situations.

### **Overview on national legal frameworks and enforcement**

The General Assembly of the United Nations approved the CRC on November 20, 1989. The rights detailed in the CRC pertain to all children below the age of 18 without regard to race, gender, place of birth, sex, ethnicity or religion. The CRC became, and is still, the most broadly accepted human rights treaty in history.

One hundred and ninety-two governments, including all those in the Caribbean region, accepted an obligation to take all appropriate legislative, administrative, social and educational measures to protect children from all forms of violence as set out in Article 19 of the UNCRC. No Caribbean state entered any reservation to reduce their obligation to protect children from all sorts of violence. Other treaty bodies also recommended prohibition of violence against children. Some such treaties include the Human Rights Committee to Guyana, the Committee on Economic, Social and Cultural Rights with reference to corporal punishment in the home and various settings in Jamaica (2001) and in Trinidad & Tobago (2002). Also some states in the region (Barbados, Dominica, the Dominican Republic, Grenada, Haiti, Jamaica, Suriname, and Trinidad & Tobago) have ratified the Inter American Convention on Human Rights (O'Donnell 2004, 12).

No Caribbean territory has adopted a comprehensive code on children of the kind enacted by the many Latin American countries. The prevailing trend throughout the Caribbean has been a gradual, piecemeal approach to law reform designed to give effect to the CRC (O'Donnell 2004, 16). Some Caribbean governments, however, enacted consolidation laws which have sought to deal with a wide range of issues. One such law, and the first of its kind, was the Families and Children Act 1998 of Belize. It is the only

law to date in the Caribbean that incorporates into national law a list of the rights of children.

The legacy of slavery and of the colonial period has been a barrier to the child rights revolution (O'Donnell 2004, 16). The heavy reliance on private, usually religious, organizations to provide a wide range of services to disadvantaged children is a response to social problems, and is characteristic of colonialism when the missionaries were seen as the saviour of the downtrodden slaves. It is also true that an acceptance of corporal punishment in families and institutions, such as schools, can be traced to British cultural influences. Such remnants and retentions act as a significant obstacle to the development of comprehensive approaches to the legal and social reforms needed to ensure greater respect for the rights of children (O'Donnell 2004, 17).

### **Achievements**

The following achievements may be noted:

- All countries have now ratified the CRC;
- Many policy adjustments to improve the quality of life of the child have been made;
- Jamaica and Belize have a National Plan of Action for Children;
- The recent establishment of the Child Development Agency in Jamaica has brought new attention to the rights of children;
- Most of the countries have signed or ratified supporting conventions to improve the quality of life of the child, including Belize, Guyana, Jamaica, St Kitts and Nevis, and Trinidad & Tobago. These conventions include the CRC and the Inter American Convention on Human Rights;
- Civil society in most countries, including Jamaica, and Trinidad & Tobago, has increased advocacy for the adherence to the rights of the children;
- Jamaica passed the Early Childhood Act in 2005 to provide a comprehensive framework for all aspects of early childhood development, including regulations, policies and standards to govern early childhood institutions.

### **Gaps in legislation, implementation and enforcement**

There are a number of critical gaps in legislation, implementation and enforcement:

- There is a lack of uniformity in laws regarding the age at which a person is considered a child;
- There is no legislation or any other measures to prohibit the production, possession and dissemination of child pornography;
- There is no legislation for compulsory reporting of child abuse or acts of violence against children;
- There are no specific provisions in the Criminal Code that deals with the sale or trafficking of children in some countries, including Suriname and St Lucia;
- The minimum age for admission to employment is 14 years in some countries;
- In some countries the male abused child is without adequate protection from the state, for example in St Lucia and Guyana;
- There is weak institutional capacity to enforce the laws;
- Corporal punishment in schools in some countries continues;
- There is weak enforcement of the law in many cases;
- There is inadequate funding for research and public education on the rights of the children.

### **Violence against children in homes and families**

In homes and families, children suffer as witnesses of domestic violence and as victims of child abuse and neglect, as defined for the Caribbean (UNICEF and Intra-Caribbean Technical Cooperation in Maternal and Child Health 1992, 40–43).

#### **Child abuse and neglect**

Available data on the extent of child abuse and neglect indicates that the problem is endemic in the Caribbean where large numbers of children are believed to be affected. The figures provided differ in their magnitude but are, in all cases, alarmingly high. Surveys of adults and children's experiences of child abuse and neglect generally reveal a higher prevalence of violence against children than official figures suggest. This implies that there is significant underreporting, and this is likely to be the case across all countries of the Caribbean. Some of the suggested reasons for this underreporting are the fear of reprisal; shame amongst family members and the view that abuse is a private matter; the family's economic dependence on the perpetrator; the child's fear of the perpetrator; a lack of awareness of what constitutes abuse and neglect by parents and by other adults

and professionals (for example, police, teachers, health professionals); a lack of awareness of the consequences of abuse and neglect; the social and cultural sanctioning of child abuse; and a lack of, or inefficient, reporting procedures.

Reports from Jamaica and Guyana show that child abuse and neglect occur across all socioeconomic groups and family structures (UNICEF 1999–2000; Cabral 2004). However, children from homes of low socioeconomic status, children from inner-city areas and children who have a parent with mental health problems or drug/alcohol problems are most vulnerable (Cabral 2004). In addition, certain groups of children are reported to be at heightened risk for child abuse and neglect. For example, children from minority groups, such as the Carib children from St Vincent & the Grenadines and Dominica, Amerindian children in Guyana and Maroon children in Suriname, have been reported to experience higher levels of physical and sexual abuse than children from the general population (Joseph 2002; Danna 2002; Terborg 2002). Children with disabilities are also reported to be at heightened risk for all types of abuse – physical abuse, sexual abuse, emotional abuse and neglect (Cabral 2004; Joseph 2002); and orphaned children and children with absentee parents are more at risk for physical abuse (Danna 2002). There are some reports of younger children (aged birth to 4 years and 5–12 years) being most at risk of child abuse and neglect.

The type of abuse with the highest reported incidence differs by country. In Jamaica and Dominica, sexual abuse has the highest incidence; in Grenada it is abandonment and neglect; and in Belize and Barbados, neglect had the highest reported incidence according to the country reports.

**Physical abuse:** The use of corporal punishment as a form of discipline is common in the Caribbean and is used to discipline children from very young ages. Only Haiti has laws prohibiting the use of corporal punishment at home. However, the law in Haiti is not enforced. There is widespread support for the use of corporal punishment by parents in the Caribbean although severe punishment leading to injury is generally not condoned (Terborg 2002; Leo-Rhynie 1997; UNICEF 2000; Payne 1989, 389–401; Samms-Vaughan et al. 2004). Similarly, surveys of children’s views report that the majority of children themselves believe that physical punishment is a valid and necessary form of discipline (Danna 2002; Rosberg 2005).

The widespread support and use of corporal punishment is purported to be a result of a complex interplay of cultural and social norms, including the belief that children are born “bad” or “wicked” and need correcting; the view of children as “property” of their parents; the widespread belief that physical punishment is a necessary part of character development; the lack of knowledge of non-violent discipline approaches; the importance placed on children being obedient and showing respect to adults; the religious admonishment of “spare the rod and spoil the child”; and the widespread belief of adults that they were not harmed by the physical punishment they received as children. Children are physically punished for many reasons, including disobedience, disrespect, stealing, lying, “answering back”, fighting and poor schoolwork. The majority of physical abuse occurs in the context of disciplining the child, hence, the widespread support of corporal punishment is a concern.

There are no significant differences in rates of physical abuse by gender as reported by children themselves (Danns 2002; “Children and Violence” 1997), and parents generally support the use of corporal punishment for their sons and daughters. However, there is some anecdotal evidence that boys are more likely to be victims of more severe forms of abuse, and this is supported by data on hospital cases in Jamaica which reported treating more boys than girls for physical abuse (“Children and Violence” 1997).

Reports from Guyana, Jamaica and Barbados show that the main perpetrators of physical abuse in the home are parents/caregivers (Danns 2002; Children and Violence 1997), particularly mothers (“Children and Violence” 1997; Rock 2002). A minority of the physical abuse is perpetrated by children, for example, older siblings (Danns 2002; “Children and Violence” 1997).

**Sexual Abuse:** In the Caribbean, there are discrepancies in the terminologies used to describe sexual abuse among children. For children younger than 16 years of age, the term “carnal abuse” is used, whereas for children aged 16 to 18, the term “rape” is used. This has serious implications, particularly as “carnal abuse” is often treated as a lesser crime than “rape”. The younger children are thus offered less protection under the law than older children and adults.

In the vast majority of reported cases of sexual abuse, the victims are girls. Although there is a general belief that girls in single-parent households are most at risk and that the

perpetrator is most often the stepfather or mother's boyfriend, the statistics do not always support this view. LeFranc (2002) reports on a study by Wyatt which found that sexual abuse was most common in two-parent households, suggesting that the presence of the father does not necessarily offer protection to the girl child. The available data is conflicting, with some reports of non-relatives being the main perpetrators of sexual abuse, while other reports suggest that the most common perpetrators are the child's father or a relative of the father. The reports rarely differentiate the setting in which the abuse took place, and it may be that the father or relative of the father is the most common perpetrator in the home and a non-relative outside the home. It is generally agreed that the perpetrators of sexual abuse are usually male and are usually known to the victim.

From a study done in Jamaica, it was reported that some men believe that they have a right to a sexual liaison with a girl who is under their care and protection (Benjamin et al. 2001). The acceptance of violence to gain sexual favours is also a reportedly common position of male adolescents of the Maroon people in Suriname (UNICEF 2000). These beliefs serve to culturally sanction sexual abuse of females. The cultural and social roots of sexual abuse of females is also illuminated by the fact that many girls believe that sexual harassment is "normal" and is usually instigated by a woman's choice of clothing and behaviour. For example, a large proportion of the children interviewed in Guyana believed that girls were often the instigators of sexual abuse as they wore revealing clothing (Danns 2002).

Although there are few reported cases of boys being the victims of sexual abuse, this may be due to the fact that sexual abuse of boys is less likely to be reported than sexual abuse of girls. In the WHO/PAHO study (2003) of school-going youth (10–18 years old) there was only a marginal difference in the percentage of boys and girls reporting sexual abuse (9.1 per cent versus 10.5 per cent, respectively). In another study, sexual abuse of boys was most common at younger ages (age 5–9) than that of girls (LeFranc 2002). A serious concern relating to sexual abuse against boys is that in some countries (for example, Belize, Grenada and Guyana), sexual abuse is not recognized under the law if the victim is male.

The underreporting of sexual abuse is reported to be partially due to the condoning of the abusive sexual relationship by other household members due to financial dependence on the perpetrator. Even in cases where the perpetrator is reported, the legal procedures can prevent prosecution. For example, in Guyana, children need to be able to give credible evidence and the defence lawyers are often so intimidating that the child becomes upset and confused and the evidence is declared not credible. Anecdotal reports suggest that the consequences of sexual abuse are often that the child (and sometimes the mother) is forced to leave his/her home or community and experiences extensive dislocation in his/her life. The perpetrator, however, often remains unpunished and does not receive any rehabilitative services. It is therefore likely that the perpetrator will sexually abuse another young victim in the future.

**Emotional Abuse:** There is much less information on the prevalence of emotional abuse in the Caribbean than on physical and sexual abuse. However, verbal aggression towards children and the threatening of children with physical punishment/abuse are commonly described in the literature. In Belize (Rock 2002), as many as 80 per cent of the school-aged children involved in the study reported being unloved by their mother while they were growing up. In Jamaica, 97 per cent of the 11- to 12-year-olds interviewed reported verbal aggression from an adult at home (“Children and Violence” 1997). Parents are reported to be the most common perpetrators of emotional abuse in the home (LeFranc 2002), especially mothers (Joseph 2002; Danna 2002), and there are some reports of boys being more vulnerable to emotional abuse than girls. (As mothers are overwhelmingly the primary caregivers of young children, it is not unexpected that, as a proportion of the total, mothers would also be the main perpetrators.)

**Neglect:** Very little attention is given to child neglect in the literature from the Caribbean region despite this having the highest prevalence rate in some countries, such as Belize, Barbados and Grenada, according to the country questionnaires. The most common perpetrators of neglect are parents (LeFranc 2002), especially mothers (World Bank 2003; Meeks Gardner et al. 2001) and, as with emotional abuse, there are some reports of boys being more vulnerable to neglect than girls.

### **Risk factors for child abuse and neglect**

One study in Dominica examined the risk factors for child abuse and neglect (Benjamin et al. 2001). The risk factors identified included not living with both parents, the loss of one or both parents (for example, through family separation or migration), not sharing social activities with parents, parental mental health problems and parental drug and alcohol abuse.

### **Consequences of child abuse and neglect**

There is some evidence from the Caribbean that child abuse and neglect is associated with not attending/dropping out of school, being put into institutional care; living on the street; child labour (Danns 2002); and involvement in violence in adolescence (Meeks Gardner et al. 2001). We found no longitudinal studies or retrospective studies which examined the association between child abuse and neglect and adult functioning.

### **Domestic violence**

Domestic violence is highly prevalent in the Caribbean. In Jamaica, nearly one quarter of all murders in the past three years were a result of domestic violence. Studies reported that 50 per cent of men reported having hit their partner while 30 per cent of adolescents worry about the fighting and violence they see in the home (Brown et al. 1993). In the British Virgin Islands and Barbados, 30 per cent of women reported having been physically abused (Barrow 2001).

There is significant underreporting, so official figures are unlikely to represent the true magnitude of the problem. For example, in Dominica, only 14 per cent of women who admitted being victims of domestic violence had reported it to the police (Samms-Vaughan 2005). There are some reports of police being unwilling to intervene in domestic disputes as they view what happens in the home as a private affair.

The perpetrators of domestic violence are usually men, although there are reports of men also being the victims of violence in the home.

Children are often witnesses of domestic violence and this may affect them in several ways. Some children identify with the victim and become depressed or fearful. Other children wish to protect the victim and this leads to them staying by the victim's side and being reluctant to play, go to school or sleep. Sometimes, they may try to intervene to prevent the violence and get injured themselves. Some children identify with the

aggressor and start to criticize or abuse the victim themselves or verbally and physically abuse a younger sibling.

### **Promising and proven practices**

There are very few reports of evaluations of projects or programmes which aim to prevent child abuse and neglect, protect children from violence or rehabilitate children who are victims of violence and their families. This lack of an evaluation component of most projects in the region is a matter of concern, as it not only prevents organizations from focusing on validated and effective approaches but also leads to lack of material that can be used in advocacy and for lobbying governments for changes in policy and practice. In addition, the reach and coverage of the programmes available is inadequate, with few of those in need accessing the services. A brief description of some of the services available is given below.

**Parenting education:** There are reports of many innovative parenting education initiatives in the Caribbean; however, we found no reports on the impact of these programmes on child abuse and neglect. For example, Jamaica has several organizations that provide home visiting; and early stimulation programmes to families who are at risk, including families living in poverty; families with children with nutritional deficits and families with a child with a disability. These programmes assist parents in child stimulation and teach parenting skills, including non-violent discipline strategies. Some of these programmes have been evaluated, but the evaluation component has not included the incidence of child abuse and neglect.

The interventions, nevertheless, have generally resulted in increasing the mother's knowledge of appropriate parenting and child development and increasing the levels of stimulation in the home. Jamaica also has a wide network of parenting education initiatives coordinated through "The Coalition for Better Parenting" which include components on preventing child abuse and neglect and a "Parenting Hotline" which provides support and information to parents. Jamaica also has parenting education initiatives which are targeted specifically at fathers. These include "Fathers Incorporated" and "Dads of Distinction". In Barbados, the Paredos programme works in partnership with a number of government and non-government organizations to provide a variety of parenting initiatives, including an outreach programme to provide support for pregnant

women and mothers of young children; a day care centre; a parenting education newsletter; parent support groups; parent month; a radio programme; and weekly newspaper articles. In Trinidad, Servol trains early childhood teachers to provide parenting assistance and education to mothers of children aged 0–3 years old in their own community and to encourage parents to form support groups. The programme also promotes community development and assists parents in gaining new skills and furthering their education. These programmes are promising, but their coverage is generally inadequate and only a small percentage of those in need access the services provided. Various models of home visiting to improve parenting have been incorporated including the Roving Caregivers programmes in Jamaica, St Lucia and Dominica which utilize high school leavers as visitors, and the UWI model which utilizes health workers in the national system. The latter has been demonstrated to improve children's development, later school achievement and several aspects of maternal functioning (Engle 2007).

The media is also used in some countries for disseminating parenting education and information on the rights of children. This includes television coverage, newspaper articles and radio talk shows and documentaries. However, parenting education has yet to be institutionalized in a sustainable way into existing services for young children and their families.

**Awareness raising and advocacy:** Most countries reported advocacy and awareness-raising initiatives run by civil society and/or government organizations. These aimed at preventing and protecting children from child abuse and neglect. Some of these were localized initiatives while others were national efforts which used the media to disseminate messages and launched a Child Abuse Prevention Month as an annual event. However, no evaluations of the impact and effectiveness of these programmes were conducted. Haiti reported no such initiatives.

**Response to victims of violence:** Many countries reported rehabilitative services for victims of child abuse and neglect, although limited details are given. Some countries mentioned foster homes and institutionalized care offered to child victims, although the home in St Lucia catered only for children under 12 years of age. Some countries offer a refuge for women and children exposed to domestic violence in the home. In Jamaica, the

services offered by the refuge centre are at times disrupted through lack of resources and death threats resulting in intermittent closure.

A matter of concern in the Caribbean is the limited provision of services relating to family rehabilitation. A focus only on the victim leads to the child's life being disrupted and the perpetrator often being left to victimize other children.

### **Violence against children in the community and on the streets**

Homicide rates in the Caribbean are nearly twice as high as the world average – 22.9 per 100,000 compared to 10.7 per 100,000 (Meeks Gardner et al. 2001). Jamaica has a homicide rate of 43 per 100,000 and Kingston has one of the highest murder rates in the world (Meeks Gardner et al. 2001). Other Caribbean islands with rates higher than world average include Trinidad & Tobago. These high homicide rates reflect the high prevalence of crime and violence at the community level.

Violence against children in the community affects children as both witnesses of violence and as victims. In addition, young people are often reported to be the perpetrators of violence. The involvement of young people in crime and violence is a serious problem in the Caribbean (Meeks Gardner et al. 2001).

### **Children's exposure to violence**

The reports indicate that children are exposed to very high levels of violence in their community. In Guyana, 47 per cent of children knew someone who had been killed (Danns 2002). In Jamaica, 60 per cent of 9- to 17-year-old children reported that a family member had been a victim of violence, while 37 per cent had a family member who had been killed (Meeks Gardner et al. 2003). One third of school-going adolescents in the PAHO/WHO 9-country study (Meeks Gardner et al. 2001) were concerned about violence in their community and wished to move elsewhere. In studies from Jamaica, only 28 per cent of children thought their home neighbourhood was very safe and 33 per cent were afraid of someone in their community or yard (Samms-Vaughan 2005). In Belize, 40 per cent of children felt unsafe on the streets (Rock 2002). Violence and the fear of violence is thus a prominent issue in the lives of Caribbean children. There is some evidence that boys and children of low socioeconomic backgrounds are most likely to be exposed to high levels of neighbourhood violence (Samms-Vaughan 2005).

Children are also exposed to violence in the media. A study in Jamaica found a very high level of exposure to violence in print, television and on the radio. The authors of the study expressed the belief that the violence is portrayed as “normal” and “acceptable” (Women’s Media Watch 2000). Some of the violence was perpetrated by celebrities. The perpetrators were portrayed as being rewarded for violence almost twice as often as they were punished and there were few instances in which an alternative to violence was portrayed. In some countries, there was concern that, at times, the media sensationalized violence against children and there were instances of insensitivity and irresponsibility in the manner of media reporting.

### **Children as victims**

Studies of children’s experiences as victims of violence also report a high prevalence of physical, sexual and emotional abuse. As children get older, this abuse is more likely to happen in the community and at school rather than at home. Certain groups of children are at heightened risk of being victims of violence in the community. These include children who have dropped out of school or who do not attend school regularly, street children and working children. However, school-going children are also victims of crime in community settings. For example, in Jamaica, school children have been reported to experience physical, sexual and emotional abuse when using public transportation.

Children are sometimes victims of severe violence. In Jamaica, for example, which has a child population of one million, the murder and shooting of children increased in 2004, with 119 children being killed. This represents 8 per cent of all murders (UNICEF 2005). Of these murders, 86 per cent involved boys. In the same year, 430 children were shot and injured according to police reports. Girls are reported to be at higher risk of sexual abuse and boys are more often victims of physical abuse. However, as mentioned in the section on homes and families, sexual abuse against boys is often hidden and, in some countries, is not recognized under the law.

In some countries, including Jamaica and Trinidad & Tobago, there is a growing number of children who are involved in commercial sexual activities, especially in tourist areas. In these settings, the children are not only sexual exploited but are often exposed to other forms of verbal and physical abuse, as well as sexually transmitted infections (STIs).

### **Children as perpetrators**

A cause for great concern in the Caribbean region is the increasing incidence of youth crime. In Jamaica, adolescents aged 13–19 years are responsible for a quarter of major crimes, including armed robbery, assault, rape and murder (Meeks Gardner et al. 2001). Major crimes committed in other CARICOM nations bear a similar bias to males, though the rates are less alarming.

It is reported that adolescents view violence as a useful tool for survival and social mobility, and there is little faith evidenced by youth in the efficacy of justice, law and order. A common concern expressed is the recruitment of disaffected youths into crime by others in the community. Boys who drop out of school are easy prey to the criminal element in their community, and involvement in crime can provide these youth with the recognition and power that they have been deprived of in their homes and at school. Albuquerque and Elroy (1999) describe “the emergence of a violent subculture of marginalized, unemployed youth” as one of the primary reasons for the serious crime wave affecting the Caribbean region. The social exclusion of youth is reported by several authors and is characterized by limited educational and employment opportunities, an inability to influence decisions made both at the community and national levels and a feeling of powerlessness.

Although the official statistics show that the majority of crime committed by young people is perpetrated by young men, girls also report involvement in violence. For example in the PAHO/WHO 9-country study of Caribbean schoolgoing 10- to 18-year-olds, 20 per cent of boys and 12.5 per cent of girls had, at some time, belonged to a gang. In this study, 40 per cent of the teenagers also reported feelings of rage (i.e., they answered “some of the time” or “almost always” to the question, “Do you ever think about hurting / killing someone?”). Rage was a powerful predictor of risk behaviours such as involvement in violence, sexual activity, alcohol use and smoking. Self-directed violence was also of concern, with 12.5 per cent of school-going adolescents in the PAHO/WHO study admitting to attempting suicide.

A major concern, in terms of policy and practice, in the Caribbean is that the response to youth crime is often punitive rather than rehabilitative. Holding youth trials in adult criminal courts, detaining children in adult correctional services and the long time period

between arrest and sentencing are some of the reported problems in the current systems. The detainment of children in adult jails often leads to children witnessing more violence and becoming the victims of violence in terms of physical, emotional and sexual abuse. Several studies in the Caribbean have examined the risk factors associated with childhood aggression and juvenile delinquency. In one study utilizing the data from the PAHO/WHO 9-country study, the major risk factors for youth involvement in violence were found to be physical and sexual abuse, skipping school and rage (Blum and Ireland 2004). The strongest protective factor was school connectedness (liking school and getting along with teachers). Other protective factors were family connectedness (feeling cared for by parents and other family members, being paid attention to, and being understood) and religion (attending church and religiosity). In a Jamaican study, independent predictors of childhood aggression were reported to be high levels of exposure to violence at home and at school, greater amounts of physical punishment at home and at school, increased crowding in the home, poor school achievement and low socioeconomic status (Brown et al. 1993). Another Jamaican study found conduct disorder in adolescence to be associated with the absence of mothers, the presence of a negative parental role model (usually the father) and the exposure to a number of changes in parenting arrangements (Crawford-Brown 1997). These studies, taken in their entirety, emphasize the importance of children's experiences in the home and school setting and will assist in planning interventions appropriate for the Caribbean context.

### **Promising and proven practices**

Although there are a number of organizations across the region that have undertaken programmes, there are few reports and almost no careful assessments of their effectiveness. We, therefore, have insufficient information to draw any conclusion about the reach and coverage of these programmes and their impact. However, there is a wide variety of programmes that respond to the needs of youth in the Caribbean, and many of these programmes will also assist in preventing violence against and by young people. However, monitoring and evaluation of these programmes is severely limited and their impact is unknown. In Jamaica, UNICEF recently funded an inventory of programmes which have violence reduction as an aim (Meeks Gardner 2005). Of the 36 programmes identified, there was process data (such as numbers trained, workshops held, number of

children treated) from a few, but careful outcome data (such as change in children's behaviour, parenting and teacher practices) from only one pilot study. UNICEF has also undertaken its own programme across the region to campaign for violence reduction, the Xchange campaign. Xchange aims to create a movement of young leaders, throughout the Caribbean, who are committed to a positive lifestyle, and to create safe and protective environments for children.

The majority of Caribbean countries either have or are in the process of developing a youth-specific policy. Only three countries (Barbados, Montserrat and Antigua and Barbuda) have made no move to develop a youth-specific policy. Services and programmes are mostly provided by government and non-government organizations. Some of these services are targeted at particular "high-risk" groups such as street children, children living in inner-city communities, children with a disability, teenage mothers, young fathers and drug addicts.

Efforts have also been made in many Caribbean countries to strengthen the education system as a whole to meet the needs of young people and to prevent school drop-out. For example, reform of the secondary education system in Trinidad & Tobago has been implemented in order to achieve universal access, extend the time spent in the classroom and ensure all schools operate a single shift only. In Jamaica, the government reformed the curricula for grades 7–9 to make it more meaningful for students and is in the process of increasing the numbers of secondary school places available. The government also intends to increase the number of co-curricular activities available to secondary school students. There are also initiatives within the education system to help tackle violence against children including guidance and counselling, Peace and Love in Schools (PALS) which teaches children conflict resolution, Health and Family Life Education programmes and initiatives that use music, the cultural arts and sports to assist students. Other initiatives to assist youth include training and skills development; social safety net programmes (for example, assistance with school fees, school feeding programmes and welfare programmes); provision of care and protection (for example, children's homes, foster care, places of safety, adoption) for victims of violence and for youth offenders; mentoring programmes; and sports and leisure initiatives.

## **Violence against children in schools and other institutions**

Similar to the high levels of violence in homes and in the communities, some countries report high levels of violence in schools. A disquieting number of students in Caribbean schools have witnessed a physically violent act at some point in their lives. Especially disturbing is the fact that some of these acts occur in schools. One study revealed that “78.5 per cent of the students had witnessed violence in their communities, 60.8 per cent in their schools, and 44.7 per cent in their homes. Twenty-nine per cent of the students had caused injury to persons” (Soyibo and Lee 2000). As a result, many students no longer feel safe in their schools and some drop out or attend irregularly, though absenteeism may have other etiologies.

Children can suffer emotional and psychological abuse at the hands of authority figures. Parents, teachers and school administrators are sometimes harsh in their choice of words when scolding a child. This can, in turn, lead to the child developing low self-esteem and other behavioural problems.

Eliminating violence in Caribbean schools becomes particularly problematic when the issue of corporal punishment arises. Not only is the use of it written into law in many Caribbean states but, as previously mentioned, it is also engrained in Caribbean culture. In Trinidad & Tobago there have been calls from parents, teachers and even students for Parliament to reinstate the recently abolished corporal punishment in schools. The incidence of homicides, wounding, sexual and physical assault in schools has risen sharply over the last decade. One country, Dominica, has taken a pre-emptive approach to this malady. Although the incidence of violence is not high in Dominican schools, the Ministry of Education and Youth established a violence and injury surveillance system. In Grenada, the Ministry of Education put systems in place that require parental involvement in quelling the upsurge of crime in the institutions. Other Caribbean states, through governments and private sectors, have implemented programmes that directly address the chronic problem of violence in schools, including the following:

- Health and Family Life Education programme (2002) – St Vincent & the Grenadines;
- Zero Tolerance policy by the Ministry of Education, Human Resource Development, Youth and Sports (1998) – St Lucia;

- Project Peace (2002) – Ministry of Education, Trinidad & Tobago;
- Pathways to Peace (1999) funded by UNESCO, Inter-Agency Task Force (2003);
- Programme for Alternative Student Support (2001) – Ministry of Education and Youth, Jamaica;
- Peace and Love in Schools (PALS) (1993) – Jamaica;
- Change From Within (1992) – University of the West Indies, Mona, Jamaica.

Some schools have their own initiatives for dealing with delinquent children, for instance, having consultations with parents, leaving suspension and expulsion as a last resort (Bailey 2004).

Children who have been taken into custody and who were housed in institutions also experience violence. While all of the countries have children's homes which may be run by the government, churches or private groups, there are only few reports of the status of children in these homes. A comprehensive review of children's homes and places of safety in Jamaica was recently conducted, and the status of the children was described as "dangerous" and likely to stymie desired development (Keating et al. 2003).

Recommendations included a review of the standards of places of safety; the implementation of a care plan for each child; the reviewing of staff, including job analysis and evaluations; and the establishment of social worker posts in each institution. Indications are that these recommendations are slowly being implemented (Child Development Agency, 2004). However, it was also reported that "to the degree that abuses occur in these facilities, they appear to be occasional rather than systemic". This is in contrast with children in police custody (Human Rights Watch 1990).

A few studies have been carried out on children in remand. One study on the effects of physical abuse indicates that abuse in institutions was associated with an increase in aggressive behaviour (Brown and Hunte 2003). Another inquired into the reaction of inmate juvenile delinquents to incarceration (Brown 2002). In a damning report, Human Rights Watch described the situation of children being held in police "lockups" in Jamaica, often for extended periods. These children were held either because they were suspected of having committed a crime, or because they were thought to be "in need of care and protection" because they were neglected, abused or thought to be "uncontrollable" by parents and guardians, and were awaiting permanent placement in

appropriate institutions. Interviews and observations indicated that serious abuses occurred while the children were in police custody, by other inmates and, in some cases, by the police themselves. The holding facilities were also found to be extremely unsanitary and overcrowded. Attempts to overcome these problems are addressed in the draft National Plan of Action for Juvenile Justice. The status of remanded children in Haiti has also been condemned.

It is clear that further studies are required to inform on the status of children and violence in institutions across the Caribbean region. Such studies may best be incorporated into broader studies of children in institutional care.

### **Violence against children in work situations**

“Work situations” here refers to acts of violence, maltreatment, abuse and neglect against children in various work settings. This definition not only takes into account children involved in the worst forms of child labour (WFCL) outlined by International Labour Organization (ILO) Convention No. 182, but also includes children whose general work conditions put them at risk for abuse and exploitation. Unfortunately, there is limited data on the number of children involved in child labour in the Caribbean (ILO Caribbean Office 1999). This is partly due to the fact that there is a general lack of awareness on the existence and developmental consequences of child labour in the region. Many countries feel that the problem is small or that it does not exist (ILO Caribbean Office 1999). In addition, many of the activities that children are involved in for economic gain are difficult to research because of their hidden, and sometimes illegal, nature. It is necessary to begin to adequately document and monitor the number of working children in each country and describe working conditions, including the different forms of violence children are exposed to in their work situations.

