Voices of Children: Experiences with Violence

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This is the report of the study component of the Children and Violence Project, coordinated by the Ministry of Labour, Human Services and Social Security and UNICEF-Guyana and carried out in collaboration with Red Thread Women’s Development Programme.


The contents are the responsibility of the authors and do not necessarily reflect the policies or views of the Ministry of Labour, Human Services and Social Security, Red Thread Women’s Development Programme or UNICEF.

Christie Cabral was the lead researcher of the study described in sections 2-4 and is the primary author of sections 1-4; Violet Speek-Warnery is the primary author of section 5. Editing and production of this report was carried out jointly by Christie Cabral and Violet Speek-Warnery.

Executive Summary

This report seeks to address the impact of different forms of violence on the lives of children in Guyana; in so doing it has created a space where the voices of children and young people must be heard. The report also indicates the actions taken by the Ministry of Labour, Human Services and Social Security, in partnership with civil society organisations and the United Nations Children’s Fund, to ensure that all children in Guyana can grow up without violence.

The study was commissioned by the Ministry of Labour, Human Services and Social Security in partnership with the Red Thread Women’s Development Programme and United Nations Children’s Fund. First hand accounts were obtained from almost 4,000 children and adolescents (3-17 years) about their experiences with all kinds of violence¹, be it in school, at home or in the wider community. The children who participated in the study were randomly selected from every Region of Guyana and included representative samples of children from various cultural backgrounds. The section on methodology explains clearly the sampling framework as well as the research tools used.

The study is part of the “Children and Violence” Project launched in 2003 by the Ministry of Labour Human Services and Social Security with UNICEF support. It has evolved from the Government’s concern to ensure that children throughout Guyana are protected from abuse, neglect, exploitation and discrimination in the face of increasing reports about children being both victims and perpetrators of violence.

In developing the project and in order to ensure its success, the Ministry has sought to associate different organisations and institutions involved with children. A Project Advisory Board - composed of representatives from Ministries, other Government agencies, non-governmental organisations which are active in child protection, religious and opinion leaders and a youth/child representative - has played a dynamic and key role both in the study and in other activities related to this project.

In addition to the study, the Project includes the review and strengthening of the protection services in Guyana for children, and the establishment of a Child Protection Monitoring System to track and protect children at risk. Also peace education initiatives² have been piloted, and a manual will be produced with an aim to empower children, their families, their schools and their religious and community leaders to deal with conflict and disagreements in a non-violent and self-protective manner.

¹ Violence in this report refers to physical, mental and sexual abuse (including incest), neglect, illicit transfer, sexual exploitation, violence in schools, violence in communities, and violence perpetrated by children such as crimes and self-inflicted violence (suicide).

² The focus of the peace education initiatives are on rights and responsibilities, citizenship and democracy, child abuse and child protection, sexual reproductive health, HIV/AIDS and STD’s, religious and ethnic cohesion, “Living Values”, conflict resolution and non-violent communication.
Recently, the Project launched a nation-wide public education campaign, “Growing up without Violence”, designed to educate children and adults alike on all forms of violence experienced by children in the home, at school and in the community. The campaign also educates children and adults on ways to protect and assist children who are at risk of violence.

One of the key messages coming out of this report is that children in Guyana are most at risk of violence in their own environments and with persons who they consider to be friends or family. Children are more likely to experience violence such as sexual, physical, mental abuse and neglect in their homes and schools from people they know, rather than to experience violence from criminals and strangers.

The study’s findings indicate that children who do not regularly attend school and may be working at home doing domestic chores or in a family agricultural business, were exposed to more violence than children who attended school regularly. In particular, out-of-school girls seem to be much more vulnerable to sexual exploitation and violence than those in school. The findings also indicate that losing a parent through death or abandonment makes children more likely to drop out of school, and to experience higher levels of violence.

Another important finding is that juvenile offenders have by and large experienced much greater physical and emotional abuse and neglect in their home environment than those in the general population of the sample. Many of these children ran away from home to escape physical and emotional abuse and exploitative relationships. These children are in turn more likely to drop out of school and adopt risky life styles including joining gangs of older youth, or being recruited by adults to take part in criminal activities.

The study shows that some of the violence endured by children can be associated with common practices and beliefs. For example, many children, both girls and boys, indicated that it is the girl or woman’s responsibility to avoid or allow sex and that sexual violence may occur as the result of a girl’s or woman’s behaviour. However, the majority of rapes of children are perpetrated by trusted caregivers, family members, or by family friends. Prevailing attitudes towards sexual violence can lead a child to believe they are partly responsible for the sexual violence perpetrated against them, which makes them less likely to protest or report it, and consequently makes them more vulnerable.

The Ministry of Labour, Human Services and Social Security in collaboration with its many partners is committed to addressing the violence perpetrated against, and by children. This report is a first step to understanding the magnitude, causes and impact of violence on children in Guyana. The further implementation of the “Children and Violence” Project will be essential in ensuring that children throughout Guyana are protected from all forms of violence.
CONTENTS

Executive Summary......................................................................................................................................i
CONTENTS .............................................................................................................................................iii
List of Figures and Tables......................................................................................................................vi
LIST OF ACRONYMS ............................................................................................................................vii
Acknowledgements..............................................................................................................................viii

1. The Global, Regional and National Context of Violence involving Children...............................ix
   1.1 Global Context...................................................................................................................................ix
   1.2 The Caribbean Context....................................................................................................................ix
   1.3 Guyanese Context...........................................................................................................................x
   1.4 Background and Objectives of Study.............................................................................................xi

2. Study Strategy and Methods..............................................................................................................xiii
   2.1 Selection of Representative Sample of the General Population of Children.........................xiii
      2.1.1 Selection of Survey Communities.........................................................................................xiii
      2.1.2 Selection of children for representative sample and special interest groups ..............xv
      2.1.3 Survey sample size..................................................................................................................xvi
   2. 2 Ethical Considerations.................................................................................................................xix
   2.3 Selection of young assistant researchers......................................................................................xx
   2.4 Study Methods ...............................................................................................................................xx
      2.4.1 Participatory Research Methods............................................................................................xx
      2.4.2 Individual Interviews: Questionnaire Survey.................................................................xxiii
      2.4.3 Key Informant Interviews....................................................................................................xxiii
      2.4.4 Review of Media Reporting.................................................................................................xxiii
      2.4.5 Data Analysis.........................................................................................................................xxiii

3. Results: Children’s Experiences, Perceptions and Views on Violence in Guyana....................xxv
   3.1 What is Violence? Views of Secondary School Children and Youth........................................xxv
   3.2 Results and Views on Physical and Emotional Violence and Neglect by Children...............xxvii
3.2.1 Results and Views of Physical and Emotional Violence and Neglect in the Home...
xxviii
3.2.2 Violence in Schools........................................................................................................xli
3.2.3 Violence in Institutions..............................................................................................xliv
3.2.4 Key Findings on Physical and Emotional Violence .............................................xlvi
3.3 Sexual Violence.................................................................................................................xlvi
  3.3.1 Sexual Harassment.................................................................................................xlviii
  3.3.2 Sexual Violence against Children .........................................................................l
3.4 Social and Criminal Violence ......................................................................................lx
  3.4.1 Physical and emotional abuse of children in the community..............................lx
  3.4.2 Children’s Experiences with Guns and Gun Crime............................................lx
  3.4.3 Children’s exposure to armed robbery.................................................................lxv
  3.4.4 Children’s exposure to killing in the community...................................................lxv
  3.4.5 Children’s exposure to suicide in the community...................................................lxviii
  3.4.6 Children’s Interactions with the Police.................................................................lxix
  3.4.7 Juvenile Offenders.................................................................................................lxx
  3.4.8 Children’s exposure to social violence in the media ...........................................lxxii
  3.4.9 Special Interest Communities: East Coast Demerara..........................................lxxv

4. Conclusions and Recommendations..............................................................................lxxvii
  4.1 Physical and Emotional Violence at Home and School........................................lxxvii
    4.1.1 Physical Discipline and Physical Abuse ............................................................lxxvii
    4.1.2 Neglect, Child Labour and School Absences.....................................................lxxx
    4.1.3 Child to child violence at home, in school and in the community...............lxxx
  4.2 Sexual Violence ............................................................................................................lxxxi
    4.2.1 Knowledge, attitudes, beliefs and the risk of sexual violence....................lxxxi
    4.2.2 Government and legal systems .........................................................................lxxxv
    4.2.3 Recommendations: To prevent and protect children from sexual abuse.....lxxxvi
  4.3 Vulnerability of children in special interest groups to violence.........................lxxxviii
    4.3.1 Recommendations: To protect children in special interest groups from violence.xci
4.4 Juvenile Offenders........................................................................................................xcii
  4.4.1 Recommendations: To prevent and protect juvenile offenders.........................xciv
4.5 Social and Criminal Violence....................................................................................xcv
  4.5.1 Recommendations: To prevent and protect children from social and criminal
      violence ................................................................................................................xcv
4.6 Children’s views on violence in their communities and suggestions for reducing it...xcvii

5. Recent interventions being undertaken to prevent and protect children from all forms of
   violence in Guyana.................................................................................................................xcix

5.1 Child and Violence Project.........................................................................................xcix
  5.1.1 Child and Violence Project: Study........................................................................xcix
  5.1.2 Children and Violence Project: Child Protection Monitoring System ............xcix
  5.1.3 Children and Violence Project: Peace Education Initiatives.........................c
5.2 Other national development concerning child protection......................................cii

REFERENCES....................................................................................................................civ

Appendix 1: Survey Communities...................................................................................cviii
List of Figures and Tables
Table 2.1 Estimated population of children and number of survey communities............ 5
Table 2.2 Sample frame of the number of children included in each community.......... 18
Table 2.3 Number of children in participatory sessions in schools by age group.......... 19
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>BoS</td>
<td>Bureau of Statistics</td>
</tr>
<tr>
<td>BV</td>
<td>Beterverwagting</td>
</tr>
<tr>
<td>CARICOM</td>
<td>Caribbean Community</td>
</tr>
<tr>
<td>CDC</td>
<td>Community Development Councils</td>
</tr>
<tr>
<td>CPCE</td>
<td>Cyril Potter College of Education</td>
</tr>
<tr>
<td>CPMD</td>
<td>Child Potation Data Base</td>
</tr>
<tr>
<td>CPMS</td>
<td>Child Protection Monitoring System</td>
</tr>
<tr>
<td>EBD</td>
<td>East Bank Demerara</td>
</tr>
<tr>
<td>ECD</td>
<td>East Coast Demerara</td>
</tr>
<tr>
<td>GPF</td>
<td>Guyana Police Force</td>
</tr>
<tr>
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<td>Guyana Responsible Parenthood Association</td>
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<tr>
<td>ILO</td>
<td>International Labour Organisation</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus – Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>HFLE</td>
<td>Health and Family Life Education</td>
</tr>
<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>Min. LHSSS</td>
<td>Ministry of Labour, Human Services &amp; Social Security</td>
</tr>
<tr>
<td>MoE</td>
<td>Ministry of Education</td>
</tr>
<tr>
<td>MoP</td>
<td>Men of Purpose</td>
</tr>
<tr>
<td>MCYS</td>
<td>Ministry of Culture, Youth and Sports</td>
</tr>
<tr>
<td>NDC</td>
<td>Neighbourhood Democratic Council</td>
</tr>
<tr>
<td>NGOs</td>
<td>Non-governmental organisations</td>
</tr>
<tr>
<td>NOC</td>
<td>New Opportunity Corps (also called the boys school or girls school): a detention facility for juvenile offenders administered by the MCYS)</td>
</tr>
<tr>
<td>RDC</td>
<td>Regional Democratic Council</td>
</tr>
<tr>
<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistics Program for Social Sciences: computer programme for statistical analysis</td>
</tr>
<tr>
<td>STDs</td>
<td>Sexually Transmitted Diseases</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNECLAC</td>
<td>United Nations Economic Commission in Latin America and the Caribbean</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>VYC</td>
<td>Volunteer Youth Corps</td>
</tr>
<tr>
<td>WAVE</td>
<td>Women Against Violence Everywhere</td>
</tr>
</tbody>
</table>
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Finally, the greatest contribution to this report was made by the all the children and adults who spoke to us; especially those children who trusted us and told us their stories in the belief that this report would make a difference for children in Guyana.
1. The Global, Regional and National Context of Violence involving Children

Throughout the world, children experience violence at home, within their family and from other children, in schools, institutions (such as orphanages and other residential care), on the streets, in the workplace and in detention centres [1-6]. A small proportion of violence against children leads to death, but most often violence does not leave any visible scars and is hidden [2, 4, 7, 8]. Yet violence involving children is one of the most serious problems affecting children today [1].

The United Nation Children’s Fund (UNICEF) describes violence as ‘deliberate interpersonal behaviour liable to cause physical or psychological harm’ [1]. Violence includes four most widely recognised types of abuse: (1) physical abuse, (2) emotional/mental abuse (3) sexual abuse (including incest), and (4) neglect. Self-inflicted violence and suicide are forms of physical abuse. Violence against children also includes the illicit transferring of children, which is when a parent(s) and another person abduct a child without the child’s informed consent. Trafficking of children refers to the illegal transport of children for the purposes of selling them or exploiting their labour. Violence involving children entails both violence perpetrated against children and violence perpetrated by them. (All definitions of violence given here are taken from the UNICEF Child Protection web-site [1].)

1.1 Global Context

Violence involving children is a global phenomenon [6, 9, 10]. Children most often experience violence in the home, particularly physical and sexual abuse, and the emotional abuse of being exposed to domestic violence against their caregivers [7, 11]. Children also commonly experience violence in school: physical, emotional and sexual abuse from teachers and ‘bullying’ from other children, which includes both physical and emotional abuse [3, 12, 13].

Some children are more vulnerable to violence or certain types of violence than others: generally, street children tend to be more vulnerable to violence [5, 14]; female children are more vulnerable to sexual violence and sexual exploitation, particularly in macho societies [4, 15, 16]. Children in less economically secure households are more likely to be exploited for labour and to experience neglect [17, 18].

Children who live in societies with a lot of violence are negatively affected emotionally and mentally, even if they are not directly affected themselves [19-21]. Children in such societies are more likely to become involved in violent crime and become both perpetrators and victims [6].

1.2 The Caribbean Context

There have been several studies on violence and children in the Caribbean [22-27]. The studies of how community-based violence and crime impact on children in Jamaica, and how patterns of adult violence related and connect to child violence in schools, are particularly relevant to this study [25, 27].
These studies show that community-based and criminal violence is having a very negative impact on children in the Caribbean. A study of Jamaican school children in Kingston [25] found that 33% were afraid of someone in their community or yard, 50% knew someone who had been shot, 39% knew someone who had been stabbed or cut and 23% knew someone who had been raped. The fear of violence also affected Jamaican children, for example in their choices of routes to school and their unwillingness to participate in community activities [27].

The social violence appears to be inter-connected with child to child violence in the Jamaican schools. A study found that 70% students had seen fights with a weapon (usually a knife), 30% students had been hurt in fights and needed treatment, and 50% students reported property had been damaged deliberately by other students [27].

In Jamaica, 13-19 year-old adolescents make up almost a quarter of the perpetrators of major crimes (armed robbery, assault, rape and murder) [27]. Children are drawn in to the culture of violence and crime. Violence is perceived by adolescents as useful for survival and social mobility, and there is a general lack of faith in the implementation of justice, law and order [27].

Community-based violence, violent crime and poor socio-economic conditions interact to produce a downward spiral of increasing violence and social deprivations. Social fragmentation and erosion of social capital are amongst the clearest impacts of violence: crime and violence make it difficult for any community organisation to function (Moser and Holland, 1997; UNICEF, 2000). Poverty is associated with juvenile crime, affecting adolescents negatively through eroding community solidarity, self-esteem and critically weakening the family’s ability to socialise its children. Almost half of those brought to court for serious crimes were described as ‘in need of care and protection’ [27].

1.3 Guyanese Context

There have been several reports on violence in Guyana, some of which have dealt with or even focussed on children [28-33]. However, many of these rely heavily on anecdotal evidence, or deal with a localised population, and it is therefore difficult to generalise their findings to the national population. Even when nation wide statistics are available (e.g. police statistics on child abuse cases reported), the actual incidence of abuse against children in Guyana is hard to determine since there is still substantial under-reporting [29]. A survey of Guyanese women in 1998 found that of those who had suffered abuse as children, 81% had never reported it to anyone [34].

In a 1997 survey of adolescents, physical abuse was reported by 16% of boys and 14% of girls [33]. A survey in 1998 found that 92% of working and middle class women had experienced beatings as children [34]. As observed elsewhere in the world, physical abuse in the home is most often perpetrated by mothers [30, 35]. The 1998 survey indicates that use of physical punishments for disciplining children is widely supported [34].

It has been estimated that 8%-10% of girls and 2-5% of boys in Guyana have been sexually abused [29, 33]. However, sexual abuse is highly under reported worldwide, and Guyana is probably no exception. The most common perpetrators of sexual violence are fathers and
stepfathers [35]. In some areas, teenaged girls are being trafficked to work under exploitative conditions, often as prostitutes [36]. Girls are sometimes pushed by social or economic pressures into sexually exploitative relationships or prostitution [29].

As a result of domestic violence, children are exposed to emotional violence in the home [30, 32]. The primary causes of domestic violence in some Region 6 communities were reported to be alcohol abuse, financial pressures and infidelity [32].

Children are subjected to exploitation, neglect and abandonment. Child labour in the agricultural industries is ubiquitous and impacts negatively on their education and health [36]. An increasing number of children are living on the streets; it was estimated that the number of boys living on the street had risen by 50% between 1998 and 2000 [29].

Children and adolescents have also been reported to be the perpetrators of violence. In a 1997 survey, 10% of adolescents (10-18 year-olds) reported being knocked unconscious from fighting and 13% carried weapons to defend themselves [33]. During the 1990s, the police recorded a growing number of incidents of violent crime perpetrated by young people upon other young people [29].

1.4 Background and Objectives of Study

In 2002, Guyana experienced a sudden immediate rise in violence and crime, most notably in the coastal areas. Children and adolescents were both victims and indirectly affected as their parents or other relatives were attacked or killed [37]. It was against this background that the Ministry of Labour, Human Services and Social Security (Min. LHSSS) and UNICEF launched the “Children and Violence” Project in 2003.

The Project entails three main components:
1) a study into violence involving children;
2) the establishment of a national child projection monitoring system; and
3) peace education interventions in three local communities, together with a public education campaign.

This report focuses on the result of the study component which was carried out in partnership with Red Thread Women’s Development Programme [37]. The report also provides an update on the progress made in the other two components, and other interventions undertaken throughout Guyana to address violence involving children.

The main objective of this study was to obtain first hand accounts from Guyanese children and adolescents about their experiences of violence, how it impacts them and what they think about violence. The study aims to provide current information on the incidence and impacts of all forms of violence on children and adolescents (under 18 years) in Guyana.

The specific objectives were to investigate:
- all forms of violence including: physical, emotional and sexual abuse, neglect, exploitation, self-inflicted violence, illicit transfer, criminal violence and political violence;
who are the victims;
who are the perpetrators;
where violence takes place and how often;
what are the impacts on the children: physical or emotional harm or changes to behaviour or attitude; and
children’s opinions of violence and what they think should be done about it.
2. Study Strategy and Methods

The research strategy entailed obtaining direct accounts of, and views on violence from children\(^3\) by combining participatory methods and in-depth interviews and obtaining supporting secondary information from health workers, teachers, police and other professionals involved with children through key informant interviews. The use of participatory methods allowed a large number of children to participate in those aspects of the study that elicited some numerical information and generated discussions of views. In-depth one-on-one interviews with a smaller number of children produced information on their own experiences of violence, the circumstances surrounding the violence and the impacts on the child. The data was collected in locations representative of a range of socio-cultural and economic situations in Guyana. Secondary data on incidence of different types of violence and the associated factors was collected from: the Ministry of Labour, Human Services and Social Security, the Ministry of Culture Youth and Sport, the Guyana Police Force and Help and Shelter.

The study was guided by an Advisory Board composed of representatives from a wide range of stakeholders including all Ministries and other Government agencies involved in any way with children, NGOs active in this area, religious and opinion leaders and a youth/child representative. This Advisory Board guided the development of the study strategy, ensuring that it was locally appropriate and that the survey locations randomly selected within stratified system, were representative of Guyana as a whole. The Board also took on the role of ethics committee for this study and ensured that the ethical protocols, developed specifically for this study, conformed to nationally acceptable standards.

2.1 Selection of Representative Sample of the General Population of Children

2.1.1 Selection of Survey Communities

The study sought to select a representative number of children in all regions throughout Guyana. From each region of Guyana communities\(^4\) were selected such that the number of communities was proportional to the estimated population of children for each region. Thus regions with high populations of children (e.g. Regions 4 & 6) had more selected communities than regions with low populations (e.g. Regions 7 & 8).

The total population of each region was estimated using the most recent data from the 1991 Guyana Population and Housing Census\(^5\) and the national growth rate of 0.8% given by the World Bank [38] for non-hinterland regions\(^6\) and a growth rate of 5%\(^7\) for hinterland regions\(^8\). The population of children in each region was then estimated assuming that the under 18 group

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3 Children are defined as individuals 0-18 years old, but for practical purposes, only children of 3-18 years were involved in the study.
4 For the purposes of this survey, a community was defined as a village (in rural areas) or discrete administrative district (in urban areas).
5 Data from the 2002 Guyana Population and Housing Census was not available when the sampling framework was devised.
6 Regions 2, 3, 4, 5, 6 and 10.
7 The figure of 5% is an average derived from several studies of Amerindian populations [39, 40]
8 Regions 1, 7, 8 and 9.
constitutes 35% of the total population in non-hinterland regions and 55% of the population in Amerindian dominated hinterland regions (the figure of 35% was derived from a national figure given by the World Bank [41], and the figure of 55% derived from data in (Allan, 2001). Although these assumptions may lead to an over estimation of the total population and therefore population of children in hinterland regions, the populations are so small that the difference in the calculated percentages of children for each region is no more than 2% in any case. In addition, there is justification for doing more than one community in hinterland regions where there are substantial socio-economic and cultural differences between different areas, in particular, Regions 7 and 1.

Although these estimated populations of children for each Region were not exact, they were deemed a sufficiently good guide for the purposes of this survey (Table 2.1). Each region was apportioned one community for every 2% of the children’s population it contained, giving Region 8, with the smallest population, just one community and Region 4, with the largest population, 18 communities (Table 2.1).