It is culturally acceptable for children to help their families in domestic, agriculture and family-owned businesses. In many cases, these activities are beneficial to children and do not in any way interfere with their development. However, some children are forfeiting school attendance and entering the formal and informal labour markets to increase household income (as in Jamaica, Haiti and Guyana). As a result, children are being exposed to exploitation and violence in these work settings. UNICEF spearheaded a series of rapid assessments on the child labour situation in the Caribbean which has

begun describing the situation of working and street children in the region. There are reports from Belize and Suriname, but more work needs to be done (ILO/IPEC-SIMPOC 2003a,b; Schalkwijk and van den Berg 2002).

In many Caribbean nations, children are involved in activities related to domestic work, agriculture, tourism and the service sectors, vending and trade, manufacturing, fishing and hustling. Some are also involved in the drug trade, commercial sex work (considered a crime and not a form of child labour) and other illegal activities. According to country reports and assessments, the areas that put children most at risk are those related to domestic work, commercial sex work and the drug trade. In Haiti, it is estimated that over 67,000 girls are in domestic servitude where they are subject to rape, harsh treatment, malnutrition and neglect (Merveille 2002). There is also a growing population of “street children” who live and work on the streets in countries including Haiti and Jamaica. These children are the most vulnerable and are exposed to violence on a daily basis. They often get involved in illegal activities for money, including packaging and selling drugs or acting as “lookouts” for police and criminals.

The region needs to address legislative issues related to the minimum age of admission into employment, and implement appropriate monitoring and protection systems to ensure the safety of working children.

### **Promising and proven practices**

Child labour has not yet become a major part of the national discourse on children’s issues in many Caribbean countries. As a result, it was difficult to identify programmes, policies and practices targeting violence in work situations. There are, however, some positive steps being taken in many of these countries that both directly and indirectly affect children who work and their work environments. For example:

- In collaboration with organizations such as the Statistical Information Monitoring Programme on Child Labour (SIMPOC), some countries (such as Belize, Suriname and Jamaica) have begun the process of assessing the extent of the child labour problem in the region.
- Some countries have government programmes dedicated to child labour issues. For example, the Belizean government (ILO/IPEC-SIMPOC 2003b) has implemented a child labour project called the Butterfly Project to eradicate and

prevent the WFCL and Jamaica has a draft National Plan of Action on Child Labour (Robinson 2004).

- Many Caribbean countries currently offer unattached youth alternatives to the traditional education system. In Belize City, a Vocational Technical Training Unit was established to provide skills-training for the out-of-school population. Similarly, in Jamaica, the HEART Trust/National Training Agency offers a variety of training opportunities to youths with at least a Grade 9 level of competence. Other vocational and remedial programmes in Jamaica include JAMAL, LEAP and the People's Action for Community Transformation.

## **Conclusions and Recommendations**

The review started with the observation of the heterogeneity of the Caribbean countries. This heterogeneity is seen in the range of violence experienced in the countries covered, and the uneven research and publications across the issues and the countries. It is, therefore, difficult to draw broad generalizations about the Caribbean. It is clear that violence against children is a serious problem, and the trends suggest that even where it is less so, as the smaller countries become more developed they are also likely to experience the types of problems currently facing the more developed countries such as Jamaica and Trinidad. One mechanism which should be further utilized as an important monitoring mechanism is the required reporting under the Committee of the Rights of the Child.

All of the countries have legislation in place to address some aspects of violence against children. However, these need to be more specific, and must incorporate wider issues. They also need to be gender-sensitive, as boys are not represented in the sexual abuse legislation.

Efforts to address violence against children require better coordination, reporting procedures and management. This includes a specific and documented budget towards the plight of the children. Greater participation of children in addressing the issues must be observed. In addition, further studies must be commissioned to unearth and understand the extent of the problem before policies can be formulated to adequately and efficiently address the issues.

The recommendations for addressing violence against children in the Caribbean fall into three broad categories: legal and policy, education and training, and improvements in systems. These are summarized below.

### **Legal and policy**

- Reform legislation in order to enable adherence to our international commitments;
- Strengthen legal, judicial and policing systems;
- Develop comprehensive policies;
- Adhere to the CRC.

### **Education and training**

Several categories of persons need education and training in a number of areas:

- Police officers on sensitivity when dealing with children, and knowledge of children's rights and the laws governing children;
- Other professionals who work with children in the detection, assessment and management of child abuse;
- Parents on issues of child abuse and neglect, family functioning, where to source help, and on non-physical punishment methods;
- Teachers on non-physical punishments;
- Children on their rights, how to address violence against them and how to protect themselves;
- The public on laws governing children, understanding child abuse and neglect and their repercussions.

### **Systems improvement**

- Schools and educational systems (Meeks Gardner et al. 2001) should offer improved access and better quality of education for children; ban corporal punishment and replace it with non-violent methods of discipline; educate adolescents on their rights and responsibilities; and promote attitude change and teach conflict resolution;
- Public health care systems should reduce violence and improve monitoring of violence against children;
- Institutions should offer victim support programmes;
- Assessments of programme effectiveness need to be carried out;

- Data collection and research must be done to provide information on the incidence, characteristics, causes and consequences of violence against children, and on effective interventions.

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# **Exploring Childhood Victimization in Trinidad & Tobago: An Analysis of Homicidal Cases**

**Godfrey C. St. Bernard**

## **Abstract**

*In recent times, childhood victimization has become a critical dimension in homicidal trends in Trinidad & Tobago. This paper examines theoretical insights that have traditionally been embraced to explain the victimization of children in homicidal cases. To this end, the paper is relevant in its quest to assess the situation that persists in Trinidad & Tobago in order to glean whether it is consistent with theoretical notions that apply in other contexts. Such an assessment is critical in arriving at a better understanding of the dynamics of child victimization and embarking upon prospective measures that could prevent it.*

*The paper is informed by quantitative and qualitative data and, as such, embraces the principles underlying a mixed method approach. The quantitative data are derived from a dataset containing 1,217 cases pertaining to homicidal victims in Trinidad & Tobago between January 2000 and September 2005. The population is disaggregated according to functional age groups (under 15 years, 15–24 years, 25–44 years, 45–64 years and 65 years and over) to discern age-related differentials in the characteristics of victims and as such, permit plausible explanations that are associated with age. The qualitative data are based on qualitative accounts of four cases involving children as victims.*

*Altogether, 45 children under 15 years old were victims of homicide during the period under review. More than half were, at most, four years old, with more than a quarter being one-year-olds. However, the bi-modal pattern of the age distribution shows a relatively high frequency of cases for 14-year-olds. Preliminary results show that child victimization has a higher rate of detection than victimization within other functional age groups. Though child victimization appears to be overwhelmingly a male phenomenon, female victimization was more prevalent in homicides involving children than in homicides involving adults in other functional age groups. Domestic upheavals, fire, blunt instruments and beatings have been observed to feature prominently in homicidal*

*cases in which children under 15 years of age were the victims. Persons accused of these cases have primarily been male and father-figures. The qualitative data unearth themes such as power, enforcement of child protection, vice, familial instability among a number of others as possible factors that could feature in providing explanations that could be instrumental in efforts to effectively treat with this scourge.*

## **Introduction**

Children constitute a sub-population that is considered to be vulnerable in the context of development studies. By virtue of their age, they are powerless and often fall among the ranks of the dependent in various institutional settings. It is therefore not surprising that various international agencies have embraced positions to preserve the well-being of children with a view to availing them of greater prospects for personal empowerment and prescribing interventions that could foster greater equality of condition and opportunity across variable sub-populations of children with the passage of time. Due to their vulnerability, children are exposed to a vast array of societal ills including crime and other forms of deviant behaviour, this being the case in some of the principal social institutions that can determine the nature of social order and result in a range of favourable or unfavourable outcomes. Such institutions include the education system, the family, legal systems, belief systems, communications systems, cultural systems and systems of governance. These institutional influences mix and combine to produce a range of favourable or unfavourable outcomes that are likely to impact positively or negatively on children's life experiences as individuals or as groups. In cases where the impact is negative, it is essential to ascertain whether such an impact could have been averted insofar as the probable cause was preventable.

This paper is concerned about societal ills that have become manifest in the form of childhood victimization as a precursor to criminal homicide in Trinidad & Tobago. It highlights a phenomenon that has often precipitated public outcry whenever heinous acts of abuse and violence with fatal consequences are meted out to juvenile victims and publicized in the various media. Such episodes reinforce the need to recognize and promote child rights and child protection mechanisms to secure the well-being of children in Trinidad & Tobago. Such an opportunity had arisen and was embraced in September

1990 when the inaugural World Summit for Children was convened at the headquarters of the United Nations in New York City. Having participated in the summit, the Government of the Republic of Trinidad & Tobago signed the World Declaration for the Survival, Protection and Development of Children in the 1990s in October 1990. To this end, the government had endorsed its commitment to enhancing the status of children through the adoption and implementation of a National Plan of Action to achieve the goals that were articulated in the Declaration.

Altogether, ten actions were outlined, one of which sought “. . . to ensure special protection of children in armed conflict and to build a foundation for peace, tolerance, understanding and dialogue . . .” More specifically, the Government of the Republic of Trinidad & Tobago had proposed action targeting a number of critical domains including health and nutrition, child rights, education, women’s rights, human resources for children and child and youth participation. In the context of child rights, proposed actions assume the form of the establishment of a family court and other institutions to secure the best interests of children, the establishment of a National Child Abuse Registry and the prohibition of all kinds of violence against children. With respect to observing women’s rights, proposed actions such as improvements in data collection pertaining to domestic violence have implications for the survival, protection and development of children.

Insofar as childhood victimization has been emerging as a critical dimension of homicidal episodes in Trinidad & Tobago during the late 1990s and with the onset of the new millennium, this paper is timely and seeks to provide a description of the characteristic features of homicidal episodes involving children. This is a worthy pursuit as there have been no attempts to quantify and describe patterns of childhood homicide in Trinidad & Tobago especially in the context of demographic and other circumstantial attributes. The paper examines theoretical insights that have been articulated in the literature reflecting experiences of mainly developed countries from across the globe. Such literature permits an assessment of the situation that persists in Trinidad & Tobago to glean whether it is consistent with theoretical notions that apply in other contexts. The paper also seeks to explore and advance claims about possible causal connections that might be instrumental in the formulation of appropriate responses to facilitate

ameliorative processes. To this end, qualitative and quantitative data are examined simultaneously with the prospect of discerning convergence. Nonetheless, insights gleaned primarily from either qualitative or quantitative data are considered worthy insofar as they broaden the scope of options for theory building exercises that foster greater understanding of the underlying factors that spawn criminal homicide among children in Trinidad & Tobago.

## **Literature Review**

According to Brookman (2005, 201), child homicide can be characterized as “a diverse offence, with complex interactions between gender, age and social context”. In making reference to the international literature, Brookman (2005) notes that child homicide is associated with the actions of family members on one hand and strangers on the other. In the context of the actions within the family, Brookman adduces that fatal abuse is often a precursor to homicide involving child victims, and such abuse is often linked to social and psychological factors that shape the real life circumstances of the perpetrator. In general, such actions can either be male-perpetrated or female-perpetrated, involving biological parents or step-parents (though more often stepfathers as opposed to stepmothers are the principal perpetrators). Child homicidal episodes committed by strangers are principally perpetrated by males. Brookman (2005) also makes reference to child perpetrators, drawing on critical issues and connections that arise in the context of the literature.

In accordance with the international literature, children under one year old are at greater risk of being homicide victims than their older counterparts. This is evident in countries such as Australia (Mouzos 2000 and Strang 1996), Canada (Silverman and Kennedy 1988 and 1993) and the United States (Crimmins et al. 1997; Mann 1996; Crittendon and Craig 1990). Brookman (2005) notes that boys are more likely than girls to be victims of child homicide, this being evident even among the infant population. She also notes that such homicides are most likely to be committed by the children’s parents. Research findings also show a greater reliance on weapons in the committing of homicides involving older children (Crimmins et al. 1997; Silverman and Kennedy 1988 and 1993; Smithey 1998 and Strang 1996). In classifying female-perpetrated child

homicide that assumes the form of maternal filicide, d'Orban (1979 and 1990) alludes to five categories that may be useful in theorizing about child homicide outcomes. These include neonaticides, battering mothers, retaliating mothers, the killing of unwanted children and mercy killings.

Neonaticides are characterized by child homicidal episodes in which newborns are killed within 24 hours of their births. This is usually a private decision and may reinforce the notion of the “dark figure” of child homicide. Battering mothers and retaliating mothers often resort to physical abuse that may also have fatal consequences. In the case of the former, the resort to physical abuse is predicated upon the socio-psychological states of mothers. In the case of the latter, it hinges upon ideologies propagated by the women’s movement to the extent that physical abuse is the outcome of women’s thrust toward overcoming the oppression meted out to them by their spouses and partners in patriarchal settings. In the case of male-perpetrated child homicide, physical abuse and filicide-suicide are the primary mechanisms through which children become victims of homicidal episodes. Adler and Polk (2001) link such physical abuse to the desire to discipline rather than kill children. In cases where male-perpetrated child homicide is characterized by filicide-suicide, the principal underlying factors have been the dissolution of unions and their implications for the family. Such implications are manifest in the form of feelings of “hopelessness”, “helplessness”, “powerlessness” and “uselessness” (Adler and Polk 2001, 80). In the Australian setting, Adler and Polk also note episodes tantamount to filicide-suicide that might be linked to men’s jealousy and violence directed at women but committed against children who pay the ultimate price of being killed.

Stranger killings targeting children as victims are not as commonplace as those involving family members as perpetrators (Brookman 2005). However, the bulk of such stranger killings have been found to be committed by men and the victims appear to be mostly male children. Brookman (2005) notes that, though very rare, child homicide due to abduction and sexual assault does exist and is usually the most worrisome form of homicide that assumes the form of stranger killings. Brookman (2005) also alludes to 48 homicides that assumed the form of child-perpetrated child killings in England and Wales between 1995 and 2001, claiming that such incidents were largely a male-perpetrated

phenomenon targeting male victims. Such victims and perpetrators were principally teenagers and the fatal outcomes were largely as a result of gang violence and other violent confrontation. Thus, the literature is consistent with a shift away from intra-familial violence as a principal cause of child homicide as children become older. This is consistent with the routine activities approach that results in lower intra-familial engagement due to children's participation in a wider range of activities as they become older.

A number of scholars support the impact of factors such as poverty, unemployment, inequality, and entrapment as contributing to greater risks of child homicide (Adler and Polk 2001; Baron 1993; Brookman and Maguire 2003, Browne and Lynch 1995; Websdale 1999). Such factors feature in the arguments of feminist researchers in their quest to explain the causes of child homicide perpetrated by females. These arguments focus upon the disempowerment of women due to their participation in institutional spheres that are inherently patriarchal. More specifically, young women with children, especially if they are single mothers, are among those at greater risk of living in poverty. They may also experience higher rates of unemployment or under-employment, all of which are entangled in a web of social inequality which frustrates women and could have fatal consequences for children in cases where women's psycho-social states are fragile.

## **Research Questions**

The purpose of this paper is to describe the characteristic features of homicidal episodes involving children. This is warranted as there have been no formal attempts to use quantitative techniques to describe patterns of childhood homicide in Trinidad & Tobago from the standpoint of demographic and other circumstantial attributes. In order to address these issues, the paper strives to provide answers to the following research questions:

**Question #1:** What are some of the principal age-related characteristics of childhood homicide when compared to adult homicide?

**Question #2:** How has children's age been associated with characteristic features of homicidal determinants and outcomes?

**Question #3:** How are characteristics of the accused linked to the age of children who have been victims of homicide?

**Question #4:** Do observations for Trinidad & Tobago reinforce theoretical insights that have emerged in the literature primarily in the context of the developed world?

## **Methodology**

The paper is informed by quantitative and qualitative data that respectively permit primary and secondary analyses to address the research questions. It strives to approximate a mixed method research design since such an approach is useful as a means of operationalizing in providing reasonably meaningful answers to the research questions. As an approach to research, Creswell (2003) reckons that mixed method designs may have had their roots either in the multitrait-multimethod matrix, as articulated in Campbell and Fiske (1959), or in triangulation procedures involving data from multiple sources as articulated in Jick (1979). As best as possible, the paper strives to emulate a concurrent triangulation strategy as a mixed method option. Such an option is instrumental in research undertakings in which researchers use two different methods as means of confirming, cross-validating or corroborating findings in a single study (Greene et al. 1989; Morgan 1998; Steckler, McLeroy, et al. 1992 as cited in Creswell 2003). The quantitative and qualitative data are collected to reflect episodes that occurred within the same period though from different sources given the nature of the topic that is central to the study. However, priority is given to the quantitative data for analytical purposes.

### **Quantitative research design**

The quantitative data are derived from an SPSS (Statistical Package for the Social Sciences) datafile containing 1,217 cases pertaining to homicidal victims in Trinidad & Tobago between January 2000 and September 2005. The datafile was generated using secondary data obtained from the Trinidad & Tobago Police Service. Using the datafile, the population of 1,217 cases is disaggregated according to functional age groups (under 15 years, 15–24 years, 25–44 years, 45–64 years and 65 years and over) to discern age-related differentials in the characteristics of victims and, as such, permits plausible explanations that are associated with age. For the purposes of this paper, however, 45 cases pertaining to deceased children constitute the population of interest as they were

victims of homicide during the period under review and had not attained the age of 15 years at the time of their deaths. Table 1 shows that more than a half were at most four years old with more than a quarter being one-year-olds. However, the bi-modal pattern of the age distribution shows a relatively high frequency of cases for 14-year-olds. Table 1 also reveals a marked preponderance of male children and children of African descent among homicidal victims in Trinidad & Tobago during the period under review. Further statistical analyses emanating from the SPSS datafile target child homicide and are presented in the next section as preliminary observations and findings. Given the age distribution that is characteristic of child homicide victims, the following age categories have been established to assess relationships that take the age of victims age into account. The categories are as follows: less than 2 years, 2–9 years and 10–14 years.

**Table 1: Demographic characteristics of child homicidal victims, January 2000–September 2005**

<b>Demographic attributes</b>	<b>Count</b>	<b>Percentage</b>
<b>All child homicidal victims</b>	45	100.0
<b>Sex</b>		
Male	28	62.2
Female	17	37.8
<b>Ethnic origin</b>		
African	29	64.4
East Indian	8	17.8
Mixed	7	15.6
Caucasian	1	2.2
<b>Age</b>		
Less than 1 year	1	2.2
1 year	13	28.9
2 years	6	13.3
3 years	2	4.4

4 years	3	6.7
5 years	-	-
6 years	4	8.9
7 years	-	-
8 years	-	-
9 years	4	8.9
10 years	1	2.2
11 years	1	2.2
12 years	2	4.4
13 years	-	-
14 years	8	17.8

### **Qualitative research design**

The qualitative accounts constitute an extraction of evidence that had been consistently reported in every print and electronic medium covering, on numerous instances, the four cases that will be presented in this paper. The four accounts permit interpretive assessments of critical dimensions deemed characteristic of some cases of homicide involving children as victims. Thus, in the vein of qualitative research paradigms, the intention is not necessarily to be representative of all known cases, but to throw up novel insights that ought to be explored on the basis of further research especially since they may not have been unearthed based upon the available quantitative evidence. The four cases have occurred during the past ten years and have spawned tremendous public response due to the circumstances that had characterized such episodes. Where possible, the cases are used to confirm, cross-validate and corroborate findings that emerge out of the quantitative component of the paper. Additionally, the cases are expected to produce insights that have either been masked by the quantitative results or been deemed novel to the extent that they constitute lessons learnt. Each case assumes the form of a homicidal episode and its associated players, pre-episode, episode and post-episode characteristics.

## **Child Homicide Data: Preliminary Observations and Findings**

### **Temporal, spatial and demographic characteristics – child homicidal cases**

During the first five years of the new millennium, Table 2 reveals that there was no clear trend with respect to the number of child homicides in Trinidad & Tobago. The actual number of cases ranged between four in 2002 and nine in 2000. Since 2000, however, there have been persistent increases in the number of criminal homicides, from 119 in 2000 to 256 in 2004, indicating that the number of cases had more than doubled over the four-year period. By the end of September 2005, the number of homicides had amounted to 287, an increase of 12.1 per cent. During the same period, 12 cases of child homicide had been recorded, suggesting that 2005 would have had the highest number of child homicide cases to have been recorded annually between 2000 and 2005.

Apart from having relatively larger numbers of cases of homicide, police divisions such as Port of Spain, Northern and Western also had relatively larger numbers of cases of child homicide. Though having a relatively large number of cases, the North Eastern Division had the lowest proportion of cases that resulted in children being victims. These results are indicative of the need for interventions in specific urbanized communities in the East-West Corridor that traverses the foothills of the Northern Range and numerous plains and valleys that accommodate variable residential communities. Table 2 shows that male cases of child homicide outnumber female cases by a factor of 1.65 while the number of male homicides exceeds the number of female cases by a factor of 5.81. Nonetheless, female victims of child homicide accounted for almost 10 per cent of the overall number of female victims of homicide. More specifically, the findings indicate that, among female victims of homicide, a greater proportion is likely to be children when compared to that observed among male victims. Victims of child homicide have predominantly been of African origin, though a disproportionately large number of cases are evident among persons of mixed origin.

**Table 2: Characteristics of homicidal episodes, January 2000–September 2005**

<b>Attributes of homicidal episodes</b>	<b>All homicide</b>	<b>Number of child</b>	<b>Child homicide cases as a</b>
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	<b>cases</b>	<b>homicide cases</b>	<b>percentage of all cases</b>
<b>All homicidal victims</b>	1,217	45	3.7
<b>Sex of victim</b>			
Male	1,029	28	2.7
Female	177	17	9.6
Not Known	1		
<b>Ethnic origin of victim</b>			
African	866	29	3.3
East Indian	233	8	3.4
Mixed	88	7	8.0
Caucasian	13	1	7.7
Chinese	4	-	-
Other	4	-	-
Not known	9	-	-
<b>Police division</b>			
Port of Spain	336	9	2.7
Eastern	58	5	8.6
North Eastern	171	2	1.2
Western	145	7	4.8
Central	88	4	4.5
South Western	66	3	4.5
Southern	98	5	5.1
Northern	216	9	4.2
Tobago	28	1	3.6
Not known	11	-	-
<b>Period</b>			

Jan–Dec 2000	119	9	7.6
Jan–Dec 2001	149	7	4.7
Jan–Dec 2002	172	4	2.3
Jan–Dec 2003	229	8	3.5
Jan–Dec 2004	256	5	2.0
Jan–Sept 2005	287	12	4.2
Not known	5	-	-

**Age-related characteristics: all homicidal cases**

Table 3 examines the detection status of all homicidal cases between January 2000 and September 2005 according to victim’s age groups and shows that cases resulting in the victimization of children less than 15 years were more likely to have resulted in having someone charged than cases involving persons in any of the other age groups. While close to 70 per cent of the cases involving child victimization had someone being charged, corresponding proportions amounting to less than half were observed in the case of victims 15–24 years, 25–44 years, 45–64 years and 65 years and over. With respect to the means employed in all cases of homicide, Table 4 shows that beating, burning and poisoning were more prevalent among child victims under 15 years than among victims in any of the other age group.

**Table 3: Homicidal cases by detection status and age group, January 2000–September 2005**

<b>Detection status</b>	<b>All cases</b>	<b>Less than 15 years</b>	<b>15–24 years</b>	<b>25–44 years</b>	<b>45–64 years</b>	<b>65 years and over</b>
<b>Nobody charged</b>	805 (66.7%)	14 (31.1%)	227 (69.7%)	419 (69.6%)	117 (64.6%)	28 (53.8%)
<b>Somebody charged</b>	401 (33.3%)	31 (68.9%)	99 (30.4%)	183 (30.4%)	64 (35.4%)	24 (46.2%)
<b>All cases</b>	1,206 (100.0%)	45 (100.0%)	326 (100.0%)	602 (100.0%)	181 (100.0%)	52 (100.0%)

**Table 4: Homicidal cases by means employed and age group, January 2000–September 2005**

<b>Means employed</b>	<b>All cases</b>	<b>Less than 15 years</b>	<b>15–24 years</b>	<b>25–44 years</b>	<b>45–64 years</b>	<b>65 years and over</b>
<b>Shot</b>	770 (64.3%)	8 (18.2%)	237 (72.7%)	434 (72.6%)	87 (48.6%)	4 (7.8%)
<b>Stabbed</b>	158 (13.2%)	6 (13.6%)	48 (14.7%)	65 (10.9%)	29 (16.2%)	10 (19.6%)
<b>Beaten</b>	106 (8.8%)	12 (27.3%)	15 (4.6%)	43 (7.2%)	23 (12.8%)	13 (25.5%)
<b>Burnt</b>	16 (1.3%)	6 (13.6%)	3 (0.9%)	3 (0.5%)	1 (0.6%)	3 (5.9%)
<b>Chopped</b>	69 (5.8%)	5 (11.4%)	16 (4.9%)	24 (4.0%)	17 (9.5%)	7 (13.7%)
<b>Strangled</b>	44 (3.7%)	2 (4.5%)	7 (2.1%)	14 (2.3%)	11 (6.1%)	10 (19.6%)
<b>Poisoned</b>	3 (0.3%)	3 (6.8%)	- (0.0%)	- (0.0%)	- (0.0%)	- (0.0%)
<b>Other</b>	32 (2.7%)	2 (4.5%)	- (0.0%)	15 (2.5%)	11 (6.1%)	4 (7.8%)
<b>All cases</b>	1,198 (100.0%)	44 (100.0%)	326 (100.0%)	598 (100.0%)	179 (100.0%)	51 (100.0%)

### **Age-related outcomes and child victimization**

Among child victims less than 15 years, Table 5 confirms that the majority of cases resulted in someone being charged, this being especially manifest in cases involving child victims who died before celebrating their second birthday and to a lesser extent among their counterparts who were 2–9 years. For victims 10–14 years, the findings suggest that it is much more likely for nobody to be charged in such cases. With reference to child victims under 2 years and 2–9 years, Table 6 shows a greater proportion being male. However, for victims 10–14 years, the results reveal that there is likely to be no apparent difference between males and females with regard to their experiences. In terms of the

means employed in homicidal episodes resulting in the victimization of children, Table 7 shows that the majority (27.3 per cent) of children 0–14 years were beaten. This was especially the case among victims who had not yet celebrated their second birthdays, with 42.9 per cent of them being beaten. Among victims 2–9 years, and especially among those 10–14 years, a range of alternative means was similarly employed, including the use of firearms, stabbing, beating and burning. In the case of 2- to 9-year-olds, chopping and poisoning also featured as means employed while strangulation featured among 10- to 14-year-olds.

**Table 5: Child homicide cases by detection status and age group of victim, January 2000–September 2005**

<b>Detection status</b>	<b>All cases</b>	<b>Less than 2 years</b>	<b>2–9 years</b>	<b>10–14 years</b>
<b>Nobody charged</b>	14 (31.1%)	2 (14.3%)	6 (31.6%)	6 (50.0%)
<b>Somebody charged</b>	31 (68.9%)	12 (85.7%)	13 (68.4%)	6 (50.0%)
<b>All cases</b>	45 (100.0%)	14 (100.0%)	19 (100.0%)	12 (100.0%)

**Table 6: Child homicide cases by sex of victim and age group of victim, January 2000–September 2005**

<b>Sex of victim</b>	<b>All cases</b>	<b>Less than 2 years</b>	<b>2–9 years</b>	<b>10–14 years</b>
<b>Male</b>	28 (62.2%)	9 (64.3%)	13 (68.4%)	6 (50.0%)
<b>Female</b>	17 (37.8%)	5 (35.7%)	6 (31.6%)	6 (50.0%)
<b>All cases</b>	45 (100.0%)	14 (100.0%)	19 (100.0%)	12 (100.0%)

Table 8 examines episodes of child homicide by probable cause and age of victims. Not surprisingly, a substantial proportion amounting to 37.8 per cent of cases could not be

classified by probable cause primarily because of their incomplete detection status. Nonetheless, at least 42.2 per cent of the cases were due to domestic upheavals resulting from domestic violence or domestic disputes. Moreover, 17 of the 19 cases that were due to domestic upheavals involved victims who had not celebrated their tenth birthday with a virtually even split between those less than 2 years and 2–9 years. In absolute and relative terms, this suggests that children in the first two years of their lives are the ones who have borne the greatest fatal burden of domestic upheavals. In absolute terms, altercations have appeared to be a principal cause underlying homicidal outcomes involving children 10–14 years. Generally speaking, the results presented in Table 8 suggest that the principal causes underlying homicide among children 10–14 years might be similar to those observed for adults and have their roots in non-familial encounters.

**Table 7: Child homicide cases by means employed and age group of victim, January 2000–September 2005**

<b>Means employed</b>	<b>All cases</b>	<b>Less than 2 years</b>	<b>2–9 years</b>	<b>10–14 years</b>
<b>Shot</b>	8 (18.2%)	3 (21.4%)	3 (15.8%)	2 (18.2%)
<b>Stabbed</b>	6 (13.6%)	2 (14.3%)	2 (10.5%)	2 (18.2%)
<b>Beaten</b>	12 (27.3%)	6 (42.9%)	4 (21.1%)	2 (18.2%)
<b>Burnt</b>	6 (13.6%)	- (0.0%)	3 (15.8%)	3 (27.3%)
<b>Chopped</b>	5 (11.4%)	2 (14.3%)	3 (15.8%)	- (0.0%)
<b>Strangled</b>	2 (4.5%)	- (0.0%)	- (0.0%)	2 (18.2%)
<b>Poisoned</b>	3 (6.8%)	- (0.0%)	3 (15.8%)	- (0.0%)
<b>Smoke inhalation</b>	1 (2.3%)	1 (7.1%)	- (0.0%)	- (0.0%)

<b>Other</b>	1 (2.3%)	- (0.0%)	1 (5.3%)	- (0.0%)
<b>All cases</b>	44 (100.0%)	14 (100.0%)	19 (100.0%)	11 (100.0%)

**Table 8: Child homicide cases by probable cause and age group of victim, January 2000–September 2005**

<b>Probable cause</b>	<b>All cases</b>	<b>Less than 2 years</b>	<b>2–9 years</b>	<b>10–14 years</b>
<b>Domestic upheavals</b>	19 (42.2%)	8 (57.2%)	9 (47.4%)	2 (16.7%)
<b>Gang related</b>	1 (2.2%)	- (0.0%)	1 (5.3%)	- (0.0%)
<b>Altercations</b>	6 (13.3%)	1 (17.1%)	2 (10.5%)	3 (25.0%)
<b>Other</b>	2 (4.4%)	- (0.0%)	1 (5.3%)	1 (8.3%)
<b>Cause unknown</b>	17 (37.8%)	5 (35.7%)	6 (31.6%)	6 (50.0%)
<b>All cases</b>	45 (100.0%)	14 (100.0%)	19 (100.0%)	12 (100.0%)

### **Child victimization in the context of domestic upheavals**

Insofar as domestic upheavals involve two or more persons who are intimately connected to each other, the detection status of fatal episodes resulting from such upheavals is likely to be high. For this reason, and given the relatively high proportion of child victimization cases that were due to domestic upheavals, an attempt is made to examine how, if at all, factors such as the sex of the accused, age of the accused and relationship of the accused to the victim might be connected to the age of child victims. In the case of domestic upheavals, Table 9 shows that persons accused of child homicide have principally been male, this being the case whether child victims were under 2 years, 2–9 years or 10–14

years. Table 10 examines the relationship of the accused to the victim and supports the view that the male relatives are mainly fathers or stepfathers irrespective of the age group of the child victim. Contrary to expectations, Table 11 reveals that the accused have principally been persons 30 years and over, this being especially the case for older child victims 2–9 years old and 10–14 years old. For child victims under 2 years, the results show that the accused are a bit more likely to be under 30 years than over 30 years, despite evidence indicative of older persons being accused in such cases.

**Table 9: Child homicide cases by age group of victim and sex of the accused. Domestic upheavals: January 2000–September 2005**

Age group of victim	Both sexes	Male	Female
Less than 2 years	8 (100.0%)	7 (87.5%)	1 (12.5%)
2–9 years	9 (100.0%)	6 (66.7%)	3 (33.3%)
10–14 years	2 (100.0%)	2 (100.0%)	- (0.0%)
All victims	19 (100.0%)	15 (78.9%)	4 (21.1%)

**Table 10: Child homicide cases by age group of victim and relationship of the accused to victim. Domestic upheavals: January 2000–September 2005**

Age group of victim	All ages	Father	Stepfather	Mother	Stepmother
Less than 2 years	7 (100.0%)	4 (57.1%)	2 (28.6%)	1 (14.3%)	- (0.0%)
2–9 years	6 (100.0%)	3 (50.0%)	1 (16.7%)	1 (16.7%)	1 (16.6%)
10–14 years	2 (100.0%)	2 (100.0%)	- (0.0%)	- (0.0%)	- (0.0%)
All victims	15	9	3	2	1

	(100.0%)	(60.0%)	(20.0%)	(13.3%)	(6.7%)
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**Table 11: Child homicide cases by age group of victim and age of the accused.  
Domestic Upheavals: January 2000–September 2005**

Age group of victim	All ages	Less than 30 years	30 years and over
Less than 2 years	7 (100.0%)	4 (57.1%)	3 (42.9%)
2–9 years	9 (100.0%)	1 (11.1%)	8 (88.9%)
10–14 years	2 (100.0%)	- (0.0%)	2 (100.0%)
All victims	18 (100.0%)	5 (27.8%)	13 (72.2%)

## **Four Child Homicide Cases: Presentation and Emergent Themes**

In the tradition of qualitative research, four cases are presented and discussed in this section. The cases constitute child homicidal episodes that occurred in Trinidad & Tobago between 1998 and September 2006 and were highly publicized in the various media. These cases also drew much public attention insofar as they epitomized social taboos and largely due to the innocence of the victims, their dehumanizing experience, the graphic outcomes of the offences and their gravity. Qualitative accounts of the four cases are presented in chronological order and permit interpretive assessments that permit the evolution of emergent themes.

### **Case #1**

Case #1 relates to a young male victim who went missing one evening in May 1998. He went missing at a birthday party held in a family home in an upscale suburban neighbourhood on the fringe of Port of Spain, the capital city of Trinidad & Tobago. The following day his lifeless body was found at the bottom of a swimming pool on the

premises of the home where the party was hosted. Two autopsies were done and both found that he had some history of sexual molestation and may have suffered a final assault on the day he disappeared. Both the police and the inquest ruled the death an accidental drowning. But following a series of exclusive *Sunday Express* articles, and the groundswell of public outrage, a second inquest was ordered with coroner and chief magistrate ruling that the victim's death was not accidental and that someone was responsible. The case was referred back to the police for further investigations. Due to factors associated with the process of investigation and the loss of crucial forensic evidence, the case has remained unsolved, its status remaining unchanged at the time of this account.

### **Case #2**

Case #2 relates to an episode in February 2006 when a young male pupil went with school friends to a pond near to his family's home in a suburban community in south Trinidad. His body was found in the pond the following day, and an autopsy concluded that he was sodomized before his death. It is believed that the victim's 12-year-old classmate holds the secret to what happened. In fact, it has been said that the case has gone cold despite the victim's grandmother's insistence that the case would not go the way of Case #1. According to the victim's mother, "[that community] is breeding criminals. Somebody must know what happened, but they don't want to say anything." She still believes that her son's 12-year-old friend, who she claims was with her son up until the time of his death, holds the key to solving the case. Moreover, the police believe that residents from the area are withholding information which they believe will assist them in solving the case.

### **Case #3**

Case #3 treats with the discovery of the nude body of a young male child in March 2006. The victim's body was found lying in a field about 300 metres from his home in an agricultural community in Central Trinidad. The victim, a kindergarten pupil, was bugged and beaten. The pathologist who conducted the autopsy claimed that it was one of the most heinous cases that she had ever seen after finding that a cane stalk was inserted into the victim's rectum and pushed until it reached his throat. In the process, the cane stalk caused the victim's internal organs, including his intestines, to rupture.

According to the victim's mother, their village had never known such crime and children were free to roam the village without fear. She claimed that her child could easily have been led away. She further stated that "he was friendly and he was brave and sweet. He would talk to anyone. If a stranger came up, he would talk away like they were best friends". Two teenagers have been charged with this killing. The first is a 13-year-old male from a working-class urban community east of Port of Spain and the second is a 16-year-old male who attended a nearby secondary school. It appears as though the victim was the youngest and part of a party of eight teenaged males who went to a nearby river to fish. The party included the two boys who had been charged with the victim's murder.

#### **Case #4**

Case #4 relates to a young female victim who was killed in May 2006 at her home in a working-class suburban community on the outskirts of San Fernando, the main city in southern Trinidad. The autopsy results indicated that death was due to multiple traumatic injuries about the body. The report also indicated that the victim was raped and sodomized. At the time of the victim's death, her teenaged mother who was four months pregnant with her third child, was charged with the abandonment and neglect of the deceased to the extent that such neglect and abandonment was likely to cause unnecessary suffering and harm to the health of the deceased. The victim's mother delivered her first child when she was 13 years old but the child died soon after birth. The victim's stepfather, a man in his early thirties, has been charged with her murder. The victim's biological father had been separated from her mother since the victim was seven months old. He was barred from seeing the victim and claimed that he had only seen her twice since being separated from her mother. He claimed that the last time he saw her was when she was hospitalized after a severe beating. Prior to being returned to the custody of her biological mother, on the advice of a medical social worker, the victim lived in a children's home in southern Trinidad.

### **A Summary of Emergent Themes**

**Sexual abuse and demographic antecedents:** The four cases touch on a number of critical themes. Each is indicative of sexual abuse as a precursor to child homicide and two of the four cases implicate juvenile offenders. The same two cases were

characterized by groups of teenaged males, among whom there were likely to be juvenile sex predators. It is also possible that such predators might be associated with teenaged males or prey upon the innocence of group members in the quest to pounce upon the one who is deemed to be the least likely to offer resistance.

**Mystery resulting from power play:** Two of the four cases remain mysteries and, in each case, nobody has been charged. As such, one may surmise that in such cases, the perpetrator might be a powerful person who wields influence and/or instills fear, resulting in the withholding of evidence and/or threats to the administration of justice. In one case, two autopsies revealed a history of sexual molestation which apparently persisted unresolved and could be a further indication of the tremendous power that the perpetrators wield over their victims.

**Source of perpetration and variable features:** Except for one case of domestic violence involving a stepfather, who allegedly sodomized his four-year-old stepdaughter and may have exercised his power and control over her young mother, the other featured child homicide cases appear more likely to be non-familial perpetrations. In each case of non-familial perpetration, a fun-filled recreational pastime was the medium for the committing of the homicide. All of the cases have been indicative of incidents that reflect perpetrators' thrust towards gratification, whatever the motive for such gratification, by means of a "warped" pursuit of pleasure that is insensitive to the pain and indignity experienced by the victim and his/her "significant others". Amoral rather than immoral appears to be the driving factor underlying such actions.

**The ubiquitous character of child homicide:** The four cases were not confined to any specific locale in Trinidad & Tobago. The cases that have been presented reflect episodes that occurred in communities in urban, semi-urban and rural Trinidad. No cases were presented for Tobago, though the quantitative data make reference to one case in Tobago between January 1, 2000 and September 30, 2005 (See Table 2). The four cases also traverse socioeconomic status differences based upon interpretations of the socio-cultural contexts characterizing the circumstances that surround such cases.

## **Discussion**

The largest number of reported cases of homicide was recorded in Trinidad & Tobago during 2005 and had amounted to 381 by September 30, 2005. During the same year, the highest number of recorded cases of child homicide was recorded and by September 30, 2005, these had amounted to 12. The qualitative and quantitative evidence are consistent with observations from a number of countries showing a preponderance of males among victims of child homicide. Such an observation is particularly interesting in the context of the qualitative evidence which showcases and is limited to a specific kind of victimization that is predicated upon sexual abuse. The quantitative data, however, showcases the predominance of victims of African origin relative to victims belonging to other ethnic groups.

The detection rate for homicidal cases involving children under 15 years is higher than that observed for any of the other major adult groups predicated on age. Nonetheless, qualitative accounts of some of the highly publicized child killings reflect the mysterious nature of such events which have remained unresolved and thus highly likely to remain undetected indefinitely. Such outcomes are reflective of limitations in the crime-solving capabilities of the local police authorities and reinforce the need to establish “hi-tech” crime-fighting strategies including forensic science. Additionally, one should question the impact of the media in their efforts to inform the public of such events and, at the same time, thwart and distort processes that could impair the administration of justice.

Whereas the international literature, particularly in the context of developed countries, makes reference to relatively high frequencies of child homicide in the first year of infants’ lives, the quantitative data presented in this paper reveal relatively high frequencies during the first two years of infants’ lives. The qualitative accounts treat primarily with older children (2–9 years and 10–14 years) and are not sufficient to reinforce the findings from the quantitative observations that show “beatings” as the principal means employed in committing child homicide. Whether “beatings” or other means were employed, the qualitative accounts indicate that death is a likely outcome in cases where children were sexually abused by sex predators, some of whom may likely be among the ranks of teenagers. Whether qualitative or quantitative, the available evidence does not permit efforts to discern the extent to which parents’ disciplinary

strategies result in fatal consequences for children and does not provide a basis for assessing such a connection as discussed in the international literature.

The quantitative data showcase domestic upheavals not only as a principal cause of child homicide, especially among children under 10 years, but also as having the greatest fatal burden among children in their first two years of life. The characteristic features associated with Case #4 constitute an example that is consistent with the first observation. However, as indicated in the literature review, a reflection upon other less publicized cases points towards the dissolution of unions between parents of children as a likely precursor to the prospect of child homicide. There have even been cases of filicide-suicide reported in the print media as having their origin in domestic upheavals, as documented in the international literature. In the context of domestic upheavals, the quantitative data reveal that the accused was primarily male, being either the father or stepfather as implied in the context of Case #4. The quantitative findings do support observations from the international literature that child homicide resulting from domestic upheavals is more likely to be committed by a male relative, usually a father or stepfather. For victims 2–9 years, as observed in the context of Case #4, the quantitative data show that the accused is more likely to be 30 years and over.

With respect to female-perpetrated child homicide within domestic settings, neonaticide and infanticide do not appear to be motivational stimuli in Trinidad & Tobago. Such a finding represents a departure from those that have emerged in the context of developing countries. The quantitative data do not permit assessments of the full range of maternal filicides, for example, those associated with battering mothers, retaliating mothers and the killing of unwanted children. In this study, the small number of cases that are tantamount to female-perpetration within domestic settings suggests that such perpetration might not be in the spotlight as much as it is in developed countries. Notwithstanding such an observation, there ought to be some concern for the plight of mothers who, by virtue of their living arrangements, socioeconomic status and socio-psychological states, might be exposed to risks that predispose them to committing acts of child-battering and retaliation, both of which can have lethal consequences for their offspring.

The four qualitative accounts are instrumental insofar as they feature sex abuse targeting juveniles as a phenomenon that has resulted in child homicide in Trinidad & Tobago. Given that incest and different forms of sex abuse targeting juveniles are known to be committed in different community settings across Trinidad & Tobago, these accounts raise the importance of pursuing research that would have utility in enhancing decision-making initiatives of stakeholders who deliberate on matters pertinent to the delivery of child protection services. This is especially critical based upon evidence that is now indicative of a likelihood of perpetration by teenaged males. Accordingly, further qualitative inquiries using biographies, narratives and case studies are recommended as they could shed instructive light upon such matters with a view to discerning characteristics that might be associated with greater risks of perpetration among teenaged males and adults. In sum, such research could be instrumental in reducing the prevalence of juvenile sex abuse, heightening prospects of protection for children from other types of abuse, and preventing child homicide resulting from such bizarre activities.

The four qualitative accounts have also raised the spectre of males as targets of child homicide that is linked to sexual abuse, with two of these accounts pointing towards male-perpetration. Altogether, such accounts serve to reinforce the fact that physical abuse and sexual abuse are factors that have resulted in child homicide in Trinidad & Tobago. Insofar as the media continue to showcase incidents of physical abuse and sexual abuse in various domains across Trinidad & Tobago and given the power that perpetrators wield in concealing their abusive behaviour, the prospect of child homicide, its persistence (and perhaps its escalation) constitute real concerns that have to be addressed by various stakeholders engaged in activities geared towards child protection.

The quantitative findings point towards domestic upheavals as a principal factor resulting in outcomes of child homicide. Of the 45 cases of child homicide reported in Trinidad & Tobago between January 1, 2000 and September 30, 2005, 19 or 42.2 per cent were due to domestic upheavals. Such upheavals are usually precipitated by the dissolution of unions, love triangles and parents' efforts to discipline their children. While the former results from an incapability to resolve conflicts and manage anger, the latter is indicative of the lack of parenting skills. Thus, it is worth noting that while none of the qualitative accounts has addressed these concerns directly, prospective research of

a qualitative nature ought to be pursued to obtain a better understanding of such concerns. In keeping with the thrust and intent of this paper, however, priority has been given to the quantitative findings as a first step in describing patterns and flagging the issues that are worthy of more in-depth study, while serving to enhance understanding and benchmark experiences that have been unfolding in Trinidad & Tobago.

It is difficult to gauge theoretical linkages pertaining to stranger-perpetrated homicides due to the relatively large proportion of cases that are yet to result in somebody being charged for homicide. Nonetheless, there seems to be a greater likelihood that older child victims, in particular those who were 10–14 years, were more likely to have been killed by strangers and, thus, exhibit a pattern that is similar to that likely to emerge among victims in various adult age groups. Such a pattern is supported by the fact that stranger-killings are usually associated with altercations, other causes and unknown causes which have been identified as probable causes for greater proportions of child victims 10–14 years than among those victims in younger age groups. In developed countries, a similar pattern emerged linking teenaged victims to homicidal episodes precipitated by stranger-killings resulting from gang activities and altercations.

The qualitative accounts unearth the bizarre phenomenon of sex predators preying upon child victims. Two of the cases made reference to homicidal outcomes resulting from fun-filled pastime activities pursued by groups of male children. The prospect of sex predators capitalizing upon boyhood innocence appears to be a real concern given recent episodes in Trinidad & Tobago and, even more disturbing, the fact that such predators are juveniles. To this end, juvenile perpetration in Trinidad & Tobago may require child protection authorities to look beyond the experiences of developed countries, where juvenile perpetration is largely due to accidental wounding incidents, predetermined actions such as in the cases of high school wounding, or homicidal events including gang violence, which is also pertinent in the case of Trinidad & Tobago based upon qualitative accounts that have appeared occasionally in the various news media.

Although child homicide patterns point to a greater prevalence in the East-West Corridor than elsewhere in Trinidad & Tobago, the quantitative results and qualitative accounts serve to remind everyone of the ubiquitous character of child homicide. Thus, it would appear as though none of the police divisions is spared, each being exposed to some risk,

though variable, of treating with such events. On the basis of the qualitative accounts, there appears to be no social class boundaries with respect to child homicidal episodes involving sexual abuse of juveniles. It is worth noting that more complete assessments of child homicide across social domains could be obtained from further studies embracing qualitative research designs.

## **Conclusion**

Despite the small number of child homicidal cases, some interesting findings have been generated and provide a basis for describing the characteristic features of homicidal episodes involving children in Trinidad & Tobago. The quantitative data yield reliable results for discerning homicidal patterns and, despite the use of qualitative data, are given greater priority in the thrust to answer the research questions – in particular, the first, second and third questions. The discussion benefited from the use of quantitative and qualitative data and was somewhat instrumental in addressing the fourth question.

In accordance with the international literature, the evidence from the quantitative and qualitative accounts is consistent with a predominance of males among victims of child homicide. They support hypotheses linking child homicide to the actions of family members and strangers. Within domestic settings, the quantitative data endorse the view that child homicide appears to be much more of a phenomenon characterized by male perpetration. Though occasional qualitative accounts in newspapers have linked such episodes to the dissolution, or threat of dissolution, of relationships between spouses and partners, the quantitative data alone do not permit assessments that determine whether or not such episodes are due to the disintegration of familial units as referenced in the international literature. This is also true in the context of gauging the extent to which male-perpetrated child homicide has been due to men's efforts to discipline children and filicide-suicide, though newspaper accounts have occasionally supported instances that are due to the latter.

In conclusion, the quantitative data have permitted analyses that now account for some of the critical dynamics pertaining to child homicide episodes in Trinidad & Tobago. Insofar as the data span the experiences in the first 69 months of the new millennium, further analyses are envisaged in order to examine whether or not patterns will change or

remain the same with the passage of time. While throwing light on and benchmarking experiences in Trinidad & Tobago, numerous gaps in knowledge still persist on the basis of issues raised and articulated in the discussion. These gaps are expected to form the basis of further investigation and research that will rely specifically on qualitative research paradigms. This is warranted, given the high frequency of cases with missing observations on probable cause. Thus, it is recommended that such investigations should target a range of alternative issues including offences characterized by male-perpetration, female-perpetration and juvenile-perpetration and, where appropriate, make distinctions between familial and stranger-perpetration.

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# **Life-events and Post-traumatic Stress in a Sample of Inner-City Jamaican Children**

**Charlene A. Coore**

## **Abstract**

*Children living in inner-city communities are exposed to a variety of stressful life-events that may put them at risk for numerous deleterious outcomes. The aim of the present study was to investigate the lifetime prevalence of negative life-events and their association with post-traumatic stress in inner-city Jamaican children. Individual interviews were conducted with 80 children between the ages of 7 and 11 from a primary school in Kingston. The children were asked about their experience with 17 negative life-events, including accidents, natural disasters and community violence. They were also asked about the frequency of post-traumatic stress symptoms such as anxiety, rumination and physical problems. The results indicated that the majority of children had experienced seven or more negative life-events. The number of negative events experienced increased with age but was not related to gender. In addition, higher levels of exposure to negative life-events predicted higher levels of post-traumatic stress, regardless of age or gender. The results indicate the high levels of stressful life-events to which these children are exposed, as well as the impact these events have on psychological well-being. Implications for research and intervention are discussed within the Jamaican cultural context.*

## **Introduction**

Many Jamaican children are exposed to powerful stressors in their daily lives. Not only do they have to manoeuvre through the normal developmental tasks associated with school, family life and peer relationships, but they may also have to confront issues related to natural disasters, poverty, violence and abuse. These traumatic events can have profound effects on development and, in many cases, can lead to a child experiencing symptoms of post-traumatic stress disorder (PTSD) (Jaffe et al. 1990).

PTSD is defined as “a disorder in response to a recognizable, serious stressor that is characterized by specific behaviours falling into categories of re-experiencing the event, avoidance and psychic numbing, and increased arousal” (Margolin and Gordis 2000, 461). However, researchers and clinicians are beginning to recognize that the disorder may not present itself in children in the same way that it does in adults (Wicks-Nelson and Israel 1997, 133). For example, school-age children may display time skew and omen formation, which are not typically seen in adults. Time skew is related to the missequencing of traumatic events when recalling memories. Omen formation leads to the belief in children that if they are alert and vigilant enough they can recognize warning signs and avoid future trauma. Children at this age may also re-enact the trauma in play, drawings or verbalizations. Other symptoms include regression to an earlier developmental stage, fighting with peers, poor attention, declining academic performance, difficulty sleeping and irritability (Wicks-Nelson and Israel 1997, 133).

The prevalence rates of PTSD in children vary with the population being examined. In trauma-exposed populations, prevalence rates as high as 90 per cent (Sauter and Franklin 1998) and as low as 16 per cent (Stuber et al. 1991) have been reported. Researchers have suggested that prevalence rates may vary depending on the type of event, proximity to the event, the diagnostic criteria utilized and other population characteristics, such as gender (Cook-Cottone 2004). For example, Pynoos et al. (1987) reported that, following a sniper attack on a school playground, the reactions among 159 5- to 13-year-olds were related to their physical proximity to the event. In fact, the best predictor of PTSD symptomatology at a 14-month follow-up was the extent of exposure (that is, the child’s proximity to the event and level of familiarity with a child who was killed).

In addition, several studies suggest that girls are more likely than boys to develop PTSD (Fitzpatrick and Boldizar 1993; Jaycox et al. 2002). Although a number of studies have reported that males are more likely to have experienced a traumatic event (Breslau et al. 1991), females are at greater risk for developing PTSD once a trauma has been experienced (Vrana and Lauterbach 1994). Sex differences have also been observed in the types of events males and females report (Joseph et al. 2000, 479). For example, males are more likely to have witnessed a death, been in a motor vehicle accident or been

physically assaulted. Females, however, are more likely to have been sexually assaulted, raped or been in an abusive relationship (Norris 1992; Vrana and Lauterbach 1994, 289–302).

Research has also revealed that seemingly less severe and more commonly occurring life-events (for example, parental separation) are associated with levels of post-traumatic stress of clinical concern (Joseph et al. 2000, 481). Joseph et al. (2000, 479) found that out of 427 adolescents surveyed, 84 per cent endorsed at least one negative life-event. This study also showed that approximately one fifth of adolescents who had been exposed to at least one of these negative events had moderate levels of post-traumatic stress. The authors concluded that community levels of post-traumatic stress may be higher than previously thought.

The long-term implications of PTSD are as varied as the symptoms. Children who experience cumulative, chronic trauma can display maladaptive attributional styles, such as learned helplessness, dissociative states, poor strategies for coping with daily and severe stress, and excessive responses to anger-provoking stimuli (Cook-Cottone 2004, 123). There is also research to suggest that children who have experienced traumatic stress may be at risk for academic problems (Lipschitz et al. 2000, 1104–1111). Barnett (1997) reported that maltreated or neglected children had lower scores on cognitive measures and lower school achievement than a control group of children who had not been abused. Other studies have demonstrated that girls with PTSD were significantly more likely to fail a course or grade than girls without PTSD (Lipschitz et al. 2000). In addition, Newberger (1997) suggested that adults who suffered chronic abuse or stress as children experienced shrinkage of the regions of the brain important for memory, learning, regulation of affect, and emotional expression.

Jamaican children are exposed to a number of negative life-events that can put them at risk for developing post-traumatic symptoms (PTS). Several studies have revealed the large numbers of Jamaican children exposed to violence in their homes and in their communities (Blank 2001; Meeks-Gardner et al. 2000). Jamaican children are also vulnerable to natural disasters, such as hurricanes, flooding and earthquakes. Researchers have already identified many of the adverse outcomes associated with exposure to trauma in this population. Studies done with Jamaican children have consistently reported

increases in internalizing, externalizing and academic problems associated with exposure to various negative life-events (Meeks-Gardner et al. 2000).

One ground-breaking study on the risk factors for aggression in primary school-aged boys indicated that exposure to violence was one of the strongest predictors of aggressive behaviour (Meeks-Gardner et al. 2000). This is of particular concern in Jamaican society where a high percentage of violent crimes are committed by youth under the age of 17 (Blank 2001). This seeming “desensitization” to violence could be symptomatic of the dissociation and emotional numbing linked to post-traumatic stress. Additionally, exposure to negative life-events has been associated with inappropriate emotional regulation and an increase in externalizing behaviour. A better understanding of the types of events that affect Jamaican children is an important step in learning more about the experience of young people in the island. In addition, an assessment of the incidence and severity of PTS in a non-clinical sample can shed light on unidentified children who may be reacting to a traumatic event.

The aim of the present study was to assess the life-time prevalence of specific negative life-events in a non-clinical sample of Jamaican children from inner-city communities and measure the level of PTS currently being experienced by these children. Given the exploratory nature of the study, sex and age differences in exposure to events and levels of post-traumatic stress were also investigated.

## **Method**

### **Participants**

The sample consisted of 80 children from an urban all-age school in Jamaica. Most of the children lived in nearby inner-city communities well known for violence and crime. Forty girls and 40 boys from grades two to five participated in the study. The ages of the children ranged from 7 to 11 years. Twenty students (10 boys and 10 girls) were randomly chosen from each grade for participation. For each grade, 10 of the students were selected from the morning shift and 10 were selected from the evening shift to help eliminate any biases.

## **Instruments**

A modified version of the Lifetime of Incidence of Traumatic Events (LITE) (Greenwald and Rubin 1999) was used to measure exposure to trauma in the participants. The LITE is a 16-item checklist regarding the child's history and covers a broad range of potential trauma and loss events. The instrument is suitable for screening for trauma/loss exposure in mental health, education or medical settings.

A modified version of the Child Report of Post-Traumatic Symptoms (CROPS) (Greenwald and Rubin 1999) was used to assess post-traumatic symptomology in these primary school children. The instrument can also be used with secondary school children. The measure includes a broad definition of post-traumatic symptomatology, rather than being limited by the narrower PTSD diagnosis. The CROPS is a 26-item self-report instrument in which a child reports on how true each of the statements was for him/her in the last week. Sample items include "I daydream", "I am nervous or jumpy" and "I think about bad things that have happened".

## **Procedure**

A list of schools located in or near violence-prone areas in Kingston and St Andrew was compiled. From that list, two schools were approached based on the large student population and reports on the level of exposure to violence in the schools' vicinities and in the schools themselves. The researchers were only able to secure permission to conduct the study in one of these two schools. Prior to the start of the study, several visits were made to the school to meet with the principal and staff members and to locate suitable areas to conduct the interviews. Three main areas were used to conduct interviews: the library, the computer room and an empty classroom. The data were collected by the researchers and two first-year psychology students, who received training on interviewing techniques for children, ethical issues concerning interviewing children exposed to violence/trauma and specific instructions on administering the instruments being used in the study. The primary researcher had the responsibility of selecting students for participation. This was done by meeting each class teacher for each of the grades selected. At this particular school there was only one class per grade in both the morning and evening shifts. Children were randomly selected using the class roster. The children were then taken to a quiet area and interviewed. The interviewers

recorded the children’s responses on the report forms. Children were allowed to ask clarification questions as the interview progressed and to stop at any time if they felt uncomfortable or no longer wished to participate. They were also given as much time as they needed to answer questions. After each interview, they were thanked for their participation and escorted to their classrooms. The interviews were conducted in March and April 2005.

## Results

Descriptive statistics were used to identify the total number of life-events experienced by each participant and the percentage of participants who experienced each event. Of the 80 students, all had experienced at least one event. Fifty-six children (70.2 per cent) experienced seven or more events. Some of the most frequently experienced events in this sample were experiencing a hurricane (93.8 per cent), “seeing someone else get hurt” (85 per cent) and “being hit, whipped, beaten or hurt by someone else” (81.3 per cent). Frequencies of the experience of for each event are shown in Table 1. Chi square analyses for each life-event revealed that there were no significant sex differences in the types of events experienced.

**Table 1: Percentage of endorsements for each life-event**

<b>Event</b>	<b>Frequency</b>	<b>Percentage</b>
Been in a car accident	6	7.5%
Been hurt in another kind of accident or sick in the hospital	37	46.3%
Seen someone else get hurt	68	85%
Someone in the family in the hospital (hurt or sick)	51	68.3%
Someone in the family died	63	78.8%
Friend very sick, hurt or died	31	38.8%

Been in a fire	6	7.5%
Been in a hurricane	75	93.8%
Experienced a flood	2	2.5%
Experienced a mudslide	2	2.5%
Parents (or grown-ups) broke things or hurt each other	39	48.8%
Parents separated or divorced	44	55%
Been hit, whipped, beaten or hurt by someone	65	81.3%
Been tied up or locked in a small space	6	7.5%
Been threatened by someone	46	57.5%
Been robbed (or house robbed)	22	27.5%
Other scary or upsetting event	35	43.8%

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Descriptive statistics were also used to identify the types and frequency of PTS experienced. For example, 58.8 per cent of the sample stated that they had difficulty sleeping in the last week. In addition, approximately 29 per cent and 39 per cent of participants respectively indicated that they frequently got “mad or upset” and were “on the lookout for bad things that might happen”. Table 2 shows the percentage of participants who experienced each post-traumatic symptom examined in this study. The data also revealed that when post-traumatic symptoms were totalled for each participant, 69 per cent scored over 19 on the 26-item scale. Pending further study, Greenwald and Rubin (1999, 67) have provided tentative cut-off scores of 19 for the CROPS. The cut-off score indicates cause for clinical concern, and higher scores indicate more symptoms. Chi-square analyses were conducted to examine potential gender differences for each symptom. There was a relationship between gender and difficulty sleeping ( $\chi^2 = 178$ ,  $df = 1$ ,  $p = .041$ ). Males had more trouble sleeping than females.

**Table 2: Percentage of endorsements for the frequency of experiencing post-traumatic symptoms**

Symptom	Frequency		
	None	Some	Lots
I daydream	53.8	28.8	17.5
I “space out” when people are talking to me	38.8	45	16.3
I find it hard to concentrate	32.5	31.3	36.3
I think about bad things that have happened	27.5	37.5	35
I try to forget about bad things that have happened	22.5	38.8	38.8
I avoid reminders of bad things that have happened	22.5	50	27.5
I worry that bad things will happen	30	22.5	47.5
I do special things to make sure nothing bad happens	17.5	37.5	45
I do some things that I'm probably too old for	72.5	15	12.5
Things make me upset or mad	25	46.3	28.8
It is hard for me to go to sleep at night	41.3	25	33.8
I have bad dreams or nightmares	40	32.5	27.5
I get headaches	38.8	47.5	13.8
I get stomach aches	47.5	40	12.5
I feel sick or have pains	38.8	46.3	15

I feel tired or have low energy	30	45	25
I feel all alone	37.5	41.3	21.3
I feel strange or different from other kids	52.5	25	22.5
I feel like there's something wrong with me	66.3	22.5	11.3
I feel like it's my fault when bad things happen	57.5	30	12.5
I'm a jinx or a bad-luck charm	65	22.5	12.5
I feel sad or depressed	30	47.5	22.5
I don't feel like doing much	26.3	45	28.8
My future looks bad	67.5	25	7.5
I'm on the lookout for bad things that might happen	33.8	27.5	38.8
I am nervous or jumpy	33.8	38.8	27.5

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T-tests were used to compare age and gender to number of life-events experienced. For this analysis the age variable was re-coded into two age categories to represent an older (10–11 years) and a younger (7–9 years) group. The t-test between age and life-events revealed that there was a significant difference between the age groups ( $t = 2.296$ ,  $df = 78$ ;  $p = .024$ , two-tailed). The older group (mean = 8.15 events) had experienced more life-events than the younger group (mean = 7 events). The analysis done on gender and life-events revealed no significant differences between males and females and the number of life-events experienced ( $t = 1.054$ ,  $df = 78$ ;  $p = .295$ , two-tailed).