Table 2.1 Estimated population of children and number of survey communities

<table>
<thead>
<tr>
<th>Region</th>
<th>Estimated total population</th>
<th>Estimated population of children</th>
<th>% children in each Region</th>
<th>No. sample communities</th>
</tr>
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<tr>
<td>1</td>
<td>32,853</td>
<td>18,069</td>
<td>6%</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>47,468</td>
<td>16,614</td>
<td>5%</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>104,836</td>
<td>36,693</td>
<td>12%</td>
<td>6</td>
</tr>
<tr>
<td>4</td>
<td>324,043</td>
<td>113,415</td>
<td>37%</td>
<td>18</td>
</tr>
<tr>
<td>5</td>
<td>56,419</td>
<td>19,747</td>
<td>6%</td>
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<tr>
<td>6</td>
<td>155,648</td>
<td>54,477</td>
<td>18%</td>
<td>9</td>
</tr>
<tr>
<td>7</td>
<td>26,367</td>
<td>14,502</td>
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<td>8</td>
<td>10,010</td>
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<td>9</td>
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<td>43,211</td>
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<tr>
<td>Total</td>
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</tbody>
</table>

A stratified random selection process was used to identify the actual communities and ensure they represented a range of socio-cultural and economic situations. The survey aimed to include communities dominated by different ethnic groups and of different economic and geographical situations. However, the balancing was necessarily rough since there was insufficient information to design a balanced sampling design with respect to these elements.

The key restriction on selection of the survey communities was the location of secondary schools in Guyana. Since children were approached mainly through schools, a survey community had to contain a secondary school. The locations of all secondary, primary and nursery schools were obtained from the Ministry of Education and a list of possible communities compiled. The actual communities were then randomly selected to give a balanced sample of communities with different cultural compositions and backgrounds from urban and rural areas, again proportional to the population of children. Three communities were included specifically because of their association in the public consciousness with violence, and another one to
represent an important socio-cultural situation not otherwise included. This necessitated adding another two communities, giving a total of 52 communities (as indicated in Table 2.1).

These communities should not be viewed as case studies, especially since the children in the secondary schools and often the primary schools and youth groups, were often not living within the same community. The children in these locations were drawn from villages or districts with similar socio-cultural, economic and geographic situations within the same region and general area as the sample community. They are a representative sample of children for the general area and the survey communities gave a framework for locating these children, thus obtaining a representative sample of the general population of children in Guyana.

In addition to the representative sample of the general population of children, there were three special interest groups also included in the community-based survey: orphans\(^9\), children with disabilities\(^{10}\) and out-of-school children\(^{11}\). Two other special interest groups were orphans and vulnerable children\(^{12}\) institutionalised in children’s homes and juvenile offenders\(^{13}\) in the New Opportunity Corps and these were visited in the institutions themselves. The complete list of survey communities and institutions is given in Appendix 1.

### 2.1.2 Selection of children for representative sample and special interest groups

The majority of children who participated in this survey were approached through schools (secondary school, primary schools and nursery schools) as this was the only practicable way of accessing large numbers and groups of children over a relatively short period of time.

In primary and secondary schools, two groups were selected: one of younger children (from Primary 1 and 2 or Forms 1 and 2 respectively) and one of older children (from Primary 3 and 4 or Forms 3 and 4 respectively). In primary schools, the groups numbered 16 children, and in secondary schools -18 children. To obtain a representative and unbiased sample of children, teachers were asked to select every third child on the register until they had an equal number of boys and girls and an equal number from the two classes for the group. In primary schools, one girl and one boy were also selected from Prep A / Prep B, again the third child on the register, to provide an unbiased sample. In nursery schools, one boy and one girl were selected by the teacher, where possible using the same principle (third on register); however, this was often not practical as only a few of the nursery aged children were brave enough to sit and talk with a stranger, and often the teacher simply selected children who were able and willing to talk.

---

\(^{9}\) Orphan: a child who has lost one or both parents due to death.

\(^{10}\) Child with a disability: a child who has a physical or mental disability.

\(^{11}\) Out-of-school children: a child who is absent from school most of the time or entirely absent and may be staying at home, working at home or in a family business, working outside of the home, or working and / or living on the street.

\(^{12}\) OVC: a child who has lost one or both birth parents through death or absence or whose birth parents are unable to care for her/him.

\(^{13}\) Juvenile offender: a child who has been committed to the New Opportunity Corps because they came in conflict with the law.
The youth (15-17 years) were normally accessed through local youth groups (sports groups, religious groups or development groups), although in two communities, youth groups were held in schools with Form 5 students. The youths proved very difficult to access and participatory discussion sessions with youth were in fact only held in 21 communities. The number of youths in each group depended on who was willing to attend; consequently the groups were both smaller in size than the other groups (occasionally as few as four youths), and were not necessarily representative of 15-17 year-old youth in that community as a whole.

In addition to the participatory survey work, individual interviews were carried out with children between 7 and 17 years. Five children in each community were selected from the representative sample, one each from the 7-9, 9-11, 11-13, 13-15 and 15-17 year age groups. In each group, the first child to the right of the lead research assistant was selected for interviews, thus providing an unbiased and representative sample of the general population of children to be interviewed. In addition, three children from special interest groups were interviewed in each community when available: an orphan, a child with a disability and an out-of-school child. A summary of the number of children per community is shown in Table 2.2.

### Table 2.2 The sample frame of the number of children included in each community

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Type</th>
<th>Location</th>
<th>No. in participatory survey</th>
<th>No. individual interview</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Representative sample of Guyanese children</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-5</td>
<td></td>
<td>Nursery School</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>5-7</td>
<td></td>
<td>Primary Prep A / Prep B</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>7-9</td>
<td></td>
<td>Primary 1 &amp; 2</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>9-11</td>
<td></td>
<td>Primary 3 &amp; 4</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>11-13</td>
<td></td>
<td>Secondary Forms 1 &amp; 2</td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td>13-15</td>
<td></td>
<td>Secondary Forms 3 &amp; 4</td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td>15-17</td>
<td>Youth group</td>
<td>4-14 (avg. 8)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Special interest groups</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-17</td>
<td>Orphan</td>
<td>Found within school or community</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>7-17</td>
<td>Child with disability</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>7-17</td>
<td>Out-of-school child</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Total sample size per community</strong></td>
<td></td>
<td>Without youth</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td></td>
<td>With youth</td>
<td>74-84</td>
<td>8</td>
</tr>
</tbody>
</table>

Participatory group work and interviews were also carried out in children’s homes and with children in the NOC.

### 2.1.3 Survey sample size

All 52 communities were visited but not all of the selected schools were able to participate; some could only partially participate. In six communities, for example, schools were operating on a shift system with another school, often the corresponding secondary school with a building under renovation, and the children from both primary and secondary were present for only half the day. When this was found to be the case, it normally meant that there was only time for
one participatory session for the primary school (which took longer) and sometimes only one session with the secondary school. In two schools (a primary school in Region 5 and a secondary school in Region 6), it was not possible to carry out any sessions due to unforeseen circumstances. In the two additional communities, there was no secondary school in which to do sessions, although one session was held with secondary students in the primary school. A total of 340 participatory sessions were held, 202 in primary schools (101 each with girls and boys separately), 98 in secondary schools, 21 with youth groups, and 19 in children’s homes.

A total of 3855 children participated in the survey: 3713\(^{14}\) in participatory sessions and 388 in individual interviews (123 in both participatory sessions and interviews). This represents overall a 1.1% sample of the estimated total population of children in Guyana\(^{15}\), a sample of 1% in participatory sessions and 0.1% in interviews.

### 2.1.3.1 Composition of the actual sample of children in participatory sessions

The sample of children in the participatory sessions was well balanced with respect to gender: 51% girls and 49% boys overall. The youngest age groups (3-5 and 5-7 years) made up just 2% and 3% respectively of the representative sample since fewer were included in the participatory work. The youth (15-17 years) made up just 5% of the sample due to the problems in accessing this age group (as described above). The main groups accessed through schools (7-9, 9-11, 11-13 & 13-15 years) were all evenly represented and made up the majority of the children sampled (Table 2.3)

### Table 2.3 Number of children in participatory sessions in schools by age group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>3-5</th>
<th>5-7</th>
<th>7-9</th>
<th>9-11</th>
<th>11-13</th>
<th>13-15</th>
<th>15-17</th>
<th>TOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total No. children</td>
<td>77</td>
<td>93</td>
<td>831</td>
<td>785</td>
<td>785</td>
<td>822</td>
<td>171</td>
<td>3564</td>
</tr>
<tr>
<td>% of sample</td>
<td>2%</td>
<td>3%</td>
<td>23%</td>
<td>22%</td>
<td>22%</td>
<td>23%</td>
<td>5%</td>
<td></td>
</tr>
</tbody>
</table>

The participatory sessions in the children’s homes often worked with larger age groups since there were fewer children available. The majority of children encountered in children’s homes were between 7 and 11 years; older children were generally 11-15 years (still of school age) so the occasional child of 16 or 17 years was generally included with the younger secondary children (Table 2.4).

### Table 2.4 Number of children in participatory sessions in children’s homes by age group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>3-7</th>
<th>7-9</th>
<th>9-11</th>
<th>11-17</th>
<th>TOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total No. children</td>
<td>12</td>
<td>45</td>
<td>35</td>
<td>57</td>
<td>149</td>
</tr>
<tr>
<td>% of sample</td>
<td>8%</td>
<td>30%</td>
<td>23%</td>
<td>38%</td>
<td></td>
</tr>
</tbody>
</table>

\(^{14}\) 3564 children in schools and youth groups and 149 children in children’s homes.

\(^{15}\) For these calculations, the estimation of the children’s population is based on the recently release data from the 2002 census.
2.1.3.2 Composition of the actual sample of children in interview survey

Of the 388 individual interviews, 221 were with children drawn from the representative sample accessed through schools and the youth groups (Table 2.5). Children were also interviewed in children’s homes and in the NOC. The number of special interest group children interviewed is shown in Table 2.5. It was not possible to interview an orphan, a child with a disability and an out-of-school child in every community.
Table 2.5 Numbers of individual interviews with children

<table>
<thead>
<tr>
<th></th>
<th>7-12</th>
<th></th>
<th>13-17</th>
<th></th>
<th>Total in samples</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>girls</td>
<td>boys</td>
<td>girls</td>
<td>boys</td>
<td></td>
</tr>
<tr>
<td>General Population of Children</td>
<td>64</td>
<td>56</td>
<td>52</td>
<td>49</td>
<td>221</td>
</tr>
<tr>
<td>Orphans</td>
<td>8</td>
<td>4</td>
<td>13</td>
<td>11</td>
<td>36</td>
</tr>
<tr>
<td>Children with disabilities</td>
<td>10</td>
<td>7</td>
<td>11</td>
<td>14</td>
<td>42</td>
</tr>
<tr>
<td>Out-of-school children</td>
<td>3</td>
<td>6</td>
<td>5</td>
<td>13</td>
<td>27</td>
</tr>
<tr>
<td>Children in children’s homes</td>
<td>8</td>
<td>14</td>
<td>11</td>
<td>11</td>
<td>44</td>
</tr>
<tr>
<td>Children in NOC</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Total (gender &amp; age group)</td>
<td>95</td>
<td>89</td>
<td>97</td>
<td>107</td>
<td></td>
</tr>
<tr>
<td>Total (age group)</td>
<td>184</td>
<td></td>
<td>204</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>388</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The number of children from different regions that participated in group sessions and interviews was roughly proportional to the population of children in that region\(^{16}\) (Table 2.6). The hinterland regions were slightly over represented, particularly Region 8, because an extra community was added (see Section 2.1.1), but these regions still made up only a small proportion of the total sample. Regions 3 and 5 were slightly under represented because populations in these regions grew more than expected between 1991 and 2002.

Table 2.6 Actual regional representation of children in study sample

<table>
<thead>
<tr>
<th>Area</th>
<th>Estimated population of children</th>
<th>Interviews</th>
<th>Participatory sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual No.</td>
<td>Sample size (%)</td>
<td>Actual No.</td>
</tr>
<tr>
<td>Region 1</td>
<td>12762</td>
<td>21</td>
<td>0.16%</td>
</tr>
<tr>
<td>Region 2</td>
<td>22753</td>
<td>43</td>
<td>0.19%</td>
</tr>
<tr>
<td>Region 3</td>
<td>47902</td>
<td>40</td>
<td>0.08%</td>
</tr>
<tr>
<td>Region 4</td>
<td>145258</td>
<td>152</td>
<td>0.10%</td>
</tr>
<tr>
<td>Region 5</td>
<td>24591</td>
<td>22</td>
<td>0.09%</td>
</tr>
<tr>
<td>Region 6</td>
<td>57739</td>
<td>53</td>
<td>0.09%</td>
</tr>
<tr>
<td>Region 7</td>
<td>8764</td>
<td>15</td>
<td>0.17%</td>
</tr>
<tr>
<td>Region 8</td>
<td>5066</td>
<td>12</td>
<td>0.24%</td>
</tr>
<tr>
<td>Region 9</td>
<td>10651</td>
<td>12</td>
<td>0.11%</td>
</tr>
<tr>
<td>Region 10</td>
<td>18690</td>
<td>18</td>
<td>0.10%</td>
</tr>
<tr>
<td>Guyana</td>
<td>354176</td>
<td>388</td>
<td>0.11%</td>
</tr>
</tbody>
</table>

This population of children was estimated from the 2002 census data [43].

2.2 Ethical Considerations

A code of ethics and a document describing the ethical considerations and procedures for the study were drawn up specifically for this study. They are consistent with national and international standards on human and child rights and on doing research with children. These documents were examined and approved by the ethics committee of the Advisory Board.

\(^{16}\) Estimated from the 2002 census data [42].
Copies were made available at every location where research was carried out and are still available from the Min. LHSSS and UNICEF-Guyana office.

The two key elements in the code of ethics and ethical consideration and procedures document were to obtain free and informed consent from participants (including children) and to maintain confidentiality of information received by protecting the identities of the informants17.

Another key ethical dilemma that was examined was the possibility that those children who were being abused might come forward during the study sessions to ask the assistant researchers for help. For this reason a trained counsellor from Red Thread Women’s Development Programme was placed with each research group in the field. Children who wanted to talk further or needed counselling were referred immediately to the Red Thread counsellors by the assistant researcher.

2.3 Selection of young assistant researchers

This study involved discussing some very sensitive issues with Guyanese children from 3 to 17 years. In order to facilitate the development of a rapid rapport with children, 13 young Guyanese research assistants, all unemployed, between the ages of 19 and 26 years, and somewhat active as volunteers in the social development sector, were recruited. It was felt that these young people would have a good rapport with the children, being closer to them in age and having recent common experiences.

These young research assistants were sensitised to all forms of violence and trained in how to carry out the participatory methods, and in how to interact with children; including child-friendly interview techniques and group management. Three of the volunteers also received training in administering the one-on-one interviews. The training took place over two weeks and entailed both classroom sessions and practice field-work in schools with children.

To promote the preservation of confidentiality for participants, assistant researchers were not allowed to conduct the study in their own home regions or communities.

2.4 Study Methods

The study methodologies were tested with school children during a pilot phase in November 2003 and methods were modified accordingly. The actual data gathering in the regions took place from November 2003 to April 2004.

2.4.1 Participatory Research Methods

Participatory research methods were used to enable the involvement of a large number of children and to make the experience enjoyable and fun for children, despite the seriousness of the topic. The participatory approach is found to be very empowering for the children, and gives children the confidence to express their views freely [44-46]. These techniques were used to encourage the children to be open and free with their opinions in the group sessions.

17 Children, health workers, teachers and police officers.
Since these group sessions usually took place in schools and in classroom settings, the locations were always first prepared by the assistant researchers to make it more suitable for a participatory session with children. Furniture was rearranged so that the children sat in a circle and the assistant researchers interspersed themselves among the children.

It was very important that no-one other than the children and the assistant researchers were present in the room, and in particular that teachers from the school were not present or able to overhear - both to prevent their presence inhibiting the children from speaking freely, and to help promote confidentiality [27, 47].

Each participatory session started with an explanation of the study. The children were then asked to verbally consent to their participation in the study, with the option to leave during the sessions, if they felt uncomfortable. After this formality, a warm up exercise was done with the children, designed to get the children energised and in a playful and interactive mood. The exercise varied according to the age and mood of the children.

2.4.1.1 Brainstorming: Idea Avalanche

Each participatory group session with children in secondary schools and youth groups started with a brainstorming exercise called the ‘Idea Avalanche’. Children were simply asked the question ‘What is violence?’ and asked to give their ideas. These ideas were then recorded on a flip chart for everyone to see. Children were asked to respond quickly, with whatever ideas came to mind. All children were encouraged to give at least one idea, but they could give as many as they wanted or none at all.

2.4.1.4 Enumerating: Wind blows and Ranking Line

Two fun rapid enumeration exercises, the ‘Wind blows’ and the ‘Ranking Line’ were done with children in primary, secondary and youth groups, where children were asked to respond quickly to questions.

For the ‘Wind blows’ exercise, children sat in a circle facing outwards and the lead assistant researcher explained to the children that a list of questions would be read and when they agreed with the question the ‘wind would blow them’ to stand upright in their chairs. The lead assistant researcher then asked a question phrased as: “The Wind blows all those children who …”. All the children who agreed then stood up and the second assistant researcher did a quick head count (taking no more than two seconds), and thanked the children to allow them to be seated again. In this way, the whole group of children were taken rapidly through the series of questions phrased in the same way and the questioning was carried out in the context of a game.

The ‘Ranking Line’ exercise was carried out only with secondary school children and youths. A line, approximately 3 meters long, was marked on the floor using broad paper tape and on this line five positions were marked. At one end ‘strongly agree’, half way to the middle ‘agree’, in the middle of the line ‘don’t know’, half way to the end ‘disagree’, and at the other end ‘strongly
disagree’. The children were told that a series of statements would be made and they should indicate their opinion (relative agreement or disagreement) by standing at the corresponding spot on the line. One assistant researcher read the series of questions, while another counted the number of children standing at each position. The numbers were recorded on a flip chart sheet for use in the later discussion sessions.

Although the ranking line exercise was not carried out with primary school children, the same ranking line questions were asked of the primary school children (except for one concerning sexual behaviour considered not suitable) at the start of their discussion session, and each child was required to indicate whether they agreed, disagreed or didn’t know.

2.4.1.3 Visualising: Social Mapping

During the social mapping activity, children were given paper and marker pens and asked to draw their home and then places in their community which were bad / scary / unsafe or where violence took place. Age-appropriate terms were used to explain what was wanted from the children. Younger children were asked to draw places they were afraid of (‘not nice’, ‘scary’, and ‘violent’ but not places with ghosts or ‘jumbies’) and older children were explicitly asked to draw places where violence happened in their communities. The children worked in groups of 4-6 and assistant researchers moved between groups to encourage them.

After a short period to allow the children to draw, a research assistant came to talk to each child about their drawing, asking first about their home, whether this was a happy place for the child and if there was any violence occurring there, then moving on to other parts of the drawing, and finally asking generally about any other violence the children might know about. The drawings helped to establish where the violence occurred in relation to the child’s home. The assistant researchers made short notes on the drawings to record what the child said.

This exercise was carried out with children from 3-17 years. The nursery children (3-5 years) and Prep A / Prep B children worked individually with a specially trained assistant researcher rather than in groups.

2.4.1.4 Group Discussions

The final activity in each participatory session was a group discussion. The children sat in a circle with 2-3 assistant researchers, one assistant researcher would take the lead while the others recorded what was being said by the children. The basis for the first part of the discussion was the ranking line questions, the children were asked why they agreed or disagreed and what was good or bad about the topic under discussion.

For the secondary and youth groups only, an additional section was added to the discussion, concerning violence in their own communities: where and when it happened, how often it involved children, how it affected children and what they thought could be done to reduce the violence. In primary schools, discussions with the boys and girls were held separately, because during the pilot stage, it was discovered that mixed groups were inhibitive at this age.
2.4.2 Individual Interviews: Questionnaire Survey

A questionnaire was designed to obtain further in-depth information on the types of violence that were affecting children. The questionnaires recorded basic demographic information about the child but no personal identifiers (such as name or address) and information on family situation, household compositions, and indicators of relative wealth or poverty. The questionnaire then asked about different types of violence the child might have experienced: these were divided into categories concerning neglect, emotional and mental abuse, physical abuse, sexual abuse, exposure to social and criminal violence including family interactions with the police, and knowledge of gun crime, robbery, murder, suicide and juvenile offenders.

Supplementary questions were asked whenever the respondent indicated they had knowledge or experience of any kind of violence; these established who the perpetrator was and their relationship to the child, where the violence took place and how frequently – whether it was a one off or a regular occurrence, and who the victim was - if not the child. These questions also elicited background information on the circumstances of the violence to identify the presence or absence of important factors such as substance abuse. Emotional impacts and feelings about the violence perpetrated against them were also elicited from the children.

These interviews were tape recorded and later transcribed to preserve as much information as possible. Prior informed consent was obtained at the start of each interview for recording. Since the interviews concerned very sensitive information, extra care was taken to preserve the confidentiality of their contents.

2.4.3 Key Informant Interviews

Individual interviews were carried out with teachers, health workers and police officers in each community. At least one teacher was interviewed in every community at either the primary or secondary school visited. A health worker at the main health centre for each community was interviewed. Police officers (usually the sergeant-in-charge) at stations responsible for each area were approached for interviews. Unfortunately, not all police officers were willing to participate in interviews, so these were not carried out in every community.

A few additional key informant interviews were carried out with individuals with special knowledge, including probation officers, community workers and lawyers.

2.4.4 Review of Media Reporting

All reports of violence involving children published in the three main national newspapers\(^\text{18}\) between September 2003 and April 2004 were collected. Details of the type of violence, the role of the child, the perpetrator, the victim, the location, the frequency and the outcome for the child and of any legal proceedings were recorded.

2.4.5 Data Analysis

\(^{18}\) Guyana Chronicle, Stabroek News and Kaieteur News
Numerical data was obtained from the questionnaire and the enumeration exercises in the participatory sessions. The qualitative data obtained from the group discussions was subjected to a textural analysis which entailed reading through written records of the discussions, looking for common ideas and then recording the frequency that each idea occurred in different groups [48].