A multiple regression was performed to see which variables had the strongest impact on post-traumatic symptoms, using age, gender and total number of life-events as regressors. The regression was a rather poor fit ( $R^2_{adj} = 12$  per cent), but the overall relationship was significant ( $F_{3,76} = 4.573$ ,  $p = .001$ ). Only number of life-events experienced emerged as a significant variable in this model (see Table 3).

**Table 3: Summary of regression analysis for variables predicting post-traumatic symptoms in the sample (n = 80).**

Variable	B	SE B	$\beta$
Constant	16.915	5.972	
Life-events	1.272	0.361	3.525*
Age	-.410	0.648	-.633
Gender	-1.668	1.582	-1.055

R<sup>2</sup> = .15

\* p = .001

## Discussion

The results indicated that the majority of participants had experienced seven or more negative life-events. Compared to other studies, this is quite a high number of negative experiences for children at this age. For example, in one study done with adolescents, only 0.70 per cent of the sample had experienced seven or more negative life-events using a similar scale (Joseph et al. 2000, 479). However, given that the current sample was taken from a population of inner-city children, perhaps the high lifetime prevalence of exposure to these types of events should not be surprising. Many studies done in Jamaica have identified that children from poorer backgrounds have tended to score higher on exposure to neighbourhood violence and loss than children from richer backgrounds (Meeks-Gardner et al. 2000). Samms-Vaughan et al. (2005) also found that children from the lower socioeconomic groups had a much higher lifetime prevalence of witnessing all types of violent events. The children from the lower socioeconomic groups were also more likely to experience beatings, stone-throwing and stab-wounding.

In this study, older children experienced significantly more events than younger children. This is probably due to the fact that older children are more likely to be out and about in their community and, therefore, have the opportunity to experience a wide variety of events. However, overall lifetime prevalence of negative events was equally high amongst males and females. This result is contrary to many studies done on the

prevalence of exposure to violence and negative life-events among youth. For example, several studies have consistently found that males are at greater risk for exposure to violent events (Meeks-Gardner 2000; Salzinger et al. 2002; Samms-Vaughan et al. 2005). Even studies that have not initially found a difference between males and females in terms of the number of negative events experienced, have found significant differences in the types of events experienced. For example, Joseph et al. (2000) found that, while boys were more likely to report having been in trouble with the police, females were more likely to report a life threat to a friend or family member.

In the current study, further analysis showed that there were no gender differences in the kind of events experienced. This could be because of the types of events that were included in this particular study. For instance, no questions pertaining to sexual abuse or problems with the police, which tend to have a higher prevalence among females and males respectively, were examined in this study.

The results also revealed that number of life-events experienced was the only significant predictor of PTS. Many studies have shown that greater exposure to violence and other negative life-events (whether as victims or witnesses) is positively related to increased reporting of PTSD (Stephen et al. 2001, 303). Based on the high levels of negative life-events experienced by this sample, it is not surprising that the majority of the sample attained scores higher than the cut-off score suggested by Greenwald and Rubin on the CROPS. Although this cut-off should be interpreted with caution and the instrument should only be used as a wide-ranging screening tool and not as a full clinical assessment of PTSD, it still raises concern for the high levels of PTS being displayed by these children.

The results of this study highlight a number of important issues for urban, underprivileged Jamaican children. There are high levels of exposure to a variety of traumatic events affecting boys and girls of all ages. Of particular concern for Jamaican children are the high levels of violence that they witness on a daily basis. According to a recent report, 80 per cent of 115 children surveyed for a study on the impact of violence on children had witnessed five to eight murders or had known five to eight murder victims (Francis 2007). The consequences of this type of exposure to violence and trauma are very serious for children and our society. Several researchers and clinicians

have highlighted the myriad internalizing, externalizing and academic problems associated with this type of exposure to traumatic events.

This study has indicated that many children may be experiencing dangerous PTS which are currently going unnoticed in this population. Although the number and duration of these symptoms may not be high enough to warrant a clinical diagnosis of PTSD, the presence of some symptoms can lead to maladaptive coping styles, poor academic functioning, trouble in interpersonal relationships and other psychiatric problems such as depression (Stephen et al. 2001, 302).

There are several limitations in this study that must be discussed. First, the types of events could have been extended to include more specific community and domestic violence incidents. However, given the timeline and nature of the study it was felt that some issues, like sexual abuse, were too sensitive to be adequately examined. Second, information on exposure to traumatic events and post-traumatic symptoms could have been enhanced by multiple informants. Studies have indicated that while children are better at reporting on how they feel (internalizing symptoms), adults are better judges of behavioural indicators (such as aggression and restlessness). There has also been some debate on the reporting of exposure to violent and traumatic events by children and parents. Children tend to over-report exposure and parents tend to under-report so it is always advisable to compare the two sources (Stephen et al. 2001, 301). Again, resources and the population being examined made surveying the parents difficult in this study.

Third, although this study is an important first step, there is a lot of work left to be done in this area. It should be noted that the external validity of the study is limited, given that only one school in a particular urban area of Kingston was sampled. Therefore, in addition to examining different types of events and using multiple informants, the sample should be increased and diversified to include older and younger age groups and children from other regional and socioeconomic backgrounds. Furthermore, research should move towards highlighting the factors that put each subgroup (girls versus boys; older versus younger children) at risk for certain types of negative life-events and specific PTS. It would also be helpful to examine which types of exposure are most strongly associated with specific symptoms and, by extension, which symptoms are linked to poorer outcomes. Finally, based on the fact that the unexplained

variance in PTS was very high, future research in this area must examine other important variables, such as family support and personal resilience, which may be impacting PTS in this population.

Despite these limitations, this research is useful in providing data on the consequences of trauma and stress for school-age children. It also helps identify the types of negative events most salient in the lives of Jamaican children. Contributions are also made to our knowledge regarding the cultural and environmental influences on the development of PTS in community samples. This type of research has important implications for policy in health, education, care and protection of our youth and the development of families and communities in Jamaica. In terms of health, it is essential that this kind of research help raise the profile of psychological and emotional reactions to stress. It can aid in the development of effective and inexpensive, culturally relevant screening and assessment tools for Jamaican children who have experienced stress or trauma. It can also inform practitioners of the types of events most common among Jamaican children and, therefore, influence the development of appropriate cognitive-behavioural interventions. Early detection and intervention by parents, teachers and child care professionals can help prevent some of these children from becoming at risk for delinquency, depression and other negative outcomes. The research also highlights the need to strengthen families and communities, as creating safer environments and more loving homes will help decrease the development and maintenance of some of these symptoms.

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# **Researching Incest in Contemporary Jamaica: Implications for Public Policy**

**Tazhmoye Crawford**

## **Abstract**

*Incest is viewed as part of a multiple risk model and as being indicative of related problems such as crimes (especially in homes), neglect and psychiatric disorders. Research studies exploring the social phenomenon of incest have shown that adults and adolescents, as well as children under the age of 10 years, are involved. This paper examines qualitative and quantitative data collected between 2000 and 2006 via interviews, questionnaires and statistical reports from the Jamaica Constabulary Force of Jamaica. Over the six-year period, there was a sharp fluctuation in the reporting of cases, with the highest reporting year being 2004 (42 cases) and the lowest being 2005 (19 cases).*

*Snowball and convenient sampling methods were used in the distribution of the questionnaires. Forty questionnaires were administered and 36 were satisfactorily completed. Thirty one questionnaires were completed by the victims; five by the perpetrators; and four by both the victims and the perpetrators. The respondents reside in different parishes of the island of Jamaica.*

*This topic has been neglected by research and should advocate public policy in Jamaica. Incest is rarely spoken of and is poorly understood, especially in relation to its social and behavioural manifestations or connections to other social issues. Its context is also not clearly defined, hence complexities in its treatment or approach.*

## **Introduction**

Incest has been seen as both good and bad depending on the culture, ethos and historical period. Incest is a derivative word from Latin, and suggests a biblical offence over which the ecclesiastical courts had jurisdiction. In Common Law, however, it was not a crime (Drummond 1953, 113). Incest in some eras and societies had, in fact, been considered

highly respectable. For instance, in Egypt, among the Ptolemies, it was an accepted practice among the nobles. Contrarily, however, in Babylonia, it was punishable by death or exile, depending on biological closeness. Drummond contends that in 1650 in England, it was made a crime punishable by death, and by 1953, it was merely a statutory misdemeanour.

Contemporary policy makers struggle to properly define and address incest. This subject has not been given much attention, and is often categorized under the umbrella of child abuse. Child abuse has become a topical discussion throughout Jamaica and the Caribbean, resulting in closer attention being paid to legislation, the formulation of new policies, and the implementation of very important movements such as the Child Abuse Mitigation Project (CAMP) Bustamante, the “Hear the Children Cry” Organization, Woman Incorporated and the United Nations Children’s Fund, among others.

Although the selected literature and the findings of this study reveal that the likely perpetrators of incest are males and the likely victims are females, incest (in the context of this paper) does not only reflect the male perpetrators and female victims, but also the female perpetrators and male victims – some of whom are both perpetrators and victims. Homosexual incest is also noted. Case studies and tables regarding the subject are presented. This paper defines incest as any form of sexual interaction (including fondling or touching only) between individuals who are biologically or step-related; as well as those in *loco parentis* relationships. While this definition does not deviate much from that of the literature, this paper differs in its assertion that incest is not always child abuse. This is because the findings show instances of children and adolescents being both perpetrators and victims of incest. The subject has been referred to as a “closet” one because of its sensitive nature, causing some of the respondents of this study to resist discussion. However, the literature has provided some understanding of incest, as well as a psychoanalytical framework.

This study is important because it captures unreported cases and provides scope for policy intervention, based on the results and the revision of the legislation governing the subject. The results were based on the direct responses of the victims and perpetrators. The paper therefore links the respondents’ views with those of the various ideological perspectives, in order to make the conceptual underpinning more dynamic and coherent.

The objectives of this research were to generate a pilot study data bank of persons who are survivors of incest (perpetrators and victims), and to understand the ways in which existing incest policy affects the individuals, as well as institutional responses to sexual assault and abuse, thereby revealing any limitations of the existing policies.

## **Materials and Methodology**

The study utilized both a qualitative and a quantitative approach. Primary data, in the form of a questionnaire, and secondary data from the desk research of policy documents and legislations were collected. The data was then analyzed using the statistical package for social scientists (SPSS). The units of analysis were victims and perpetrators of incest of a wide range of ages.

An attempt to administer 300 questionnaires throughout five selected parishes, using a random sampling method, was futile. The topic of the questionnaire elicited responses of disdain and anger, hence the limitation for effective self-administration, scientific analysis and generalization. The researcher, therefore, resorted to the use of snowball and convenient sampling methods, administered fewer questionnaires (40) and obtained a 90 per cent favourable return. There were 19 questions in the two-page questionnaire. The interviews were carried out during the period March–May 2006. This methodological approach captured a more accurate response from the subjects, and provided better linkage with the literature. The method of distribution of the questionnaires allowed for “on-the-spot” clarity and the provision of additional information that was not requested by the questionnaire.

The investigation process ensured that the respondents were neither violated nor coerced into participating in the study. The matter of confidentiality was made a high priority so as to encourage better participation. The conditions for participation, as well as the nature of the study, were outlined. In addition, it was ensured that the respondents appeared to be of sound mind.

### **Data collection procedure**

The interviews and administration of the 40 questionnaires were conducted by the researcher, counsellors and other health care providers via telephone and face-to-face interviews, as per the respondent’s preference. Prior to the administering of the

questionnaires, a pilot test was done to determine whether the questions would be easily understood by individuals of different literacy levels. The results of the pilot were not included in the final sample. The question which addressed educational background was included in the pilot test, but was not used in the final sample because of the respondents' concern that this might prejudice the researcher's analysis of their incest experience. The questions formulated were not open-ended, thereby making the questionnaire far less tedious to complete, and ensuring a level of response more suitable to the use of SPSS analysis.

The questionnaire was divided into four variables: demographic, social, socio-psychological and psychological. The demographic variables included age and gender. The social variables included church attendance, the relationship between perpetrators and victims, the volunteering of information regarding incest experience and the parties involved, the arrest of perpetrators, the matter being taken before the court, and whether pregnancy resulted from incestuous activities. The socio-psychological variables addressed questions relating to the initiation of incest by person and age, and whether a child was exposed to or forced to observe sexual activity (and if so, by whom). Finally, the psychological variables looked at counselling provided to the victim and the perpetrator, and the respondent's emotional/psychological response after experiencing incest.

### **Limitations of the methodology**

1. Owing to the sensitive nature of the subject, the sample size was not large enough to provide scope for generalization.
2. There was no real evidence to determine that those who claimed to be victims only, were not perpetrators also.
3. The fear of being labelled homosexual (in a homophobic society such as Jamaica) could cause the respondents to refrain from admitting to having been sexually molested by someone of their own gender.
4. In some cases, information that could enhance the study was withheld in order to protect the identity of the victim/perpetrator.

5. Due to the sensitive nature of the subject, both the respondents and the researcher were sometimes uncomfortable with the discussion, thus limiting scope for more information that would enhance the study.

### **Strengths of the methodology**

1. The questionnaires captured cases that were not reported to the police.
2. The methodological approach allowed information to be captured on persons who were both victims and perpetrators. This was not the case with the police statistics.
3. The interviews gave the respondents the opportunity to talk about the subject, sometimes for the first time. This made them cognizant of their legal rights and allowed them to vent their anger and share their concerns.
4. The methodology allowed this paper to provide scope for the redefinition and clarification of the existing public policies, and suggested areas for further research.
5. Modern issues related to incest were captured, thereby revitalizing the dated literature.

### **Results**

A total of 40 questionnaires were administered to the respondents; 36 were satisfactorily completed and used, having met the criteria for the study. Of the 36 respondents, 18 were males and 18 were females. Of the females in the sample, one respondent was under 15 years old, five fell in the 15–24 age group, seven were in the 25–34 age group, four were in the 34–44 age group and one respondent was in the 45 and over category. Of the males in the sample, none were under 15 years old, seven were in the 15–24 age group, 11 were in the 25–34 age group and none were within the 35–44 age range or were 45 and over. The majority of these respondents attended church on average once per week, especially the females (11). The majority of the male respondents attended church mostly on holidays (15). There was no evident correlation between church attendance and incest.

Table 1 indicates that there was a fluctuation in the number of incest cases reported and cleared-up over the period 2000–2005. The term ‘cleared-up’ here means any one of the following three things: (1) the perpetrator was arrested and brought to justice; (2) the charges against the perpetrator were dropped; (3) the perpetrator was killed before he/she

could be brought to justice (Barrett 2007). More than 70 per cent of the reported incest cases were cleared-up each year, except in 2005 when less than 50 per cent were cleared-up. The majority of incest cases were reported in the years 2001 and 2004, respectively, and most of the cases were cleared-up in 2001 and 2002.

**Table 1: Incest cases in Jamaica (2000–2005)**

<b>Years</b>	<b>Reported cases</b>	<b>Cleared-up</b>
2000	32	24
2001	40	35
2002	35	33
2003	27	22
2004	42	32
2005	19	8
<b>TOTAL</b>	<b>195</b>	<b>154</b>

Source: Jamaica Constabulary Force (2006)

Unresolved cases are sometimes due not only to negligence but also to fear or shame, hence the victim might refrain from pursuing the case as a legal matter or even reporting it to anyone in authority. Some of these individuals who go on to become perpetrators of incest do not blame themselves for doing so, but point to their early exposure to sexual activity by parents, guardians, siblings and/or other relatives as the cause (see example in Case 6). The findings reveal that 11 of the respondents engaged in incest because of their early exposure to sexual activity through having been a “peeping tom”, and/or because of coercion (to observe sexual activities) by a relative or friend.

The aforementioned perspective is supported by Drummond’s (1953, 114) assertion that incestuous desires lie at the root of more than one sexual aberration, for example, the “peeping toms”. These “peeping toms” tend to resort to exhibitionism in an effort to effect an adequate sexual adjustment and to reach goals forbidden by strong moral taboos. Drummond further claims that when the “peeping toms” are not initiated into sexual intercourse at an early age by adults, little girls and little boys are sometimes silent participants as witnesses or eavesdroppers in bedroom scenes of their elders. These early influences are also said to lay the foundation for future sexual irregularity. Later, such

sexual irregularity appears to be the norm, or on the other hand, it could warrant the then silent participant to desire counselling. Of the 36 incest cases, 11 of the respondents received some form of counselling, whether formally or informally; two voluntarily divulged information about their incest encounter when it happened initially; six either reported or had their case reported to the police by someone else; four of the perpetrators were arrested, three of whom appeared before the court. Thirty-one respondents were victims; five were perpetrators; and four were both victims and perpetrators.

### **Incidents/nature of incest**

All the respondents reported having had their first direct encounter of incest under the age of consent (16 years old). Based on the presentation made in Table 2, the respondents who were the least likely to initiate incest were those under 5 years old and those aged 15. The most likely to initiate such behaviour were those between the ages of 5 and 14. On the other hand, the least likely to have incest initiated by a family member were those aged 10–15, while the most likely were those within the 5–9 age group, followed by those under 5 years old. In essence, children aged 5–9 years old are most vulnerable to incest.

**Table 2: First exposure to incest**

<b>Incest cases</b>	<b>Age range</b>			
	Under 5	5–9	10–14	15
Initiated by respondent	0	4	4	1
Initiated by family member	7	14	4	2

Of the 36 respondents, three had become pregnant as a result of incest, and four had impregnated the female party. The pregnant respondents were not all victims, but perpetrators in some cases. This was similar among those who impregnated the other party. Cases 3 and 4 (Appendix) are cited as examples whereby incest resulted in pregnancy.

In view of the biological connection between the victims and the perpetrators of this study, Table 3 delineates the gender relationship. It is seen where fathers are most likely to be the perpetrators of their daughters (10), followed by uncles as perpetrators of their nieces (5) and male cousins as perpetrators of female cousins (5). On the other hand, perpetrators of sons are likely to be mothers (3).

The same-gender (homosexual) relationship is not very prevalent, as seen also in Table 3. The mother-daughter incest relationship represents two respondents; father-son represents one; uncle-nephew represents one; while male-cousin–male-cousin represents one also.

**Table 3: Perpetrator-victim gender relationship**

Perpetrators	Gender of victims	
	Male	Female
Mother	3	2
Stepmother	0	1
Father	1	10
Stepfather	0	2
Grandfather	0	1
Uncle	1	5
Aunt	0	1
Siblings	0	1
Cousin	1	5
Other	0	2
TOTAL	6	30

With regard to the mother-daughter incestuous relationship, this is not unique to the findings of this study (see Case 2), but such cases are cited in the literature (e.g., Masters 1963, 87). Reference is also made to son-mother relationships (see Case 5). The sexual desires of a son for his mother have been the source of an enormous body of psychoanalytic literature (Masters 1963, 95–99). Where the mother initiates an incestuous relationship with her son, it is often not reported, as the son does not want to be seen as weak (according to the respondents). This could result in psychological repercussions and could sometimes influence the way he relates to women sexually in the future.

### **Psychological positions**

The interviews with the respondents shed light on the psychological impact of incest on both the perpetrators and the victims. This data is seen in Table 4 and examples cited in Cases 1 and 3 of the Appendix. The various psychological positions taken by the respondents are noted – the most likely affected were the victims who claimed that they

were ashamed and wanted to forget their incestuous encounter (14). Two perpetrators shared the same view, along with those who were both victims and perpetrators. Similarly, the said number of perpetrators reported feeling withdrawn and depressed; seven of the victims also fell into this category. Five respondents reported feeling concerned. Overall, the victims reported more psychological effects from incest than the perpetrators in all the categories. Such psychological responses could have an impact on a child's education and well-being.

**Table 4: Psychological response to incest**

<b>Psychological impact</b>	<b>Victims</b>	<b>Perpetrators</b>	<b>Victims and perpetrators</b>
Withdrawn and depressed	7	2	1
Concerned	5	0	1
Not affected	2	1	0
Wants to forget and is ashamed	14	2	2
Unsure and other	3	0	0
TOTAL	31	5	4

## **Discussion**

One of the main observations throughout the literature, which is consonant with the data in Table 3, is that the majority of the perpetrators of incest are male and the victims are female (see Appendix – Cases 1 and 3). According to Russell (1986) and Finkelhor (1979), 95 per cent of the perpetrators of girls are men and 80 per cent of the perpetrators of boys are men. It is also postulated that one out of three girls and one out of seven boys are sexually abused by the time they reach the age of 18 (Bass and Davis 1988, 20). The perpetrator is usually a close relative. This observation is supported by Table 2, which reveals that all the respondents had their first incestuous encounter under the age of 16. In agreement with Table 3, studies also conclude that most abuse of children is carried out by family members. Hayes (1990) found that 43 per cent of children are abused by

family members, 33 per cent by someone they know, and the remaining 24 per cent by strangers.

Psychologists point out that the experiences of incest and other types of sexual or physical abuse and neglect in childhood are not limited to clients. Many professionals have had similar experiences, but are not willing to admit to it, or may not remember their involvement with incest. In this case, they will not be able to deal openly with clients' problems unless they have dealt with their own problems first. Training and counselling, therefore, are often necessary before asking staff to work with clients on issues related to sexuality, relationships, abuse and neglect. These professionals may not be comfortable with issues of sexuality, and may find it difficult to discuss the subject with their clients. Some of them may also lack the social and cultural sensitivity and skills to do so (Zeindenstein and Moore 1996, 130), and in some instances, are not willing to admit to or remember their involvement with incest, hence various psycho-medical implications could result.

Some victims of incest may suffer from biochemically-induced amnesia. This condition can be triggered by a severe trauma, such as a sexual assault, which causes the body to incur a number of complex endocrine and neurological changes resulting in complete or partial amnesia regarding the event. Thus, any immediate and/or latent memory of the incident(s) is repressed (Matsakis 1991).

Incest can have serious long-term effects on its victims. One study concluded that among the survivors of incest who were victimized by their mothers, 60 per cent of the women had eating disorders as did 25 per cent of the men. Of the 93 women and 9 men included in the study, 80 per cent of the women and all of the men reported sexual problems in their adult life. In addition, almost two-thirds of the women stated that they never or rarely went to the doctor or the dentist as the examination was too terrifying for them. Posttraumatic stress disorder (PTSD), which includes amnesia, nightmares and flashbacks, also remains prevalent among incest survivors (Vanderbilt 1992).

Drug abuse is also a major factor that influences sexual abuse. In a study by Crawford et al. (2007), a relationship was found between the smoking of marijuana and the frequency of sexual activities of males and females. The study showed that while the frequent smoking of marijuana by males resulted in reduced libido and platonic affection,

in the females it was the reverse. This brings to mind some of the respondents' statements that their female perpetrators were abusers of marijuana and/or alcohol.

Further research also indicates that children who have been sexually abused by a relative suffers from even more intense guilt and shame, low self-esteem, depression and self-destructive behaviour (such as substance abuse, sexual promiscuity and prostitution) than children who have been sexually assaulted by a stranger (Matsakis 1991). This argument is substantiated by Gardner (2005), who postulated that incest, other forms of child abuse, rape and sexual molestation, as serious stress factors, could result in the adrenal cortex producing cortisol. The hippocampus and amygdala within the limbic system – the area of the brain controlling emotion – become affected. This results in a Kluver-Bucy syndrome whereby a person manifests uncontrolled, severe sexual behaviour, such as “kinky” sex, prostitution, rape and paedophilia. On the other hand, the individual could have an extreme withdrawal syndrome instead, hence a willingness to engage in unconscious incestuous behaviour.

Masters (1963) highlights the following common behaviour of *unconscious incest*:

- 1) A mother demonstrates that any woman in whom her son shows an intimate interest is not good enough for him. Sometimes in order to get her son's attention or to prevent him from visiting this woman, she pretends to fall ill.
- 2) A father places unreasonable obstacles in the way of his daughter's dating.
- 3) A mother masturbates her son without realizing what she is doing. While bathing him, she spends an unnecessary amount of time washing his genitals. At nights, in bed, and while sleeping, she plays with the son's penis and rubs against him.
- 4) A father urinates loudly into the toilet bowl, thereby, calling his daughter's attention to his penis; or he may wander around the house in his shorts, making the outline of his penis visible. Similarly, a mother finds ways to call her son's attention to her breasts or to some other sexually significant body part. Forgetting to close or lock a door while undressing or bathing is a well-known tactic. Also, too, children find ways of exposing themselves to the desired parent. (Masters 1963, 100–102)

Masters' viewpoint that the sleepwalker's motive in visiting the bed of the parent or sibling is genuine when he/she is awake, but in hypnotic trance he/she may display a

complete understanding of the incest motivation, is in agreement with Stekel (1941) who states that sleep is often feigned by one or both parties to incestuous coitus. It often happens that both participants are malingering so as to cover up these unpleasant episodes and during the daytime they never refer to what is going on at night. Passive sleep and somnambulism are sometimes simulated so as to enable the incest participants to engage in the act on the principle of gratification-without-responsibility. An amnesia for the incest event may follow the simulated sleep activity (Stekel 1941).

While the literature refers to incest as the most common form of child abuse, some of the respondents of this study view it as (i) experimentation (especially among children or adolescents), (ii) early exposure (the father believes that it is his right to be the first to introduce sex to his daughter), and (iii) royalty (“keep it within the family” syndrome). Victims of incest are often extremely reluctant to reveal that they are being abused because their abuser is a person in a position of authority and is someone they trust. Often the incest victim denies that anything is wrong with the behaviour being encountered (Vanderbilt 1992), especially where the behaviour is one of experimentation.

## **Policy Implications**

The Jamaica Laws, Incest (Punishment) Act, 1948 does not address homosexual incest, for example, between father and son, grandfather and grandson or uncle and nephew, as well as between mother and daughter or aunt and niece. Nor does the act include incest among adults. It is observed that incest between adults is treated as a medical problem, but once it is between adults and children, this is seen as a crime. Such a gap calls into question the transparency in the definition of the term incest, as well as the matter of consanguinity and affinity under the act.

Section 3 of the Incest Act states: “Any female person of or above the age of 18 years who with consent permits [sex with] her grandfather, father, brother or son as the case may be, shall be guilty of a misdemeanour.” The legislation, having blamed the female here, raises concerns as to whether the grandfather, father, brother or son would now become the victim. In addition, while the legislation specifically states “female”, this paper is concerned with how the matter would be addressed if it were to be a male who allows his grandfather, father, brother or son to permit incest. The legislation, therefore,

appears to be gender-biased, making females victims, and males perpetrators (although the literature and the findings of this study note that mostly males are perpetrators and females victims). Reference is also made to age of consent for the girl, but not for the boy.

A lack of protocol is demonstrated where incest cases are not considered to be effectively dealt with; where there are too many under-reported cases; and where there is insensitivity in the way cases are evaluated. Same-gender incest is a reality and, despite an individual's age, the protocol should allow any person who is involved to feel free to report it instead of feeling fearful that their sexual orientation will be called into question. Such protocol should also give credence to the counselling of counsellors, members of the Jamaica Constabulary Force, and relevant health care providers, so as to enhance their capacity and capability to effectively address matters of incest and abuse. In other words, policies should indicate how to sensitize and educate these professionals. This would be especially ideal where some of these professionals were once victims. In addition, a clear definition of desired outcomes when cases of incest are reported and are adjudicated should be developed. For example, the term 'cleared-up' should be far more extensive in definition.

## **Conclusion**

Incest has not been given adequate attention, and there are anomalies in the way the subject is treated. This is based on cultural beliefs, the closed nature of the subject, and the way it is being defined. While its secrecy may be partly due to insecurity, fear and shame to report the matter, it is also due to the fact that some perpetrators and victims treat the subject differently – for example, the belief of a father or uncle that he has the exclusive right to expose his daughter or niece to her first sexual experience, the view of children or adolescents that nothing is wrong with sexual experimentation with their siblings, in preparation for the real world of intimacy, or the royalty “keep it in the family” syndrome.

In addition to the above issues, other factors that influence incestuous behaviour include early exposure to sexual activity via voluntary sexual voyeurism (the “peeping tom” phenomenon) as well as being coerced to observe sexual intercourse. The findings

reveal that women and girls are more likely to be affected, directly or indirectly, by incest than men and boys. The most vulnerable group falls within the 5–14 age range. While it is believed by many that incest has a psychological impact on victims only, the findings of this study reveal that such behaviour affects perpetrators too.

## **Recommendations**

Based on the foregoing, the findings of this paper, the following recommendations are proposed:

- Provide medical and psychological treatment to help traumatized incest victims and perpetrators. Older incest survivors may also be deployed in helping to counsel younger victims and perpetrators.
- Establish guidelines for the rights of victims who are similar in age to their perpetrators, especially where they are both under the age of consent.
- Provide a clear and transparent definition for incest in the policies, legislations and culture. This would create a more uniform way of dealing with the issue, regardless of the age and gender of the persons involved.
- Use parent-teacher associations as a forum to educate parents about issues of sexuality and how to communicate with their children so that they can identify the resources to deal with the incest. Relevant treatment and intervention strategies (involving the victim and perpetrator) should be integrated in schools and communities to help break the silence and appropriately address the complex issue (incest).
- Develop clear protocols so that social services, health care workers and state agencies can begin to identify flaws in reported cases.
- Develop policies that encourage sanctions against abusive social workers, guidance counsellors, legal authorities and others, when dealing with cases of sexual abuse (including incest).
- Use the depth of research to develop policy guidelines. This would reduce gaps in the legislation.

- Provide opportunities for further research on the subject, thus making it no longer a “closed” subject.
- Make provision for male victims in the legislation and establish an age of consent for boys.

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## **Appendix – Cases of Incest**

### **Case 1**

She was only five years old when she told her mother that her father was sexually molesting her, and that she wondered then about the white stuff that was coming from his penis. Her mother told her to be quiet about it, as she was afraid of the disgrace in the community and the church. Her father also molested his grandchildren of his older children. He was never reported. She is now 25 years old, and has never had a boyfriend, but finds solace in hiding behind being a practising Christian, as she claims that this eases the emotional pain of being tormented by the memories of what her father did to her.