The data from the enumeration exercises and the frequency data obtained from the discussions were compared for differences between different geographic areas and ages of the children in the groups. The data from the questionnaire survey was tested for differences between geographic areas, age, gender and ethnicity of child, between the representative sample and the special interest groups, and in some instances for differences between children from households of different sizes and incomes

Since the data all had non-normal distributions, a non-parametric statistical test for multiple comparisons the Kruskal-Wallis test was used to test the significance of the differences observed. All statistical analyses were carried out using SPSS version 11.

All differences between areas, ages, genders, ethnicities, special interest groups or household size or income referred to in the results section are significant at the adjusted level corresponding to a high degree of confidence in the results stated. Differences which are found not to be significant will not normally be reported in the results section.

‘Children’ referred to in this report without further qualification are those children from the representative sample of the general population of children in school and from youth groups selected in the way described in Section 2.1.2. Children from special interest groups will be clearly identified as such in this report.

19 When multiple significance tests are carried out on the same data (as when the number of children getting licks at home is compared between boys and girls, and then children of different ages, and then children from different areas), a new alpha (α) value (the value at which significance is accepted) must be calculated. This can be done using the Dunn-Sidak method [49]:

\[ 1 = 1 - (1 - 0.05)^{1/k} \]

where \( k \) = number of independent significance tests.

For tests on the data from the enumeration exercises and frequency data from the discussions, the number of significance tests is 2 (area and age) and therefore the new value for this data is 0.025. For tests on the majority of data from the questionnaire, the number of significance tests is 5 (area, age, gender, ethnicity and special interest groups) and therefore the new value for this data is 0.01. For a few types of data, the number of significance tests is 7 (area, age, gender, ethnicity, special interest groups, household size and income) and therefore the new values for these test is 0.007.
3. Results: Children’s Experiences, Perceptions and Views on Violence in Guyana

3.1 What is Violence? Views of Secondary School Children and Youth

Secondary school children and out-of youth were asked their opinions about what they thought ‘violence’ is. The children gave in total 3749 replies. The most typical replies are shown in Figure 3.1. below.

**Figure 3.1 Children’s Views of Violence**

The most common responses given by the children describe a type of violence, for example, ‘fighting’, ‘killing’, ‘beating’ ‘verbal abuse’ and ‘rape’.

Children in most groups mentioned at least one type of physical violence (95% of groups). While ‘fighting’, ‘killing’ and ‘beating up’ were the most commonly mentioned types of physical abuse, forms of corporal punishment were the fourth most commonly mentioned type of physical violence and mentioned specifically in 45% of groups (Figure 3.2). It is also interesting to note that ‘shooting’ was mentioned by 24% of groups, more commonly than the other types of violence with a weapon mentioned, ‘stabbing’ (13% of groups) and ‘chopping’ (13% of groups).
Emotional or mental abuse was mentioned in 82% of groups. The main type of emotional and mental abuse mentioned was ‘cursing’ and using ‘indecent language’ (66% of groups). Many other types of emotional and mental abuse were mentioned but more rarely, often only by one group. The next most commonly mentioned types were ‘arguing’ and ‘hurting someone’s feelings’ (both by 12% of groups), ‘troubling’ and ‘threatening’ (both by 5% of groups) and ‘bullying’ and ‘discrimination’ (both by 4% of groups).

Just over half the groups mentioned sexual violence (53% of groups), principally rape (46% of groups). In appropriate relationships between school girls and older men was the next most commonly mentioned form of sexual abuse, and although these were only mentioned in 6% of groups (in urban and rural areas of Regions 6 and 4) it is interesting to note that these children clearly identified this as a type of violence. Sexual harassment and sexual assault were mentioned by 5% and 4% of groups respectively.

Crime or a type of crime was also mentioned as violence by 59% of groups. The most common response was a type of crime: ‘robbery’ ‘stealing’ ‘thiefing’ (39% of groups) but just ‘crime’ was also given by 20% of groups. The children never indicated that these crimes involved violence, rather that such crimes appear to be perceived as a type of violence in themselves.

Types of neglect were mentioned by just 13% of the groups as a form of violence, but was mentioned in all regions.

The children also mentioned alcohol and drugs as factors associated with violence. Occasionally the relationship was made explicit: ‘drinking and drunk and fight’; ‘smoke up and trouble girls’. However, mostly the children simply said ‘drugs’ or ‘alcohol’. Drugs were more often mentioned than alcohol (drugs by 28% of groups and alcohol by 21%).

The children also mentioned violent emotions. These included emotions which were violent or caused violence, ‘rage’ or ‘anger’ (19% of groups) and ‘hating’ (5% of groups), and also feelings about violence, ‘something wrong’ or ‘bad’ (34%), ‘outrageous’ or ‘offensive act’ (6% of groups) and ‘sadness’ (4% of groups).

No differences were observed in frequency of responses from children in different age groups but there were some striking differences in responses between geographical areas, most notably between hinterland and coastland society: types of physical, emotional/mental and sexual violence were least commonly mentioned in hinterland areas than coastal. Types of physical violence without a weapon (e.g. ‘beating’, ‘hitting’) were most commonly mentioned in coastal areas: Greater Georgetown and other urban areas, only slightly less common in rural coastal areas but noticeably less common in the hinterland (Figure 3.3). Types of violence with a weapon (e.g. ‘shooting’, ‘stabbing’) were most commonly mentioned in urban coastal areas outside Greater Georgetown, common in Greater Georgetown and other rural coastal areas,
but again less common in the hinterland (Figure 3.3). Similar patterns were observed for sexual and emotional/mental violence but not for types of neglect which were more commonly mentioned in the hinterland than in coastal areas.

**Figure 3.3 Regional differences in frequency of types of violence mentioned by secondary and out-of-school children**

Domestic violence was mentioned by just 17% of groups overall, but was much more commonly mentioned in the hinterland where 28% of groups mentioned it, compared with 10-13% of groups in coastal areas. Hinterland groups more frequently mentioned associated factors such as alcohol and drugs.

The pattern of difference between the hinterland and coastal areas suggests that children in the hinterland are less aware of physical, emotional/mental and sexual violence. This in turn probably makes other forms of violence and factors associated with violence more significant, giving the observed patterns for neglect, domestic violence, alcohol and drugs. Children in coastal areas have many more ideas of violence which take precedence over neglect, domestic violence, alcohol and drugs, giving these relatively less significance in their perception of violence. There was no clear pattern of differences in responses from children in the urban and rural areas, or from those on the coastland or between Region 4 and elsewhere.

It is interesting to note that various types of corporal punishment (e.g. 'parents beating children', 'corporal punishment' ‘over-beating’, ‘burst a child skin’) were mentioned by just under half the groups in every area (43-50% of groups). The lack of substantial differences between areas indicates that the perception that corporal punishment is a form of violence is equally common to children in all areas.

**3.2 Results and Views on Physical and Emotional Violence and Neglect by Children**

For the purpose of this study, “physical abuse” is defined as ‘those acts by a person and/or caregiver that cause actual physical harm or have potential for harm’ [1]. Emotional abuse includes acts that have an adverse effect on the emotional health and development of a child, such as denigration, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment [2]. Neglect refers to the failure of the caregiver to provide for the development of the child (where they are in a position to do so) in one or more of the
following areas: health, education, emotional development, nutrition, shelter and safe living conditions [2].

3.2.1 Results and Views of Physical and Emotional Violence and Neglect in the Home

3.2.1.1 Beating, Licks or Lashes as Discipline in the Home

The experience of being given licks or lashes for doing something wrong is very common for Guyanese children, 87% of those interviewed (7-17 years) had received some sort of physical punishment (licks, lashes, been beaten) at least once and 81% had been beaten or hit with a belt, cane, whip or other object (including electrical wire and metal rods). Children as young as 3 years old reported being disciplined by their parents beating them with something. This was a universal experience: there was no difference between girls and boys, children of different ethnicities or from different areas of Guyana.

Most children who participated in the study believed that if they do something wrong then it is acceptable to be given licks or lashes or to be beaten. In participatory discussions, children in 71% of groups said that if they misbehaved at home, parents or another adult family member should beat them. Children in 18% of groups said that if they misbehaved anywhere, any adult (including unknown adults) could beat them.

Many children even referred to parents as having a ‘right’ to beat their child because they ‘made’ that child. According to most children, this ‘right’ often extends to any adult member of the family. There is an indication that children have an underlying perception that they are the possessions of their parents because their parents ‘made’ them. Some children even put it in terms of an exchange: the parents or caregivers provide for and/or are responsible for the child, and therefore have a right to ‘correct’ the child.

Some children expressed belief that parents beat children when they do ‘wrong’ to help them grow into good people. In a few groups (2%), a few children said that parents ‘beat’ them out of love.

Some children gave examples of the types of behaviour for which children should receive physical punishment, the most commonly mentioned were fighting or hurting a sibling, and disobeying a parent (Figure 3.4). In a small number of groups (1-2%) children also mentioned going out without permission, stealing food at home and embarrassing their parents in front of others.
Figure 3.4 The most common reasons given by children for being physically punished at home

It is interesting to note that ‘breaking something’ was a common reason for being physically punished at home and ‘keeping noise’ and ‘playing in class’ were common reasons in schools. This seems to indicate that part of the object of physical discipline is to train children from a young age that noisy child-like behaviour and mistakes are inappropriate behaviours.

While most children were adamant that unrelated adults could not beat them even if they misbehaved, in 18% of groups, children said that any adult could beat them to correct them when they did ‘wrong’, often stating that elders knew best and should be respected. The acceptance of physical discipline from any adult was much more common in rural coastal communities than in urban areas indicating an underlying assumption that in rural communities unrelated adults are still part of a wider community and motivated by interest in the child’s development, whereas in urban areas, unrelated adults are often perceived as potential threats.

A third (33%) of the children from the general population described in interviews physical punishments administered by caregivers that ‘made their skin bleed’, broke bones (1%) or ‘made them black out’ (1%). Children also described other types of violence administered in a disciplinary context; these included burning the child’s skin, often by holding their hand in boiling water (2%). During participatory discussions, one 7 year-old girl described being ‘sexed up’ as...
punishment: her father was sexually abusing her and telling her it was punishment for something she had done wrong. This particular case highlights the difficulty that children and adults have in making a clear distinction between physical punishment and physical abuse, when physical punishment is perceived as an acceptable way of disciplining children.

Some children disagreed with parents or caregivers giving physical punishments for discipline. They primarily mentioned that physical discipline could lead to both physical and emotional harm (Figure 3.5). Types of physical harm were most often ‘hurt’, ‘damage’ and ‘disfiguration of the skin’. These were mentioned equally as frequently by all ages of children. Types of emotional harm mentioned were more commonly by older children (in 13% of secondary and youth groups) than by younger children (in 5% of primary groups). This is probably because younger children are less able to express such feelings.

Some of the less commonly mentioned impacts of physical punishment (described by secondary and youth groups) were: beating from caregivers may make children violent (in 4% of older groups); beatings cause children to stop talking to their parents (in 4%); beatings make children suicidal (in 3%); beatings make children want to run away from home (in 3%); beatings made them seek love from the wrong people (in 2%). Older children also said that they did not think that physical punishments were effective as discipline (mentioned in 12% of secondary and youth groups).

Figure 3.5 Reasons given by children why parents/caregivers should not beat children

<table>
<thead>
<tr>
<th>Causes physical harm</th>
<th>Not Permitted / Not right</th>
<th>Causes emotional harm</th>
<th>Beating doesn't work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentioned by groups (%)</td>
<td>0% 5% 10% 15%</td>
<td>0% 5% 10% 15%</td>
<td>0% 5% 10% 15%</td>
</tr>
</tbody>
</table>

Children of all ages expressed a preference for non-violent alternative punishments. Older (secondary and above) children were far more likely to mention talking or counselling as an alternative to physical punishments: it was mentioned in 40% of secondary and youth groups, compared with just 8% of primary groups.

In 40% of secondary groups, children expressed the wish that parents and caregivers would talk to them and advise them rather than give them physical punishments for discipline. Just

Parents should listen to their children and tell them when they are going wrong
- 13-15 yrs

If parents beat their children the children might want to commit suicide so they should instead try to talk to them - 11-13 yrs

Children who are beaten by their parents can become withdrawn and seek comfort and love elsewhere from other people and maybe the wrong people - 13-15 yrs

Beating causes children to do things over and over again, it doesn't help, talking does
- 11-13 yrs

XXX
14% of primary children expressed this view and the difference appears to be related to developmental stage, with younger children preferring the definite equation of ‘if you do wrong you supposed to get licks’ and older children developing reasoning, and their own opinions. Many of the older children, having been through a lot of physical punishments for discipline when they were younger, also felt that talking and reasoning would have worked for them just as well at younger ages. The children expressed the desire for their parents to guide them and to help them to understand how to behave in their society. The children indicated that they need to be disciplined, but they do not necessarily want to be physically punished.

### 3.2.1.2 Physical Abuse in the Home

Although physical abuse in the home is dealt with in this section, this study did not find a clear dividing line between physical punishments (including beating or giving licks) for discipline and physical abuse. This study found that the majority of physical abuse perpetrated against children in the home actually occurred as a result of licks, beatings or other physical punishments administered as discipline. As stated above, 33% of children had been physically harmed in a disciplinary context (including broken skin or bones). In fact the children described almost all incidents of physical violence perpetrated against them by caregivers as disciplinary, or caused by something they (the child) had done wrong.

The children’s descriptions indicate that there is a progression in severity in the physical punishments used by caregivers. At the low end, some children described getting ‘one, one lash’ on the hand and that it would hurt but not for long (‘burn and cool’), and would make them feel “sad”. Then children described caregivers shaking, slapping or punching them for discipline, including slaps and lashes/knuckles to the head and face which broke skin. The most common objects used in disciplinary beating at home were belts and whips of green branches. However, some children also spoke of their caregivers hitting them with anything that came to hand, including pieces of wood and metal, cutlasses, bicycle inner tubes, rolling pins, pots and brooms. These objects often caused the most severe injuries such as broken bones, black eyes, and unconsciousness.

The fact that some caregivers are using whatever comes to hand, and sometimes objects that are very likely to cause severe injury, indicates that caregivers do not always react in a controlled and rational manner when disciplining children. It

| Parents shouldn’t beat children instead teach them how to grow, teach them about life and about the right things |
| - 11-15 yrs |

| Beating is wrong, if we start counselling at an early age it will develop the child’s mind so they’ll know wrong from right |
| - 13-15 yrs |

| Girl, 15 |
| Mother held her against a wall and punched her for trying to avoid licks. |

| Girl, 14 yrs |
| Mother beat her with pot until her eye was swollen shut. |

| Boy, 13 yrs |
| Father beat for disobeying with belt until he bled. |

| Boy, 15 yrs |
| Mother beat with a broom and broke his foot. |
could therefore be questioned whether these forms of discipline actually have the envisioned effect of teaching children appropriate behaviour.

Case Study: Girl, 13 years living in rural coastal area

The girl lives with her father and mother and regularly attends after school classes. Her father often argues with her and her mother and makes her feel afraid. One day she was kept later than usual at classes and when she returned home her father accused her of spending time with a boyfriend and beat her with a belt until she bled. The following day she went to school, told a friendly teacher what had happened and stayed that night with the teacher. The next day she spoke to her mother who persuaded her to return home and promised she would not be punished. That evening her father beat her again worse than the first time for ‘shaming’ him. This time she went to the police and made a report.

However, her mother went to the police and told them the girl’s story was a lie. The police stopped investigating the girl’s report and threatened to put the girl in the lock up if she told any more ‘lies’. The girl still lives with her parents and says she is just waiting and enduring until she turns 16 and can leave.
The most common perpetrators of physical violence against children in the home are mothers. Of the children who reported being given licks by their parents, 69% were physically punished by their mothers alone, 13% by their fathers alone and 17% by both parents. Of the children who described being physically hurt as a result of discipline, 16% had been hurt by their mothers, 7% by their fathers, 2% by both parents, 5% by related caregivers (aunts, uncles, grandparents) and 3% by step-parents (Figure 3.6).

### Figure 3.6 Perpetrators of physically damaging violence against children in the home

Teachers, health workers, police officers and probation officers all reported cases of physical abuse of children by caregivers who were punishing their children physically, ostensibly for discipline. These key informants often spoke of caregivers ‘taking out their frustration’ on their children - frustration which was related to their circumstances (usually difficult economic or domestic situations) - rather than the behaviour of the child. Children were aware of this and a few children’s groups mentioned that caregivers may beat too hard or for the wrong reasons (4% of the groups and equally frequently by all ages).

The key informants attributed much of the physical abuse of children to the frustration felt by caregivers due to difficult socio-economic circumstances. However, this study did not find a relationship between the frequency and intensity of physical abuse, the economic situation of the home, the total number of siblings or the total number of people in the home. Children from households which were less well off economically, or from larger families or households, were not more likely to experience physical abuse. Factors such as economic status of the household and the size of a family may contribute to the caregivers’ frustrations but, according to the findings of this study, are not the main reasons for the physical abuse of children perpetrated by caregivers. Rather the physical abuse perpetrated against the child in the home is associated with how the caregiver deals with these factors, and how they approach caring for and disciplining the child.

A higher proportion of out-of-school children and children interviewed in children’s homes and the NOC reported serious physically abuse²⁰ at home (for those children in institutions, this took place before entering the institution) (Figure 3.7). Over half of the out-of-school children (54%) reported physical abuse from caregivers. A similar proportion of children in children’s homes

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²⁰ Serious physical abuse was that which resulted in bleeding, broken bones, burns or unconsciousness.
(53%) had experienced physical abuse in their family home (before entering the institution) and often this had contributed to their coming to live at the children’s home. About two-thirds (67%) of the children interviewed in the NOC reported physical abuse from caregivers which tended to be both more severe and more frequent (Figure 3.7). About half of those reporting physical abuse stated specifically that they had run away from home because of the abuse.

Figure 3.7 Proportion of children experiencing serious physical abuse

<table>
<thead>
<tr>
<th>General population of Children</th>
<th>Children in Children’s Home</th>
<th>Out of School Children</th>
<th>Children in NOC</th>
</tr>
</thead>
<tbody>
<tr>
<td>70%</td>
<td>60%</td>
<td>40%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Case Study: Boy, 11 years living in children’s home
The boy lived with his mother, father and older and younger siblings before coming to the children’s home. His father was a heavy drinker who often came home drunk and beat his mother and sometimes him or his siblings. His mother died when he was 7 years old and after that his older sister took over cooking for the family. One night when the boy was 9 years old his father came home drunk and did not like the dinner he was served. He threw the plate of dinner at the boy’s sister and started throwing other things at the other children. He threw a large kitchen knife at the boy which stuck into his lower back.

The boy spent several months in hospital and is left with a large scar on his back.

The study’s findings indicate that orphaned children, who are living with family caregivers (i.e. not in institutions or on the street) and attend school regularly, were not subjected to more physical abuse than children in the general population. However, there was a higher proportion of orphaned children out of school, in children’s homes, and in the NOC groups, than in the general population, and these groups suffered higher levels of physical abuse (Figure 3.8).

Case Study: Boy, 14 years living on street
The boy’s father left the family before he can remember and he lived with his mother and 6 older siblings until he was 10 years old; which is when his mother died. His 5 sisters were taken in by other relatives, but he and his older brother (13 years at that time) were not. Together they moved to an urban area and started to live on the street, begging and occasionally doing odd jobs. On the street they face constant violence. He has been threatened with a knife more times than he can remember and once with a gun. He has been cut with a knife in fights and when being robbed. He has numerous scars on his face and arms. A year ago his brother was killed in a fight and he is now on his own.
Figure 3.8 Number of orphans and children with absent or single parents, who participated in the study

<table>
<thead>
<tr>
<th>Category</th>
<th>General population of Children</th>
<th>Out-of-school Children</th>
<th>Children in the NOC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orphans</td>
<td>10%</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>One or both parents absent</td>
<td>30%</td>
<td>40%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Higher levels of physical violence that these groups experience. When a child loses a parent, either through death or abandonment, the child usually passes into the care of related caregivers in the extended family system (commonly grandmothers and aunts). Sometimes these related caregivers are able to provide similar levels of care as the birth parents, keeping that child in school, and giving a similar protection from violence as would have been expected from birth parents. In other cases, though, the surrogate caregivers inflict a much higher level of physical abuse on the child than experienced by children in the general population. The high levels of abuse and neglect often contribute to the children becoming out-of-school children or juvenile offenders.

Case Study: Girl, 13 years, orphaned and living in children’s home

Both the girl’s parents died before she was 7 years old and she went to live with her aunt (a single parent) and her cousins. Her aunt would regularly get angry with her for not doing as she was told or not doing chores. Her aunt would often yell at her and call her ‘bad’ names which caused her to cry. Her aunt also beat her with a whip and hit her with other objects that came to hand, including a heavy wooden rolling pin, a kitchen knife, a broom and part of a fence post. Her aunt broke 2 of her fingers by hitting them with the fence post and split open her head with the rolling pin on another occasion. She eventually ran away from her aunt to a family friend and she was subsequently placed in the children’s home.
While the majority of physical abuse against children in the home was perpetrated by caregivers (81% of all reported incidents), 19% of the physical abuse was perpetrated by young adults and children living in the home. All perpetrators were relatives - either siblings or cousins, 50% were older children (under 18 years old), 20% were adult siblings (but young adults), and 30% were children of around the same age as the child they hurt. The types of violence perpetrated by these family members included beating and cutting with a knife (play fighting and accidents were specifically excluded). The violence perpetrated by young adults and children in the home differs from that perpetrated by caregivers, only in that it is not described as disciplinary by the children and that it usually occurs less frequently.

The children described emotional as well as physical impacts of physical abuse. The majority simply said that they felt sad or bad when their caregivers hurt them. A few described feeling angry and this feeling was often mentioned in association with wanting to run away. A few children, most often children who had experienced the most severe and frequent physical abuse, said they had no feelings (‘feel no way’), indicating a degree of desensitisation.

### 3.2.1.3 Emotional and Mental Abuse in the Home

A substantial proportion (41%) of children described some sort of intimidation in the home; the majority (71%) of abuse was perpetrated by caregivers. The intimidations entailed aggressive behaviour normally not directed at the child but which made the child feel unsafe. This includes verbal and physical abuse of another member of the household and the throwing or breaking up household items. As for physical abuse, mothers were the most frequent perpetrators (38%), followed by young adult male family members (mostly older brothers) (23%) and fathers (21%). Some children (10%) attributed this behaviour to their father’s or older brother’s being drunk.

Intimidation in the home was reported much more frequently by children at the NOC than other groups of children. All but one of the 18 children interviewed in the NOC reported regular aggressive behaviour in their homes, most commonly between caregivers and some of which was alcohol related.

Some children (14%) reported being told hurtful things about themselves (denigration), mostly by caregivers. These included caregivers who told their children they were stupid or wicked and even some who told their daughters they were ‘whores’. A few children (12%) described being threatened with physical harm by caregivers (including being threatened with being killed, hospitalised or beaten up but not threatened with ‘licks’).
A small number (2%) of children reported being threatened with knives by caregivers, slightly more by mothers than fathers and generally used in a disciplinary context, to try to intimidate the child into obeying or changing behaviour. Just two children reported being threatened with guns by caregivers. One girl described being threatened with a gun by her adult brother (her primary caregiver) when she was 13; she had accidentally broken her brother’s wife’s necklace and “he had a gun and that’s when he put it down my neck and told me if I don’t get it back he was going to kill me”. One 14 year-old girl currently living in a children’s home described how her father had threatened her with a gun to try to stop her from seeing a particular boy.

<table>
<thead>
<tr>
<th>Case Study: Boy, 16 years, living in rural coastal area</th>
</tr>
</thead>
<tbody>
<tr>
<td>The boy lives with his mother, stepfather, and younger cousin. He never knew his own father who left when he was small and his stepfather, who came to live with them when he was about 7 years old, is the only father he has known. Over the past few years, his stepfather has been drinking, arguing with the boy and his mother and physically abusing his mother with increasing frequency. His stepfather has told him several times that he should never have been born and told his mother that she should have aborted him or abandoned him as a child. Recently, the boy and his mother shared a piece of fruit, when his stepfather came in and saw this, he accused them of stealing food from him and beat the boy’s mother until she was covered in blood, the boy watched but could do nothing to stop it. The boy and his stepfather have not spoken since and the boy feels that the man he thought of as a father has turned against them.</td>
</tr>
</tbody>
</table>

### 3.2.1.4 Neglect and Child Labour at Home

A large proportion (28%) of children reported that they had been left without adequate supervision (this was defined for the purposes of this study as children younger than 13 being left without an older person to supervise them). Noteworthy is that almost half (48%) of the out-of-school children had been left with inadequate supervision and almost three-quarters of the children who ended up in the NOC (72%).

A large proportion of children in the general sample population have been kept home from school in order to do domestic work (30%) or to participate in work which contributed to the household income (17%) (Figure 3.9). Not surprisingly, out-of-school children were much more frequently kept (or kept themselves in the case of street children) away from school, almost twice as often for domestic work (56%) and almost three times as often to participate in economic activities (48%) (Figure 3.9). Children at the NOC were also more frequently kept (or kept themselves) away from school, although slightly less than out-of-school children for domestic work (50%), and to participate in economic activities (39%).
The types of economic activities that children in this study were involved in were almost entirely agricultural family businesses and mostly based at home. Children described helping harvest from gardens and farms, helping tend and butcher livestock or cleaning their pens. A few children from the general population described other types of activities including selling in the family shop and helping their mother carry goods to market for sale. Out-of-school children were also primarily involved in family agricultural enterprises but a larger proportion were also involved in selling products from family farms in the market, working as employees (usually as agricultural labourers), running small vending enterprises of their own and begging. A few of the out-of-school children had taken themselves out-of-school early in order to work and help support their families.

Children rarely expressed any negative feelings about being kept from school to help at home. Rather children thought it was good to take part in an activity with their caregiver which gained them approval and respect.

### 3.2.1.5 Illicit Transfer for Child Labour

A small number of children reported that they had been taken from a previous home to live in a new home when this was not their choice, in order for them to work in this new home, either to do domestic chores or to do work that contributed to the household income. Although the numbers were still low, children from hinterland areas reported a higher rate: 8% of children in hinterland areas reported they had been taken to a new home in order to do domestic work and 5% to do work which contributed to the household income (compared to just 2% and 1% of children elsewhere in Guyana (Figure 3.10).
caregivers had explained the reasons behind the change to the child, but more often they were simply moved. The children were often unhappy about the move since they missed their previous caregivers and other family members (siblings were often mentioned) and found the work they were required to do demanding. When this work was domestic in nature, the child had often been brought in to take on these tasks, to allow an adult member of the household to go out to work and was therefore contributing indirectly to the household income.

Case Study: Boy 14 years, living in hinterland area

The boy had lived with his paternal grandmother all his life (his parents were separated). When he was 13, his mother came and collected him and took him to live with her, her new partner and their 3 young children (all under 5). She wanted him to look after the children while she was selling in the market and her partner was in the gold bush. Previously he had been attending school regularly but there was a problem with the transfer to the secondary school near his new home and he had not been able to attend since moving.

He looked after his younger siblings when his mother was at market, but if she stayed at home, he would go to the nearby gold mining areas in the ‘backdam’ where he and a few other children around his age would try to extract a few grains of gold from the worked out sand left over from the dredgers. They spun the sand by hand in a batel and then used mercury to extract the gold. He had collected an ounce of gold in this way, which he had given to his mother to help support the family.

Although he cared for his mother and younger siblings, he missed his grandmother’s home and his brothers who still lived there very much and wanted to go back to school.
3.2.2 Violence in Schools

3.2.2.1 Corporal Punishment in Schools

When the children in the study were asked whether it was acceptable for teachers to beat them if they did something wrong, 73%-77% of primary school children agreed (with no difference between boys and girls) and 50%-63% of secondary school children and youth agreed or strongly agreed.

The 2002 Ministry of Education guidelines on discipline state that corporal punishment of children should not be used by class teachers, but only by the Head Teacher in extreme cases. However, during this survey, children reported that corporal punishment is administered more often by teachers in the classroom than by the Heads in schools. In many instances, teachers have small whips (usually green branches of a woody plant) which they keep on their desk. These are used to threaten, to lightly tap in warning and to actually beat hard enough to cause pain. Children in many schools described teachers administering corporal punishment very casually, giving children a quick lash to the back or arm or even a slap to the head as they walked around class.

During the interviews, most teachers indicated that they were aware of the 2002 Ministry of Education guideline on discipline. However, many teachers felt that corporal punishment was the only way they could maintain discipline in the classroom and that without it, it would be impossible to maintain order and to teach. Several teachers expressed the opinion that talking to children about their behaviour, especially those from violent backgrounds, was not effective. Teachers also said that because parents disciplined their children at home by physical punishments, this was the only method children responded to.

Some children, like the teachers, indicated that they thought that corporal punishment was necessary in school. These children believed that corporal punishment was the only way to punish and deter undesirable behaviour such as violence perpetrated by children against other children (including physical and sexual abuse) or activities that disrupt class. Like the teachers, these children perceived a need for discipline in school, and equated discipline with corporal punishment.

Children gave examples of types of behaviour for which they might expect to be given corporal punishment at school; the six most common behaviours are shown in Figure 3.11. A commonly mentioned cause for corporal punishment was not doing school work, which included not finishing work on time, not writing fast enough, spelling words incorrectly and not doing work because it was not understood. Hence, besides administering corporal punishment for discipline, some teachers also use it as a ‘teaching tool’ to address a child’s perceived underperformance.

*If the teacher doesn’t beat them they would do the same thing again.*
Girl, 7-9 yrs

*There is no other way to discipline children – 11-13 yrs*

*Teachers beat wrongfully like if they give you homework and you don’t understand what to do they wouldn’t take the time to explain but instead beat when it’s not finished.*
11-13 yrs
Figure 3.11 The most common reasons for being given corporal punishment in school

![Graph showing the most common reasons for corporal punishment in school. The reasons include:

- Fighting in School
- Disobeying teacher
- Don't do school work well
- Keeping noise / playing in class
- Being rude / talking back to teacher

When I'm not writing fast
Boy, 7-9 yrs

Because you behave badly – you not learning to spell
Girl, 9-11 yrs

Figure 3.12 Reason given by children why teachers should not beat

![Graph showing the reasons why children believe teachers should not beat. The reasons include:

- Causes physical harm
- Not Permitted / Not right
- Causes emotional harm
- Teacher's are not parents
- Beating doesn't work

“Talking”, mentioned in 16% of groups, was the most commonly mentioned alternative to corporal punishment in school, with “advising” or “counselling” mentioned in another 5% of groups. Children in 15% of groups described other forms of physically painful or even damaging punishment such as: kneeling, standing with arms out or up, pounding fingers or wringing ears. A few children’s groups also mentioned being given unpleasant tasks to do such as weeding, cleaning, writing lines, being put in detention, being suspended or having the matter referred to their parents as possible alternative punishments to corporal punishment.

Children often mentioned being physically and emotionally hurt by corporal punishment and even described it as having a negative impact on their learning. In interviews, many children described being ‘beaten bad’ by their teachers: making their hands swell so that it was difficult to write, leaving permanent marks on their skin, leaving them feeling so humiliated that they could not concentrate on their work, or leaving them too afraid to ask for help.

Instead of beating children they should talk to them, I prefer that
- 13-15 yrs

She [the teacher] could talk to me instead of beating, explain exactly why I shouldn’t plus what I should do –
Boy, 7-9 yrs

Your teachers do not care about
your feelings and the way you feel pain
13-15 yrs

If you beat me I will be afraid of you
11-13 yrs
3.2.2.2 Child to Child Violence in School - Bullying

Emotional and physical violence perpetrated by children against peers was not uncommon in schools: 37% of children had been told hurtful things by a peer; 18% of the children had been threatened with harm by a peer; 32% of the children had been hurt by a peer. The majority of perpetrators were children the same age and gender as the victim, and sometimes described by the child as ‘friends’. Unlike physical abuse in the home, boys were more than twice as likely as girls to be subject to this type of violence in the school: 45% of boys reported being hurt in school compared to 21% of girls. Interestingly, there is no difference between children in the general population and children with disabilities, orphaned children, out-of-school children or children in children’s homes or the NOC. All were equally likely to experience physical and emotional violence from peers at school.

Only very few children, (none from the general population) described being threatened with a knife or real gun at school. A 16 year-old boy interviewed in a children’s home had been threatened with a gun by another boy in school. A 15 year-old girl described how a male friend had shown her a gun and said he was going to kill their teacher with it (for unknown reasons) and she begged him not to. In the participatory sessions, 60% of secondary school children and 43% of primary school children said that they knew of a child who had brought a knife to school. 5% of secondary school children and 1% of primary school children said they knew of a child who had brought a gun (not a toy) to school.

In discussion groups, the children were asked whether it was right to hit someone if they hit you first. Just under half (45%) of secondary school children and 20% of primary school children agreed. Reasons for hitting back differed a little between older and younger children. In 42% of primary groups and 62% of secondary groups, children said that they felt they were justified in hitting back someone who hit them first because ‘they had no right to hit me’ in the first place. In 30% of secondary groups, but in just 5% of primary groups, children said that you must hit back because if you do not, they will keep hitting you or ‘take advantage’.

The most common reasons given by the secondary children for not hitting back were that it may turn into a big fight (mentioned in 40% of groups), they might hurt the other child if they hit them back in anger (33% of groups), they might be hurt (19% of groups) or they might get into trouble (14% of groups) (Figure 3.13). The primary school children mentioned the same reasons but the most commonly mentioned was that they might get into trouble (22%), followed by the other three in the same order (Figure 3.13).
The majority (89%) of primary school children’s groups said that the correct thing to do when someone hit you was to complain to the teacher. A smaller majority (63%) of secondary groups also said this. The object of complaining to the teacher was often to have the perpetrator given corporal punishment (to get ‘satisfaction’ from the teacher) and some children in both primary (6%) and secondary groups (22%) said that they would complain first and if the teacher did not beat the perpetrator (‘give satisfaction’) then they would hit the perpetrator back themselves.

### 3.2.3 Violence in Institutions

#### 3.2.3.1 Children’s Homes

In all the children’s homes visited, there were caregivers who disciplined the children by giving licks or beating. The frequency and severity of this physical punishment varied greatly between homes, but 27% of all the children interviewed in children’s homes reported being physically hurt by a caregiver in the home. Some children (20%) also reported that caregivers or other staff in some homes had emotionally abused them, either intimidated or threatened or told them bad things about themselves (denigration).

How children in children’s homes felt about being physically punished for discipline by their caregivers, depended on their relationship with that caregiver. The closer their relationship with the caregiver, the more accepting they were of the punishment. If they did not have a good relationship with their caregiver, they often expressed feelings of sadness and anger.

Some children (46%) in children’s home also reported physical and emotional abuse from other children in the home. Two girls reported sexual violence from older boys in their children’s home: a 12 year-old girl reported that a 14 year-old boy had come into her dorm while she was sleeping in the afternoon and felt her breast, when she woke, he left; a 15 year-old girl reported that a 16 year-old boy had pushed her against a wall in the clothes washing area and tried to pull off her underwear. She believed he wanted to rape her, she fought back and screamed and he left. Neither of these girls reported the incident to the caregivers at the home because they
did not think they would be believed. The older girl said that she would only get a bad reputation.
3.2.3.2 New Opportunity Corps

Although the NOC has guidelines that govern the administration of corporal punishment similar to the current MoE guidelines on corporal punishment in schools, the majority of children interviewed at the NOC reported the use of corporal punishment for disciplinary purposes. At least 27% of children reported being physically punished by both senior and auxiliary staff.

Children also reported a high level of physical and emotional abuse from other children in the NOC, frequently older children. Emotional abuse was reported by 67% of the children and this included intimidation, threats and being called bad names or told bad things about themselves. Physical abuse from another child was reported by 40% of the children. Further, discussions are ongoing with the NOC on these issues.

When describing physical and emotional abuse experienced in the NOC (including corporal punishment) some children expressed sadness and fear of further violence, several children said they had no feelings and did not care whether they were physically punished or not, indicating high level of desensitisation to violence on the part of the child.

3.2.4 Key Findings on Physical and Emotional Violence

3.2.4.1 Key Findings: Discipline and Physical Abuse

In many homes both caregivers and children are accustomed to the use of physical punishment as the most common method for disciplining children. Children indicated that their caregivers not only beat them to punish undesirable behaviour, but also to show them what actions or behaviours were undesirable; many children reported that it was only when they were beaten that they would know that what they were doing was wrong. Within the home, children are socialised to equate discipline with physical punishment. Children generally feel positive about their parents guiding and setting boundaries for them; it gives children a sense that their parents are concerned for their well-being and development. Children therefore accept physical punishment from any adult whom they perceive to be in a care-giving role (normally parents and other adult family members, teachers and sometimes other adult community members).

The pattern in children’s homes was similar, with children indicating that caregivers administer and children accept physical punishments as discipline in the socially acceptable manner. The children’s positive feelings about this form of discipline are closely linked to their feelings about the caregiver administering it, whether they trust that this caregiver has their interests at heart or not. However, the situation in the NOC was clearly different and the children had no positive feelings about being physically punished by staff there, because the children do not perceive the staff as caring for them.

Teachers and pupils are also accustomed to corporal punishment as the most common form of discipline in schools and the majority sincerely believe that physical punishment is the only effective form of discipline, mirroring beliefs about discipline at home. Furthermore, corporal punishment is used by teachers as a teaching tool to try to get children to perform better in
class. The high level of support among children for corporal punishment in schools comes from their desire for discipline that will allow them to progress with their studies and protect them from other children in school who may otherwise be violent towards them. However many children also feared and resented inappropriate use of corporal punishment by teachers.

Although most children accept corporal punishment, they do feel that it is often used inappropriately in schools and it may even engender more violence. Teachers and pupils both want discipline in schools and currently the majority of the sample population, cannot see any alternative to corporal punishment. However, many children would welcome schools that had discipline but no corporal punishment.

Children described that many caregivers were disciplining them when physical abuse was inflicted. Even when the physical discipline was light, the sadness and fear expressed by the child indicated that emotional if not physical harm can always result.

Child abuse has been defined as something which causes harm to the child, and the children themselves have shown by their accounts how harmful physical punishments for discipline can be. The study has found that there is no clear distinction between physical punishment for discipline and physical abuse at home and in the schools.

3.2.4.2 Key Findings: Neglect and Child Labour

The study shows that many children regularly miss school to contribute to the household income, both by taking over domestic work to free adults to do work, or as workers themselves, mainly in home-based agricultural work. The children do not perceive this as abuse, but rather as a positive thing they do to support their parents.

3.2.4.3 Key Findings: Child to Child Violence ‘Bullying’

This study clearly shows that children in secondary schools feel they have a greater need to defend themselves than children in primary schools. They feel that if they are not able to physically defend themselves then they are at risk of continued physical violence from other children. One of the arguments in favour of corporal punishment in school given by the children was to punish children who fight and hit other children and to deter them from this behaviour.

However, almost a quarter (22%) of the secondary school children indicated that teachers did not always punish the perpetrators and they felt they then have to punish them themselves. Schools, particularly secondary schools, are places where children are exposed to, and are learning violent behaviour. They are socialised to accept this violence as normal to use to resolve conflict and to therein become perpetrators of violence.
3.3 Sexual Violence

3.3.1 Sexual Harassment

Men and boys sometimes call out to (often unknown) women and girls they see passing on the street, for example by making a sucking noise through pursed lips, an activity commonly known as ‘seeping off’\(^\text{21}\), ‘sooping off’, ‘siping off’ or ‘calling off’ a girl or woman. They may also give greetings or make comments of varying politeness or rudeness including everything from ‘good day’ to explicit requests for sex using indecent language, but commonly ‘hello baby / sexy’.

3.3.1.1 Frequency and location of sexual harassment experienced by children

Being ‘seeped off’ by men or boys is an everyday experience for girls throughout Guyana and one which increases as they get older. The interview survey recorded that 80-95% of girls aged 14-17 years had experienced this at least once; also 30% - 65% of girls between 10 and 13 years and 8%-10% of girls as young as 8 and 9 years old (Figure 3.14). In the group discussions, girls as young as 6 years old reported having experienced this. There was no difference between girls from different areas of the country or of different cultural or socio-economic back-grounds.

Figure 3.14 Relationship between experience of ‘seeping off’ and age in girls

Girls most commonly experienced ‘seeping off’ when passing groups of men or boys on public roads in their own communities, often on their way to and from school. Girls also indicated experiencing this in schools both from male pupils and from older boys and adults who hang around the gate of the school.

\(^{21}\) For the sake of simplicity, this activity will be referred to as ‘seeping off’ in the rest of this report.
3.3.1.2 Children’s views about ‘seeping off’

Children were asked whether they thought that it was acceptable for men or boys to ‘seep off’ women or girls they didn’t know in the street and what was good or bad about it. The children’s opinions differed between age and gender groups (Figure 3.15). The primary school girls found it least acceptable, while it was more acceptable to primary school boys. Secondary students (in mixed-gender groups) found it increasingly acceptable as they got older, but the youth groups (15-17 years) found it slightly less acceptable (Figure 3.15).

Figure 3.15 Acceptability of ‘seeping off’ behaviour to children

There were no significant differences in the opinions expressed by children on these issues between children of different ethnicity or between different areas of Guyana. This indicates that the important factor influencing these opinions is the child’s developmental stage rather than their social or cultural background.

In discussion groups, boys gave various reasons for why they might ‘seep off’ a girl (Figure 3.16). One of the most common reasons was to get to know a girl who might eventually become your girlfriend (or even wife).

Another common reason for older boys was ‘for fun’ (mentioned in 21% of groups) and a substantial number (15% of groups) also mentioned that they believed boys or men were ‘made’ to ‘seep off’ girls or women.

This seems to imply that the motivation of the boys or men in ‘seeping off’ is their enjoyment, rather than obtaining a favourable interaction with the girls or women. A few boys said that they ‘seeped off’ to impress their peers, in which case the behaviour is primarily to do with men and boys interacting with each other, rather than with the opposite sex.
Figure 3.16 Reasons given by children as to why boys ‘seep off’ at girls

<table>
<thead>
<tr>
<th>Reason</th>
<th>Boys 7-11 yrs</th>
<th>Boys 11-17 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>To talk to / get to know girl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To get girlfriend / wife</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For fun</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To tell girl she look nice / sexy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys/men made to do this</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because boys/men like / love girls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To impress peers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Some older girls said that they liked being ‘seeped off’ and perceived it as a flirtatious and acceptable approach from a boy. Girls in 19% of secondary groups (11-15 years) and 10% of youth groups (15-17 years) described finding the experience of being ‘seeped off’ flattering and ‘nice’. The positive feelings expressed by girls, while much less common than negative feelings, were most often expressed by girls in the 13-15 year groups and less commonly by girls in both the younger and older groups.

In contrast, the majority of girls in all age groups described negative feelings about seepig off, which were highest in primary girls (81%), lower in secondary girls (74%) and lowest in female youth (67%). Girls commonly said they felt bad about themselves when they were ‘seeped off’, sometimes even ‘like whores’ or ‘ugly’ (Figure 3.17). Girls also said they felt embarrassed, particularly in front of other people, that it was disrespectful or that they felt angry with the boys or men who did it (Figure 3.17). Girls in 15% of the groups said they would prefer, and be more receptive to a polite and respectful approach (Figure 3.17). The negative feelings expressed by girls declined only slightly with age but remained high for all ages of girls.

Figure 3.17 Common feelings about ‘seeping off’ expressed by girls
Boys expressed positive feelings and ideas about ‘seeping off’, commonly that it made them feel ‘nice’ or ‘big’ and that they thought girls ‘like it’. Boys of 13-15 years most frequently expressed these positive feelings (in 96% of groups of 13-15 year-olds), while these were much less common in both younger children (just 16% of primary groups and 45% of groups of 11-13 year-olds) and older youth (55% of groups).

Boys also expressed negative feelings and ideas about ‘seeping off’: it is ‘wrong’, ‘not respectable’ and ‘girls don’t like it’. The oldest boys and youngest boys expressed these negative thoughts most often, while boys in the 13-15 year-old groups expressed these negative feelings the least.

Being ‘seeped off’ was clearly experienced as sexual harassment by the majority of the girls; harassment which was particularly unwelcome or even frightening if it came from older boys or men. Despite the boys characterising this activity as a friendly and flirtatious approach, girls described how if they did not respond positively or did not respond at all, the boys or men would often use indecent language to intimidate or humiliate the girls.