(Respondent interview, April 12, 2006, Jamaica)

## **Case 2**

This woman became a therapist so that she could help persons who are sexually dysfunctional, but instead, kept reliving her experience. She said that sometimes as a child at night she was awakened by her mother who would masturbate her. She experienced her first orgasm through this practice, which continued for years. (Respondent interview, May 2, 2006, Jamaica)

## **Case 3**

Her mother was often away from home, travelling overseas on business trips. Her father had sex with her and threatened to kill both her and her mother if she reported same. He told her that it was his right to be the first person to expose her to sex. Later her father died and her uncle (by her father) lived with them. He too molested her, got her pregnant and beat her badly, claiming that she was becoming rude, and reported to her mother that she had boyfriend. Her mother agreed that he should scold her. She later had a miscarriage. She ran away from home and was taken in by a stranger (a 46-year-old single, widowed woman) who treated her well. The woman had a son who studied overseas and returned home for holiday, when he too raped her. She reported this to the police who disbelieved her because of the status of the woman and her son. She said, "To this day I feel cursed and dirty. I sometimes have nightmares about it. I am a bright girl and could have gained a profession if I was not a reject. I wish I was brave enough to end my life." (Respondent interview, April 16, 2006, Jamaica)

## **Case 4**

A man impregnated his daughter. She had three children for him, despite her mother living with them. The daughter, who started having children from age 14, showed no signs of unhappiness. (Respondent interview, May 17, 2006, Jamaica)

## **Case 5**

The mother and her son were always very close. She would bathe with him from he was a small child. The son developed an abnormally close relationship with his mother. The mother appeared to be ignorant of his affection for her. One night he burst into his room

and had sex with her. He said he was very angry at his mother for ignoring his affection and for having boyfriends. (Respondent interview, May 4, 2006, Jamaica)

### **Case 6**

A 12-year-old claimed that, as early as age four, she and her sister (then aged six) were forced to observe sexual activities by her mother and her boyfriends. Her mother demonstrated the various styles of activities and told her that she should learn well, as pretty soon she would have to go out to earn money for the family. Her mother died when she was eight, hence, she became a ward of the state. She said that she always longs for sex and, as a result, she would engage her brother (who was one year older) in such activity, or masturbate. (Respondent interview, May 4, 2006, Jamaica)

**Section 2**  
**An Historical Perspective**

# Perceptions of Children in Jamaica between 1914 and 1938

Shani Roper

## Abstract

*For the last few years, the media has increased its focus on children and their rights, especially issues associated with sex crimes, physical abuse and abandonment. The Jamaican government has sought to take on more responsibility for 'dependents', specifically children. All of this effort is linked to 'perceptions' about children and the necessity to protect their rights as individuals. Historically, perceptions about children were affected by the socioeconomic position of adults with whom they associated. Since emancipation the perception of children has evolved to reflect class relations especially on the socioeconomic level. This paper discusses how a child was defined legally and explores the dominant perceptions about children. It seeks to confront the historical amnesia that exists with in the Jamaican public in regards to the issues of continuity and change in child welfare in the early twentieth and twenty first century. It assesses the basis for the perception of children in the interwar years and the extent to which these perceptions affected the formation of government policies, the ways in which the adult public responded to children, and the capability of children to respond to these perceptions. The contention is that perceptions affected the socialisation of and policy development for child welfare in Jamaica between 1914 and 1938.*

*This research employed traditional methods in historical research including the examination of primary sources such as government documents, newspapers and magazines. The research unearthed the following findings:*

- Perceptions of children were influenced by socio-cultural and economic paradigms.*
- There were formal and informal systems of child welfare.*
- Perceptions of children affected the formation of policies between 1914 and 1938.*
- Child welfare policies were influenced by class and gender.*

## Introduction

This paper is a thematic exploration of the dominant perceptions about children from the perspectives of adults in the early twentieth century. My focus is to determine who was defined to be a child legally, as well as to discuss what were the main perceptions of children and how these perceptions affected the socialization of children during the early twentieth century. A child was perceived in several ways, and in this paper we will be examining the following perceptions of:

- the child, as defined by law
- the child as dependent
- the child as illegitimate
- the child as neglected
- the child as abused
- the child as the indoctrinated
- the child as an economic asset

The findings of this research resulted predominantly from the investigation of primary government and newspaper documentations. The main primary sources include the *Annual Report of Jamaica*, Departmental Reports on the state of children, housing and population movement, as well as the *Handbooks* and *Blue Books of Jamaica*. These reports were able to provide insights on the number of children under the care of the government. The *Annual Report of the Child Welfare Association* as well as the commissions that examined the conditions of the juvenile population, the development of a Child Welfare Department and the administration of Poor Relief in Jamaica as primary sources, have all provided important information on the number of persons with children

dependent on indoor and outdoor poor relief. These reports also provide supplemental information to newspaper articles.

The collection of newspapers held at the National Library of Jamaica was an important source of information. The review of the main papers of the time, the *Daily Gleaner*, the *Jamaica Times* and the *Jamaica Standard*, has been limited to the months of May and October. May was considered Child's Month and the focus on children was often linked with Health Week, which was held in October. Secondly, the labour riots of 1938 took place in May during the same week as the annual Baby Show hosted by the Child Welfare Association, thereby making an examination of events taking place during these months of ultimate importance.

Based on the sources examined, it has been difficult, however, to locate children's responses to changes in society, or to locate mediums available to children for them to respond. This paper also lacks the use of oral interviews of those persons who would have been between the ages of 10 and 18 during the interwar years (1917–1938). These interviews would have been useful in the analysis of children's perceptions of themselves and of what was happening around them at the time. In place of oral interviews, I have, however, utilized the findings of sociologists and anthropologists in their work with children as they relate to the child's perceptions of self, the family structures and to interpersonal relationships. Much of the research also took into consideration the impact of the class structure on the socialization of children in the Caribbean.

There is also general inability to examine the number of female children who have been exposed to sexual abuse and prostitution because the government sources and newspapers tend to be silent on this matter. Investigations on the abuse meted out to

children have only come into focus in the 1970s, 1980s and 1990s, primarily as a result of the Conventions of the Rights of the Child and the addressing of issues such as child labour and human trafficking. The confrontation of these issues within the Caribbean has been the source of major debate, but there are very little primary sources available that would point to the fact that these were real issues faced by children and that they were being acknowledged by the society of the 1920s and 1930s.

## **Context**

Historically, perceptions about children were directly related to the socio-economic positions of adults. During slavery, a child was legally, socially and economically defined as anyone between the ages of 0 and 12. Children born to enslaved parents, once they had attained the age of five or six years, were considered old enough to earn their keep and were given various jobs to do. This idea that a child, born to a member of the enslaved population, was an economic asset continued into the post emancipation period during which children were a part of the informal labour force within small communities (Higman 1983, 131).<sup>1</sup> This idea, however, of a child as an economic asset was not consistently held amongst all classes. The elite viewed their children as the individuals through whom this class reinforced their socio-cultural and economic position. Therefore, their children were not economic assets but rather holders of social norms and values. The advent of emancipation, and the change from slave to wage labour, not only affected how classes related to each other, especially on a socio-economic level, but how parents perceived their children.

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<sup>1</sup> In the rural areas, persons as young as 12 years of age were considered old enough to apprentice themselves to learn a skill. Young girls often began training as domestics from as early as 12 years of age. Several other authors including Beverly Blake, Madeline Kerr and Christine Barrow confirm this age range.

In the 1850s, the government actively sought to regulate the welfare of children by introducing the Industrial Schools Act (1857) under which the welfare of children was in the hands of private institutions. The Industrial Schools Act (1857) formed the basis on which child welfare was regulated in the early twentieth century. They were maintained primarily through private funding but they also received grants-in-aid from the government. This policy, therefore, placed the core responsibility for children on private institutions and, thereby, highlighted the fact that child welfare was not *the* responsibility of the government 65 years later, a commission was convened to investigate the viability of a child welfare department. It stated that “the problem of child welfare, in Jamaica, demanded an urgent response, and that [it] should receive the immediate and most careful attention of the government and the legislature” (*Minutes of the Legislative Council 1922*, Appendix No. XXVIII, 1). The urgency was understandable because the value of a child to the community and the “economic loss sustained by ill-use” (*Minutes of the Legislative Council 1922*, Appendix No. XXVIII, 1) were matters that deeply affected the welfare of the family and the community as a whole.

The 1930s are known as the beginning of the Jamaican nationalist movement. Kingston and several other areas in the island were riveted to the labour riots of May 1938. The island was also affected by the Great Depression of the 1920s and 1930s. In the middle of all the turmoil, the headlines of the *Daily Gleaner* on April 13, 1938 read, “Children kept from school for want of clothing”. There was a great public outrage against a “misleading” cable sent to London about the deplorable state of children in the island. On April 14, the *Jamaica Standard* suggested that these reports were highly exaggerated. Public opinion raged against the press for publishing such statements about

the nation's children. It became clear that international awareness of the existence of neglected children was a source of embarrassment for Jamaicans, who made their opinions known in letters to the editor. This embarrassment fuelled concerns for the plight of children and the creation of institutions to respond to these problems.

While the newspapers were full of articles requesting the support of the public in the various ventures to save "our nation's children" in 1938, the historiography of the labour riots and decolonization does not mention the effect of socio-economic instability on children. The increasing interest in the welfare of the child in the late twentieth century has therefore made it essential to fill this gap within the historiography of early twentieth century Jamaica, and to identify issues of continuity and change within policy as well as societal attitudes towards children.

## **Literature Review**

Historical literature of the British West Indies has repeatedly focused on politics and/or economy. Key to the historiography of decolonization of the Anglo-Caribbean is the argument that the labour riots of the 1930s were as a result of a history of rioting which began in 1884. Richard Hart and several historians considered these riots as the propelling force of decolonization and political independence in the 1960s (See Bolland 1995; Post 1978). They argue that economic hardship – which resulted in the lowering of the standard of living and the high level of unemployment – was one of the major factors that propelled these riots. However, there is nothing within the historiography that scrutinises decolonization and rioting from the perspective of the children whose parents were either passive or active participants. How were children treated prior to the labour unrests of the 1930s? If adults reacted aggressively to their deteriorating standard of

living, how then did children react to or were affected by the socio-economic and political situation of their parents? What policies were in place to protect children? This paper attempts to answer these questions by examining the perceptions about children prior to the rioting of the 1930s. It attempts to look at children not solely through government legislation and statistics but also through newspapers, reports and anthropological research on families in the Caribbean. This literature review, however, is not intended to provide an exhaustive review of literature on the Caribbean family. Very few historians have attempted to answer these questions or examine the status of children within the society in the historiography. This job has been left to the social scientists who engage in extensive qualitative research on the topic. In the end there is a paucity of historical literature on children, especially for the English-speaking Caribbean. However, the recent development of a West Indian social history in the last 40 years has facilitated an increasing amount of research that addresses issues relating to women and gender and such works allude many times to children. Texts such as *Elma Francois* by Rhoda Reddock mentioned, in passing, the family networks that were established by women to care for their children or the children of members of political organizations (Reddock 1988). Thus by examining the state of women in the society, one is able to access information on the treatment of children as well as the attitude of persons towards children. One is also able to get a glimpse of the development of systems in which children were educated and protected. In the case of Miss Francois, a member of the lower classes, her son was left in St Vincent with her mother. She sent clothes, money and letters to her child until she eventually brought him to Trinidad to live with her. Her relationship with her son gives an insight into the contexts under which child dispersion

develops. Anthropological works such as Erna Brodber's thesis *Second Generation of Freeman in Jamaica 1907 -1940* has also been insightful (Brodber 1984). Brodber interviewed persons who were, as her title says, born after emancipation. She concluded:

Child shifting appears to be, in addition, the outgrowth of notions popularly held among Afro-Jamaicans . . . that the child was the responsibility of the community and that each house needed and should house one. (Brodber 1984, ii)

Other articles, however, reveal the breakdown in local systems of child care in Jamaica. Articles such as "The Movement for the Vote of Women" by Linnette Vassell (Vassell 1993a, 40-54) and "Intimate Enmity: Control of Women in Domestic Service" by Michelle Johnson (Johnson 1993, 55-65) also allude to the attitudes of women towards children. In Linnette Vassell's article, the women's movement evolved from the various societies and committees that were created to deal with matters relating to children and the destitute. These movements were instrumental in the formation of formal systems of welfare which worked in partnership with the government to provide assistance to those individuals, especially children, who were abandoned or orphaned. Michelle Johnson's article, though not speaking to children, notes that many domestic workers, who opted to accept live-in jobs, were separated from their families and left their children in the care of neighbours and relatives (Brodber 1984, 58). Implicit in this context was the fact that there was very little guarantee that their children would be treated well.

Classics such as Madeline Kerr's *Personality and Conflict in Jamaica* (Kerr 1952) reiterate the importance of the extended family and the role of the community in the parenting of children. She argued that the personality of children was developed through the participation of interpersonal relations within a community. As children grew older, they challenged the socio-cultural traditions within the community and this inevitably resulted in conflict. Elma Francois' life was a testament to the interpersonal conflict

between herself and her son. When her son joined the Royal Army to fight in World War II on behalf of Britain, she saw it as a betrayal of her life's work against colonization and discrimination. This argument, however, was not typical of the Jamaica of the 1920s and 1930s. The government created policies that would facilitate the indoctrination of children in what was considered as the proper moral values, which would ensure good behaviour among citizens. The conflict, it was felt, was not with the children, but rather with the parents of the lower classes, whose local systems of child care stood in direct opposition to the values of the government and the leading classes.

Over the last five years, there have emerged, whether propelled by outcry for children's rights or by gaps in social history, new works on children. These include the text by Colleen Vasconcellos "And a Child Shall Lead Them?": Slavery, Childhood and African Cultural Identity in Jamaica 1750–1838" (Vasconcellos 2004) and conference papers by Sheila Aird. Both authors investigated the state of children during slavery. Kyneata Josephs examined policy development of the Immigration Office as it related to Indian children who arrived in St Lucia at the turn of the twentieth century (Joseph 2006). Tara Innis' work also focused on children and family during the emancipation period in Barbados (Innis [year], 257–260). The renowned journal *Slavery and Abolition* released, in August 2006, a special issue on children entitled "Children in European Systems of Bondage" in an attempt to collate new emerging research on children in slavery. New research on children was preceded by Isabel Craunstoun Maclean's text *Children of Jamaica* (Maclean 1910) which was published in 1911 and is the equivalent of a travel guide. She seemed fascinated by the cultural practices associated with children, as her text covered areas such as birthing rituals, children's stories, children's games and

superstitions. On the contrary, Beverly Blake, in her thesis “A History of Children in 19<sup>th</sup> Century Jamaica” argued that the “conditions of children in nineteenth century Jamaica was the function of economic factors” (Blake 1990, i-ii). Blake used the statistics from the Radnor coffee plantation to assess the role of children on the estate. She notes that an individual was considered a child once he was between the ages of 0 and 12. Children began working as early as age six in the pickney gang and performed basic but important tasks, such as weeding the coffee beds and provision grounds and carrying grass to feed the animals. Once they reached the age of 12, they were transferred to work in the labouring gangs. She posited that this routine of the coffee plantation was similar to that of the sugar plantation and pointed to works by Barry Higman and Betty Wood which spoke of the state of children on the plantation (Wood and Clayton [year], 99–121; Higman 1973, 527–550). Their works often examined fertility rates and the effects of infant mortality rate on the successful running of the estate.<sup>2</sup>

While much of the emerging work covers the slavery and the early post slavery period, this work is an attempt to uncover how attitudes toward children in the early twentieth century influenced policy development towards children. This is important because much of the amendments made, in the twenty-first century, to the legislations dealing with the protection of children have their roots in the legislation developed in the early twentieth century to protect children.

## **Theoretical Framework**

Several theoretical concepts have been employed in the research on the development of families in the Caribbean. Concepts such as structural functionalism, personal choice and

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<sup>2</sup> She reiterates this point in her paper on the “Children on the Radnor Plantation” (Seminar Paper, Department of History, Mona Campus, University of the West Indies).

social pathology have helped to explain perceptions of children in the early twentieth century and suggest the possible reaction of children to these perceptions.

The structural functionalist approach in anthropological research argues that family structures were functional and were responses to social and economic conditions. Social pathologists argue that the structure of families within the Caribbean is not a theoretical issue but rather a social problem. While the structural functionalist often immerses him/herself in the lives of his/her subjects, social pathologists of the 1930s attempted to tackle the issues surrounding the structure of families, such as poverty and education. It was felt that these issues had a direct impact on the evolution of family types in the Caribbean. Another theory is that of personal choice. Some researchers argue that the way in which a family was constructed was one of personal choice as opposed to external factors.

These theories have been applied in one form or another to examine the state of family structures and, by extension, children in Jamaica and the Caribbean as a whole. *Family in the Caribbean*, edited by Christine Barrow (Barrow 1996), clearly examined the theories behind structural development of families in the Caribbean and referenced the works of Edith Clarke and Raymond Smith who did extensive research on communities in Jamaica and Guyana. She argues that family patterns in the Caribbean are flexible and adaptive to the socio-economic situation that exists. Erna Brodber's work has unearthed the effects of personal choice on the structure of families in urban communities. In her work "A Study of Yards in Kingston" (Brodber 1975, 1981), she states that, as a commercial centre, Kingston experienced extensive intra migration as hagglers, artisans, domestics and the

unskilled left rural areas in search of work and moved from one penny lodging yard to the next.

Most importantly, however, the history of children has been consistently linked to the history of families and the philosophies of socialization. European historical texts, such as Philippe Aries' *Centuries of Childhood* and David Hunt's *Parents and Children in History*, both examine children of the French aristocracy in the seventeenth and eighteenth centuries (Aries 1962; Hunt 1972). These texts explored the common features found in the development of children in the seventeenth century through the use of theoretical discourse (Burguière 1996). Aries, in *Centuries of Childhood*, argued that the concept of family cannot be separated from the concept of childhood because the idea of family was constructed with children in mind. He posits that the history of children, or the reaction and development of children in relation to society, should itself be also viewed as a history of family within a particular context. He pointed out that, in the case of many medieval societies, as the society grew, "the family" became stripped of its functions as they related to the maintenance of the status quo. This resulted in the specialization in the issue of domesticity and the rearing of children (Aries 1962, 39). Aries further argues that notions of childhood were also directly linked with that of class. This analysis is reflected in the perceptions of children in Jamaica. Though the island had a class-based society, the family was seen as paramount in the socialization of the child. David Hunt, in *Parents and Children in History*, combined Aries' theoretical framework with that of Eric Eriksson's theory of ego and psychoanalysis to systematically examine family life in France in the seventeenth century. He argued that society became an overarching presence in which the societal, parental and infantile needs influenced how

parents treated and responded to their children (Hunt 1972, 23). Therefore, the early interaction between parent and child should provide the latter with acceptable behaviour patterns that should be manifested in his /her adult life. It is, therefore, the responsibility of the parent to teach their children societal values.

Though there has been a general scarcity of historical literature that focuses on children, emerging research has tapped into the abundance of sources that exist. Anthropological research has supplemented the findings of historical literature. Early in the historiography of the British West Indies, the study of children had been linked directly with that of women. However, European historians such as Aries and Hunt have argued that the history of childhood was not separate from the history of family. They argued that the family was instrumental in the socialization of children. The proper socialization of the child would manifest itself in his/her adulthood. Within the Jamaican context, however, there was a disparity amongst the values and norms of the three main classes – upper, middle and lower. This disparity resulted in varying views about children in the early twentieth century.

## **Results**

### **The child as defined by law**

Children are considered one of the most vulnerable groups within every society. In the twentieth century, ideally and theoretically it has been the responsibility of the state and the nation to provide, protect and see to the well-being of children. Though perceptions about children in Jamaica were historically informed, the ways in which these perceptions were applied depended on who was considered a child. Legislations of the late nineteenth and early twentieth centuries clearly indicate that the government did not have a consistent view of who was considered a child. The age range of a child varied

from law to law. Under the Apprenticeship Act (1881) anyone who was 13 years and above could let himself out to be an apprentice and, by implication, his status changed from child to adult. This is in contrast to the Industrial and Reformatory School Act (1852, 1881) which states that anyone under the age of 14 years could be committed to a government school. Any child admitted to a government school became a ward of the state and were subject to the rules of these institutions. In 1929, the government amended this law so that they could commit children up to 16 years to a government school. The Young Criminals Act (1904) stated that those between the ages of 12 and 16 were partially capable of being held responsible for their actions, even though they were not deemed fully capable of taking care of themselves, without some amount of adult supervision.

There are several possible explanations for the lack of consistency within policies but there were three main reasons which could account for the inconsistencies. First of all, by the early twentieth century, the Jamaican society was based on a class system that was directly linked to an individual's economic status. Children were seen as an extension of their parents and were, therefore, defined by the class and socio-economic position of their parents. As class positions changed, so did the attitudes to children of from one class to the next varied. This ambivalence was also reflected in the legislation of the 19th and 20th centuries. Secondly, the government's position was informed by the statistics acquired through the poor relief, education and the registrar general's department. These statistics indicated that, during the 1920s and 1930s, there was an increasing number of persons who were dependent on indoor poor relief (Moore and Johnson 2000).<sup>3</sup>

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<sup>3</sup> On page 128 of *Squalid Kingston*, there is a discussion on increased burden on the Poor Relief system. The writer posited "the percentage of the paupers in the island continues to be highest in Kingston. The

Economic instability had increased the number of unemployed persons in the society, many of whom were parents unable to take care of their children (Moore and Johnson 2000, 128). This situation forced the government to increase the upper limits of the age range of abandoned and orphaned children so that they could be kept longer in government facilities.<sup>4</sup> Thirdly the implementation of government policy was done through the charity organizations with which they worked. These organizations, such as the Child Welfare Organization, made several petitions to the government in regards to the practicality of legislations as they addressed the matters relating to children. These suggestions often resulted in amendments to policies which in turn resulted in a change in the age range which defined who was legally considered a child.

The most clearly defined legislation was the Young Criminals Punishment Law (1904). It states that

“child” means a person who appears to the Court before whom he is brought to be under the age of 12 years; “Young Person” means a person who appears to the Court before whom he is brought, to be of the age of 12 years and under the age of 16 years.

It can be deduced that, from the perspective of the government, a child was anyone who was dependent on another individual, older than 16 years of age, for the basic necessities of life. These “necessities” have been defined as moral training and social upbringing, as well as material needs such as food, clothing and shelter.

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Board of Supervision published last year (1916) the percentage of Kingston for the preceding year (1915) was 2.4, while the return published this year (1917) shows a percentage of 2.6. The task of the poor relief officers has never been an easy one . . . . Today their task has become more difficult. They are inundated with applicants and a good number of persons of the better class have been forced to join the ranks”.

<sup>4</sup> This amendment was made under the Industrial Schools and Reformatories Act of 1929. This allowed children, who were deemed improperly socialized, to be held in government institutions until the age of 18 years.

## **The child as dependent**

Within the Jamaican society, children were, and still are, often seen as dependants. A dependant<sup>5</sup> was, and still is, an individual who relied on another for support. This support can be material, moral or emotional. The Jamaican culture dictated the role each parent played. Culturally, the mother's main responsibility was to socialize the child while the father's role was to provide economic support. Through the mother, the child acquired the values, norms, habits and knowledge necessary for effective functioning within his/her group and culture (Evans 1996, 418-489). However, the immediate family was not the only agent of socialization. The ability of the parent or guardian to socialize the child was often supplemented by the support of the extended family. The concept of family was considered to be inseparable from the concept of childhood. The extended family not only provided emotional, material and physical support, but it also provided the structure that was needed to efficiently support parents in the socialization of the child. However, several other networks emerged in the socialization of the child. The type of network was greatly influenced by the geographic location of the parents. These networks were important in circumstances where the stability of the immediate family had broken down. Child care was the responsibility of the whole community and not just the family. Erna Brodber argues that the child's perception of himself corresponded with the adult's perception of the child, and it was generally accepted that, within a community, there were several surrogate parents who existed and who had a right to punish the child (Brodber 1984, 59). Where there was absenteeism on the part of the parents, it was important to create alternate sources of supervision and care, where he/she

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<sup>5</sup> Other persons, such as the aged, the infirm and the mentally and physically challenged could also be seen as dependants.

could still acquire the basic tenets of life. Such a situation would be applicable to the context in which child dispersion occurred.

“Child dispersion” or “child shifting” was one of the major systems used in the care of children. It occurred when a parent or guardian sent his/her child or children to live with another family, not necessarily kin, on a temporary basis. This family might or might not have had children. Erna Brodber argues that in the early 20th century, children were dispersed, not only because of their usefulness but because their presence “restored the natural balance of a household” (Brodber 1984, 58). In rural areas, child dispersion or child shifting was not seen as a permanent situation but rather the loan of the child and its energies to a household in need of a child, in return for good treatment (Brodber 1984, 57). The child was also free to return to his/her home whenever he/she wanted. This system was often employed to remedy unstable social and economic circumstances. These relationships were often reciprocal because the person acquired the services of the child in return for his/her upkeep.

In the urban centres, sometimes the support of an extended family was not available to many parents, and children were, therefore, “passed on” (Barrow 1996, 408) to other members in the community who were perceived as being better able to assist in caring for them. In many cases, parents did not return for their children. In this way, the “relocation” of children as a system of child care was considered unreliable because it became an excuse for child abandonment (Barrow 1996; Brodber 1974).<sup>6</sup> Children might have been “passed on” for many reasons including financial insecurity and the inability to properly manage a child. That is, the child’s behaviour had been found to be out of

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<sup>6</sup> Brodber’s work examined the circumstances under which child abandonment occurred in Jamaica. Her work has revealed that the economic circumstances of pregnant women have been one of the causes of child abandonment.

control. In the late nineteenth and early twentieth century, many children, especially boys, were brought to the Justice of the Peace to be placed in the industrial schools and reformatories because mothers were unable to control the behaviour of their children (*Report of Commissioners of Inquiry 1879*, Appendix 1). Many other children ended up on the streets begging or stealing, while others were housed in the various government institutions such as the poor houses, prisons and orphanages. In fact, government policy regarding children in the late nineteenth and early 20th centuries was divided into two main areas: the education of the ignorant and destitute, and the reformation of the criminal. Based on this policy, criminal children were considered to be children who were above the age of 10 but below the age of 16 years who had been convicted of any crime that required punishment by penal servitude or imprisonment with hard labour without the option of a fine (Juvenile Offenders Law 1896). A destitute child was any child, under the age of 14 who:

- was found begging in a public street or place;
- was found wandering and did not have a home or a place of abode, proper guardianship or visible means of subsistence;
- was destitute or orphaned or had a parent undergoing penal servitude or imprisonment;
- was abandoned by his/her parents.

It is important to note that while the state organized the placement of criminal children, no children's court existed in Jamaica to facilitate proper placement of children prior to the enactment of the Jamaica Juvenile Court Law of 1922.

Socio-culturally, children were viewed as “dependent” on their parents and family for material and emotional needs. This dependency resulted in the creation of networks in which the extended family and members of the community became involved in the raising of children. However, there were situations in which the cultural institutions broke down and children were turned over to the authorities or abandoned.

### **The child as illegitimate**

During the 19th century, a commission of inquiry into the state of the juvenile population (1877) was called in response to the increasing number of cases of children, especially boys, who were being turned over to the state. It was felt that poverty and the practice of having illegitimate children resulted in high levels of abandonment of families by men and of children by parents because they were unable to care for children (*Report of Commissioners of Inquiry 1879*, ii). This was of grave concern to the government because these abandoned children were seen as being inadequately acclimatized to proper social and cultural practices.

The family and its environs (which include the extended family, surrogate families, government facilities and geographical spaces) all provided the context for the socialization of the child. However, factors such as migration and economic instability greatly affected the effective running of the family. This, in turn, led to cases of displacement and abandonment of children by their parents and guardians. It was the belief of the upper and middle classes, who were socialized to accept Victorian ideals and norms, that migration and unemployment were at the root of moral depravity which facilitated a promiscuous lifestyle from which illegitimate children were produced. Within the Jamaican context, these Victorian ideals taught that poverty was directly linked with illegitimacy which was in turn directly linked to immorality. This position

held by the upper/middle classes was supported by the illegitimacy rates for the island of Jamaica, in general, and the parish of Kingston, in particular. These rates were approximately 71 per cent and 65 per cent, respectively, for every 100 births.<sup>7</sup> In 1938, of the 37,970 children born, 26,957 of them were illegitimate and, even though Kingston had one of the lowest illegitimacy rates in the island, the rate was still 658 of every 1000 children born in 1938 (*Annual Report of Jamaica 1938*). For upper/middle classes, illegitimacy was not only a signifier of immorality and a general social decay but it was also a reflection of the inadequacy of the social network systems employed by the lower classes to socialize their children.

The term illegitimate was applied mainly to the child. By calling the child illegitimate the government and elite were able to “punish” parents by legally and morally ostracizing their children. However, in reality it was primarily the children who were punished as general society was not required to recognize these children since they were not born in the legal and moral frameworks that were accepted: that is, within the context of parents who were legally wed by the church and state. This was reinforced by the legislation where illegitimate children were referred to as bastards under the Bastardy Act (1881).<sup>8</sup> The term bastard, in the Bastardy Act had several symbolic meanings. Because of its etymology, bastard was a derogatory term, though it literally referred to children born out

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<sup>7</sup> See Table 1.1 in the Appendix, for details of the illegitimacy rate in Jamaica between 1925 and 1938.

<sup>8</sup> The Bastardy Law, enacted in 1881, made provision for the maintenance of illegitimate children by their fathers. At the time that the law was enacted, women could apply before the District Court Judge for support from the father of the child either before the birth, at anytime within the first year of the child’s life, or six months after the passing of the Bastardy Law. Under this law, payments were to be made until the child attained 16 years of age or at the time of his death if this occurred prior to his attainment of 16 years. No application for support could be made for the child after he had attained 14 years of age unless it was for back support. The Maintenance Law of 1881 provided women with an avenue to secure financial support from their husbands for their children. Under both laws, mothers could be punished as rogues and vagabonds and imprisoned for abandoning children while the penalty for men for the abandonment of their children was fines.

of wedlock. The act of procreation outside of the proper religious and social boundaries was not only morally and socially unacceptable but also impure. This impurity was transferred to the child, who was then seen as separate from those children whose arrival into the world was greeted by pure and acceptable moral and social standards. Such notions resulted in attempts by the state itself to separate illegitimate children from those who were of legitimate birth, thereby creating two different laws under which their needs could be protected.<sup>9</sup> The separation of the two was also deemed necessary so that legitimate children were not tainted by those who were not sufficiently indoctrinated with the proper social norm. There were, however, several attempts by the government to encourage members of the lower classes to marry, thereby providing legitimate children. The government utilized philanthropic organizations to fulfil this purpose.

In Jamaica, philanthropic organizations partnered with the government to address issues of social welfare, such as the provision for the needs of the destitute and their offspring as well as the dying. Through these partnerships, the responsibility of resocialization fell directly under the portfolio of private philanthropic organizations that addressed the state of children in the island. These institutions not only reflected the policies of the government in regard to children of the lower classes, but they also reflected the socio-cultural ideals that characterized Jamaican society at the turn of the twentieth century. One such institution was the Child Welfare Association, originally the Child Saving League, formed 1916.<sup>10</sup>

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<sup>9</sup> The term bastard remained in Jamaican law books until it was removed in the 1970s.

<sup>10</sup> The focus of the CWA was the health and physical well-being of babies and young children. In order to achieve its aim, the members of this organization attempted to improve the health of the children through the education of their parents and, to that end, established a daily clinic, a crèche and a visiting committee, which would visit new mothers at their homes.

Through their work with children, the organization developed a series of events geared towards the “re-socialization of adults and in particular women” (*The Annual Report of the Child Saving League 1925-1926*, 6). One such event was the baby shows which catered specifically to children who participated in the crèche and the clinic housed by the organization. The baby show was a fundraising and publicity event that had a three-fold benefit. Women who attended the clinics and crèche were able to showcase their children while, at the same time, the members of the association were able to both reward the mothers for their efforts and present to the public tangible evidence of their work with women of the lower classes. The aim of the association was not to place the blame on the child but to focus the blame of illegitimacy on the parents. In their report in 1925 they commented:

We are not encouraging illegitimacy as so many say. When there was no Child Saving League, conditions were worse not better and any light that falls on the ignorant women cannot fail to point out to them the errors and mistakes of their actions. (*The Annual Report of the Child Saving League 1925–1926*, 7)

This attitude to illegitimacy accounted for the category in the baby show competition of 1938 called “Best Children of Married Parents”. The members of the association rewarded persons for having legitimate children and, thereby, reaffirmed society’s belief that legitimacy made for a healthier child. This position, however, still held children at ransom for the morality of their parents.