In 18% of groups, children mentioned that the appropriate response for girls to being ‘seeped off’ was to ignore it. Girls who responded positively were described in negative terms by 11% of secondary groups (‘bad’, ‘easy’) and even some boys acknowledged that the respectful response in girls was for them to ignore it. This supports the supposition that ‘seeping off’ is often intended as overt sexual harassment by boys or men, meant to identify girls or women who might have sex with them.

Children gave various reasons why it was not correct for men or boys to ‘seep off’ at girls or women they didn’t know in the street (Figure 3.18). The most common reason mentioned was that the boys might get into trouble, principally with the
girl’s parents (mentioned in 17% of secondary and 24% of primary boys groups), or the girl’s husband or boyfriend (10% of secondary and 6% of primary boys groups) or get in trouble with the girl herself (just 5% of secondary and 6% of primary boys groups). The children also mentioned that the girl would get into trouble as a result of being ‘seeped off’, principally with her own parents (mentioned in 12% of secondary and 3% of primary girl groups) because they will believe that the girl has a relationship with, or has done something to encourage whoever ‘seeped’ her ‘off’.

In 19% of primary boys groups and 12% of secondary groups, boys said that boys and men were ‘not supposed to trouble’ girls (Figure 3.18), and often boys and even some girls said that they were ‘not supposed to trouble other people’s girl children’, implying the offence is against the parents of the girl rather than the girl herself.

Figure 3.18 Reasons given by children why ‘seeping off’ is not OK

<table>
<thead>
<tr>
<th>Reason</th>
<th>Mentioned in groups (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy will get in trouble</td>
<td>30%</td>
</tr>
<tr>
<td>Girl will get in trouble</td>
<td>20%</td>
</tr>
<tr>
<td>Not supposed to trouble</td>
<td>15%</td>
</tr>
<tr>
<td>Might lead to sexual violence</td>
<td>10%</td>
</tr>
<tr>
<td>Girl might have STI/HIV</td>
<td>5%</td>
</tr>
</tbody>
</table>

3.3.1.4 Key Finding: Connection between ‘seeping off’ and HIV/AIDS

A common reason why boys did not agree with ‘seeping off’ girls they did not know was that they believed that the girl might have HIV/AIDS (mentioned in 9% secondary, 11% primary boy and even 1% primary girl groups) (Figure 3.18). It seems to imply that the children are assuming that ‘seeping off’ might lead to sex and therefore make the boy or man at a risk of transmission of the HIV virus from the girl or woman. In sharp contrast, the possibility that the boys or men doing the ‘seeping off’ might be HIV+ and might transmit the virus to the girl was mentioned in just 3% of primary girl groups and not mentioned by the secondary youth or primary boys at all. It is quite remarkable that the children perceive a risk of HIV/AIDS in unknown girls or women, but not in the boys or men who are, by ‘seeping off’, initiating a sexual interaction.
3.3.1.5 Children’s views about girls/women wearing revealing clothing

The older children (11-18 years) were asked whether women who wear revealing clothing were looking for attention or sex from men. The majority (51%) agreed, a quarter (25%) disagreed and almost a quarter (24%) indicated they did not know. Wearing revealing clothes was strongly associated with sexual violence, more so than ‘seeping off’. In 26% of the secondary and youth groups, children said that wearing revealing clothing led to rape and almost always stated explicitly or implied, that in such a case the rape would be the ‘fault’ of the women or girl who had chosen to wear such clothes. This commonly held view was expressed more often by girls than by boys.

Many of the children’s groups referred to girls or women who wear revealing clothes in negative terms. The children felt that a girl who wore revealing clothes was showing a lack of respect for herself and her community (mentioned in 29% of groups) and that she encouraged boys and men to trouble her and other girls (15% of groups); or that she was “not nice” or “wicked” (in 13% of groups). In 8% of the groups, it was said that girls or women who wore revealing clothing could have the HIV virus. In 5% of groups, children even indicated that they think that a girl like that was seeking to attract a man in order to infect him with the HIV virus.

In the majority (67%) of groups, some children said that wearing revealing clothing did not necessarily mean girls or women were looking for sex, rather than it was simply for fashion or comfort. In over a quarter of groups (28%), children said that girls and women should be able to wear whatever they wanted and that they should not be judged by it.

3.3.1.6 Key Findings: Children’s views and vulnerability to sexual violence

The study’s findings about ‘seeping off’ and wearing revealing clothing indicate that many children have an underlying belief that whether or not sex or sexual violence takes place is the result of what the girl or woman does, rather than of what the boy or man does. The majority of children indicated that girls or women can, by their behaviour or actions, make men sexually

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22 These were described as short midriff bearing tops and ‘hot-pants’ – i.e. clothes that are revealing but not indecent by current social mores, and which are commonly worn by women in Guyana.
harass them or even ‘cause rape’, whereas boys and men were ‘made’ to sexually harass women and therefore cannot be expected to control their sexual behaviours.

These beliefs clearly make girls and women very vulnerable to sexual violence. Children have indicated general acceptance of high levels of sexual harassment on the streets and in schools. Both boys and girls seem to be socialised to believe that this is a necessary male behaviour. Negative feelings about ‘sleeping off’ declined as girls got older, indicating that they (girls) were becoming increasingly desensitised to, and accepting of, this form of abuse.

A substantial proportion of children over 11 years old believed that sexual violence could be ‘caused’ by girls or women wearing revealing clothes and actually that these girls or women ‘want to be raped’. It seems that children are socialised to believe that rape in these circumstances was the fault of the girl or woman dressing inappropriately, and that the perpetrator was not responsible.

The perception in children as young as 7 years of an HIV/AIDS risk associated with sexual interactions could indicate that recent HIV/AIDS awareness campaigns have been successful in making children aware of HIV/AIDS. However, in discussions on both ‘sleeping off’ and revealing clothing, children portrayed girls and women as the agents likely to, or even wilfully infect boys or men with the HIV virus. The children very rarely identified boys or men as potential sources of risk of infection. These unrealistic perceptions of HIV risk mean that children and youth, particularly females, remain at risk of infection. Future public awareness campaigns might need to communicate more clearly that both sexes can infect their sexual partners with HIV and aim to counter the underlying perception that girls and women have primary responsibility for allowing or preventing sex.

### 3.3.2 Sexual Violence against Children

This study, as was expected, recorded few incidents of attempted or actual sexual assault or rape. A key factor was the particularly short period of contact between the interviewer and the child. In total seven children reported being raped (some more than once), 14 children reported sexual assaults and 28 children reported attempted assaults or rapes. In the general population of children, 3% of girls reported being raped, 4% reported sexual assaults and 7% reported attempted assaults or rapes. Since it was expected that this type of violence would be very under-reported, the numbers given here therefore represent the minimum incidence of sexual violence.

Incidents of sexual violence were recorded from all areas of Guyana and there was no difference in frequency of attempted or actual sexual assault and rape between urban, rural coastal and hinterland areas. There was also no difference in frequency of sexual violence against children of different ethnicities or from different economic backgrounds.

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23 For the purposes of this study, rape was defined as forced penetrative sex (including vaginal, anal and oral) when the victim is penetrated using an organ or an object; sexual assault included all other forced sexual contact (including both the perpetrator touching and the victim being forced to touch any sexual organ or area of the perpetrators body); attempted rapes and assaults were grouped together because it was not always possible to tell what had been the eventual objective of the perpetrator.
3.3.2.1 The vulnerability of children in special interest groups to sexual violence

Girls with disabilities and out-of-school girls reported higher incidence of sexual violence than girls in the general population, but orphaned girls reported similar incidence to the general population (Figure 3.19). This indicates that having a disability or being out-of-school may make a girl more vulnerable to sexual violence, while being orphaned in itself does not. The incidence of sexual violence against boys was not recorded frequently enough for a comparison to be made, but there was an indication of the same trend; disabled and out-of-school children were more vulnerable.

Figure 3.19 Frequency of sexual violence reported against girls

3.3.2.2 Perpetrators and locations of sexual violence against children

In addition to the seven children identified during the interviews who had been raped, another four children identified themselves during the participatory sessions. All but two rapes took place in the child’s own home (Table 3.1). The perpetrators in all but one case were all men or older boys well known to the victim, principally male caregivers (fathers in three cases, step-fathers in one case) and older male relatives or partners of female relatives (Table 3.1). In only two cases were the perpetrators not members of the child’s household and in one of those cases the perpetrator was a well-known family friend. Three cases of incest were recorded, but only one in the interview survey, and only one rape of a boy was recorded. Both incest and male rape are types of sexual violence which are particularly likely to be under-reported.

Table 3.1 Details concerning reported rape cases: gender and age of children, nature of perpetrator and location

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Perpetrator</th>
<th>Location</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girl</td>
<td>5</td>
<td>4 boys</td>
<td>Unknown</td>
<td>Vaginally and anally, reported to police but outcome unknown</td>
</tr>
<tr>
<td>Girl</td>
<td>7</td>
<td>Father</td>
<td>Home</td>
<td>Multiple and in a disciplinary context</td>
</tr>
<tr>
<td>Girl</td>
<td>7</td>
<td>Step Father (more than 1)</td>
<td>Home</td>
<td>Multiple and by more than one step father, at least one was arrested but outcome unknown</td>
</tr>
<tr>
<td>Girl</td>
<td>13 [10]</td>
<td>Cousin (17 yrs)</td>
<td>Home</td>
<td>Twice, child has learning difficulties, reported but cousin never caught by police</td>
</tr>
<tr>
<td>Girl</td>
<td>16 [10-12]</td>
<td>Brother in law</td>
<td>Home</td>
<td>Multiple between ages 10-12, never reported</td>
</tr>
</tbody>
</table>
Information on rapes which had taken place in the communities visited was also gathered from secondary sources and key informants. Health workers described cases of children who had been raped and subsequently brought to them for treatment, and teachers described cases they had heard of in their communities. In addition, rapes of children reported in the newspapers were reviewed. The secondary data concerning rape of children showed the same pattern as observed in the data collected by talking to children during the study: children are more often than not raped in their own homes by members of their own household or by men who are well known to them. It was also notable that when the perpetrators are caregivers or members of the household, the rapes are more often multiple and take place over extended periods. Rapes by outsiders to the household and strangers are most often singular, except where these are gang rapes. Only one gang rape was recorded in this study but 9% of the rapes of children reported in media were gang rapes.

<table>
<thead>
<tr>
<th>Girl</th>
<th>12</th>
<th>Male relative</th>
<th>Home</th>
<th>Girl was not able to talk about the incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girl</td>
<td>14 [12]</td>
<td>Neighbour &amp; family friend</td>
<td>Neighbour’s Home</td>
<td>Once, child has speech impediment, never reported</td>
</tr>
<tr>
<td>Girl</td>
<td>15 [13]</td>
<td>Father</td>
<td>Home</td>
<td>Multiple, never reported</td>
</tr>
<tr>
<td>Girl</td>
<td>17 [15]</td>
<td>Father</td>
<td>Home</td>
<td>Multiple, reported to teacher and mother but not believed</td>
</tr>
<tr>
<td>Girl</td>
<td>17 [15]</td>
<td>Cousin’s boyfriend</td>
<td>Home</td>
<td>Once, reported to cousin but boyfriend said was consensual and girl was beaten</td>
</tr>
<tr>
<td>Boy</td>
<td>10</td>
<td>Boy (17 yrs)</td>
<td>Home</td>
<td>Reported to caregivers, boy punished physically but remains in same home</td>
</tr>
</tbody>
</table>

Ages at which rape took place

Information on rapes which had taken place in the communities visited was also gathered from secondary sources and key informants. Health workers described cases of children who had been raped and subsequently brought to them for treatment, and teachers described cases they had heard of in their communities. In addition, rapes of children reported in the newspapers were reviewed. The secondary data concerning rape of children showed the same pattern as observed in the data collected by talking to children during the study: children are more often than not raped in their own homes by members of their own household or by men who are well known to them. It was also notable that when the perpetrators are caregivers or members of the household, the rapes are more often multiple and take place over extended periods. Rapes by outsiders to the household and strangers are most often singular, except where these are gang rapes. Only one gang rape was recorded in this study but 9% of the rapes of children reported in media were gang rapes.

**Case Study: Girl, 16 years, living in urban coastal area**

The girl lives with her single parent mother and older sisters. When she was 10 years old, her oldest sister’s 22 year old boyfriend lived with them. One night he came to her room, tied her to the bed and raped her. She tried to tell her sister but her sister both refused to believe her and begged her not to tell their mother; for fear that the boyfriend would be thrown out. The girl loved her sister and did not want her to leave home with the boyfriend and so she said nothing to her mother. She was raped on several occasions between the ages of 10 and 12 years old. The last time, her sister caught the boyfriend, fought with him and he left. The girl never told her mother about the abuse and never reported it to the police. She found school difficult, was involved in a lot of fights and eventually dropped out, she is currently looking for work.

The attempted rapes and assaults reported showed a slightly different pattern than the actual rapes. Two of the attempted rapes and three sexual assaults of girls took place in their own home and were perpetrated by older male relatives. However, the greater proportion of attempted and actual sexual assaults against girls took place outside of the home, with fairly equal frequency in school, a neighbour’s house, on the street, and occasionally in other public areas including the ‘backdam’, the mosque, a community hall and a bus.

Sexual violence against boys was reported much less frequently in interviews than that against girls, and the one male anal rape recorded is described above. However, boys did report incidents of unwanted sexual contact from older women or girls. These tended to take two forms: sexual harassment and assault in school, and actual forced sex, usually with women who were part of their community or neighbourhood. The sexual harassment and assault
experienced by boys in school was usually from girls slightly older or the same age who made sexual remarks to, held, kissed or touched the boys, who did not want this. The boys and girls involved in this were between 8 and 17 years and it appears similar in nature to the sexual harassment experienced by girls in school, although far less common.

A few (3%) of the boys in the general population described how adult women or older girls pressured them into having sex. The boys themselves describe this as being “forced to have sex”. Six cases of this type were recorded, almost a third of all the sexual violence recorded against boys. In four cases, the perpetrator was an adult neighbour, and the boys between 11 and 14 years. In the other two cases, the perpetrator was a female friend, in one case a 17 year girl with a 14 year boy and in the other a 14 year girl with an 11 year boy. The pattern is similar to the sexual violence against girls in that the perpetrators are generally older members of the opposite sex, and well known to them. These incidents are also similar to the sexual assaults of girls that take place outside of the home, in that they are generally singular and usually occur in the homes of friends or neighbours.

<table>
<thead>
<tr>
<th>Case Study: Boy, 15 years, living in urban coastal area</th>
</tr>
</thead>
<tbody>
<tr>
<td>When the boy was 13, he went over to a neighbour’s house to return something for his mother. The only person home was a younger sister of the neighbour, in her late 20s. She was friendly and invited him to sit and talk. They talked for a while; she was increasingly flirtatious and began to touch his penis through his trousers. The boy described feeling very uncomfortable but also feeling powerless against this older woman. She eventually made him have sex with her and afterwards told him he was now her boyfriend. He went home and avoided the neighbours and the sister left shortly afterwards. He has never reported this abuse.</td>
</tr>
</tbody>
</table>

### 3.3.2.3 Sexual activity and sexual exploitation of children

Children frequently reported sexual activity with partners who they liked or loved, and with whom they had willingly had sex. The youngest were 10 year-old boys and 12 year-old girls. This type of sexual activity increased with age from 4% at age 10 to 45% at age 17, with no difference between girls and boys (Figure 3.20). Sexual activity is typically under-reported by children in these kinds of studies and it is likely that the pattern shown in Figure 3.20 reflects the age at which children believe it is acceptable to admit to sexual activity.

![Figure 3.20 Reported age of sexual activity by children](image)

Sexually exploitative relationships were often described by key informants, and 2% of girls said that they received gifts or money from their older boyfriends in return for sex. These included
0.4% of 12 year-old girls and 0.5% of 13 year-old girls. Disabled girls were twice as likely to be receiving gifts or money from older boyfriends in return for sex.

**Case Study: Girl, 13 years, with a learning disability, living in urban coastal area**

The girl first had sex when she was 10 years old with a 'boyfriend' who was 14 years old. She is currently with her second boyfriend, who is 17 years old. He gives her presents including clothes and a watch, and she feels good when they are together. Once, when she was in his bed room, he tried to force her to have sex, but when she cried he stopped, he was very angry with her and she was afraid. However, on other occasions she has had consensual sex with him. She describes him as a good boyfriend who loves her and whom she loves.
3.3.2.4 Trafficking, sexual exploitation and prostitution of girl children

Reports were received from health workers, teachers and some older children in certain areas of Region 2 and Region 3 of internal trafficking of girls, particularly Amerindian girls, for prostitution. All the accounts were second-hand and it was unfortunately not possible to talk to any of these girls directly; however, the secondary accounts all described similar circumstances.

It was reported that individuals went into remote rural villages, where the population was primarily Amerindian, and offered work for young girls as domestic workers in homes or as waitresses and cleaners in restaurants. These girls would go with the person to take up these jobs but would subsequently find themselves drawn into prostitution. Some remained in shops around the built up areas along the coast, and some were subsequently taken to mining camps in remote hinterland locations.

Children in the hinterland, close to the mining area, reported that girls they knew dropped out of school and are now involved in prostitution, often in special camps, called ‘Kaimoos’, set up to serve the miners. The girls indicated that their friends work at Kaimoos because of the potential earnings in these areas of few economic opportunities. One girl reported that she worked as a domestic at the camps, only to be drawn into exploitative sexual relations with the miners.

Health workers reported frequent incidence of STDs and teenage pregnancies among these girls. Health workers also noted that girls who had left their communities to take up what they believed to be legal employment, were often too ashamed to return to their communities after they had become involved in prostitution.

| Case study: Girl, 16 years, living in hinterland community near mining areas |
| This girl lived with her mother and younger siblings, her father having died. When she was 14, she dropped out of school and went to work as a cook for a Brazilian miner. She fell in love with this miner and began sexual relations with him. She subsequently became pregnant and had her baby when she was just 16. She returned to live with her mother (who also had a new baby) and the Brazilian miner returned to Brazil, without making any provision for the girl or his child or any commitment to return. Despite this, the girl still has loving feelings for the father of her child. She continues to live with her mother and together they struggle to support and bring up the baby of the girl and her younger siblings. |

3.3.2.4 Difference in reporting of sexual violence against children by key informants

Health workers described about twice as many sexual abuse cases as police did for the same communities, with teachers describing more than police, but less than health workers. Health workers and teachers also described many more cases of incest and rape by step-fathers than the police, who mainly described cases of rape by unrelated or unknown men (Figure 3.21). This tends to indicate that when the perpetrator is the father, step-father or other close relative, the offence is much less likely to be reported to the police.
Health workers described several cases where the mother brought in children as young as 2 years for treatment because they had been raped by the father or step-father but who did not report this abuse to the police. One health worker described a case where the father who had raped his young daughter and son, brought them in for treatment himself.

3.3.2.5 Legal protection of children from sexual violence: key informant views

In key informant interviews carried out with the police, probation officers and members of the legal profession for this study, it was acknowledged by all that it was often very difficult to prosecute sexual abuse cases. This was because according to the law, a “competent” witness to the crime is required for successful prosecution (there being currently no facilities for use of biological evidence). In crimes of sexual violence, there are often only two witnesses, the perpetrator and the victim. Although adult victims of sexual violence may bear witness on their own behalf, children are deemed credible witnesses (i.e. whether or not they are believed), only at the discretion of the magistrate at the trial. If authorities do not think the child is a competent or credible witness, the case may not even be brought to trial. Perpetrators of sexual abuse against younger children (especially those under 8 year-olds) and those with learning disabilities are rarely successfully prosecuted because of this. Several key informants stated that they felt that the protection system is prejudiced against children due to the tendency of the adult authorities to disbelieve them.

Additionally, in cases where the perpetrator is a caregiver or relative, the child may not want to bear witness against them, or may be discouraged from doing so by another caregiver or relative. In one case described by a health worker, a 13 year-old girl who came forward to report multiple rapes by her step-father was eventually persuaded to retract her statement by her mother who, with her two younger children, was financially dependent on the step-father. Although the girl had given numerous convincing statements to the health worker, police and
probation officer, once she had retracted her statement, there was no longer a credible witness and the authorities did not pursue the case.

There is a general perception among health workers and teachers that sexual abuse cases were rarely successfully prosecuted and this discouraged them from reporting the cases that came to them. They were all concerned about the welfare of the child, since perpetrators were usually released on bail pending trial and had easy access to the child. Health workers were also concerned about their own safety and the possibility of reprisals from reported perpetrators.

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**Case Study: Health worker in rural coastal area**

One case described by a health worker highlighted problems both with the reporting system and the prosecuting system. A health worker came across a case of incest involving a 15 year old girl who had just had a baby for her father (the mother was deceased) and was asking for help; she tried to report this to the police, was referred to another police station, to the local probation officer and to another police station before the report could be made. The father was arrested, the girl and her younger siblings went to stay with members of his family, when the father was released on bail, he took all his children to Venezuela. The father later returned to the area again but no prosecution has ever taken place. The health worker has received threats from the perpetrator’s family and has determined never to report another case.
3.4 Social and Criminal Violence

3.4.1 Physical and emotional abuse of children in the community

Children in the general population did not report experiencing very much physical and emotional abuse in community areas, outside of the home or school. A few children (8%) reported being physically abused in public areas of their communities, just 1% by adults, 3% by older children and 4% by children their own age. The children who experienced this physical violence were almost all boys; the violence appeared to be a form of bullying and was combined with threatening behaviour and occasional extortion of money. A few children (6%) reported experiencing verbal abuse in public and 2% specified that this was racial abuse.

Out-of-school children reported experiencing a much higher level of violence in public areas. Almost a quarter (23%) of the out-of-school children had experienced physical abuse from adults and 38% had experienced physical violence from other children. Not many other children experienced violence in public places. This is probably due to the fact children in the general population do not spend much time alone in public, whereas out-of-school children, who often work in public places, cannot avoid it.

In the sample population, 21% of children mentioned groups of men that were an intimidating presence in their neighbourhood. Children often associated these groups with drug use and trade, but also with other crimes. Children were rarely able or willing to provide much detail about these groups of men. In general, these were described as comprising young men between the ages of 15 and 25 who have no regular employment and spend most of their time ‘liming’. Children reported boys as young as 12 years old among the groups. Such groups were very regular perpetrators of sexual harassment against girls and women and intimidation against boys and men who were not part of their group. These groups were present in communities in all areas of Guyana but were slightly more prevalent on the coast (reported by 27% of children), than in the hinterland (reported by 18% of children).