The position of the state and organizations, such as the Child Welfare Organization, ignored the multiple contexts in which illegitimate children were born. Many of these children were the result of stable common-law relations, also known by the elitist term concubinage. Although the term was used loosely to refer to all unmarried couples, it was

strongly associated with illicit relations between a man and a woman, both of whom may or may not be committed to someone else. Because of its negative connotations, as outlined by this definition, the term was not generally associated with the stability that actually existed within many of these common-law relationships. The interpretation of the term, therefore, adequately reflected the distaste of the upper and middle classes for the conduct of the lower class. However, the persistent existence of common-law relationships was perceived as an attitude of indifference, on the part of the lower class, for the institution of marriage. Members of the privileged classes believed that those of the lower class did not consider marriage to be a prerequisite for motherhood nor starting a family. For the lower class, marriage was not necessary for the creation of a stable environment for the upbringing of children.

There was a multiplicity of factors associated with illegitimacy. Its existence cannot be seen solely as a result of economic instability or general social and/or moral decay but rather as a result of differing social views about the institution of marriage. Some illegitimate children were born out of illicit relations between a member of the elite (usually the man) and his domestic helper or a mistress. Other children were produced in unions that became unstable because of external factors, such as migration. There were also other unions where men, who were always “in transit”, established families wherever they worked. Therefore, the illegitimate child ought not to have been blamed for the decisions of the adult. Their situation should have been seen as a reflection of the social, economic and political condition of their guardians. The neglect of illegitimate children, or any child, should not have been seen primarily as a moral issue but, first, as a result of

the economic depression of the time, which resulted in high levels of unemployment and a general decrease in the disposable income of parents and guardians.

### **The child as neglected (real or imagined)**

The Frome Riots of May 1938 were preceded with a headline on April 13, 1938 in the *Daily Gleaner* which read, “Children kept from school for want of clothing”. There was also great public outrage against the “misleading” cable being sent to London about the deplorable state of children in the island. On the April 14, *The Jamaica Standard* stated that these reports were highly exaggerated and public opinion raged against the press for publishing such statements about the nation’s children. These newspaper reports led to an investigation into the state of children in the island by the House of Commons.<sup>11</sup> Many members of the society blamed the presence of neglected children on those individuals who were incapable of providing for the needs of young ones, but who were engaging in “multiple” relations that produced illegitimate children. A letter to the editor, signed by F.M.G., in the *Daily Gleaner* stated:

The child, who lacks clothes to attend school, is invariably the offspring of promiscuous youth. It is the promiscuous youth of both sexes that need dealing with in this island, and it is promiscuous youth that is producing the unclothed children. (*Daily Gleaner* 1938, 12)

The reaction of the public was readily documented in the *Daily Gleaner* in April of 1938. It was clear, however, that the individuals who were speaking out against the alleged neglect of children, assumed that only children who were products of unstable unions suffered from economic difficulty. Individuals such as Bustamante argued that all sections of the society were affected by the economic depression of the 1930s. He gave examples of teachers who gave away their lunch to their “hungry, weak-legged pupils,

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<sup>11</sup> This investigation was subsequently abandoned because of the outbreak of the Frome Riots and the rioting in Kingston in May of that year. However, the Moyne commission’s mandate was to investigate the causes of the riots of 1938. Their findings also include some reference the condition of children.

and they too [could] ill afford to do this” (*Daily Gleaner* 1938, 12). The instability of the parental unions was not the sole cause of the neglect of children, and the arguments of the elite ignored the multiple circumstances out of which illegitimacy and neglect occurred, including their own complicity.

Investigations by the *Daily Gleaner* into the allegations of the existence of neglected children also revealed that there was a general consensus that neglected children did not exist. It was felt that the socio-economic constraints that made it impossible for many parents to feed and send their children to school were mistaken for neglect. Neglect, therefore, was interpreted as being unable to provide the basic requirements that were needed to effectively rear children. These requirements included the provision of a stable family life, schooling and moral training.

The idea of neglect, therefore, became a class issue. Which class of children were most exposed to neglect? To answer this question, many persons looked to those children who came under the care of the government and charities. These children were most visible to the public eye, as the welfare system had to intervene because of the inadequacy of the local support systems. The inadequacy of the local support systems was blamed on the immorality of parents who produced illegitimate children rather than on the socio-economic system. This mode of thinking ignored the possibility that children born of the upper classes could also have been subjected to neglect or abuse. It was, however, clear that children were neglected and exposed to abuse.

### **The child as abused**

Neglect was not the only issue that affected children. Culturally, it was believed that discipline and punishment were instrumental in raising children who would later become responsible and respected citizens. According to research, shouting, flogging and beating

were popular methods for punishing and disciplining children. Cardozo gave an example of the prevalence of physical abuse:

It is Good Friday and from across the road screams of a little boy, the thudding of an instrument whether strap, stick or cane and the shouts of a woman can be heard. (*Jamaica Standard*, April 20, 1938, 5)

Was this a mother punishing a child for disobedience? If that were the case then the second question would be, was the punishment greater than the crime?

A writer, under the pseudonym of “Passer-By” spoke to issues of physical child abuse in the Jamaican society:

Can nothing be done to remedy the terrible cruelties that are meted out to defenceless little children? There are poor children who are beaten most cruelly, sometimes for the simplest little wrong doing that needs only a little scolding or even a reasonable flogging, but some of these heartless mothers, not only beat these children but resort to various other tortures, such as burning the little ones’ faces with fire stick. (*Jamaica Standard*, April 14, 1938, 5)

The *Jamaica Standard* provided information on some perceptions of child abuse and the need for legislation to tackle such issues. V.O. Cardozo, in support of Passer-By’s letter, commended the *Jamaica Standard* for having the courage to publish the letter and hoped that “some association [would] immediately start a campaign against these child murderers, and eventually [bring] it to Government to be passed into law” (*Jamaica Standard*, April 20, 1938, 5). It was apparent that the issue of child abuse was not one widely spoken or written about and the definition of abuse was obviously open to interpretation. Cardozo commented that, on several occasions, he had endured verbal abuse for “intervening on behalf of a poor defenceless child” (*Jamaica Standard* April 20, 1938, 5). Both writers did not feel that the issue of child abuse was addressed in Jamaican society and that abused children were, apparently, neither seen nor heard. By

publishing these letters, the *Jamaica Standard* gave voice to the plight of children and placed the issue of child abuse in the public domain. These letters were important because they dealt with an issue that had neither to do with “parental neglect of children” nor the effects of economic instability on the child. Children who were physically abused were not necessarily denied the basic necessities of life, but they certainly were unable to protect themselves against the abuse. Besides the screams that could be heard, children often suffered the effects of the abuse in silence.<sup>12</sup> These letters, therefore, gave voice to defenceless children.

While policies dealing with the well-being of criminal and destitute children were quite visible, there was very little legislation referring to child abuse and the protection of children who had been abused. Outside of the enactment of the Prevention of Cruelty to Children Law of 1896, there was no other government law that dealt with the various types of child abuse, such as physical and sexual abuse. The focus of many of the organizations was on issues such as infant mortality and nutrition. None of them spoke of the challenges that were faced by juveniles above the age of 5 years. The 1877 commission on the state of the juvenile population in Jamaica spoke to issues such as teenage pregnancies among girls as young as 12 years old, but neither the government reports nor the Registrar General’s Department reports mentioned the instances of teenage pregnancy and the age of sexual initiation amongst children. If one were to follow the Annual Reports of Jamaica, the Departmental Reports and the CWA Reports, children, seemingly, were not faced with these issues even though the illegitimacy rate in

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<sup>12</sup> One has to wonder, however, if the writers were talking about the same child because they both put their address as Kingston and both speak about cruel beatings for the simplest wrong doing. Passer-By on the 14th commented that “a child will be heard screaming for hours while a parent is beating it, then it will cease so that the child’s tormentor may gather strength to continue the torment”.

Jamaica was as high as 73.37 per cent in 1927 and as low as 70.99 per cent in 1938 (Report of the Registrar General's Department 1926 and 1938).

There has been a general paucity of information on the carnal abuse of girls and there was no information found on the carnal abuse of boys. In order to examine the reactions of the public to carnal abuse, random samples of newspaper articles, taken from the *Daily Gleaner* between 1914 and 1938 were examined. The samples were based specifically on the reports from the Assize courts in each parish, which were reported in the newspaper on a weekly basis. In the reports, detailed information was provided on each case. Murder cases, in particular, were featured possibly because they provided sensational stories. It was also found that in the early years – specifically between 1914 and 1928 – very little information was given on the carnal abuse cases. In these cases only the name of the accused and victim, the charge and the outcome was provided. However between 1929 and 1938, a more general outline was given. The sampling has revealed three main things. Firstly, most of the reports indicated that, on average, carnal abuse victims were girls between the ages nine and 12 years. From the eight cases reviewed, four girls were 12 years of age when the incident occurred, one girl was aged nine years, one girl was aged five years and two were of unknown age. Two of the men who were engaged in the carnal abuse of the girls aged 12 were cleared of all charges (*Daily Gleaner* November 11, 1937; February 15, 1938), while the other two men were sentenced to hard labour. One of the men, Hubert Dennis, a labourer from St Catherine, with no previous convictions, charged that the 12 year old had consented to sexual intercourse with him and that, therefore, he was not guilty. According to the Young Criminals Law (1904) children between the age of 12 and 16 were not capable of making informed decisions

without the assistance of an adult. In response to Mr Dennis' comments, the judge argued that there could be no "question of consent" because her age did not facilitate her to make such a decision. Although Mr Dennis felt he was not guilty of a sexual offence, his position stood in direct opposition to that of the law (*Daily Gleaner* September 30, 1938, 19).

Secondly, these girls were abused by men between the ages of 35 and 60, one of whom was a repeat offender. Many of these girls were often the victims of "old wives" tales. In one particular situation, Inspector Adam informed the Port Maria Courtroom that:

carnal abuse cases were very prevalent in St Mary and one of the contributing causes was that men who had venereal diseases believed that if they had intercourse with a virgin child the disease will be cured. (*Daily Gleaner* November 18, 1983, 3)

This attitude points to the fact that these men did not see children as individuals with rights but rather as being the property of adults. This view also concurs with the findings of Leith Dunn's report of 2001, entitled "Situation of Children in Prostitution: A Rapid Assessment." Dunn argues:

the perceptions of children as the property of their parents also contribute to children's involvement in prostitution. Lack of perception of children as citizens in their own right sometimes contributes to child abuse and the sexual exploitation of children. (Dunn 2001, 7)

In the cases mentioned above, children were seen as the property of the adults as opposed to their parents, thereby giving these men the right to sexually abuse young girls.

Third, in these cases the "public" transfers culpability to the abused. In the case of the nine year old who was abused by Mr Wilfred Nicholson, who pleaded not guilty (*Daily Gleaner* June 25, 1938, 19), Mr Nicholson testified that the child had been running

around in his field and then climbed onto a coconut tree and had been “riding” it when the bough broke. While playing around, she then jumped into a hole, but he had not touched her. In convicting him, the judge stated that he believed that Mr Nicholson was suddenly assailed by temptation, seeing the little girl sprawled on the ground, and taking into consideration his good character and the fact that he had two children and a woman of his own, he would only sentence him to 12 months’ hard labour (*Daily Gleaner* June 25, 1938, 19). The reader can deduce that the girl’s presence in the man’s field had tempted him to do wrong and he was, therefore, not fully responsible for his own actions. In this case, the rights of the child as an individual were not upheld and the perception that the child was property facilitated her abuse.

### **The child as the indoctrinated**

The family was considered the most important of all the socialising agents that existed, but in situations where the home was not seen as the most effective socialising agent, the school and the church took its place. The church played an instrumental role in the process of indoctrination through their work with the education system in Jamaica. It was felt that the role of the church was to look after the temporal needs of its congregation (Bryan 1990, 21) and in order to fulfil this mandate the church combined its evangelical work with education thus facilitating the dual purpose of poverty alleviation and moral reform through its involvement in the process of education. This meant that evangelical work targeted descendants of the formerly enslaved population who, because of their historical and contemporary position in society, had to be indoctrinated with the proper moral ideals.

Education, therefore, played a dual role in the Jamaican society. It was seen as tool of indoctrination of social values and norms. Through this process of indoctrination, the

church and state got the opportunity to introduce the children of the lower classes to the “right” way to live and exist within society, thereby disabusing them of the notions inherited from home life. For others, and especially those at the bottom of the class strata, education was viewed as the mode through which children could achieve upward social and economic mobility. It was hoped, in the cases where parents were able to send their children to school, that children would surpass the socio-economic level of their parents. It was this hope that reinforced the perception of children as the property of their parents. The reliance on children to improve the socio-economic condition of their parents reflected the view that children were economic assets that were capable of adding value to the life of the community.

### **The child as economic asset**

From as early as the days of slavery, children were considered valuable economic assets within the labour force. They began working as early as age six on both the sugar and coffee plantations doing various tasks. Once they reached the age of 12, they were transferred to work with other adults. In the post slavery period, the perception that children were valuable assets within agriculture had not changed (Brereton 1999, 77-107). But this perception was in no way considered as being “child labour” because, historically, the children of a slave had to earn their keep by working. They were there to work. This view continued into the early twentieth century, as children above the age of six were considered capable of supplementing their parents’ income (*Daily Gleaner* April 21, 1938, 1).

Children performed varying aspects of child labour and they were extremely valuable to the internal market system, as children stayed home from school on Fridays to help

with the marketing of products (Bryan 2000, 113). Erna Brodber found that, in the rural areas, children were being used extensively in small farming because these farms were highly dependent on labour, and children were considered the cheapest source of labour.

Brodber states:

The low level of technology in early twentieth century Jamaica, the shortage of adult male labour and the cash cost of what was available, made the child a key factor in the domestic economy . . . . The child of 1907–1914 came to be perceived by its parent, therefore, as potential labourers in the domestic system as well as in the wider economy and as central to their livelihood. (Brodber 1984, 72)

This was different in the urban areas where the options for labour for children were less.

Many young boys, below the age of 13, opted to go begging in the streets although once they were 13 years and older they could apprentice themselves to an artisan. The pattern continued beyond the first two decades of the 20th century.

Though children were deemed very viable alternatives, their involvement in the labour force affected the quality of their education to the primary level. They attended school irregularly and this resulted in the creation of several generations of children who were semi-literate or functionally literate, and who would eventually be a part of the ever-growing contingent of unskilled labourers. Their involvement in the labour force resulted in several incidents of personal injury, such as maiming, since the 19th century.<sup>13</sup> In times of economic hardship, famine and drought, many of these children and their parents would be unable to locate other sources of income, thereby becoming a burden to the government and systems of social welfare.

It, therefore, became necessary for the government to invest in the social well-being of children. It was felt that to invest in a child was to invest in posterity and economic

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<sup>13</sup> Reports of the hands of 10- and 12-year-old children, girls and boys, being drawn into the cane grinders can be found in the *Royal Gazette* and *Colonial Standard* of 1852.

prosperity. In 1922, members of the special committee on child welfare in the island commented:

The potential value of the child to the community and the economic loss sustained by ill-use and wastage are matters that deeply affect the welfare of the island and there is in Jamaica room for much more than its present population. (*Minutes of the Legislative Council 1922, Appendix XXVIII, 1*)

In support of this position, the colonial state linked the well-being of children to issues of health and health education. This was expressed in the need for programmes for the education of the public on the proper methods of child care. Issues such as infant mortality, the eradication of diseases and the nutrition of children had to be resolved because the existence of a healthy labour force was important to the proper running of the nation's economy of the future. Major health issues affecting infants and children included malnutrition, granulated lids, an enlarged spleen, defective vision, head lice, infantile convulsions, scleroma of the new born and premature births. Based on the annual report of the Registrar General's Department, Kingston had the highest infant mortality rate in the island between 1922 and 1925. (See Table 1.2 for the table showing the rate of Infant Mortality for Jamaica and the parish of Kingston.) After 1925, the decrease in the infant mortality rate was linked to the work of voluntary associations such as the Child Welfare Association and campaigns of government institutions such as the Ministry of Health. Of the total number of deaths in 1938, 31.78 per cent were children under two years of age and 25.65 per cent were children under one year of age (*Annual Report of Jamaica 1938, 5*). (See Table 1.3 for the Death Rate of the island of Jamaica and the parish of Kingston.) Combined, 57.43 per cent of infants between the ages of zero and five died.

There is much to be gathered about the government's perception of children between 1914 and 1938. Children that fell under the care of the government, for the most part, were associated with the lower classes. Based on the class-colour social structure within the Jamaican society, poverty was associated with the large Afro-Jamaican population who had been emancipated in 1838. Therefore, it meant that to be poor was to be black. There were limited avenues for upward social and economic mobility for the masses. This left most members of the lower class, the Afro-Jamaican majority, in a state of economic dependence on the government and the upper classes. Many of the upper classes felt that members of the lower class were poor not because of the economic state of the country but because they were socially and morally inept (Moore and Johnson 2000, 5), and that this ineptitude was reflected in the behaviour of their children. It was believed that the children of the lower classes had to be reformed and re-socialized because they were exposed to great moral danger through the examples placed before them by the adults that surrounded them. These children were thought to be more likely to be morally corrupt in behaviour than children of the middle and upper classes. The government sought to create policies which would facilitate the re-socialization of destitute children in the society. The first thing the government did was to increase the amount of time that children spent in industrial schools and state homes. This meant that, by 1938, children could be remanded till the age of 18 as opposed to the ages of 16 and 14 in previous legislations. Second, the government implemented skills-based programmes which provided children with the requisite training that would allow them to be self-sufficient. The skills training programmes were an attempt to ensure that children would not continue the cycle of poverty and, thus, be a burden to the society and the

government. In this way, they were to be given the opportunity to become industrious citizens who would contribute to the development of the Jamaican society. At the Stony Hill Government Industrial School, boys learnt carpentry and cabinet work, masonry, lime and colour washing, painting, cap and mattress making, tailoring, blacksmith's work, bread and biscuit baking, washing and repairing clothing, hat making, floor cleaning, working with wagons, carts and drays, tending to the stock and general agricultural work. It was hoped that these skills would not only make children self-sufficient but would fill the labour gaps within the society, namely in the field of agriculture and artisanry. The same curriculum was maintained at the Alpha Industrial Schools for Boys and Girls, where the government subsidised 350 children (250 boys and 100 girls). Once the children were discharged, in many instances, members of the staff attempted to place the children in various jobs. However, once the children left these institutions of training, there was no way of measuring whether or not they were actually reformed or verifying that they were doing well in the situations that they were placed. Despite the efforts of the government, by the 1920s, it was evident that there was an increasing number of male juvenile offenders in the system. At the same time there was a decrease in the number of females being admitted to industrial schools because the two main female industrial schools were converted to male institutions. In 1924, the Belmont Orphanage for girls was closed and turned into an Industrial School for Boys. In 1935, the government industrial school for girls in Stony Hill was closed in August and re-opened as a boy's school. Girls were sent to other institutions around the island, or they were returned to their families (see Table 1.6). The figures associated with girl's homes indicate that, at all times, they housed a fewer number of students than boys' schools.

Using these figures to formulate policy, legislature felt that it was necessary to separate the juvenile delinquent from the destitute child in order to avoid the corruption of the lowly destitute. Juvenile offenders were housed in several institutions including the General Penitentiary and the Reformatory at St Catherine District Prison. Destitute children were housed in orphanages and industrial schools at Alpha Cottage, the Wortley Home, Constant Spring (established in 1918 by the Anglican Church) or they were recipients of Poor Relief. Between 1925 and 1938 there was a steady increase in the number of destitute children being admitted to government industrial schools while there was a decrease in the number of juvenile offenders being admitted (see Table 1.4). At the same time, there were an increasing number of juvenile offenders being transferred from General Penitentiary to the St Catherine District Prison (see Table 1.5). During the same period (1931–1938), 304 male inmates were transferred from General Penitentiary to St Catherine District Prison. Of this number, 241 were juvenile offenders to be housed at the Reformatory in St Catherine.

## **Conclusion**

Between 1914 and 1938, there were seven dominating perceptions of children – “the legal perception of a child”, “the child as dependent”, “the child as illegitimate”, “the child as neglected”, “the child as abused”, “the child as the indoctrinated” and “the child as an economic asset”. These perceptions were influenced by socio-cultural and economic paradigms. In turn, these perceptions influenced formal and informal systems of child welfare, the way in which adults responded to children and the way in which children responded to these perceptions.

The definition of “who was a child” was subject to the socio-economic position of adults in Jamaican society, but this did not deter the average Jamaican from having perceptions about the children themselves. Children were perceived as being “dependent”, “illegitimate”, and “economic assets”, and all these perceptions shaped the visibility of children in the island, thereby, making some children more visible than others. It was found that these perceptions influenced government policies as they related to the reformation and re-socialization of children who became the responsibility of the state. In light of this, legislation which addressed children’s conditions became an attempt to attain the full economic potential of the child while at the same time upholding the socio-cultural ideas of class and gender.

An examination of the perceptions of children by adults within the society revealed that the upper and middle classes, as well as the government, viewed socio-cultural norms and values of the lower classes as being anti-establishment and did not result in acceptable behaviour patterns. Children born in poverty were considered a burden to the society. Therefore, mechanisms were put in place to deal with the embarrassment of illegitimate and neglected children. Children born within such contexts were perceived to be “damned” to a life of immorality and would eventually become, as adults, a burden to the government. They were not only the object for social discourse in the media of the day but were also the object of government policy, which sought to provide facilities for their protection, reformation and re-socialization. Through partnerships with the charity organizations, such as the Child Welfare Association, efforts were made to make the less fortunate children both seen and heard. It was presumed that the offspring of the elite were well cared for and so no provisions had to be put in place for them.

These perceptions also affected the “rights of the child”. The mere idea that a child can be perceived as abused or neglected indicated two things. The first is that there were elements of the society who did consider a child as an individual with rights, and second, that there were some who believed that a child did not have rights. This was so because society dictated that a child was a dependent, an asset, or someone to be socialized but not a citizen with rights. Those who considered a child as abused or neglected felt that it was their responsibility to represent these children and, thus, bring to the public the matter of child abuse.

This research has shown how perceptions of children between 1914 and 1938 were a result of socio-cultural and economic influences which, in turn, influenced the rights of the child and the way in which policies were developed within Jamaican society. It is important that we examine and investigate the historical contextual development of child welfare policies and institutions, so that when we create systems that tackle the problems of child welfare today, we recognize patterns of repetition and attempt to break cycles that maintain destructive patterns. As historians it is our responsibility to fill the gaps that exist within documentation and this research opens new areas for exploration such as child labour, child abuse, poor relief and welfare institutions in Jamaica and the rest of the Caribbean.

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## Appendix

**Table 1.1: Illegitimacy rate for the island of Jamaica and the parish of Kingston**

<b>Year</b>	<b>Jamaica (out of 100)</b>	<b>Kingston (out of 100)</b>
1925	71.89	68.63
1926	73.37	70.07
1927	72.65	68.39
1928	71.46	68.07
1929	71.47	67.38
1930	71.75	66.85
1931	71.76	66.85
1932	71.71	64.57
1933	71.64	64.58
1934	71.89	64.64
1935	72.23	66.07
1936	71.66	65.66
1937		
1938	70.99	65.80

*Source:* Annual Report of Jamaica along with Departmental Reports 1925–1938

**Table1.2: Infantile deaths for the parish of Kingston and island of Jamaica (out of every 100 births)**

<b>Year</b>	<b>Kingston: Under 1 year</b>	<b>Kingston Under 5 years</b>	<b>Jamaica: Under 1 year</b>	<b>Jamaica: Under 5 years</b>
1925	22.1	29.9	17.3	26.2
1926	16.3	21.8	16.8	24.3
1927	17.9	24.3	17.3	25.3
1928	16.5	22.1	15.7	22.7
1929	15.9	24.3	16.0	22.2
1930	11.81	15.1	14.1	19.3
1931	12.95	17.3	15.3	21.4
1932*	12.38	18.3	14.1	20.0
1933	13.7	20.3	14.9	21.4
1934	11.4	16.4	13.1	18.20
1935	11.3	15.8	13.7	18.6
1936	10.0	18.3	13.0	13.6
1937	93.22*	144.18*	118.52*	167.96*
1938	89.08*	117.51*	129.18*	180.22*

*Source:* Annual Report of Jamaica along with Departmental Reports 1925–1938

\* Percentage deaths per 1000

**Table 1.3: Death rate for Kingston and St Andrew and the rest of the island, 1925 and 1938 (percentages out of 100 persons)**

<b>Year</b>	<b>Kingston</b>	<b>St Andrew</b>	<b>Island rate</b>
1925	27.4		21.4
1926	24.0		20.5
1927	26.0	29.3	21.1
1928	25.4		19.7
1929	24.0		18.4
1930	21.2	26.7	17.0
1931	24.0	25.7	18.6
1932	24.8	26.3	17.2
1933	29.5	31.8	19.3
1934	24.8	27.5	17.0
1935	23.9	28.2	17.7
1936	23.5	28.1	17.3
1937	23.79	24.80	15.30
1938	23.13	26.7	16.29

*Source:* Registrar General Departmental Reports 1925–1938

**Table 1.4: Children housed at the Government Industrial School 1925–1938**

<b>Year</b>	<b>Juvenile offenders</b>	<b>Destitute</b>	<b>Total</b>
1925	256	142	398

1926	225	132	357
1927	199	121	320
1928	214	128	342
1929	231	127	358
1930	219	150	369
1931	258	150	408
1932	235	171	406
1933	238	183	421
1934	206	191	397
1935	141	170	311
1936	133	176	309
1937	138	184	322
Total	2693	2025	4718

*Source:* Handbooks of Jamaica 1925–1938

**Table 1.5: Inmates housed at the General Penitentiary 1925–1938**

<b>Year</b>	<b>Men</b>	<b>Women</b>	<b>Juveniles (males)</b>	<b>Juveniles (female)</b>
1925	2954	400	451	302
1926	3260	442	325	274
1927	2350 <sup>1</sup>	648	361 <sup>2</sup>	210

1928	3211 <sup>1</sup>	346	520 <sup>2</sup>	168
1929	3115	445	737 <sup>2</sup>	120
1930	2756	486	739 <sup>2</sup>	82
1931	2900	445	796 <sup>2</sup>	130
1932	3132	461	705 <sup>2</sup>	158
1933	3552	473	838 <sup>2</sup>	115
1934	3174	387	675 <sup>2</sup>	71
1935	3177	338	610 <sup>2</sup>	72 <sup>3</sup>
1936	3537	398	506 <sup>2</sup>	113
1937	3212	347	405 <sup>2</sup>	89
1938	3826	267	288 <sup>2</sup>	50

*Source:* the Blue Books of Jamaica 1925–1938

- <sup>1</sup> Numbers include prisoners at St Catherine’s District Prison  
<sup>2</sup> Years in which juveniles were transferred to St Catherine’s District Prison Reformatory  
<sup>3</sup> Female Prisoners held at GP

**Table 1.6: Distribution of juveniles in 1935**

<b>Details</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
In institution 1935	350	47	397
Admitted	43	1	44
Discharged	82	34	116
Died	1		1

Sent to prison	1		
Transferred to Alpha		8	8
Transferred to Lyndale Home		1	1
Transferred to Salvation Army Home		3	3
Remaining	309	2	311

*Source:* The Board of Supervision Departmental Report 1936

### **Section 3**

### **Health Matters**

# Assessing the Level of Births and Birth Registration in Jamaica

G. Gordon-Strachan, K. Fox, J. Dunn, D.E. Ashley

## Abstract

*The objective of this study was to assess the level of completeness of birth registration in Jamaica and determine the birth rate for 2003. Standardized data collection forms were used to conduct a census of births delivered in all hospitals and those delivered at home by district midwives (home deliveries). Data on registered births for 2003 were provided by the Registrar General's Department. The data from these sources were matched and merged with registered births and the total number of live births, birth rate and the level of completeness of the reporting determined.*

*Results: In 2003, 47,110 live births were recorded, yielding a birth rate of 17.9 per 1000. Of these births, 92.6 per cent occurred in hospital, 6.1 per cent were unattended and 1.3 per cent were home deliveries. One in ten cases (4,774) was not found in the registered births data set. The rate of birth registration was 89.9 per cent. The degree of comparability of the primary data set with the Hospital Monthly Statistical Reporting (HMSR) system was 99.9 per cent.*

*The study concludes that the hospital data set was more complete than the Registrar General's. This validation exercise provides good evidence for making projections and estimates of the total number of births based on the number of hospital births.*

*Provisional estimates of the total number of births in any given year can be calculated using the rates obtained from this study.*

## Introduction

Birth registration is the official recording of a child by some administrative level of the state. It is a permanent and official record of a child's existence, serving both statistical and legal functions (UNICEF 2002, 2). Birth registration is important to ensure the right of any child to his or her identity. This right is addressed directly in the development

rights of the UN Convention on the Rights of the Child (UNCRC). On November 20, 1989, the governments represented at the General Assembly agreed to adopt the UNCRC into international law. It came into force in September 1990. The right to birth registration is outlined in Article 7 which addresses the germane issue of the right of a child to an identity. The article states:

1. The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents.
2. State parties shall ensure the implementation of these rights in accordance with their national law and their obligations under the relevant international instruments in this field, in particular where the child would otherwise be stateless. (UNCRC 1990)

In any society, birth registration should form a part of an up-to-date civil registration system that legally affirms the existence of a person's name, nationality and family ties. It has been linked to each child's right to health care, education and social services.

The availability of accurate, valid and reliable data is the most essential factor in the analysis and evaluation of health and population conditions (PAHO 2001, 1–5). Birth data are important in the calculation of several indicators of health and development, which impact on planning and policy formulation. Indicators such as fertility rates, birth rates and maternal mortality ratios all need accurate birth data. The main weaknesses reported in birth registration systems are under-reporting, very small numbers, and inaccurate or missing population denominators (UNFPA 2002; McCaw-Binns et al. 1996, 807–13).

In Jamaica, births are reported by three agencies – the Registrar General's Department (RGD), the Ministry of Health (MOH), and the Statistical Institute of Jamaica (STATIN). Statistics representing registered events (births and deaths) are provided to STATIN by the RGD annually. These statistics are, however, subject to changes in patterns of registration and late returns of registrations to the RGD. As a result, provisional estimates based on an assessment of the data are provided by STATIN at the end of each year. For example, in 2001, the provisional estimate of births was 44,000, which was approximately 20 per cent below the previous year's final total of 54,035 (STATIN 2002). In order to estimate the number of births at the end of 2001, STATIN used the

figure 55,270 which was derived on the basis of observed trends in birth registrations over the previous 10 years. The final estimate provided by the RGD in late 2002, was 53,659 (STATIN 2004). These figures are estimates and emphasized the need for an assessment of birth registration in Jamaica.

In order to assess the level of completeness of birth registration in Jamaica and determine the birth rate for 2003, this study sought to:

1. Compare the level of completeness of records from all hospital deliveries in 2003 with the births registered at the RGD for the same period.
2. Use the results to determine the total number of births recorded for the period.
3. Compare these estimates with official estimates of birth and identify areas with incomplete reporting.

## **Methodology**

In order to validate the number of recorded hospital and community live births with those registered by the RGD for 2003, the data from both sources were matched and merged to identify gaps. A complete data set with all recorded births was compiled from the two merged data sets.