In the social mapping exercises and in general discussions about violence in their communities, children often identified drinking places, mostly rum shops, as common locations for violence in the community. The violence in these locations rarely involved children, but some did give accounts of boys as young as 14 involved in drinking and fighting at such establishments, and girls described sexual harassment and even attempted rape by drunken men in rum shops. The majority of violence in drinking places involved adult men and the perpetrators and victims were often described by the children as ‘friends’.

3.4.2 Children’s Experiences with Guns and Gun Crime

Children reported frequent exposure to real guns. In the participatory sessions, 74% of children said they had seen a real gun (not a toy and not on TV); of the children interviewed, 53% of children had seen real guns held by private individuals (i.e. not police, army or security guards); and in participatory sessions, 35% of children said they had held a real gun before.
Whether it was girls and boys, or children of different ethnicity or from different areas of Guyana, there was no difference in how often the children reported seeing guns. There was, however, a clear relationship between the economic situation of the child’s household and how likely the child was to have seen a gun. The economic status of the household was measured by counting the number of expensive possessions (including vehicles, electrical appliances) the family owned. Interestingly, children from richer homes (with a greater number of expensive possessions) were much more likely to have seen a gun, usually one owned by a family member (Figure 3.22).

**Figure 3.22 Proportion of children from poorer and richer households who have seen a gun**

<table>
<thead>
<tr>
<th>Relative income rank</th>
<th>1 = poorest</th>
<th>5 = richest</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

In interviews, children commonly described feeling afraid whenever they heard gunshots. Gun shots were most often heard in their own community and when the child was at home. Those children who indicated having heard guns shots said they heard them most commonly at night when they were already in bed. However children also described having heard gun shots during the day, while playing outside, or while at school. Several children described how they lay on the floors of their homes or in one case a school, when they heard gun shots very close by, for fear that bullets would ‘catch’ them.

In interviews, children were asked whether they had seen people shooting each other (excluding hunting or shooting in the air in celebration). Between 16% and 35% of children had observed criminals shooting, police shooting or other people shooting. Over a third (35%) of children living in Greater Georgetown have seen people shooting at other people, as have over a quarter (26%) of children in rural areas of Region 4. A smaller proportion (16%) of children
living in other coastland areas and the hinterland, indicated having seen people shoot each other. Some of the shooting incidents mentioned included police shooting at criminals and vice versa, criminals shooting at each other and people shooting at other people as a result of a fight (e.g. a man shooting his ‘friend’ in a drunken argument, a man shooting his wife during a domestic dispute).

There was no difference in how often children in the general population and those in the special interest groups had witnessed shooting, except for those children in the NOC, 50% of whom had seen shooting and one of whom admitted participating in shooting.

### 3.4.2.1 Children’s views on guns use

In the participatory sessions, children were asked whether they thought it was okay for someone to carry a gun for their own protection. Half of primary school children (51%) agreed and the other half disagreed. In secondary schools, 36% of the children agreed, 13% were not sure and 51% disagreed (33% strongly disagreeing).

The most common reason given by children for carrying a gun was simply for “protection”, most commonly from people who might kill or hurt someone such as robbers (Figure 3.24). Some children said they would kill the would-be-attacker but others said that they would just use the gun as a deterrent to attackers or if actually attacked would just shoot to injure. A commonly mentioned reason for carrying a gun was to protect businesses and a third of children even believed that all businessmen should carry guns (Figure 3.24).

![Figure 3.24 Common reasons given by children for carrying a gun](image)

considered to be targeted more often by robbers. ‘Responsible adults’ were mentioned by almost a quarter (23%) of secondary and youth groups and these were defined in contrast to people who would use the gun ‘stupidly’, shoot accidentally or unnecessarily, or use it for criminal purposes. Children said that it was only right to carry a gun if you had a licence, because otherwise you might be arrested (Figure 3.26).

While children were very clear that a gun had to have a licence to be legal, a few were unclear as to the purpose of the licence and appeared to believe that the licence could give permission.
for the gun holder to kill. Although rare, this view was expressed in both primary and secondary groups.

Figure 3.25 Children’s views on who should carry a gun

![Bar Chart]

![Text Box]

Interestingly, a common reason given by the children for not carrying a gun was that it would get you into trouble, either because you don’t have a licence, you could shoot someone wrongfully or because people and/or the police might assume you are a criminal just because you have a gun.

![Bar Chart]

![Text Box]

A few children (in 6% of groups) said that it was dangerous and frightening for people to be carrying guns and some (in 9% of groups) also mentioned specific negative impacts on children.

For example, a child in the household of someone who has a gun might find that gun and accidentally shoot themselves or someone else, or take the gun to school, perhaps not knowing it was real, and shoot someone. A few children also said that it would make the child want to have a gun of their own when they are older.

Generally, children seem to know quite a bit about violent crime and they often feel that having a gun is a good method of protection. Many children perceived a need for adults to carry guns to protect themselves from criminal violence, with older children being more in favour of this than younger ones.
The children in this study expressed a lot of concern about the current prevalence of guns. It made them afraid for themselves, for their parents and other family members. They often emphasised that guns and gun use should be restricted. They described many different scenarios where simply having a gun can lead to injury or death that might otherwise have been avoided.

3.4.3 Children’s exposure to armed robbery

In interviews, 30% of children living in Greater Georgetown and 19% of children living elsewhere reported that they or a family member had been robbed by someone with a knife or a gun. Just over half (52%) of these robberies were of family members who were not part of the child’s household and which the child had heard about. In 21% of the robberies, the victim was the child’s caregiver, in 12% of the cases, the child was with the family member when they were robbed and in 15% of the cases, the child was robbed.

Children expressed a lot of fear concerning robbery, partly because they associated it with injury, killing and even rape. Children expressed fears that their caregivers might be killed on the street, or that robbers might come into their house while the family was asleep, rob, kill and/or even rape them. This fear contributed to their perception of a need for adults to carry guns for protection (Section 3.4.2.1) and their approval of police killing criminals who rob (Section 3.4.6.1).

3.4.4 Children’s exposure to killing in the community

Almost half (47%) of the children in the general population knew someone who had been killed. The majority of these were people known to the children, friends or members of their community, but 2.5% of the children had had caregivers killed, and 9% of the children had known other family members killed. Of the children whose caregivers had been killed, there were two cases where the mother had been killed by the father, two cases where the father had been killed, one by a robber and one by a ‘friend’ in a drunken argument, and one case where the primary caregiver was an aunt who was killed by a robber.

A small number of children in the general population (3%) had observed someone being killed. These included both domestic violence and criminal / social violence and also included two cases where the police had shot someone - one a ‘thief man’ running away and one a woman in a crowd at a political demonstration. One child reported a killing in his house, where an uncle stabbed and killed his wife. Another child reported the killing of a neighbour, where a husband chased his wife into the street during a domestic dispute and killed her with a cutlass. Yet

With people being allowed to carry guns for their protection then the killing in our society would never stop – 11-13 yrs

Like how the crime wave and violence is increasing then it would be OK to carry a gun to protect yourself - 11-13 yrs
another child reported watching from home as two groups of men shot at each other and two men were killed (the child suspected the groups were rival drug gangs).

Five boys (27% of juvenile offenders interviewed) at the NOC had seen someone killed. All but one of these boys had been involved in criminal activities. In three of the accounts the boys described observing policemen shooting and killing a man, and in two accounts they described men they knew killing each other.

Although only a small number of children had observed someone being killed, a large number (30%) of the general population had seen the body of someone who had been killed with their own eyes where it was found (not seen in the media). These included people who had been killed by unknown assailants and their bodies dumped in rivers, trenches or other out of the way places, people killed in fights and left where they died (often in the street), and people killed in road accidents.

Of all the killings of family or friends described by the children, 50% of the victims were adult men, 26% were adult women and a quarter were children: 16% boys (mostly older teenagers) and 7% girls. In the participatory sessions, 20% of children in the hinterland and 50% of children elsewhere said they knew of a child who had been killed. While many (44%) of perpetrators were unknown, of those that were known, 38% were adult men, with just 2% of the killings by adult women. The police were the perpetrators in 16% of the killings described by children.

Almost all the children who described hearing about a killing, described feeling afraid and those who were witness to a killing were ‘very afraid’ or ‘terrified’. These children often said that they were afraid that they themselves might be killed or that their caregiver might be killed. This fear certainly contributed to their perception that adults need guns for protection, and their support for police killing criminals who are believed to be murderers.

3.4.5 Children’s exposure to suicide in the community

In interviews, children were asked if they had ever known an adult or child who had killed themselves. Between 15% and 40% of children (depending on location) reported knowing an adult who had committed suicide and 0% to 32% reported knowing a child who had committed suicide (Figure 3.27). Children in urban and rural coastal areas outside of Region 4 reported the most suicides. More suicides were reported in rural Region 4 than by children in Greater Georgetown, while children in the hinterland reported intermediate levels of adult suicide and did not report any cases of children killing themselves (Figure 3.27).

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24 Child is defined as anyone under 18 years of age.
25 Adult is defined as anyone of or over 18 years of age.
The majority (87%) of suicides described were of non-relatives, friends or community members; just 13% were adult relatives. Only one 13 year-old boy reported that his caregiver committed suicide; his father hanged himself while the boy was at school. Just under a third (31%) of the suicides described were children, twice as many boys as girls. Of the adult suicides reported, men and women were fairly equally represented, with 55% being men. A few children (5%) described a murder-suicide by someone they knew in their community; all men who had first killed their wives.

In the cases of child suicides, where circumstances were known, the children reported in almost all cases that the child had been in conflict with their caregiver. These conflicts were sometimes described as emotional and/or physical abuse which the child could not endure (‘nah tek it anymore’). In several cases the conflicts were over relationships which the parent opposed, or sometimes what appeared to be very minor matters, as in the case of the girl whose mother would not buy her the boots she wanted.

Just one girl admitted contemplating suicide and in fact on two occasions she had begun an attempt but stopped; she had experienced serious sexual abuse from a caregiver and other caregivers had not believed her or helped her. This case illustrates how children who are abused and feel they have nowhere to turn, may consider suicide as their only option for escaping an abusive situation.

### 3.4.6 Children’s Interactions with the Police

Apart from the children at the NOC, very few children described being warned, beaten or arrested by the police themselves. However, 40% of children did report that a member of their family had been arrested, 30% reported that a member of their family had been sent to jail, 15% reported that a relative had been warned or threatened by the police and 7% reported that a relative had been beaten by police (Figure 3.28). Out-of-school children reported higher numbers of relatives who had been arrested or jailed, than other children (Figure 3.28).
regual beatings by the police that would leave large bleeding welts, on the skin and putting plastic bags over their heads to smother them, removing these only as the child was beginning to pass out. The Police were not available at the time of the research to corroborate these accounts.

3.4.6.1 Children’s Views about the Police

Children generally did not have very positive views about the police. In participatory sessions, just 18% of children in the hinterland and 31% of children elsewhere indicated they liked the police.

Children were asked whether they thought it was right for the police to kill criminals: less than half (43%) of primary school children agreed, while two-thirds (66%) of secondary school children agreed. Children most commonly agreed with police killing criminals if these criminals had killed someone (Figure 3.29); this was partly to protect other people from being killed and partly in retribution (‘an eye for an eye’). This justification was most frequently mentioned by children in Greater Georgetown, rural Region 4 and other urban areas on the coast (in 81% of groups), and mentioned less commonly in rural coastal areas (in 68% of groups) and least commonly in hinterland areas (58% of groups).

Because they killed so they must take back their killing –
Girl, 7-9 yrs

They could kill you and parents
Girl, 9-11 yrs
crime which justified killing. Children mentioned that arresting and jailing criminals was not always effective as the perpetrator could escape and continue to commit crimes (30% of secondary and youth and 11% of primary groups). Children in many groups said simply that criminals were bad (18% of all groups) and that they kept doing wrong (24% of secondary and youth and 6% of primary) and therefore should be killed.

Children in a few groups (4%) said that the criminals make the country a ‘bad place’ and that the police should kill them in order to reduce the crime rate (‘kill them out’) and make the country a safer place. Children referred to criminals escaping, re-offending after jail, and ‘getting off’ when their case comes to court. Many children appeared to believe that having the police kill criminals was the only effective way to protect society from them, indicating a degree of doubt in the effectiveness of the national justice system.

While not in the majority, there were children in 77% of the groups who said that the police should arrest and jail criminals instead of killing them and in 15% of groups, children made specific reference to due process. A few children (in 5% of groups) said that criminals should be given a chance to learn from their mistakes and others (in 3% of groups) said that criminals deserved to be treated humanely.

A small number of children (in 1% of groups) said that there may be extenuating circumstances for criminal behaviour,

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A small number of children (in 1% of groups) said that there may be extenuating circumstances for criminal behaviour,
including stealing for necessity, having been brought up with violence and not knowing any better.

In 18% of groups, children said that it was simply not right to kill and therefore there was no justification for the police to kill criminals. A few (in 4% of groups) said if police killed criminals then they themselves were committing a crime.

Although many children were not in favour of the police killing criminals, they still wanted the criminals to be punished and removed from society. Children in 20% of groups emphasised that criminals should be locked up securely so that they would not be able to escape, for a long time or even forever. A few children (2%) suggested that criminals should receive counselling so that they could be rehabilitated (‘to teach the right way to behave’).

3.4.7 Juvenile Offenders

Children in the study almost never reported perpetrating violence or crime themselves, but 21% said they knew a child or youth under 18 who had committed robbery, 17% said they knew someone under 18 who was part of a criminal gang and 2% said they knew a child or youth who had killed someone (Figure 3.30). Out-of-school children and children in the NOC both reported knowing higher numbers of children who had robbed, killed or were part of a criminal gang (Figure 3.30) (children at the NOC were asked about children they had known before coming to the NOC).

Figure 3.30 Children’s knowledge of young (under 18) criminals

There were two distinct groups of juvenile offenders in the NOC: children committed by the Court for ‘wandering’ and children committed by the Court for more serious and sometimes violent crimes. The majority of juvenile offenders in the NOC are committed for the offence of ‘wandering’ which essentially means getting away from the supervision of their caregivers. These are generally children who are described as delinquent and whose caregivers, either by their own admission or in the judgement of the probation officer, are not able to be responsible for them. There were a few juvenile offenders (all young men) who were committed because of their involvement in violent crimes including armed robbery and attempted murder.

In interviews, the children at NOC revealed very high levels of physical and emotional abuse at home. In many cases, these children had run away from home, sometimes to other family homes, sometimes to friends’ homes, sometimes into unsuitable relationships and sometimes onto the street, in order to get away from this abuse at home. This had led to them being committed for ‘wandering’ and sent to the NOC.

Some of these children reported that older men involved in criminal activities sought out these young men and recruited them to take part in violent crimes. A few boys, with a history of physical and emotional abuse at home and who spent a lot of time away from home in the
company of older boys, described how they had become involved in crime. One of the boys reported that at the age of 14, an older boy had taken him to meet a man who had offered him ‘work’ as part of a criminal gang and had given the boy a gun. The boy described carrying out armed robberies and at least once had attempted murder.

Juvenile offenders committed for more serious and violent crimes also reported very high levels of physical and emotional abuse at home and were more likely to have relatives who had been jailed than children in the general population. Each of these juveniles had perpetrated their crimes as part of a group of young men their own age or older. These young men had all grown up in a family culture of violence, and thought that by joining with groups of young criminals they were escaping abuse at home.

### 3.4.8 Children’s exposure to social violence in the media

Children are constantly exposed to images in the media of real violence occurring in their society and sometimes in their own communities. The majority (60%) of 7 year-olds had seen graphic pictures of people killed both in the newspapers and on the TV (Figure 3.31). The exposure increased with age and 100% of 17 year-olds had seen images both in newspapers and on TV. Children were more exposed to such images on the TV than in the newspapers, with generally higher percentages of children seeing images on the TV at each age (Figure 3.31).

**Figure 3.31 Children’s exposure to images of social violence in newspapers and on TV**

[Bar chart showing percentage of children exposed to images in newspapers and TV by age]

Children in hinterland areas were less likely to have seen images of violence on the TV since national television channels do not broadcast to all hinterland areas, but they were equally likely to see images of violence in the newspapers.

The newspapers frequently contained stories of violence involving children. Between September 23rd 2003 and April 24th 2004, there were 106 reported cases of violence involving children in the newspapers; that is more than one case per day. The most common type of violence against children reported in the newspapers is rape. A total of 21 rapes were reported: 18 of girls and 3 of boys. In contrast, just seven cases of sexual assault and four of physical abuse were reported during the same period. There were also 27 reported cases of violence perpetrated by children. The violence reported in the newspapers generally reflects what is deemed newsworthy, rather than the actual frequency of these different types of violence.
3.4.8.1 Children's views on the portrayal of violence in the media

Children were asked whether they thought it was correct for the newspapers and TV to show pictures of people killed by violence, specifically images of violence (not including death announcements on TV). Just under half of primary school children (42% of primary girls and 49% of primary boys), 62% of secondary school children and 70% of youth agreed with showing images of violence by the media.

The two most common reasons why children agreed with showing images of people killed in the media were to see if the persons killed were members of their family and to see what was happening in the country (Figure 3.32). Some children (in 6% of groups) said specifically that they wanted to see the images just in case the person killed was their parent. A few (in 3% of groups) said that if they themselves were killed, then their parents and family could know what had happened to them through the media.

![Figure 3.32 Reasons given by children for showing images of violence in the media](image)

(mentioned in just 4% of groups). Children in 11% of groups were simply interested to see what “violence” and “criminals” looked like.

Children in Greater Georgetown most frequently mentioned wanting to see the images in case the person was a family member (in 69% of groups); it was less commonly mentioned elsewhere along the coastland (in 49% of groups) and least common in the hinterland (in 25% of groups).

Among those children who disagreed with showing images in the media, the most common reason given was that the images were very upsetting to see (Figure 3.33). Children said the images made them feel afraid; this was more common in younger children (mentioned in 30% of primary groups) than in older children.

![Response Options](image)
In 14% of all groups, children said that these images of violence in their society made them feel sad.

In 18% of groups, children said they felt the images were not suitable for children, in 12% of groups, children said that these images gave them nightmares (Figure 3.33).

In 15% of groups, children said that people might be encouraged to copy the violence by seeing the images; this view was more common among older children (mentioned in 35% of secondary and youth groups) than younger children (mentioned in 10% of primary groups).

In 9% of groups, children said that the images might encourage children to be violent themselves.

Five East Coast Demerara (ECD) communities were selected for the study, two predominantly Afro-Guyanese communities and three predominantly Indo-Guyanese communities. The community of Buxton was selected specifically by the Advisory Board because of the public perception that there is much more violence in these communities then elsewhere and that this violence could have a significant impact on children. Other ECD communities were selected randomly.

Over the last 2-3 years, Buxton, a predominantly Afro-Guyanese village in ECD, has developed a reputation for violent crime and for being a haven for violent criminals who terrorise neighbouring communities and travellers on the coast road. Children in this study shared this perception. In the social mapping exercise, Buxton and Georgetown were the only specific

Figure 3.33 Reasons given by children for not showing images of violence in the media

<table>
<thead>
<tr>
<th>Reason</th>
<th>Mentioned in groups (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upsetting to see</td>
<td>40%</td>
</tr>
<tr>
<td>Feel scared</td>
<td>30%</td>
</tr>
<tr>
<td>Not suitable for children</td>
<td>20%</td>
</tr>
<tr>
<td>People will copy the violence</td>
<td>10%</td>
</tr>
<tr>
<td>Feel sad</td>
<td>0%</td>
</tr>
</tbody>
</table>
locations identified as places where violence occurs by children throughout Guyana. Children from communities in Georgetown, rural Region 4, Region 5 and Region 3 all identified Buxton specifically as somewhere that ‘murder’, ‘shooting’, ‘rape’ and ‘kidnapping’ took place.

This study found no significant differences in the types or levels of violence experienced by the children in Buxton compared with other children in Guyana. Most of the violence experienced by children in Buxton, like children throughout Guyana, was perpetrated by caregivers, family members, teachers or peers at home and in school.

During a recent period of heightened conflict between police and criminals, involving blockades on the roads and police chases, children said that they continued to attend school as normal, since the violence was concentrated away from the school compound. The frequency with which children reported that they heard gunshots, saw people with guns or saw actual shooting was higher than other coastland areas but not as high as Greater Georgetown and was not higher than elsewhere in rural Region 4, including other communities along the East Bank of the Demerara.

In general, the attitudes towards different types of violence expressed by children in ECD communities were very similar to those expressed by children elsewhere in Guyana. The only exception was the attitude of primary school children in Buxton towards adults carrying a gun for protection. In other communities, an average of 51% of primary school children agreed with adults carrying guns but just 6% of primary children in Buxton agreed with this. This indicates that primary children in Buxton have some very negative experiences associated with adults carrying guns. Children in Buxton held very similar attitudes towards police killing criminals as other children in rural Region 4.

In Annandale, an Indo-Guyanese community neighbouring Buxton, many children described being very afraid of ‘Buxton bandits’ and one girl described observing a shoot-out in which two men were killed. However, another girl said that she believed more violence happened in rum shops between ‘friends’ than was perpetrated by criminals. An interview with the local health worker seemed to support this. The health workers had provided follow up care for a number of serious injuries in area and three times more of these cases had resulted from alcohol related violence than from criminal violence.
4. Conclusions and Recommendations

4.1 Physical and Emotional Violence at Home and School

4.1.1 Physical Discipline and Physical Abuse

For the children that participated in the study, there is no clear division between physical punishments such as licks with a whip or belt, and being hit with other objects such as wire or kitchen utensils. Rather they describe a continuum or range of physical punishments from lashes on the hand which results in temporary pain, through beatings which bruise, brand or break the skin, to being hit with objects such that bones are broken or they are rendered unconscious. All of these physical punishments are understood by the children to be discipline. The acceptance of physical punishment as discipline for children in the home, has led to a situation where a third of Guyana’s children experienced physical damage from disciplinary violence such as bleeding welts, broken bones, burns and unconsciousness. Many more children experience lesser physical damage and negative emotional impacts.