Birth data were collected from all government, private and community hospitals, and delivery centres for the period January 1 to December 31, 2003. These births formed the *primary data set*. Vital information included the mother's name, the mother's address, the mother's date of birth, parity, gestational age, date of admission, date of delivery/date of baby's birth, place of delivery, sex of baby, outcome of delivery (where available) – live birth, still birth, or neonatal death –weight of baby, name of baby's father/surname (if available). Records at parish health offices were examined to obtain information regarding home deliveries attended by health professionals.

The RGD provided electronic files about all registered births occurring during 2003. This information included the mother's name, the mother's address (no parish), the birth district, the child's date of birth, the name of birth attendant, the place of delivery, the sex of baby, the name of baby (when available), the name of baby's father/surname (if available). The RGD provided two files with 2003 data only: non-hospital births and hospital births.

## **Data management**

The primary data collected were entered using Epidata version 3.0. Further data management, including cleaning, matching and analysis, was done using the Statistical Package for Social Sciences (SPSS) version 12. Once the data was entered, it was edited using a variety of techniques. For smaller facilities, every entry was checked. At the larger facilities, consistency checks were performed and the data were scrutinized for obvious errors.

*Recoding of missing “outcome of delivery” data:* Where the outcome of the pregnancy (that is, whether live or stillbirth) was missing, frequencies of outcome were performed. Once it showed that the number of stillbirths for the particular hospital was similar to the HMSR data for stillbirths, then the missing outcomes were all recoded to live births. Outcomes were also recoded to live births if the record matched the record from the RGD. When either of these conditions was not met, the record was coded as a stillbirth.

*Data matching:* The data collected in the study provided the primary data set. The data from mother and child were compared by data source and matched by the sex, date of birth, place of birth, and first name and surname of the mother. Births from the RGD that did not match exactly with the primary data set were then merged with it. The merged data was cleaned manually by examining various combinations of fields. Where matches were found, the RGD record was deleted from the merged file.

## **Results**

Though data were collected on outcome of delivery, the focus of the study was on live births.

The results are presented as follows:

- General findings
- Level of completeness of the data
- Birth rate
- Comparison with official statistics

## General findings

**Table 1: Number of live births in each data set**

Source of data set	Number of live births
Primary	44,226
RGD	42,336 (without duplicates)
Merged	47,110

Table 1 shows the number of records in each data set. In 130 cases the data on the outcome of delivery were missing. These were coded as live births because the number of still births for the respective hospital approximated that of the HMSR. This yields an error of 0.3 per cent.

The study recorded 47,110 live births in 2003, giving a birth rate of 17.9 per 1000. The mean age of the women was 26.02 years with a 95 per cent confidence interval of 25.96–26.09. The mean parity was 2.50 (2.48–2.52). There were more male than female babies born in 2003, representing 51 per cent and 49 per cent, respectively.

The distribution of live births by place of birth is shown in Table 2. The percentage of births which occurred in a hospital was 92.6 per cent. Most births (33.8 per cent) occurred in Type B hospitals (public general hospitals without intensive care units). The least number of births took place at home (home deliveries) and in community hospitals, 1.3 per cent and 1.5 per cent respectively. For approximately 6 per cent of the births, the place of delivery and birth attendant were not known.

**Table 2: Percentage of live births by place of birth**

Place of birth	Number of live births	Per cent
Home (delivery by district midwives)	601	1.3
Victoria Jubilee Hospital (specialist maternity hospital)	8,920	18.9
Type A hospital	6,426	13.6
Type B hospital	15,932	33.8
Type C hospital	9,944	21.1
Private hospital/medical care	1,714	3.6
Community hospital	689	1.5
Facility unknown	2,884	6.1

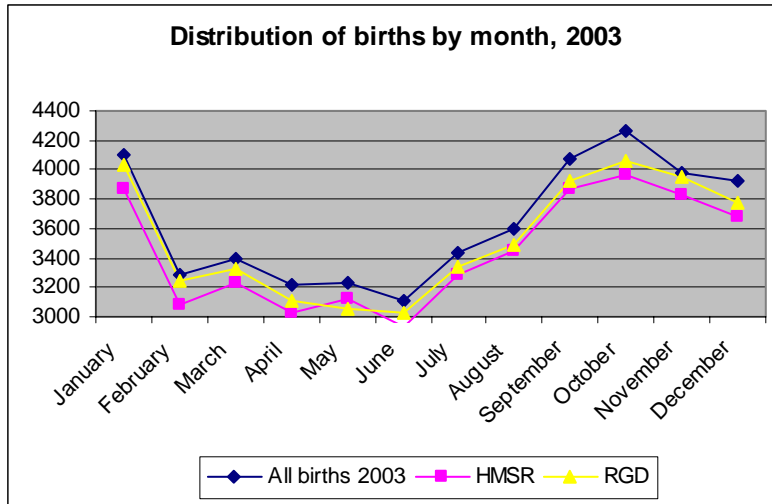
Total

47,110

100

The distribution of births by month is shown in Figure 1. The average number of births per month was 3,925, with the highest number of births occurring in October and the peak months being January and September to November, and the trough months being February to July. This trend was observed in all three data sets.

Figure 1



### Levels of Completeness

Table 3 presents the degree to which the RGD and primary data set matched when duplicates were excluded. The study was able to match electronically and/or manually – based on the mother’s name, the sex of the infant and the date of birth – over 39,000 live births (that is, 83.7 percent of live births). Approximately 10 per cent or 4,774 live births were found in the primary data set but were not found in the RGD data set. Six percent of the births (2,884) were found in the RGD data set only.

Table 3: Differences between primary and RGD data sets

		Primary dataset	
		Yes	No
RGD	Yes	39,452	2,884
	No	4,774	Not known

The validation exercise highlighted discrepancies in the HMSR system and the Monthly Clinic Summary Report (MCSR) which report births occurring in public hospitals and at home, respectively.

**Table 4: Discrepancies between the primary data set and the Ministry of Health reporting systems**

Place of delivery	Total live births – primary dataset	Total live births – official health statistics (HMSR/MCSR)	Difference between primary and official health statistics	
			Number	% of primary data set
Total home deliveries and community hospital deliveries	601 689	1,114 (MCSR)	176	13.6
All public hospitals	41,293	41,343 (HMSR)	-50	-0.1

With respect to home deliveries, the MCSR reported 1,114 live births compared to 601 in the primary data set (Table 4). When this was further investigated, it was found that births at community hospitals were being reported as home deliveries. Community hospitals accounted for 689 births. In combining these totals, the primary data set reported 176 (13.6 per cent) more cases than the MCSR. For all public hospitals, including the University Hospital of the West Indies, the primary data set had 0.1 per cent fewer cases than the HMSR.

### **Birth registration rate**

The study estimated the registration rate to be 89.9 per cent. This was calculated by dividing the total births in the cleaned RGD data set by the total births in the primary data set.

### **Comparison with official statistics**

The Demographic Statistics report from STATIN for 2004 reported 48,554 births registered in 2003, and a crude birth rate of 18.5 per 1000 (ref). This validation exercise found the birth rate to be 17.9 per 1000. Of note, is the fact that the Demographic Statistics reports all births registered for 2003 regardless of the year of birth. Based on the results of this validation, this represents an overestimate of the births which actually occurred in 2003.

## Discussion

The results showed that 92.6 per cent of all births occur in hospitals, 1.3 per cent of babies are delivered at home by trained district midwives and 6.1 per cent are delivered in unknown facilities. This 6.1 per cent represents unattended births, including women who had their babies en route to a birthing facility, and those for whom the birthing facility was not recorded.

Approximately 10 per cent of cases found in the primary data set were not found in the RGD data set, implying that 1 in every 10 babies delivered in hospital or at home by a district midwife is not registered within the first two years.

The degree of comparability with the HMSR was 99.9 per cent, with the HMSR reporting 0.1 percentage point more cases than the validation study. This margin was, however, wider when the MCSR data were compared with the primary data set. In this case, the degree of comparability was 86.4 per cent, with the validation data representing 13.6 percentage points more for community hospital and home deliveries combined.

The study reported a birth registration rate of 89.9 per cent, and these results are comparable with the data on birth registration collected in the annual Survey of Living Conditions (SLC) (PIOJ 2002). The SLC for 2002 reported a birth registration rate of 81–95.4 per cent during the first two years of life. These results are also corroborated by the Perinatal Mortality Survey of 1986, which reported similar rates (approximately 10 per cent) of under-registration (McCaw-Binns et al. 1996).

This assessment of births did not seek to determine the reasons for the 10 per cent under-registration rate within the first year of birth. However, a global review of birth registration by UNICEF cites the following reasons for non-registration: (a) cost; (b) the distance to registration is too far; (c) unawareness on the part of the mother that the child should be registered; and (d) registration was already late and the cost of the late fee was not affordable (UNICEF 2005). Nevertheless, the consistent (1986–2003) 10 per cent under-registration within the first year of birth needs further exploration to ascertain the system and behavioural causes which are driving this phenomenon.

Birth data are used for calculating several health and development indices, so the implications of under/overestimating the number of births from the perspective of health are inaccurate life expectancy and disease rates, which in turn lead to inaccurate

calculations of service indicators such as immunization coverage (UNFPA 2002; PAHO 2001). From the development and planning perspective this has implications for the provision of education and other social programmes.

***What to trust?*** The hospital data set was more complete than the Registrar General's. This validation exercise provides good evidence for making projections and corrections to the official estimates. Birth data from public hospitals could be complemented by birth data from private institutions and those without an attendant (facility unknown) to estimate the level of birth and birth rates for any given year. The Jamaican law requires registration within a year of birth; these data therefore cannot be officially reported until two years after the birth. Provisional estimates based on the rates obtained from this study can be used for planning programmes where birth data are needed on a timely basis.

The birth registration rates can be improved if parents are educated on the importance of birth registration. This should include deciding on the child's name prior to giving birth. Equipping medical facilities where most births occur to register births on the spot, would also help to reduce the under-registration rate.

### ***Acknowledgement***

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# **The Bashy Bus Study: Baseline Assessment**

**Rohan Bell**

## **Abstract**

*There is an increasing incidence of HIV among adolescents, particularly girls, and in urban/tourist areas in Jamaica with high volumes of population movement. Risky sex practices between school girls and taxi drivers also mark a worrying trend. In response, with support from UNICEF and the Global Fund, Children First (NGO) established a mobile Sexual Reproductive Health (SRH) unit. The project sought, by December 2006, to increase access of 5,000 vulnerable adolescents along major transport routes and HIV/STI prevalent locations to HIV/AIDS education and clinical, counselling and rapid testing services. The goal was to improve adolescents' knowledge, sexual decision-making capacities, safer sex and sexual health-seeking practices.*

*In August 2005, UNICEF commissioned a baseline study, and 451 interviews and 9 focus groups were conducted with adolescents in control/intervention communities clustered according to AIDS prevalence and accessibility to health/education services. Ranging from 10 to 19 years, girls made up 53% (240) and boys 47% (211) of the sample.*

*Although 48% were sexually active, only 19% accessed any of the proposed SRH services during the past year. During their last sex act, 37% of girls and 29% of boys did not use a condom. Mean ages of sexual initiation were 14.9 years for girls and 11.8 years for boys. Additionally, 28% of adolescents indicated multiple sexual partnerships. Ten percent (10%) of adolescents reported having forced sex experience. Age mixing is a significant factor in these and other negative encounters: 47% girls with partners 5+ years older had forced sex compared to 27% girls with younger partners. More girls (37%) with older partners showed weaker insistence on condom use compared to girls with younger partners (17%). Overall, 73% showed gaps in their understanding of safer sex and/or held popular myths and 20% relied on neither parent for financial support.*

*Rich, detailed findings disaggregated by age, gender and location were provided, enabling the service to be tailored to address specific vulnerabilities. The service's*

*mobility was strongly endorsed with staff “not from [the] area [where adolescents lived]”.*

## **Introduction**

HIV/AIDS is a global concern. The increase in the number of HIV/AIDS cases in Jamaica is particularly noticeable in the three following parishes: St James (which has the highest prevalence – 812 reported cases per 100,000 population), St Catherine and St Ann (MOH 2004). Adolescents account for almost 10 percent of all reported HIV/AIDS cases (ibid.) and many of the 20- to 29-year-olds (who account for another 20 per cent of all cases) contracted HIV in their teenage years. Anecdotal conversations with teachers and social officers operating in Ocho Rios and Spanish Town suggest that there is a worsening in risky practices leading to these outcomes, including teenage girls having sex with taxi drivers and bus drivers.<sup>14</sup>

This situation raises the challenge to find interventions that reduce the vulnerability of adolescents to these negative outcomes. In response, Children First collaborated with the Ministry of Health through its Global Fund Project, and with the United Nations Children Fund (UNICEF) to develop the “Bashy Bus” project. The Bashy Bus is a mobile unit that provides counselling and clinical services to adolescents and youth for their sexual, reproductive and psycho-social health and well-being. The expected results include:

- 1) increasing adolescents’ knowledge and awareness of their sexual and reproductive health (SRH) status and risks so that they can make better sexual health decisions
- 2) boosting adolescents’ relationships with peers and parents.

From focus group discussions, conducted by Children First, with five different groups of adolescents for a pre-feasibility assessment of the mobile clinic, the young people were highly receptive to the concept and, in a retort to the shame of the “sex on the bus” practice, expressed the view that the Bashy Bus would “turn a negative into a positive”. UNICEF commissioned our team, Research and Analysis Associates (RAA), to conduct a study to assess the situation that the project intends to impact and to develop the

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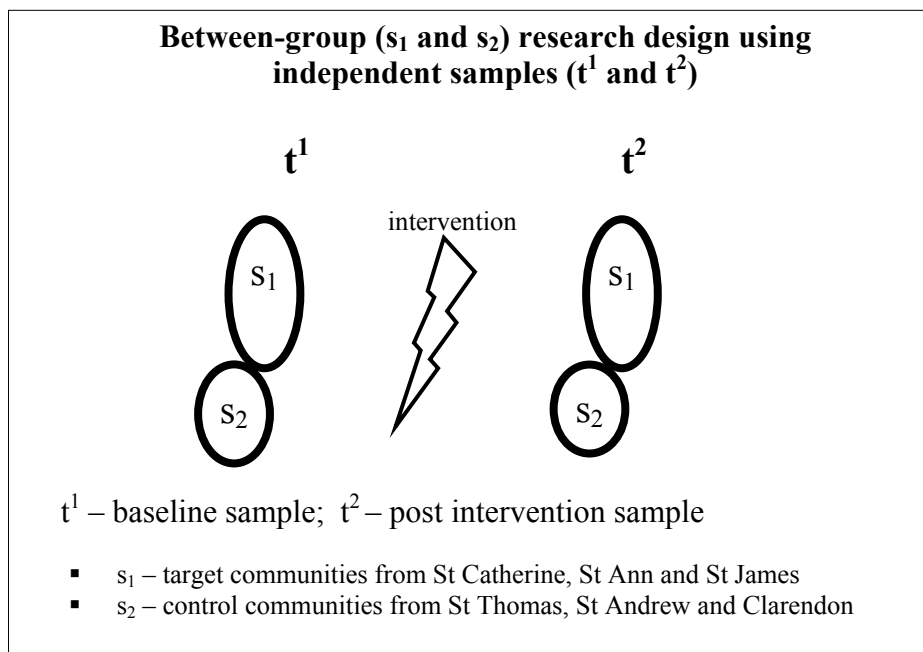
<sup>14</sup> This came out in conversations on the topic with Claudette Pious of Children First Agency and a teacher from an Ocho Rios based high school.

framework for the monitoring and evaluation. The study allows the project to track results (at the level of communities where the intervention takes place) against the baseline data and conduct rigorous statistical tests using control communities to prove project impact. Special mention is made of team members including Angela Stultz and Donna Wilson. The team was led by Rohan Bell.

## Methods

The study used a between-group research design where adolescents participating in the study were selected from the communities targeted by the project (treatment group) as well as the communities not targeted by the project (the control group).

**Figure 1. The research design for the BASHY BUS Baseline Assessment**



Between these communities, a survey of 451 adolescents and focus group discussions involving 96 adolescents were conducted. These results formed the baseline assessment. The intention was to replicate the study using an independent sample against which the impact of the intervention could be assessed.

### The sample

The sample frame for the study was adolescents between the ages of 10 and 19 who lived in communities

- a) in which they were considered to be “hard to reach”, that is
  - there was a high prevalence of the feeling of “social exclusion”,<sup>15</sup> or
  - basic services had to be accessed from other communities
- b) where there was a high proportion of young people in the community population
- c) where young people showed signs of being sexually active.

Quite a few communities fit the profile of this frame, especially inner-city communities. The a priori decision, therefore, was made to select communities consistent with the targeted parish and targeted districts or regions within the parish.

A mix of cluster and convenience sampling was used to select the sample. The parishes were first selected. (This represented the first level of clustering.) Three parishes – St Catherine, St Ann and St James – were selected a priori, based on spatial targets set by the project. The others – Clarendon, St Thomas and St Andrew – were not targeted by the project and were selected randomly.

Next, the communities were selected. (This represented the second level of clustering.) A list was compiled of development agencies in the selected parishes that worked with young people as part of their mainstream activities. These agencies were contacted and asked to name one or more communities that they believe best fit the sample frame described above.<sup>16</sup> From this, the most frequently referred communities were selected.

Finally, convenience sampling was used, whereby, the field team conducted interviews in densely-peopled areas, such as on street corners or in town squares. This snowballed until the targeted number of interviews were achieved. At least 70 persons were interviewed from each community except for the two communities in the control group where at least 50 interviews were done.

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<sup>15</sup> Alienation based on a sense that one has less than equal access to participate in society or be recognized by society. Hence, in Jamaica, residents of Tivoli Gardens or Arnett Gardens talk about being stigmatized in ways that limit access to jobs.

<sup>16</sup> The agencies were Social Development Commission, Women’s Centre Foundation of Jamaica, Child Development Agency, RUFAMSO, Health Departments (parish level), Flankers Peace and Justice and Western Society.

Applying the Central Limit Theorem, the sample of 451 adolescents was large enough to approximate to a normal distribution. On this basis, analyses using inferential statistics were applied. In addition, the analyses relied on non-parametric measures of correlation between two or more variables and for significance testing. As such, assumptions of normality were not critical.

### **Demographic attributes of the sample**

There were 351 interviews conducted with adolescents from the targeted communities – March Pen (St Catherine), Exchange (St Ann), Bohemia (St Ann) and Flankers (St James). The remaining 100 interviews were done with adolescents from the control groups – York Town (Clarendon), Springfield (St Thomas) and Lawrence Tavern (St Andrew). Table 1 shows the age and sex distribution of the sample by communities.

**Table 1: Number of adolescents in sample survey by sex, age and location**

<b>Communities</b>	<b>Sex</b>		<b>Age groups (years)</b>	
	<b>Male</b>	<b>Female</b>	<b>10-15</b>	<b>15-19</b>
March Pen	29	41	31	39
Exchange	36	34	34	36
Flankers	28	42	37	33
Bohemia	32	38	42	28
York Town	36	34	45	25
Lawrence Tavern	29	21	16	34
Springfield	21	30	35	16
	211	240	240	211

The focus groups were done with adolescents from March Pen, Flankers and Springfield. Table 2 shows the age and sex distribution of these participants by communities.

**Table 2: Number of adolescents in focus groups by age, sex and location**

<b>Locations</b>	<b>Gender</b>		<b>Age</b>		<b>Total in group</b>
	<b>Female</b>	<b>Male</b>	<b>10-14</b>	<b>15-19</b>	
<b>March Pen</b>					
○ Female focus group	8	0	3	5	8
○ Male focus group	0	8	4	4	8
○ Mixed gender group	12	7	3	16	19
<b>Total by gender and age</b>	<b>20</b>	<b>15</b>	<b>10</b>	<b>25</b>	<b>35</b>
<b>Flankers</b>					
○ Female focus group	7	0	3	4	7
○ Male focus group	0	11	4	7	11
○ Mixed gender group	6	4	3	7	10
<b>Total by gender and age</b>	<b>13</b>	<b>15</b>	<b>10</b>	<b>18</b>	<b>28</b>
<b>Springfield</b>					
○ Female focus group	9	0	6	3	9
○ Male focus group	0	9	4	5	9
○ Mixed gender group	8	7	4	11	15
<b>Total by gender and age</b>	<b>17</b>	<b>16</b>	<b>14</b>	<b>19</b>	<b>33</b>
<b>Total for all communities</b>	<b>50</b>	<b>46</b>	<b>34</b>	<b>62</b>	<b>96</b>

## The instrument

A 39-item questionnaire was used for the survey. This instrument used four subscales in addition to other questions to cover selected topics.<sup>17</sup> The range of topics and subscales are depicted in Figure 2.

**Figure 2: Items covered and reliability coefficients for survey instrument**

Subscales
▪ Sexual permissiveness (.5153)
▪ Risk tolerance of safe sex attitudes (.5355)
▪ Awareness of counselling and clinic resources (.6877)
▪ Tolerance to selected sexual health risks (.4881)
Other items (not on multi-item scales)
▪ Utilization rate of counselling and clinic resources
▪ Interest in using proposed resources
▪ Relative importance assigned to different service criteria
▪ Sexual behaviour

The Cronbach alpha measure of scale reliability was best for awareness of clinic and counselling resources, which measured over .60 for alpha and, in terms of face validity, proved some of the expected correlations with other variables (for example, awareness was related to utilization).

## Data analysis

Control groups were built into the research design. This was particularly important because, when the post-test results came in, the use of control groups added rigour to the analysis by allowing tests to prove whether the impact observed in the target group could be attributed to the interventions of the project.

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<sup>17</sup> There was another scale: Perceived friendliness of SRH facilities. However, the Cronbach alpha was unacceptably low (.3048), hence, it is not highlighted in the study. Although the subscale for perceived friendliness of SRH facilities had reliability ratings way below the acceptable threshold (.60), it had intuitive appeal given that, as expected, the total score was correlated with how much these SRH facilities was utilized.

At this stage of the analysis (baseline), results were examined across different demographic categories (age, sex and location) and descriptive analysis was adequate in most cases to report findings.

## **Results**

### **Knowledge and attitudes**

Knowledge and attitudes determine the capacity of adolescents to take protective and preventative action for sexual and reproductive health. Our research found the situation reported below.

### **Awareness of help resources**

Young people were asked about where they could get help for the following five psycho-social and SRH problems: sexual molestation, forced sex, STI/HIV and poor peer relationships and poor relationships with parents. As many as 59 per cent did not know where to get help for one or more of these problems. The situation was worse concerning how to get help when there was an incidence of forced sex. Adolescents were more likely to know where to get help for sexual molestation or sexual infection (upwards of 64 per cent of them). Table 3 shows these findings.

**Table 3: Adolescents' awareness of help resources for psycho-social/SRH problems**

<b>Help sources mentioned</b>	<b>Relationship with parents</b>	<b>Personal relationships</b>	<b>STI/HIV treatment</b>	<b>Forced sex</b>	<b>sexual molestation</b>
Not aware of where to seek help	57.4%	46.5%	36.5%	59.4%	36.5%
Family	1.9%	17.8%	7.5%	14.8%	22.3%
Friends or neighbours	.7%	2.2%	.5%	5.4%	1.3%
School	8.8%	4.1%	1.9%	8.5%	1.6%
Police	7.5%	15.3%	7.3%	3.2%	31.9%
Health professionals or hospital	10.5%	8.5%	39.9%	1.7%	1.3%
Church	3.9%	.7%	.2%	1.7%	.3%
Did not specify	9.2%	4.9%	6.1%	5.4%	4.8%
Totals (%)	100.0%	100.0%	100.0%	100.0%	100.0%
N	411	411	411	411	411

Interestingly, however, knowledge of where to go is actually *less* prevalent than adolescents indicated. That is because in several cases, adolescents did not refer to a trained source of help (for example, a provider of counselling or clinical help). In particular, if they were forced to have sex, only about half of those adolescents who indicated that they knew where to go for help referred to the police, to counsellors at church or school or to health professionals. Some mentioned family members, such as their “bigga bada bredda”, or neighbours – neither of whom one can reasonably expect to be reliable.

When adjusted for the untrained sources for problem-solving, adolescents' lack of help-seeking knowledge is much higher (see Table 4). For example, in the case of sexual molestation, the lack of knowledge almost doubles from 36 per cent to 60 per cent and in the case of forced sex it moves from 59 per cent to 80 per cent.

**Table 4: Adolescents' knowledge of clinical or counselling therapy mentioned as sources of help**

	<b>Relationship with parents</b>	<b>Personal relationships</b>	<b>STI/HIV treatment</b>	<b>Forced sex</b>	<b>Sexual molestation</b>
Not aware of where to seek help	60.1%	66.4%	44.5%	79.6%	60.0%
School	8.8%	4.1%	1.9%	8.5%	1.6%
Police	7.5%	15.3%	7.3%	3.2%	31.9%
Health professionals or hospital	10.5%	8.5%	39.9%	1.7%	1.3%
Church	3.9%	.7%	.2%	1.7%	.3%
Did not specify	9.2%	4.9%	6.1%	5.4%	4.8%
Total %	100.0%	100.0%	100.0%	100.0%	100.0%
N	411	411	411	411	411

Quite a few adolescents knew where the nearest clinic was (71 per cent). However, those who knew the location of the nearest clinic did not necessarily recognize it as a help resource for their family planning needs. The findings showed that, while 7 in 10 knew of the nearest clinic, only 5 in 10 actually mentioned using it as a source for information on STIs/HIV, and only 4 in 10 mentioned it as a source of help for their family planning needs.

Knowledge of where to find the nearest health clinic was correlated to the utilization of clinics for adolescents that needed family planning services. The clinics were used by more than twice as many adolescents who knew where the nearest clinic was located (39 per cent) than those who did not (17 per cent).

### **Problem recognition and help-seeking skills**

The baseline survey enquired whether adolescents felt the need for help with any of these five problems during the last 12 months: relationship with parents, personal relationships, STI/HIV treatment or information, family planning guidance, pressures to have sex for money and domestic violence.

Not many adolescents indicated the need for help (fewer than 20 per cent). However, the analysis showed that a higher percentage of them actually needed help. In fact, we observed that:

- a) large proportions of those who needed help *did not get it* (that is, unserved needs)
- b) the knowledge status or behaviours of many adolescents showed that they required help though *they did not acknowledge the need for this help*.

### **Seeking but not getting help**

Table 5 shows that, of those adolescents who sought help for at least one of the problems mentioned, as many as 50 per cent did not get any help. The level of those with unserved needs was highest among those who felt pressure to have sex for money (50 per cent). The proportion with unserved needs was lowest for those who sought help for domestic violence (12 per cent).

**Table 5: Per cent of adolescents seeking help by source of help received**

<b>Source of help</b>	<b>Relationship with parents</b>	<b>Personal relationships</b>	<b>STI/HIV treatment</b>	<b>Family planning guidance</b>	<b>Sex induced by money problems</b>	<b>Domestic violence/abuse</b>
Did not get help	33.3%	21.6%	35.7%	32.3%	50.0%	12.5%
Family	28.6%	45.9%	9.5%	11.3%	14.3%	37.5%
Friends	8.3%	18.9%	.0%	9.7%	28.6%	6.3%
Counsellors	17.9%	5.4%	.0%	3.2%	.0%	12.5%
Law enforcers	6.0%	2.7%	.0%	.0%	.0%	25.0%
Health professionals	.0%	.0%	54.8%	43.5%	7.1%	.0%
Church	6.0%	.0%	.0%	.0%	.0%	6.3%
Did not specify	.0%	5.4%	.0%	.0%	.0%	.0%
Total (%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
N	84	37	42	62	14	16

Generally speaking, at least one in five adolescents had unserved needs in one or more of these five social/sexual health areas. That is, they either did not get any help or got help from untrained sources for their needs.

Sex was not a factor in the levels of unserved needs observed. However, it was noticed that, concerning family planning, twice as many females went to health professionals than males (9 per cent versus 3.7 per cent) and five times as many males than females went to friends (2.6 per cent versus 0.5 per cent). Like sex, location was not generally a factor except for adolescents who sought help in relating to parents. Unserved needs in this regard was highest for Bohemia in St Ann (13.6 per cent versus 6.7 per cent overall).

In most cases (over 70 per cent) where adolescents did not get help, either no help was sought or no help source was contacted. In fewer cases, adolescents did not get help although they contacted a help source.

### **Needing help but not knowing it**

Far fewer adolescents believed they needed help than what their actual behaviour or existing knowledge would suggest.

Despite the fact that fewer than 20 per cent indicated a need for any help:

- 61 per cent of all boys and 67 per cent of all girls could not indicate one sign of an STI ;
- 68 per cent of all adolescents believed at least one of three popular sexual health myths;<sup>18</sup>
- 63 per cent of boys and 34 per cent of girls were sexually active;
- Among the sexually active, 66 per cent of boys and 20 per cent of girls did not use a condom when they first had sex.

These findings generally point to gaps in knowledge and indulgence in risky behaviour that increases vulnerability to adverse personal and social health outcomes. The Bashy Bus project is a strategy to plug these gaps and reduce this vulnerability.

### **Attitudes and behaviour**

In attitudes and behaviour, our study identified a number of risks.

#### **Risky behaviours**

Sixty two per cent of boys and 36 per cent of girls were found to be sexually active. Most started having sex early. The mean age of sexual debut was 11.8 for boys and 14.9 for girls. Thirty-seven per cent of girls and 30 per cent of boys did not use a condom when they last had sex. Seventy-six per cent admitted to having multiple sex partners. For girls who were pregnant, the pregnancies were unplanned in 93 per cent of the cases. These are risky behaviours or the negative outcomes of risky behaviour (for example, interrupted schooling and pregnancies).

Age, sex and location were all influencing factors on whether or not adolescents were sexually active. The likelihood that adolescents were sexually active was stronger if they

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<sup>18</sup> The myths were: I make sure my partner looks healthy; I do not hold hands with someone who has HIV; I avoid having sex with adults (over 19 years old).

were aged 15 or older, if they were boys and if – of the locations surveyed – they lived in March Pen (St Catherine) or Bohemia (St Ann). Bohemia was where the most risky behaviours were observed: there, we found the highest incidence of sex without a condom (67 per cent) and adolescents with multiple sex partners (86 per cent). Bohemia was also the location with the highest prevalence of pregnant adolescent girls (17 per cent).

The data supports the view that the prevalence of risky behaviour varies across adolescent age groups, sex and place of residence.

### **Safe sex attitudes**

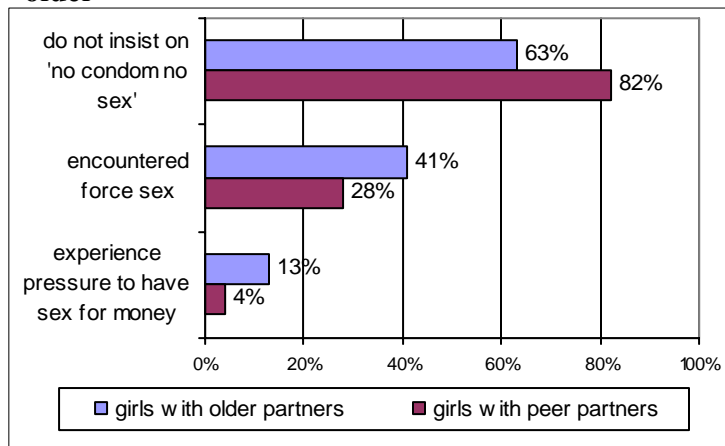
Safe sex attitudes were assessed using a 3-item scale. The result was that roughly a third (32.4 per cent) of all adolescents showed a high-risk outlook and about the same proportion reflected an outlook that was considered low- and medium-risk. By low-risk, we mean that three out of three correct responses were given. High-risk was one of three correct responses, and medium-risk was in between these positions. Age was a factor in these outcomes: adolescents under 15 years old showed greater vulnerability than their older peers (36 per cent versus 27 per cent).