Children described a similar situation in schools, with physical punishments administered by teachers varying in their physical impacts from mild to severe. It was notable that despite the MoE guidelines stating that corporal punishment should only be administered in extreme cases by senior staff [50], children reported that classroom teachers in all Government schools did administer physical punishments. Children described how some teachers would lash them arbitrarily as they walked around in class, hitting them on arms, legs, backs and sometimes the back of their heads. Corporal punishment administered in school had left some children in such pain that it was hard for them to continue with their work and left some with permanent scarring. Teachers reported using corporal punishment not only to punish inappropriate behaviour, but also to impart their authority in the classroom and as a teaching tool, physically punishing children who could not learn fast enough.

This study shows that there is a high level of support for physical discipline among children throughout Guyana. This is primarily due to their expressed need for structure, guidance, discipline and care in the home and at school. A survey in 2000 found that the majority of Guyanese adults favoured the use of physical discipline in the home, but many were concerned that physical discipline should not become abusive [51], implying that they believed there was a clear division between non-abusive and abusive physical punishments. However, this study has found that in reality there is no clear distinction; rather the children described a range from light to severe punishments. The findings of this study concur with those from many other studies in that the prevalence in society of attitudes that support physical discipline is associated with high levels of physical abuse.

High rates of physical abuse, particularly in the home, are, according to various studies, associated with attitudes that support the use of physical punishments for discipline [22, 52, 53]. Children who are subjected to physical discipline as children (including that with less
severe physical impacts such as temporary reddening) are more likely to suffer long-term emotional impacts like depression and to become perpetrators of violence themselves [54, 55]. Physical abuse of children is associated with higher rates of community-based violence from youth, indicating that what children learn from being physically punished is not to behave in a more socially acceptable manner (a common object of discipline), but in fact to perpetrate violence [53, 55].

In societies where mothers have primary responsibility for childcare, mothers or female caregivers are the most common perpetrators of physical discipline and physical abuse [2, 52, 53]. Fathers perpetrate physical abuse less often, but there is evidence that when they do, the abuse is more severe and more likely to lead to serious or fatal injury [2, 53]. Other relatives or related caregivers are more common perpetrators of physical abuse than step-parents, who in fact rarely physically abuse children [52]. This study found a similar pattern in Guyana, with mothers perpetrating physical abuse most often, followed by fathers, and then other family care-givers. Step-parents only rarely perpetrate physical abuse.

Persistent approval of physical (corporal) punishment as a disciplinary measure and high rates of physical abuse of children are reported in much of the Caribbean [22]. In Guyana there is widespread acceptance of physical discipline as a cultural norm [56]. This study demonstrated that children are socialised from as young as 3 years old to accept that physical punishments as the most common form of discipline (including being given licks or lashes, beaten or being hit). Children are socialized to be submissive to caregivers, older persons and other authorities and not to be self-assertive, even when becoming a victim of abuse [56].

Some would say that any form of physical force to discipline children is physical abuse, while others would argue that physical punishment is a culturally accepted and mandatory method of discipline which is supposed to be unpleasant for children but not abusive. This study does not engage itself in this discussion; however it does highlight that children do not distinguish between a few licks and lashes on the hand from beatings which bruise, brand or break the skin, or with being hit with objects which can cause bones to break or render the child unconscious. All the above forms of physical force are viewed by the children, as by many of their caregivers, as forms of discipline.

Emotional abuse, including threats of physical violence, was also commonly reported by children as being perpetrated by caregivers in the home, and less frequently by teachers in school. Emotional abuse can have negative short and long term impacts on the mental health of children [2, 8]. The types of emotional or mental abuse were of great concern to most children. Children mentioned types of emotional abuse only slightly less frequently than types of physical abuse when asked ‘what is violence’. The most commonly mentioned form of emotional or mental abuse was simply ‘verbal abuse’ and it was also a feature of their descriptions of violence in their communities. Clearly emotional abuse, primarily verbal abuse from and between adults, is something which affects children greatly. Domestic violence or verbal conflicts between adults, especially caregivers at home, can have negative impacts on the child’s behaviour and performance at school [3, 7].
Parents need to develop trust with their children so that whilst growing up they can feel free to go and tell their parents anything and ask for guidance and protection - 13-15 yrs

Parenting skills education is recognised as an effective intervention to prevent abuse at home [2]. Education and skills training is needed for caregivers, teachers and other adults who may have temporary charge of children, which includes not only possible alternative disciplinary methods, but also education on the development of a child and how to develop communication and conflict resolution with their children. A Guyanese model for this already exists in the parenting skills manual developed by MoE [57].

In light of many teenage pregnancies in Guyana, children need to be prepared for adult responsibilities and even parental responsibilities. Some aspects of these life skills should be taught in schools through, for example, Health and Family Life Education (HFLE). Health centres are also key contact points for new and often young parents, since expectant mothers regularly attend health centres during pregnancy and the early years of their child’s life. Parenting skills education programmes delivered in community-based prenatal sessions at health centres have been shown to have a positive impact on child health and protection [58]. It is essential that fathers are also reached by parenting skills training, particularly in view of the potentially more damaging physical abuse perpetrated by fathers, and the fact that some fathers and step-fathers are perpetrators of sexual abuse.

This study has shown that children who lose a parent either through death or abandonment are more vulnerable to becoming an out-of-school child and more susceptible to the higher levels of physical and emotional abuse suffered by these children. Whether or not the orphaned child suffered higher levels of abuse appeared to depend heavily on the ability of the (surrogate) caregiver to provide care and a protective environment for that child. Many orphaned children in the care of family or even unrelated caregivers were at no greater risk of violence than children living with birth parents. This finding indicates that a greater involvement of the child protection services in these often informal transfers of custody may be warranted, in order to assess the surrogate caregiver(s) ability to care for the child and to provide parenting skills training or other support as needed.

This study found that many teachers worry about being able to keep discipline in the classroom without corporal punishment. Teachers generally indicated that they do not have faith in the effectiveness of alternatives and are afraid that the removal of their one disciplinary tool will result in chaos in the classroom. Teachers, however, did indicate willingness to try alternative forms of discipline if provided with the right tools and guidance. The current teacher-training programme delivered by CPCE could possibly provide more guidance and emphasis on these issues to teachers. Furthermore, given the high number of untrained teachers in schools, in-service training should also be provided to those teachers.

Additional support services may be needed to deal with children who are themselves are violent in school. The children who participated in the study suggested that counselling be made available in schools for children who are violent or persistently misbehave, recognising that
these children are often victims of violence in their own homes and may be helped more by counselling than by further violence.

Children themselves need to be engaged in the process of change, creating a child-friendly and protective environment in school. Teachers and pupils should share responsibility for discipline and learning in schools and could come together to agree and enforce acceptable standards of behaviour, creating a new culture of mutual respect.

Physical discipline and abuse was also reported in other institutions including children’s homes and the NOC. There seems to be a need for tighter controls and monitoring to prevent physical abuse in these institutions.

4.1.2 Neglect, Child Labour and School Absences

Children frequently reported being left unattended at home because adults had to go out to work. Some parents may be faced with a difficult choice between leaving young children unattended while they go out to work, keeping an older child home from school to look after the younger ones, or not going out to work and perhaps not being able to adequately feed and clothe their children.

A substantial number of children are providing domestic labour in the home and even agricultural labour in family agricultural businesses. They are often kept away from school to work. Even if children go to school, they are given substantial responsibilities that will reduce the time they have for homework and may make them tired in school. These adult responsibilities also reduce the time the child has for play and other childhood activities.

Internationally, most child labour is in family businesses, and usually agricultural [59, 60]. In Guyana, child participation in agricultural labour is ubiquitous, to the detriment of their education and health [36]. Poverty and lack of access to basic services are often associated with greater child labour both within the home (doing domestic tasks) and in income generation activities [18, 59-61]. However, there is also some evidence that the paucity of educational opportunities may contribute to the parental perception that there is little to be gained from sending their child to school and thus they may instead decide to invest their child’s time in labour for the household [18].

Parents need to value education for their children, moreso that they give it a higher priority in their child’s life. This could form another element of the parenting skills education, and could also be addressed through public education campaigns.

4.1.3 Child to child violence at home, in school and in the community
This study shows that 19% of the physical abuse of children in homes is perpetrated by older children or young adults (mostly male) who were members of the household. The physical abuse of children by other children is very similar to that perpetrated by caregivers. Often bigger children wanted to punish smaller children for doing something they did not like, or to impose their will over the smaller child.

Child on child physical violence in schools and community is most commonly perpetrated between children of the same gender and of a similar age, and is more common among boys than girls. Secondary school children in particular, describe a need to protect themselves from the violence perpetrated by other children in school, often by using violence themselves: either by hitting back directly or by reporting to a teacher so that the teacher will beat the perpetrator.

In schools, and to a lesser extent the community, children are exposed to and learn violent behaviour. They accept this violence as a normal part of their life and often use violence to resolve conflicts and even become perpetrators of physical (and sexual) violence. As they get older children feel a greater need to protect themselves from violence with violence (hitting back). In schools and communities, where children are developing socially with their peers, children are learning to accept, condone and perpetrate violence against each other.

The pattern of child to child violence in schools is similar to that observed elsewhere in the Caribbean, although violence involving weapons or resulting in serious injuries was less frequently reported than in some other countries [22, 27]. High levels of violence in schools are associated with high levels of community-based violence [3, 27]. Programmes dealing with violence in schools which are linked to community programmes can be very effective in reducing school violence [3, 62].

Children need to learn how to deal with conflicts with other children without resorting to violence. In part, this requires non-violent examples from role models (caregivers and teachers), but children can also benefit from learning skills for non-violent conflict resolution. Engaging pupils to take responsibility in their own discipline and agreeing acceptable standards of behaviour will also contribute to the reduction of child to child violence in schools. Children need to be engaged in creating a child friendly school situation, in redefining acceptable and non-acceptable behaviour and in raising standards of behaviour for themselves and their peers. A Guyanese model for this exists in the child-friendly schools, which promote individual and group learning, student governments and empower children to take more responsibility for their school.

4.1.4 Recommendations: To prevent and protect children from physical and emotional abuse and neglect
4.2 Sexual Violence

4.2.1 Knowledge, attitudes, beliefs and the risk of sexual violence

The study shows that not all children can identify sexual violence or know when they are being abused. A least one 7 year-old girl contacted during this survey did not realise that when she was raped by her father, that he was doing something wrong. Similarly, not all children recognise ‘seeping off’ as sexual harassment and there is a trend of desensitisation of girls as they get older. However, this widespread practice of “seeping off” clearly was experienced as abuse by girls who were intimidated, made to feel bad about themselves and sometimes even terrified in their own communities by this practice. Also girls as young as 10 years old reported being drawn into sexually exploitative relationships with older boys and men, and perceiving this as a loving relationship while not fully appreciating the negative consequences of these relationships for themselves.

Even when children know they have been sexually abused, it is difficult for them to take action to protect themselves. This study came across several cases where children reported sexual

- Sensitise the public and influential opinion leaders (e.g. religious and political leaders) as to the nature of physical abuse against children in Guyana.
- Train all caregivers in parenting skills and have components become an integrated part of HFLE and public health education, particularly during pre-natal and early childhood care.
- Incorporate an internal examination of attitudes and beliefs about all forms of violence as well as non-violent conflict resolution and better communication skills with their children.
- Provide counselling and family mediation services available locally.
- Train teachers in effective classroom discipline without physical punishments.
- Include reflective sessions entailing an examination of attitudes and beliefs about all forms of violence as well as non-violent conflict resolution and better communication skills with their children in the CPCE teachers-training programme.
- Engage children in setting standards for acceptable behaviour in schools and at home.
- Make child friendly school guidance and counselling services available in schools, possibly training nominated teachers or bringing in external trained volunteer workers from NGOs.
- Review and strengthen role of School Welfare Officers.
- Sensitise parents and children to the importance of children completing education.
- Make affordable child care facilities available to working parents.
abuse to caregivers only to be disbelieved. Caregivers seem less likely to believe the child when the perpetrator is their partner and / or provider. Children, generally, did not know who or where else to go to for help if they were experiencing sexual abuse within their own home. Most children were unaware of social services and were afraid of the police. The fact is that prevailing attitudes attach a great deal of shame, and even sometimes blame the child for being a victim of sexual violence. Revelations of sexual abuse are rarely kept confidential, and this only increases the pressures on the child to keep silent.

Many children believe that it is the responsibility of the girl or woman to avoid or allow sex, including rape. Children associate sexual violence with girls wearing revealing clothing and going after men. However, the fact is that the majority of rapes of children are perpetrated in the home by trusted caregivers or family members who use their access to, and power over the child to facilitate their crime. These attitudes towards sexual violence can lead a child to believe they are partly responsible for the sexual violence perpetrated against them, which makes them less likely to protest or report it and consequently makes them more vulnerable to further violence.

Men and boys are the main perpetrators of sexual violence. This study found that boys were socialised to believe that some sexual harassment of girls and women is acceptable, and even a necessary part of becoming a man. The prevalent belief that girls or women are sometimes responsible for the sexual violence perpetrated against them may lead boys to condone or even perpetrate sexual violence.

The attitudes expressed by the children are typical of societies where there are unequal gender relations and are strongly associated with higher rates of sexual violence against women [4, 23, 63-65]. Gender stereotypes fundamentally condition gender-based violence: typically these stereotypes characterise men as having uncontrollable sexual 'needs' and actively seeking sex, and women as not wanting and resisting sex, which can lead to an acceptance of a degree of force on the part of the men [15, 63, 66]. Usually girls as well as boys share and promote these gender-stereotypes, even though these are disadvantageous to themselves, due to the power of social conditioning [23, 63]. It is common where there are unequal gender relations and gender based violence is prevalent, for girls to believe they are responsible for sexual violence perpetrated against them [63, 64].

The unequal gender-relations and associated attitudes and beliefs place girls at high risk of sexual violence and these need to be addressed if sexual violence is to be reduced. This study found that both boys and girls in the 13-15 year age group were most accepting of sexual harassment as a positive and necessary feature of male identity. This indicates that education programmes to counteract this socialisation process should begin before this age.

Children and adults need to be educated on the real nature of sexual violence against children in Guyana. Children and caregivers need to know where and when children are most vulnerable and to know who are the likely perpetrators. This will help children to protect themselves and may make adults who receive reports of sexual violence from children more likely to believe them. There is a need to sensitisie community leaders, and teachers and police officers in particular, to deal with children reporting sexual abuse. Public education and
sensitisation should deal with all forms of sexual abuse including harassment and sexual exploitation of girls and boys, and also with the attitudes and beliefs that promote abuse.

Parents and teachers are key resource people for giving information about sex, reproductive health and sexual abuse [64, 66, 67]. A survey of Guyanese children found that the majority placed most trust in their parents when it came to information on sex, although less than half actually learned about sex from their parents [67]. Schools are a primary location for the socialisation of children in the attitudes and beliefs that make them vulnerable to sexual violence and therefore a key location for education which aims to counteract this process [64]. However, parents and teachers are themselves subject to the same socialisation and acceptance of gender-stereotyping which promotes sexual violence; so in order to be effective agents for change, they (parents and teachers) need training which helps them confront and understand their own attitudes and experiences [64].

Associated with their attitudes towards gender-based violence, children in this study held some misconceptions about sexual behaviour and HIV/AIDS. Children much more frequently associated HIV with women who were believed to be sexually proactive (by being ‘seeped off’ or wearing revealing clothes), than men who were being obviously sexually proactive by ‘seep off’. When men are perceived to have uncontrollable sexual ‘needs’, the responsibility for safe sex is shifted onto women [63]. In societies where male identity is defined by being sexually active with multiple partners, this may not be perceived as promiscuity and therefore not associated with increased risk of contracting STIs or HIV [4, 23, 63]. This study found that boys were socialised to believe that sexually harassing girls and women was a necessary part of the male identity. Children of both genders failed to associate this harassment (an active initiation of sexual encounters by boys and men) with an increased risk of contracting HIV, despite evidence that children are aware that boys engage in more risky sexual behaviours than girls [68]. Instead, children associated HIV transmission with female behavioural practices, indicating they see safe sexual practices as primarily the responsibility of the girl or woman.

The perception that the responsibility for sex and safe sex, lies with girls and women has very serious implications for the control of HIV transmission within the population. Girls are the most common victims of rape and exploitative sexual relationships and are often in no position to negotiate safe sexual practices, even within consensual relationships. These gendered inequalities of power put girls at risk, even though they may have considerable knowledge of how to protect themselves against STDs [23]. HIV/AIDS prevention programmes need to address inequitable gender practices in sexual relationships and take a proactive stance in denaturalising male sexual violence against women.

Anal rape of boys by older boys or men was very rarely recorded in this study. However, male victims of this type of rape may face greater negative consequences following disclosure than girl children, especially in societies where male identity is closely tied to heterosexual sexual activity [4, 26]. These boys risk being labelled homosexual and may be at a greater risk of further sexual abuse than if the original abuse is kept hidden [26]. Again, attitudes and beliefs need to be addressed if this abuse is to be reduced.
4.2.2 Government and legal systems

Far more cases of sexual abuse and incest are reported to health workers than police, however, individual health workers do not necessarily have specialised knowledge of the child protection system, or how to go about reporting sexual abuse. Health workers need to be integrated into the network of authorities who deal with sexual abuse against children and sensitised to the importance of their role as key witnesses on behalf of child victims. They also need to be given special training to deal with victims of sexual abuse, to encourage and support them to report perpetrators, to get help and to maintain confidentiality. It is essential that in the process of integrating health workers into the system for detecting and prosecuting sexual abuse, children and families do not become alienated from their health workers, which could result in a reduction of reported cases.

The perception of many children and key informants that it is almost impossible to successfully prosecute sexual abuse cases against children, means that the laws against sexual abuse are not an effective deterrent to perpetrators. The current system is not very child-friendly; many of the professionals who deal with a child victim of sexual abuse (which can include police, health workers, probation officers, social workers, lawyers, court officials and judiciary) have received no special training on how to deal with children and there is no family court. The intimidating process can discourage children and their caregivers from reporting sexual abuse or pursuing cases once reported. In addition, since there are no facilities for the use of biological evidence in court, the successful prosecution of sexual offenders depends on witness testimony. The rules of evidence state that children who are deemed not competent cannot bear witness on their own behalf. This means that it is effectively impossible to successfully prosecute perpetrators of sexual abuse against younger children, particularly those under 8 years old, or those with learning or developmental disabilities, unless there is an independent witness.

All professionals who may be involved in dealing with child victims of sexual abuse need training and sensitisation to be able to deal fairly and competently with children reporting abuse. Children should be able to give their evidence in a friendly non-threatening environment so they have the best chance to give their evidence clearly and without re-victimizing the child. This could be achieved through the proposed family court system. The legal structures and rules of evidence need to be reviewed in order to make it easier to prosecute perpetrators of sexual offences against children.

Current legislation does not adequately deal with all types of sexual abuse of children. Boys who are victims of anal rape by other boys or men are technically equally guilty of ‘unnatural acts’, and although they are not normally prosecuted, this may still contribute to their stigmatisation and discourage them from reporting this abuse. The legal age of consent for girls is 13 years and there is no age of consent for boys. This means that girls are unprotected from sexual exploitation from the age of 13 and boys are not protected at all. This study recorded several cases in which boys were being forced into sexual intercourse by older girls and women. Statutory rape laws generally only consider heterosexual rape of young girls, but in addition to anal rape of boys, usually by older boys or men, adolescent boys also confront a similar sexual pressure from female adults and this should be accommodated in the creation of laws aimed at protecting youth from older sexual predators [4].
In an opinion survey carried out in 2000, 40% of adults favoured 18 years for the age of consent, 20% preferred 16 years and 16% preferred 20-21 years; the majority of children favoured 20-21 years [51]. The UN Convention on the Rights of the Child, to which Guyana is a signatory, recommends that the age of consent be 18 years. However, there are several laws which concern sexual activity in children, for example it is currently legal for a 13 year-old child to marry with consent of her parents. If the law governing age of consent was changed to raise that age, all other laws which related to sexual activity of children would have to be harmonised in order for this to be effective.

There is a need to differentiate sexual exploitation from consensual sexual activity with peers [4]. The 2000 opinion survey found that although adults and children felt that sex between minors was not good and should be discouraged, they did not think that it should be criminalized [51]. Other legal systems have dealt with this issue by defining consensual sex between one minor and another as statutory rape when the age gap between them is more than a certain number of years [4].

4.2.3 Recommendations: To prevent and protect children from sexual abuse

- Sensitise children and adults to understand that sexual violence (including sexual harassment) is never acceptable and never the fault of the victim.
- Educate children and adults on the nature of sexual violence in Guyana: what it is, where and when it happens and who are most common perpetrators.
- Educate children and adults (particularly boys and men) to understand and reduce attitudes and beliefs that promote sexual violence in schools and through public education campaigns.
- Educate caregivers to be able to communicate effectively with their children about sex and to be sensitive to the possibility of sexual abuse perpetrated within their own home.
- Sensitise children and adults to the nature of sexually exploitative relationships and the negative consequences to health and development of early sexual activity.
- Inform girls and families in remote areas of current practice of trafficking for exploitation and / or prostitution.
- Integrate health workers into child protection system and train health workers to recognise and report sexual abuse.
- Widely distribute information on where and how to get help if children are sexually abused to children, caregivers and all professionals or others who may receive a report of child abuse.
 Produce and provide protocols and checklists to all health workers, teachers, police and other community-based professionals who may encounter a child who has been abused.

 Train community leaders and professionals to deal appropriately with children reporting sexual abuse.

 Increase the legal protection of children from sexual exploitation and abuse by making necessary changes to the law, without criminalizing sexual experimentation or consensual sex between minors.

 Modify law or procedures or increase ability of courts so that it is possible to successfully prosecute perpetrators of sexual abuse against younger or disabled children.

 Establish family court with child-friendly systems.

 Review and strengthen current child protection system, give specialised training to all authorities involved (social workers, health workers, police), improve reporting and referral system between different authorities and consider increasing human resources.
4.3 Vulnerability of children in special interest groups to violence

The special interest groups included in this study were: orphans and vulnerable children, out-of-school children, children with disabilities and children in institutions including children’s homes and the NOC.

Out-of-school children and the children interviewed at the NOC consistently reported experiencing more physical, emotional and sexual violence than other children. There were similarities in the life history of some out-of-school children and children at the NOC: children experiencing high levels of neglect and emotion and physical abuse at home and school who spent a lot of time away from home without supervision; some of whom ran away from home to live with other caregivers or on the street. Those out-of-school children and street children, who tended to be more peripheral to their households, are clearly at a higher potential risk of becoming involved in the types of activities which might lead them to be committed to the NOC. Other out-of-school children were very connected to their households and were very positive about spending most of their time (even during school hours) working in family businesses or at home. These children often felt cared for and included, by being given work in family homes or businesses. They do not feel neglected, although they often expressed regret about not being able to attend school more often. All out-of-school children experienced higher levels of physical and sexual abuse at home, irrespective of whether they were peripheral to, or integrated into their household, indicating that the act of neglect in keeping a child from school is associated with other forms of abuse.