### **Risks linked to age mixing**

Our study found conditions that heightened the risk of poor sexual decision-making and negative personal development outcomes. One such condition was adolescent girls who had sex partners who were older (age mixing). Fourteen per cent of the sexually active girls had partners who were five or more years older. Compared to their friends who were dating peers, the girls with older partners were more likely to

- not insist on the use of a condom (63 per cent versus 82 per cent)
- experience forced sex (41 per cent versus 28 per cent)
- experience pressure to have sex for money (13 per cent versus 4 per cent).

**Figure 3 Difference in sexual vulnerability between girls with and without partners five or more years older**



These risks were also higher when there was a dependence on the partner for money. Adolescent girls with partners who were five or more years older were twice as likely to depend on their partner for money than girls with

younger partners (63 per cent versus 31 per cent).

### **Sexual permissiveness**

Sexual permissiveness or readiness refers to a highly tolerant attitude to sex and sexuality (Ping-Keung 1997). With this attitude, there is least resistance to sexual debut or sexual promiscuity.

This attitude was measured on a 3-item Likert scale.<sup>19</sup> Adolescents who were assessed to be either permissive or very permissive made up 84 per cent of the sample. Sexual permissiveness correlates significantly with sexual promiscuity. In particular, the most sexually permissive adolescents were also more likely to have multiple sex partners (60 per cent) compared to their less permissive peers (26 per cent). As expected, the least permissive adolescents were those who were sexually inactive (98 per cent).

### **Perceived friendliness of SRH facilities**

Adolescents' attitude to the clinics could be a barrier to accessing trained help for sexual reproductive health needs. In this study, we measured adolescents' impression of SRH

<sup>19</sup> Cronbach alpha = .5153. The items were: a) I think it is OK for me to have sex; b) I think it would be wrong for me to have sex; c) Everybody (young people like me) is having sex.

facilities using a 3-item scale<sup>20</sup>. We found that 59 per cent had a less than favourable impression of SRH facilities (clinics and pharmacies). They did not believe the clinic workers were friendly enough and reported that pharmacies were unwilling to sell them contraceptives.

Among adolescents seeking help for family planning services, there was greater likelihood for those with

- unfavourable impression of clinics to not get help (39.5 per cent) compared to those with favourable impression (23.8 per cent)
- a favourable impression of clinics to utilize the services of clinics or other health professionals (57.1 per cent) than those who did not have a favourable impression (34.2 per cent).

The focus group analysis reinforced these findings. Adolescents, especially girls, shied away from clinics because they believed workers “look down pon dem”. In contrast, sometimes when the boys went to get condoms, the workers would make comments like, “gwan, my yout’, yu a go kill something tonight”. These comments reinforce the gender differences in attitudes to clinics.

## Implications

The findings of our study clearly show that the adolescent population is at risk in terms of their sexual and reproductive health behaviour and status. The Bashy Bus (and other initiatives) is therefore seen as a welcome intervention to help build adolescents’ knowledge and skills using youth-friendly methodologies and environments. How successful the project is in achieving these results will be determined by the post-intervention study more than year after the start of the project.

We note the following considerations for design and delivery of interventions targeting adolescent sexual reproductive health and other social issues:

- The project managers would have been misled if the justification for the project was based on the *recognized* needs of the target group. The revealed need, that is, the recognized and unrecognized needs based on observations and analysis, tell a

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<sup>20</sup> The items were: (a) facilities serving SRH needs are friendly; (b) workers in pharmacies are willing to sell them contraceptives; and (c) health clinic workers serving SRH needs are respectful. The scores on the scale range from of 1 to 3 where 1 indicates the most favourable impression. Reliability scores were low (alpha =.3091) but the correlation with utilization of the clinic (where p=.035.) indicates face validity.

different story. The gap may have to do with weak need-recognition skills as well as the effect social desirability bias of respondents.

- Family and friends are frequently mentioned as help sources among adolescents who felt the need for SRH help and other help. Programmes must seek to equip the family and friends with knowledge so that they are better able to give advice or counselling to adolescents on these issues.
- Adolescents are having sex. This recognition must be at the centre of considerations about whether contraceptives, VCT and other SRH services should be accessible to teenagers.
- There is justification to make the designs and delivery of the service be gender-sensitive and age-appropriate. Early sexual initiation, sexual permissiveness and the risk tolerance in sexual attitudes and perceptions varied in important ways between boys and girls and between pre-teens and teens. Failure to refine the tools and the messages to address these differences raises the risk for impact to be diluted.
- There is the impression that there is cultural acceptance for girls to have relationships outside their peer group or with older men. However, it is in these situations that we observe girls being more vulnerable to weaker condom negotiation, forced sex and sex for material gain. The safe sex message might therefore be extended to encourage girls to enjoy relations *within*, rather than above, their peer group.
- A programme can have strong interest from the target group, but the need felt by the target group for the programme is weak. We note this point to say that a socially desirable programme can be underutilized. Converting that interest into utilization will require recognition for the need to do various social marketing activities, including, helping the target group to recognize and articulate their needs.
- Girls use condoms for their first sexual encounter more than boys, but more boys than girls use condoms after sexual initiation. This is an issue that deserves further research.

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## **Section 4**

### **Education**

# Investigation of Children's Performance on the Grade 1 Readiness Inventory

Helen Baker-Henningham, Novie Younger, Susan Walker

## Abstract

*Children's ability at school entry is an important contributor to their progress in school. The Grade 1 Readiness Inventory (GIRI) is intended to assess mastery of skills children need to begin the Grade 1 curriculum. The skills measured are visual discrimination, visual perception, auditory perception and number-letter knowledge. We examined the effect of sex and type of school (preparatory or primary school) on the performance of children on the GIRI. The national results of the GIRI for all children attending preparatory and primary schools for the school year 2003/2004 were used (n = 29,943). The percentage of children mastering none of the four subscales of the GIRI was 0.7 per cent in preparatory schools and 7.4 per cent in primary schools. Conversely, 70.7 per cent of children attending preparatory schools mastered all four subscales compared to only 42.0 per cent of children attending primary schools. Boys were twice as likely to master none of the GIRI subscales compared to girls and children attending primary schools were nearly eleven times more likely to master no subscales than children attending preparatory schools.*

*More than half of the children beginning Grade 1 in primary schools have not mastered at least one of the skills assessed by the GIRI. If we consider the type of school attended to be a proxy for socioeconomic status, the results highlight the extent to which children from lower socioeconomic backgrounds are disadvantaged on entry into the formal school system relative to their wealthier counterparts. This disadvantage is particularly strong for boys.*

## Introduction

This study examined the association between the sex of the child, type of school attended and type of pre-school attended and the school readiness skills of children entering Grade

1 as measured by the G1RI. Children with academic or social deficits at school entry are at increased risk for continuing difficulties in later life, including poor academic achievement in high school, school drop-out, teenage parenting, involvement in criminal activities, increased depression and unemployment.

## **Literature Review**

There is a significant body of evidence which shows that children from lower socioeconomic backgrounds are at increased risk for entering school with low levels of readiness. Living in poverty has been shown to have a deleterious effect on many child developmental outcomes including cognition, physical health and nutritional status, school achievement and emotional and behavioural problems (Schoon et al. 2002; Jackson et al 2000; Brody et al. 2002). However, it is difficult to isolate the effect of socioeconomic status (SES) on child development as poverty covaries with a range of other factors including low maternal education, high levels of maternal depression, unsafe neighbourhoods, household crowding, low levels of stimulation in the home and poor quality of parent-child interaction. The effect of poverty on children in the early years is mediated largely through its effect on parents and parenting. For example, the quality of the home environment accounts for up to half of the effect of poverty on child IQ at age three (Duncan et al. 1994; Brooks-Gunn et al. 1993). Children from low SES families are also more likely to be enrolled in early childhood education centres of poor quality than their high SES counterparts.

There is conflicting evidence about the disparity in academic achievement and early literacy skills between boys and girls. Some researchers report no difference between the sexes in academic achievement in the early years whilst others report that boys are at a significant disadvantage (Ready et al. 2005). Researchers reporting a female advantage in achievement have hypothesized that this may be due to differences in the rates of cognitive development and physical maturation, the disparate socialization practices used with males and females and differences in school behaviour amongst males and females (Ready et al. 2005). The quality of teacher-child relationships may also play a role as negative teacher-child relationships have been shown to predict poor achievement in the

short (Ladd et al. 1999) and long (Hamre and Pianta. 2001) term, particularly for children who have high levels of behaviour problems when they enter school, and for boys.

In a longitudinal study of a New Zealand birth cohort, differences in educational outcomes due to gender were explored from school entry until age 18 (Fergusson and Horwood 1997). It showed that girls outperformed boys throughout their entire school career on all indices of educational achievement (standardized tests, teacher reports and school leaving outcomes). No significant difference in IQ between the sexes was found. The differences in achievement were explained by the fact that the boys were likelier to be more disruptive and less attentive in the classroom than girls.

Ready et al. (2005) conducted a longitudinal study to investigate whether differences in classroom behaviour accounted for females' early learning advantage during the kindergarten year. They found that girls were rated more positively by teachers on all behavioural indices (learning approaches, self-control, interpersonal skills, externalizing and internalizing behaviour problems). Although all of these behaviours predicted the rate of literacy learning, the behaviour that was most strongly associated with literacy learning was the approach to learning (characterized by attentiveness and task persistence) which accounted for more than 70 per cent of the achievement gap between boys and girls. Surprisingly, problem behaviours (internalizing and externalizing) accounted for only 15-30 per cent of the achievement gap between the sexes during the kindergarten year.

In the Jamaican context, there is evidence of large gaps in achievement between children from high and low SES backgrounds and for children attending preparatory versus primary schools (Samms-Vaughan 2000; 2005). Particularly noteworthy is the fact that, in the Profiles study (Samms-Vaughan 2005), the differences in academic performance between the socioeconomic groups and between children attending preparatory versus primary schools were found to widen considerably between Grade 1 and Grade 3.

The achievement gap between girls and boys is also a cause for concern. In a cross-sectional survey of 1,720 Jamaican children aged 11–12 (Samms-Vaughan 2001), girls significantly outperformed boys on all indices of educational achievement (reading, spelling and mathematics), although boys and girls performed similarly on tests of

cognitive function. In this study, teachers also reported more problem behaviours amongst boys than girls, and we can speculate that the poorer classroom behaviour of boys was one factor influencing their lower performance. However, in the Profiles study (Samms-Vaughan 2005), no difference in academic achievement was found between girls and boys at age six, seven and eight, although teachers rated boys as having significantly more delinquent behaviour at age six and significantly higher scores for attention problems, delinquency and aggression at age eight.

In the study reported in this paper, a national dataset was used to investigate the differences in children's school readiness skills on entry into Grade 1.

## **Methodology**

### **Sample**

The national G1RI results for the 2003/2004 school year for all children attending primary and preparatory schools were used to examine the readiness levels amongst children in Grade 1 by sex, school type (preparatory or primary) and type of pre-school attended (infant, basic, preparatory or none/not known).

To simplify the data presentation, children attending all-age or primary and junior high schools were omitted from the analysis, as preliminary analysis showed that these children performed significantly worse than children attending primary school. The dataset contained readiness scores for 29,943 children. We used school type as a proxy for socioeconomic status because children attending preparatory schools are more likely to come from more privileged backgrounds and children attending primary schools from less privileged backgrounds.

### **School readiness**

School readiness can be conceived as consisting of three separate components:

- children's readiness for school,
- school's readiness for children,
- support and/or services in the family and community that facilitate children's readiness (Child Trends 2001).

Children's readiness for school comprises several dimensions including their physical health, motor development, social and emotional development, approaches to learning, language development, cognitive development and general knowledge. (See Appendix 1 for a definition of school readiness according to the National Education Goals Panel in the USA.) However, in this paper, school readiness refers to children's performance on the National Assessment Programme's G1RI and does not include a comprehensive measurement of the children's strengths and needs.

### **Characteristics of the G1RI**

The G1RI is an assessment administered to all children within the first few weeks of their entry into Grade 1. The inventory comprises four subscales, each of which is graded as mastery, almost mastery or non-mastery. The subscales are:

- *Visual Motor Coordination* which measures children's eye-hand coordination in joining lines, colouring a picture and copying figures and letters, among other things.
- *Visual Perception* which measures children's ability to identify similarities and differences (visual discrimination), to remember what is seen (visual memory) and to recognize shapes inside pictures (figure ground).
- *Auditory Perception* which measures children's ability to remember what is heard (auditory memory), to associate names and uses of objects with pictures (auditory association), to listen to information and respond to questions and to sequence a story (listening comprehension), and to identify a picture of an object with the same initial sound as another object (auditory discrimination).
- *Number-Letter Knowledge* which measures children's knowledge of numerals and letters.

### **Limitations of the G1RI**

Because the G1RI is a teacher-administered inventory, there is likely to be a variety of factors which influence how the test is introduced to the children. Although there are guidelines as to how the inventory should be administered, there may be differences, for example, in the skill levels of the teachers, in the environmental conditions in which the test is given, and in the number of children taking the test at one time. Some of the differences in readiness between children attending preparatory and primary schools may,

therefore, be due to differences in test administration. It should also be noted that the G1RI is a limited measure of children's school readiness, as shown by the four subscales, and does not include all or even most of the dimensions that are important in determining children's readiness for school.

### **Method of analysis**

The percentage of children mastering none, some and all subscales of the G1RI and the percentage of children scoring non-mastery, almost mastery and mastery on each subscale, disaggregated by sex and school type, and disaggregated according to type of pre-school attended, was computed. Chi-squared tests were used to investigate differences in readiness according to sex, school type and type of pre-school attended. Two separate multi-level logistic regression analyses were conducted to predict mastery status on all subscales of the G1RI. School was entered as a random parameter to account for the variance amongst schools. The dependent variable in the first regression was low school readiness (1 = mastered no subscales on the G1RI, 0 = mastered one to four subscales) and in the second, high school readiness (1 = mastered all subscales, 0 = mastered zero to three subscales). The independent variables were sex (1 = female, 2 = male) and type of school attended (1 = preparatory school, 2 = primary school). Two more multi-level logistic regressions were conducted to investigate the effect of the type of pre-school attended on low and high school readiness. The dependent variables were low school readiness and high school readiness and the independent variables were sex, type of school attended and type of pre-school attended (preparatory, infant, none/unknown or repeater with basic school as the reference).

### **Results**

The number of children who attended preparatory schools and mastered all four subscales of the G1RI was 70.7 per cent, compared to only 42 per cent of children who attended primary schools (Table 1). Stated another way, 58 per cent of children attending primary schools could be classified as being 'not ready' for the demands of the Grade 1 curriculum compared to 29.3 per cent of children attending preparatory schools. Children mastering none of the four subscales may be most at risk for continuing poor

performance throughout school as they show deficits in all the skills measured by the test. The percentage of children mastering none of the four subscales of the G1RI was 0.7 per cent (30) in preparatory schools and 7.4 per cent (1,923) in primary schools (Table 1).

**Table 1: Percentage of children mastering none, some and all the subscales on the G1RI, by sex and school type**

Number of subscales mastered	Preparatory n = 4,079			Primary n = 25,864		
	Male n = 2,003	Female n = 2,076	Total n = 4,079	Male n = 12,998	Female n = 12,866	Total n = 25,864
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
None	0.9 (18)	0.6 (12)	0.7 (30)	9.7 (1,261)	5.1 (656)*	7.4 (1,923)***
One to three	32.9 (660)	24.3 (504)*	28.6 (1,164)	54.8 (7,123)	46.4 (5,970)*	50.6 (13,087)***
All	66.2 (1,325)	75.1 (1,560)*	70.7 (2,885)	35.5 (4,614)	48.5 (6,240)*	42.0 (10,863)***

\*p < .001 for differences on all indices between girls and boys in primary schools and for 2 out of 3 indices (mastering one to three subscales and mastering all subscales) between girls and boys in preparatory schools

\*\*\*p < .001 for differences between primary and preparatory schools on all indices

Table 2 shows the percentage of children scoring in the non-mastery, almost mastery and mastery range on each subscale of the G1RI disaggregated by sex and school type attended. Children attending preparatory schools were scoring significantly higher on all subscales relative to children attending primary schools. In preparatory schools, there was no significant difference in the number of boys versus girls scoring non-mastery on any of the subscales, whilst amongst primary school children significantly more boys than girls were classified as non-mastery on all subscales. However, boys attending both

preparatory schools and primary schools were significantly less likely to score in the mastery range on each of the G1RI subscales.

**[see Table 2 on pp. 215-216]**

The association between sex and type of school attended with mastery status on the G1RI was investigated in two separate hierarchical logistic regressions (Table 3). The first regression investigated the risk of children mastering no subscales (relative to children mastering one to four subscales) and the second regression investigated the likelihood of children mastering all subscales (relative to those that did not). In the first regression, boys were twice as likely to master none of the four subscales of the G1RI compared to girls, and children attending primary schools were nearly eleven times more likely to master none of the G1RI subscales than children attending preparatory schools. In the second regression, boys were 40 per cent less likely to master all subscales than girls, and children attending primary schools were 70 per cent less likely to master all subscales relative to children attending preparatory schools.

**Table 3: The odds ratio (95 per cent confidence intervals) of non mastery (mastering no subscales) and mastery (mastering all subscales) on the G1RI, by sex and type of school attended**

	<b>Non mastery</b>	<b>Mastery</b>
	<b>Odds ratio (95% CI)</b>	<b>Odds ratio (95% CI)</b>
Sex (boys, girls)	2.0 (1.8, 2.2)***	0.59 (0.56,0.62)***
School type (primary, preparatory)	10.9 (6.9,17.0)***	0.30 (0.24, 0.36)***

\*\*\*p < .001

We also examined the results of the G1RI according to the type of early childhood institution attended. Data was missing for 1,288 children and hence this analysis was conducted with data from the remaining 28,655 (96.7 per cent of sample). Significant differences were found in the number of subscales mastered by type of pre-school attended (Table 4). Only one third of repeaters and 37 per cent of children who had not attended an early childhood institution or whose status was not known, mastered all subscales of the G1RI. Children who had attended a preparatory pre-school institution

performed the best and children who had attended a government infant school performed better than those who had attended a basic school.

**Table 4: Percentage of children mastering none, some and all the subscales on the G1RI, by type of pre-school attended**

<b>Number of subscales mastered</b>	<b>Basic % (n) n= 19,624</b>	<b>Prep % (n) n=2,802</b>	<b>Infant % (n) n= 5,196</b>	<b>None or not known n= 401</b>	<b>Repeaters % (n) n= 632</b>
None***	7.3 (1,433)	0.8 (22)	5.5 (286)	16.3 (65)	10.0 (63)
One to three***	51.2 (10,047)	26.5 (743)	44.1 (2,291)	46.4 (186)	57.1 (361)
All***	41.5 (8,144)	72.7 (2,037)	50.4 (2,619)	37.3 (150)	32.9 (208)

\*\*\*p < .001

A final set of hierarchical logistic regressions was conducted to investigate the association between type of pre-school attended and mastery status on the G1RI after controlling for sex and type of school attended (i.e., preparatory versus primary school). The odds ratios are shown in Table 5. Children who attended preparatory pre-schools were 2.5 times less likely to master no subscales on the G1RI and 75 per cent more likely to master all subscales compared to children who attended basic schools. Children who attended infant schools were 60 per cent less likely to master no subscales on the G1RI and 1.7 times more likely to master all subscales compared to children who attended basic schools. Children who did not attend a pre-school or whose status is unknown were over four times more likely to master no subscales on the G1RI and nearly 45 per cent less likely to master all subscales compared to children who attended basic schools.

**Table 5: The odds ratios (95 per cent confidence intervals) of non mastery (mastering no subscales) and mastery (mastering all subscales) on the G1RI, by sex, type of school attended and type of basic school attended**

	<b>Non mastery Odds ratio (95% CI)</b>	<b>Mastery Odds ratio (95% CI)</b>
Sex (boys, girls)	2.0 (1.8, 2.2)***	0.59 (0.56, 0.63)***

School type (primary, preparatory)	9.0 (5.4, 15.3)***	0.36 (0.29, 0.45)***
Pre-school (compared with basic school)		
➤ Preparatory	0.4 (0.3, 0.7)***	1.73 (1.40, 2.13)***
➤ Infant	0.7 (0.5, 0.9)*	1.50 (1.27, 1.76)***
➤ None/not known	4.2 (2.9, 6.0)***	0.56 (0.40, 0.77)***
➤ Repeater	1.3 (1.0, 1.7)	0.76 (0.61, 0.94)*

\*p < .05, \*\*\*p < .001

## Discussion

Children attending primary schools were at an eleven-fold increased risk of mastering none of the subscales and 70 per cent less likely to master all of the subscales on the G1RI than children attending preparatory schools. If we assume that children from higher socioeconomic backgrounds attend preparatory schools and children from lower socioeconomic backgrounds attend primary schools (and thus school type is a proxy for socioeconomic status), this result highlights the extent to which poor children are disadvantaged on entry into the formal school system relative to their wealthier counterparts.

Boys were at a two-fold risk of mastering none of the subscales of the G1RI and 40 per cent less likely to master all subscales when compared to girls. Boys attending preparatory schools were at some disadvantage when compared to girls attending preparatory schools, however, the gap between the sexes was much more substantial amongst children attending primary school.

Some of the social class disparities may be attributed to children receiving poorer quality early childhood education as, when the type of pre-school attended was accounted for, the impact of school type was somewhat reduced to a nine-fold increased risk of non-mastery. Controlling for type of pre-school had no effect on the sex differences in readiness.

## **Policy Implications**

Although we did not have access to longitudinal data to track the performance of children over time on the National Assessment Programme Tests, it is likely that the children who are performing poorly on entry into Grade 1 continue to perform poorly throughout school, unless specific provisions are made to assist them. We do not have specific information on the causes of the disparities seen in our analysis; however, evidence from the literature suggests that there are several effective methods of improving children's school readiness skills. These include the following:

### **Providing early stimulation for children who are at risk**

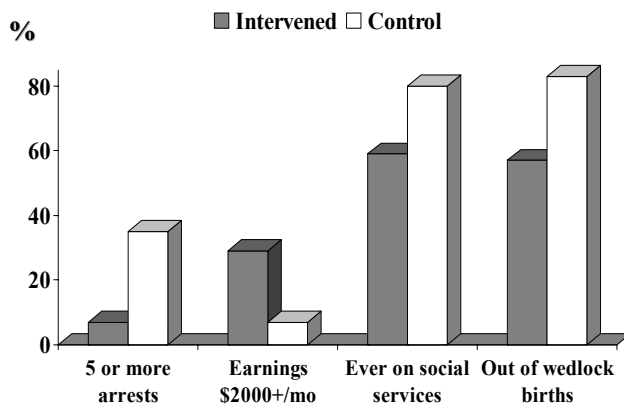
A large number of studies have demonstrated that providing early stimulation to young children aids their development (Benasich et al. 1992; Olds and Kitzman 1993). In Jamaica, several studies have shown that home visiting during the early years benefits children's development in the short term (Powell and Grantham-McGregor 1989; Grantham-McGregor et al. 1991) and the long term (Grantham-McGregor et al. 1994), and their academic achievement, cognitive function and mental health over the longer term (Walker et al. 2005; Walker et al. 2006). Other promising approaches include parenting education, in the pre-school years, on how to promote early literacy skills and appropriate behaviour management (Taylor and Biglan 1998; Brooks-Gunn and Markman 2005).

### **Providing high quality early childhood education based on the use of developmentally appropriate practices**

There are several reports of the status of early childhood education in Jamaica and all point to the need for more appropriate teaching and learning environments at all levels of the early childhood sector (McDonald and Brown 1993; McDonald 1995; Davies 2003; Bailey and Brown 1998). Providing high quality early childhood education to children who are at risk has long-term benefits on children's school achievement and school progress (Barnett 1995; Haskins 1989). The study with the longest follow-up is the Perry Pre-school Project (Schweinhart et al. 1993) which found that two years of high-quality, part-time pre-school provision at ages 3 and 4 produced benefits to participants at age 27. Benefits were found in terms of lower levels of criminality, higher earnings, less receipt

of welfare, and fewer out of wedlock births (see Figure 1). It is highly probable that investment in early childhood education in Jamaica would reduce the likelihood of children experiencing significant difficulties in academic functioning and behaviour in later childhood and adolescence, and would improve their life course in adulthood.

**Figure 1: The Perry Pre-school Project (Follow up at age 27)**



Schweinhart et al, 1993

### **Ensuring primary schools are ready for the children they receive**

This would include improving the quality of the teaching and learning process, reducing class sizes and increasing the provision of teaching and learning materials to enhance the quality of education in general. Special attention needs to be given to using the results of the Grade 1 assessment as a means of ensuring that support is given to children beginning Grade 1. Those children without the necessary skills must be allowed to acquire them to successfully begin the Grade 1 curriculum. Intensive, targeted and individualized instruction is needed for children who are at particular risk. The poor performance on the G1RI of children who repeat Grade 1 suggests that effective support is not available for children with learning difficulty.

There is a clear male disadvantage on the G1RI, hence, attention also needs to be given to reducing the gap between the sexes in school readiness. More research is needed on the underlying reasons for this disparity. If the difference between boys and girls is mediated largely through the poorer classroom behaviour of boys, as is suggested by recent international literature, and possibly even by conflict-prone relationships between

some boys and their teachers, then a gender-specific intervention may not be the most appropriate. Assisting teachers to develop effective classroom management practices, to explicitly teach children the skills they require to progress in school and to build positive relationships with more difficult children and their parents may be a more fruitful approach.

## **Conclusion**

The objective of the study was to predict performance on the G1RI from sex, type of school attended (primary or preparatory) and type of pre-school attended (basic school, infant school, preparatory school or none). The national results on the G1RI from the year 2003/2004 were used for the analysis. We found that children (both boys and girls) attending primary school were nearly eleven times more likely to master none of the subscales on the G1RI relative to children attending preparatory schools. In addition, boys were nearly twice as likely as girls to master no subscales.

Children who attended preparatory pre-school institutions were 60 per cent less likely to master none of the subscales of the G1RI than children who attended a basic school. Children who did not attend a pre-school or whose status is unknown were over four times more likely to master no subscales on the G1RI relative to children who attended a basic school. Children not attending any pre-school were a relatively small group and they may have represented the children from the poorest families. Hence, it may be that the poorer performance of these children is not only related to their not attending a pre-school institution, but may be due to the presence of other risk factors for poor child development (including poverty, maternal stress and depression and low levels of stimulation in the home). However, it is important that the early childhood education system effectively reaches these children. Children attending infant schools performed better than children attending basic schools. Infant schools primarily employ trained teachers so there is less variability in the quality of these schools than the quality of the basic schools.

Reducing the disparity in readiness between children from less privileged and more privileged backgrounds and between boys and girls is thus a priority for our education system. It is suggested that this could be achieved by providing parenting education to

parents of pre-school age children on early literacy and behaviour management; by providing early stimulation through home visiting for children below pre-school age who are most at risk; by improving the quality of early childhood institutions; and by ensuring that schools serving children entering Grade 1 are ready for the children they receive.

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**Table 2: Percentage of children scoring non-mastery, almost mastery and mastery on each subscale of the G1RI, by sex and school type (preparatory and primary schools only)**

Level of mastery of the subscales	Preparatory n =4,079			Primary n =25,864		
	Male n = 2,003	Female n = 2,076	Total n = 4,079	Male n = 12,998	Female n = 12,866	Total n = 25,864
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
Visual-motor coordination						
➤ Non mastery	0.1 (2)	0.3 (6)	0.2 (8)	4.0 (520)	1.8 (232) †††	2.9 (752)***
➤ Almost mastery	4.7 (94)	3.3 (69)	4.0 (163)	12.9 (1,677)	8.8 (1,132)	10.9 (2,809)
➤ Mastery	95.2 (1,907)	96.4 (2,001)	95.8 (3,908)	83.1 (10,801)	89.4 (11,502) †††	86.2 (22,303)***
Visual perception						
➤ Non mastery	2.2 (44)	1.9 (40)	2.0 (84)	14.7 (1,911)	8.5 (1,094) †††	11.6 (3,005)***
➤ Almost mastery	20.0 (401)	13.5 (280)	16.7 (681)	30.2 (3,925)	25.3 (3,255)	27.8 (7,180)
➤ Mastery	77.8 (1,558)	84.6 (1,756)***	81.2 (3,314)	55.1 (7,162)	66.2 (8,517) †††	60.6 (15,679)***
Auditory perception						
➤ Non mastery	1.3 (26)	1.1 (23)	1.2 (49)	12.4 (1,612)	6.6 (849) †††	9.5 (2,461)***
➤ Almost mastery	11.7 (234)	6.8 (141)	9.2 (375)	28.5 (3,704)	22.6 (2,908)	25.6 (6,612)
➤ Mastery	87.0 (1,743)	92.1 (1,912)***	89.6 (3,655)	59.1 (7,682)	70.8 (9,109) †††	64.9 (16,791)***
Number-letter knowledge						
➤ Non mastery	1.6 (32)	1.2 (25)	1.4 (57)	13.6 (1,768)	7.5 (965) †††	10.6 (2,733)***

➤ Almost mastery	9.4 (188)	5.3 (110)	7.3 (298)	23.8 (3,094)	17.7 (2,277)	20.8 (5,371)
➤ Mastery	89.0 (1,783)	93.5 (1,941) <sup>◆◆</sup>	91.3 (3,724)	62.6 (8,136)	74.8 (9,624) <sup>†††</sup>	68.6 (17,760) <sup>***</sup>

\*\*\*p < .001 for differences in the percentage of children scoring non-mastery and mastery on all subscales by school type

†††p < .001 for differences in the percentage of boys versus girls scoring non-mastery and mastery on all subscales in primary schools

◆◆p < .001 for differences in the percentage of boys versus girls scoring in the mastery range on the visual perception, auditory perception and number-letter knowledge subscales in preparatory schools.

## **Appendix**

### **National Education Goals Panel Definition of School Readiness (USA)**

#### **Child Goals**

1. Physical well-being and motor development
2. Social and emotional development
3. Approaches to learning
4. Language development
5. Cognition and general knowledge

#### **School Goals**

1. Smooth transition between home and school and pre-school and school
2. Continuity between early childhood education and primary education
3. Schools should help children learn
4. Schools should be committed to the success of every child
5. Schools should be committed to the success of every teacher
6. Schools should introduce and expand approaches to raise achievement
7. Schools should alter practices/programs that do not benefit children
8. Schools should serve children in the community
9. Schools should take responsibility for their results
10. Schools need strong leadership

#### **Family and Community**

1. All children should have access to high-quality pre-schools practising developmentally appropriate practices
2. Parents should spend time each day teaching their child and parenting education should be provided
3. Nutrition, physical activity and health care should be available to all

#### **High-quality Early Childhood Education**

1. Training of staff, curriculum that is cognitively stimulating and low staff-child ratios.
2. Staff trained to identify and assist children with behaviour problems
3. Parent training component (for literacy and behaviour management)
4. Staff trained to identify health problems
5. Integrated with Grade 1 to facilitate a smooth transition