This study has demonstrated that regular absenteeism from school is an indicator of higher vulnerability to abuse both at home and in the community. Out-of-school children need to be identified quickly and their situation assessed so that they are not only brought back into regular school attendance, but that underlying or associated problems of neglect or violence are also addressed. This entails a high level of co-operation between the School Welfare Officers, teachers from the Ministry of Education, and Social Workers and Family Welfare and Probation Officers from the Ministry of Labour, Human Services and Social Security. Caregivers of the out-of-school children are a particularly important target group for parenting skills training, and sensitisation to the importance of education for their children.

Orphaned children who lose a parent through death or abandonment usually live with related caregivers in the extended family (often grandparents or aunts and uncles) and whether or not these children are subsequently more vulnerable to violence appears to depend upon the ability and capacity of these caregivers to provide a caring and protective environment. In many cases these related caregivers are able to provide a similar level of care as the birth parents, keeping that child in school, and giving a similar protection from violence as would have been expected from birth parents. In other cases, these children are more vulnerable to becoming both out-of-school children and juvenile offenders and therefore to the higher levels of physical violence that these groups experience. This study found that children in children’s homes had experienced high levels of physical and emotional abuse from related caregivers before coming to the institution. The extended family is often described as an unofficial child care or fostering system, but it is clear that not all extended families are equally able to provide adequate care and protection from violence.
Although the informal family foster care system in Guyana works well for some children, this is not always the case. These caregivers need to be included in parenting skills programmes and may need specialised training to deal with this particular situation. Counselling support should be made available to children and caregivers, to deal with the challenges of bereavement or abandonment and the integration of new children into another family. This is even more needed in the cases where the children and caregivers are stigmatised because of HIV/AIDS.

As previously described, irregular or reduced school attendance is a key indicator of vulnerability to abuse in the home, and schools can play a key role in monitoring this for children living with new family care givers, again requiring close collaboration between schools and child protection officers.

Disabled children reported higher levels of sexual violence and sexual exploitation than were reported by children in the general population. It is difficult to successfully prosecute those who perpetrate sexual abuse against children whose disabilities reduce their competence in the eyes of the law or otherwise impede their ability to give evidence on their own behalf. Such disabilities may make children doubly vulnerable to sexual abuse and exploitation since they are both less able to protect themselves, and the law is less effective in protecting them.

Disabled children and their caregivers are an important target group for education and sensitisation to the nature of sexual violence and how children can protect themselves from sexual exploitation. There also needs to be changes to the law and legal system to increase the effectiveness of the laws protecting these children from sexual abuse and exploitation.

Institutionalised children in children’s homes and in the NOC did experience some emotional and physical abuse in the institutions themselves. In all the institutions, there were some caregivers who disciplined the children by giving licks and lashes or beating. Sometimes such physical discipline was administered in a controlled manner as part of institutions’ formal disciplinary procedures, but this was not always the case. In some institutions, children reported both physical and emotional abuse from caregivers which scared and hurt the children. Violence from other children was also reported in all the institutions visited, included bullying, emotional, physical and sexual abuse. The frequency of violence between children in an institution varied greatly but was highest in the NOC, where bullying between children was common: 67% of children in the NOC reported emotional abuse and 40% reported physical abuse from other children. A few cases of serious sexual violence perpetrated by older children against younger children in institutions were recorded. In each case the perpetrator remained in the same institution, even when the abuse had been reported to caregivers.

Children in institutions often end up there because of experiencing higher levels of violence and abuse in family homes. Children who have experienced high levels of abuse and violence are more likely to suffer negative emotional consequences that often manifest themselves in aggressive behaviour [2, 7, 8, 55]. Children in institutions should be protected from further violence and given counselling to help them overcome the negative emotional consequences of their abuse. Caregivers in institutions seem to support physical punishments as discipline and may administer these when they feel it is appropriate - irrespective of the institutions’ policy, in a
similar way to teachers in schools. All staff having contact with the children in institutions should be trained in non-violent methods of discipline and conflict resolution. Given that many children in institutions show challenging and aggressive behaviour, caregivers in such institutions should receive special training in how to deal with such children. Caregivers also need to be trained to deal with sexual abuse between children, and to develop policies aimed at preventing this abuse and protecting victims from further abuse.
4.3.1 Recommendations: To protect children in special interest groups from violence

- Greater collaboration between Teachers, School Welfare Officers, Social Workers, Family Welfare and Probation Officers and their respective ministries (MoE and Min. LHSSS) to:
  1) develop a joint strategy for addressing the problem of out-of-school children and the associated abuse;
  2) develop a joint strategy for monitoring the welfare of children who lose a parent through death or abandonment, for identifying early signs of increased neglect or abuse and making appropriate interventions.

- Target caregivers of out-of-school children and new caregivers for children who lose a parent through death or abandonment for parenting skills training.

- Provide community based counselling and family mediation services to out-of-school children, children who lose a parent through death or abandonment and their families.

- Make education more accessible to out-of-school children, especially street children, by providing alternative education options, including vocational training.

- Identify children with disabilities at an early stage in their development. They and their caregivers should be targeted for education on the nature of sexual violence (including sexual exploitation), how it affects disabled children and how children can protect themselves.

- Sensitize other community members to the vulnerability of disabled children to sexual abuse and exploitation and create a protective environment for children with disabilities should be created in all communities.

- The Min. LHSSS should work together with the administrators, caregivers and staff of institutions to develop and enforce regulations dealing with:
  1) discipline and the administration of corporal punishment;
  2) bullying and other physical and emotional violence between children;
  3) sexual violence between children.

- Provide special training to caregivers and all other staff in institutions including non-violent methods for discipline and conflict resolution and how to provide care and support to children with histories of abuse who may have emotional problems or display challenging or aggressive behaviour.

- Provide substantial counselling support to children in institutions.

- Provide training to children in institutions in methods of non-violent conflict resolution and engage in reducing violence between children.
4.4 Juvenile Offenders

The majority of children spoken to in the NOC had experienced serious and frequent physical and emotional abuse at home and this abuse had often contributed to the events which led them to be committed to the NOC. Some children were running away from abuse at home and a few girls had become involved in exploitative sexual relationships with older boys or men. In most cases, caregivers reported to the police that the child was delinquent and the child was subsequently committed to the NOC. In a few cases, children had been caught committing petty crimes (commonly larceny) and more rarely serious violent crimes; often these children had become involved in crime as an escape from abuse at home.

Child abuse and neglect increase the likelihood of delinquency, adult criminality and violent criminal behaviour [2, 55]. Experiencing and witnessing violence at home and in the community can lead to emotional disturbance which results in children exhibiting aggressive behaviour [2, 8]. Sexual abuse predisposes children to early sexual activity and can lead them to confuse sexual behaviour and affection; sometimes girls enter into sexual relationships with older men to escape abusive home situations [4, 23, 63]. In addition, children who are sexually abused can become aggressive and this may lead to criminality [4]. Children who run away from abusive homes and are committed to the NOC, are effectively being punished for trying to protect themselves from abuse. Escape from abusive homes was also indicated as motivation for girls entering unsuitable and exploitative relationships with older men. Girls need to be protected from exploitative sexual relationships by making it illegal for older boys or men to exploit them, not by punishing or locking up the girls. Given the links between children’s experiences of violence and their tendency to develop behavioural problems, become delinquent or to commit crimes, there is a case for regarding even the children committed to the NOC for criminal activities as primarily victims.

The age of criminal responsibility in Guyana is 10 years old [51]. Children are not normally prosecuted as adults but they are committed to the NOC from this age for criminal activities including ‘wandering’ which means being out of the supervision of their caregiver. The NOC was conceived as a rehabilitation and training facility, rather than a juvenile detention centre. However, it is the only facility with any kind of secure accommodation for juvenile offenders and therefore children who are out of parental control are sent there together with those who have committed petty or serious crimes. A high level of emotional and physical violence from other children was reported by children at the NOC. The staff and facilities do not appear to have the capacity to adequately prevent child on child violence in the institution. In addition, the institution accommodates both boys and girls and several potentially sexually exploitative relationships were reported.

Even though children are not normally prosecuted, the fact that they are deemed responsible for criminal acts from the age of 10 years old is used as a criterion to determine which children are to be sent to the NOC, something which is stigmatising in itself. In an opinion survey in 2000, 40% adults and children felt that the age of criminal responsibility should be 18 years and 22% that it should be 16 years; the majority did not believe that children should be tried as adults because of the intimidating environment of the courts, even for adults [51]. By raising
the age of criminal responsibility, children who are escaping abusive homes can be dealt with as victims rather than offenders.

It is questionable whether it is really in the best interests of most of the children committed for ‘wandering’ or for petty crimes to be sent to the NOC. These children have experienced high levels of abuse and in being sent to the NOC are isolated from family and friends, are taken out of the regular school system, and are subjected to violence from other children. Alternative care with foster parents in conjunction with intensive counselling and family mediation might be more appropriate, and would enable children to reintegrate into their families and their communities more quickly. Reducing the number of children who are committed to the NOC would also reduce pressure on this institution and enable it to improve standards of care and rehabilitation for the remaining children, perhaps only those who have committed serious crimes.

The NOC has an educational and vocational skills training programme, as well as some counselling and rehabilitation programmes. However, there is a need to strengthen these facilities to make the education programme more equivalent to that available at public schools, to increase children’s access to counselling and to expand the rehabilitation programme to include more work on reintegrating these children with their families.

The current system for dealing with delinquents or juvenile offenders is not appropriate for children. Children are originally detained by police either for criminal activities or for being out of parental control (caregivers even take children to the police themselves). Children are often kept in police stations and lock-ups with no special facilities for them. There are two police stations with separate cells for children in Georgetown, but elsewhere, detained children are put to sit and sleep in public areas or even in cells with adults. Children are typically remanded in police station lock-ups all over the country for on average one to three months (although sometimes more) pending a court appearance for committal to the NOC. Children are also commonly committed to the NOC without any background information on their home circumstances, including information about the abuse they may have suffered. This is often because it takes a long time for this information to be gathered, partly due to the limited number of social workers available, and because Magistrates do not want to wait and keep children in the poor conditions at police stations.

Unless the child actually poses a threat to society or to him or herself, there seems to be no reason to detain them in the highly unsuitable conditions at police stations. It was clear that in many cases when caregivers had brought the child to the police, the child presented very little flight risk, had they been placed in a caring residential or foster home. There is a need for secure detention facilities for some children, but these should be appropriate and staffed by specially trained personnel. Given the findings of this study, it is essential that any court considering the case of a juvenile offender should hear a report on their background, including a full history of abuse, from a specially trained social worker.
4.4.1 Recommendations: To prevent and protect juvenile offenders

- Increase the age of criminal responsibility in line with public opinion and the UN Convention on Child Rights.

- Review the laws concerning ‘wandering’ to avoid criminalizing children who are trying to escape from abuse.

- Place children in temporary foster care with a view to reintegrate them into their family, perhaps with alternative caregivers if their previous caregivers are perpetrators of abuse.

- Provide family mediation services to delinquent children and their families with the object of reintegrating the child in their own family as soon as possible.

- Provide secure child-friendly facilities for children who may be a danger to themselves or others for children detained both before and after court hearings.

- Ensure full background disclosure on the family situation and an investigation into any allegations of abuse when the child’s case is heard before the Magistrate.

- Train and sensitize all professionals who may deal with juvenile offenders in specialised protective and rehabilitative approaches.

- Ensure programmes for juvenile offenders with a focus on rehabilitation, counselling and rapid reintegration into their own families and communities.

- Detain children in secure facilities only if they have committed a serious criminal offence.

- Expand and strengthen the education, counselling and rehabilitation programmes at the NOC.

- Create a half-way house with facilities for juvenile offenders coming out of detention, to facilitate their reintegration into society following long periods of detention.
4.5 Social and Criminal Violence

The majority of children in the study were exposed directly or indirectly to some sort of violent crime. Most children living in Greater Georgetown had heard gunshots at least once and only slightly fewer children living in rural areas of Region 4 had heard gunshots. Gun crime and robbery were more commonly experienced directly or indirectly (to a family member) by children in Greater Georgetown than elsewhere. Knowing someone who was killed was equally common for all children throughout Guyana. Children were often exposed to violence in their community resulting from neighbourly or domestic disputes. Children particularly highlighted alcohol-abuse, specifically rum, as a key cause of violence in their community.

Although affected more often indirectly than directly, children mentioned being afraid of social or criminal violence involving their caregivers or adult members of their families, or even themselves in their own homes. This fear contributed to the support expressed by many children for adults to carry guns to protect themselves and for police to kill criminals, particularly those who killed and robbed people. Many children also perceived a problem with the escalating gun culture leading to even more killings and felt that proper court proceedings should be followed, and criminals should be jailed rather than shot without trial.

Children are exposed to scenes of violent crime in the media. The majority of children had seen violence in the media by the age of 7 and all by the age of 15. Although the children expressed feelings of fear, sadness and disgust at these violent images, they also indicated wanting to know what was happening in the country, through the media. Some children suggested that the media could still effectively fulfil this by telling the story but not showing the graphic images of violence.

Although children may not often be direct victims of community-based violence, it can still have direct impacts in the form of negative emotional and behavioural consequences. Adolescents exposed to violence, particularly those exposed to chronic community violence throughout their lives, tend to show higher levels of aggression accompanied by anxiety, behavioural problems, and truancy [8]. Physical abuse of children is associated with high levels of community-based violence, indicating that one may increase the other [53].

Alcohol is associated with increased violence in the community and at home (domestic violence against partners and children) [69-71]. Young men who participate in binge drinking are more likely to perpetrate violence [53]. The link between violence in the home and alcohol is cyclical, children who witness or suffer violence and abuse from alcoholic parents are more likely to become both alcoholic and violent themselves [71]. Making alcohol less available can be an effective policy tool for reducing violence [69].

The most important resource protecting children from the negative effects of exposure to violence is a strong relationship with a competent, caring, positive adult, most often a parent; yet when parents themselves are witnesses to or victims of violence, they may have difficulty in fulfilling this role [8]. Caregivers and other significant adults should be sensitised to and be supported in their role to protect children from the negative impacts of violence. Community-based counselling and support services are needed for caregivers and children who are
witnesses or victims of crime or violence. Children living in high-violence areas can benefit from having protected zones in the neighbourhood such as ‘safe havens’ which can shield children from exposure to violence and can aid in their resilience [8]. Such safe havens could be associated with counselling and other support services.

4.5.1 Recommendations: To prevent and protect children from social and criminal violence

- Sensitise adult population to the impact of social and criminal violence on children.
- Sensitise caregivers and other significant adults as to their role in protecting children from the negative impacts of violence.
- Sensitise the public to the role of alcohol consumption in community-based and domestic violence.
- Provide community-based counselling for victims of crime and violence.
- Establish greater regulation of guns and guidelines for licence holders on appropriate security for guns kept in households with children.
- Enforce stricter regulation of police practices.
- Establish and enforce media regulations to reduce the exposure of children to graphic images of violence (without compromising role in informing public).
4.6 Children’s views on violence in their communities and suggestions for reducing it

Older children (11-17 years) were asked what kind of violence affected them in their communities and how they felt about it. These are some of their views:

“Violence is an everyday thing in our communities, things like drugs, abuse, rum drinking, cursing and fighting (13-15 years)

“Children are affected by violence because it is one thing happening over and over, it makes us feel depressed, bad and uncomfortable, we wouldn’t want to raise our children in this community (15-17 years)

“Being exposed to so much violence today makes us feel unsafe, sad, terrified and uncomfortable to leave our homes (13-15 years)

“Make me feel like no one cares for other any more (11-13 years)

“Everyday you can hear children screaming from licks they are getting from parents (11-13 years)

“It affects your studies because you keep getting flash backs on all these bad things that have happened, it makes it difficult to concentrate (11-13 years)

Children were asked what they thought could be done to reduce violence and they made the following suggestions: (Table 4.1).

Table 4.1. Most commonly mentioned suggestions from children to reduce violence

<table>
<thead>
<tr>
<th>Suggestion</th>
<th>Mentioned in groups (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater security through more effective law enforcement</td>
<td>30%</td>
</tr>
<tr>
<td>Teach parents how to develop good relationships with their children</td>
<td>18%</td>
</tr>
<tr>
<td>Create more jobs</td>
<td>18%</td>
</tr>
<tr>
<td>Work with youth to develop positive attitudes and behaviours</td>
<td>17%</td>
</tr>
<tr>
<td>Counsel children who have experienced violence</td>
<td>15%</td>
</tr>
<tr>
<td>Government Agencies take more action to check on potential child abuse cases and to remove children from abusive homes</td>
<td>14%</td>
</tr>
<tr>
<td>Counsel perpetrators of violence to stop them re-offending</td>
<td>13%</td>
</tr>
<tr>
<td>Educate people about violence and how to prevent it</td>
<td>12%</td>
</tr>
<tr>
<td>Make more laws that protect children from violence</td>
<td>12%</td>
</tr>
<tr>
<td>Live together in peace and harmony</td>
<td>11%</td>
</tr>
<tr>
<td>Keep children in school (and get drop-outs back in)</td>
<td>10%</td>
</tr>
<tr>
<td>Stop people drinking alcohol</td>
<td>10%</td>
</tr>
<tr>
<td>Stop people using drugs</td>
<td>8%</td>
</tr>
<tr>
<td>Have stricter controls on the police</td>
<td>7%</td>
</tr>
<tr>
<td>Limit or get rid of guns</td>
<td>5%</td>
</tr>
<tr>
<td>Make it possible for everyone to report abuse to the police</td>
<td>5%</td>
</tr>
</tbody>
</table>
Here are some of the suggestions from children:

“Children should have laws from being beaten by anyone, moreso an adult (11-13 years)"

“Put a self help / counsellor in each community to help children who are in violent situations grow out of it and to make children aware of like and what’s going on (11-13 years)"

“Counselling can help children cope with problems like rape, it wouldn’t solve the problem but would help them deal or cope with it (13-15 years)"

“In those situations where small children are being abused, well they don’t really know what sexual abuse is and if sometimes someone can talk to them about it then they will realise that it is wrong what they are going through (11-17 years)"

“Everyone should feel free to report all abusive behaviour (11-13 years)"

“Parents need to develop trust with their children so that whilst growing up they can feel free to go and tell their parents anything and ask for guidance and protection (13-15 years)"

“If there were not so many weapons / guns available in our society then they wouldn’t have been so much violence and people would be living better together (13-15 years)"

“Cooperate with one another in order to have harmony in the country (13-15 years)"

It is hoped that the views and experiences of children recorded here will be considered and incorporated when making future policy, laws and the national plan of action for children.
5. Recent interventions being undertaken to prevent and protect children from all forms of violence in Guyana

5.1 Child and Violence Project

As indicated at the beginning of this Report, the study is part of a larger “Children and Violence” Project being executed by the Ministry of Labour, Human Services and Social Security in collaboration with UNICEF. The Project evolved from the Government’s concern about increasing reports of children being victims and perpetrators of violence in Guyana. The Project commenced in 2003 to protect children from abuse, neglect, exploitation and discrimination and entails three main components:

1) the study of violence involving children
2) the establishment of a national child protection monitoring system; and
3) peace education interventions in local communities together with a public education campaign.

The Project is guided by an Advisory Board composed of representatives from Ministries and other Government agencies involved with children, from NGOs active in child protection, University of Guyana, religious and opinion leaders and a youth/child representative.

5.1.1 Child and Violence Project: Study

This report marks the conclusion of the country-wide study undertaken with almost 4,000 children, a representative sample of about 1% of the children in Guyana, which obtained first hand accounts from children and adolescents about their experience of violence, how it impacts them and what they think about violence.

In December 2004, the Project launched a nationwide public education campaign called “Growing up without Violence”. This is aimed at educating children and adults alike on all forms of violence experience by children in their homes, schools and communities. The campaign will not only bring out the voices of children about violence, but also strive to educate children and society as a whole on how to protect children and assist children at risk of violence in order to create a protective environment for children. All stakeholders will be targeted from children to parents, frontline workers to policy makers and the private sector to the media.

5.1.2 Children and Violence Project: Child Protection Monitoring System

Violations against children often go unreported, and, if violations are reported, child protection services are sometimes unequipped and unable to follow-up individual cases in a child-friendly and timely manner. The Government and its partners understand the urgent need to strengthen and review the child protection services and referral systems in Guyana. As such the Children and Violence Project has established a national Child Protection Monitoring System (CPMS) within the Ministry of Labour, Human Services and Social Security together with technical support from the Bureau of Statistics, the Caribbean Community (CARICOM), the United Nations Economic Commission in Latin America and the Caribbean (UN ECLAC), the
International Labour Organisation (ILO) and UNICEF, worth over 9 million Guyana dollars for two years.

A Child Protection Monitoring Database (CPMD) will protect children and adolescents from violence through monitoring and surveillance. The database will allow for more effective and efficient Governmental and Non-Governmental planning and project implementation and evaluation for children and their families with accurate and current data. Furthermore, the CMPD will assist in producing indicators and statistics on women and children for reporting and advocacy purposes in the context of national and international reporting requirements including the UN Conventions on the Rights of the Child and the UN Millennium Development Goals (MDGs).

With UNICEF support, the Min. LHSSS has established a five year implementation plan with a two year start-up and pilot phase. Furthermore, the Ministry has garnered hard and software and other equipment as well as hired a Database Manager to establish the database. The Database Manager will be working together with a staff member who will be trained to maintain the database, while the Statistics Unit at CARICOM and the Bureau of Statistics will provide guidance and technical support to the execution of the database.

The creation of the Child Protection Monitoring System entails a thorough review and strengthening of the current national child protection system through enhancing inter-sectoral collaboration, referral and reporting between the various Ministries and Governmental and non-governmental agencies that provide child protection services. Standardization and effective collaboration between the official service agencies and persons (such as the lawyers, judges, police officers, social workers, teachers, probation officers and NGOs) within the child protection system will ensure effective planning and monitoring. The Min. LHSSS will take the lead role, while other agencies are essential and equally important to the success of the comprehensive child protection system.

The national Child Protection Monitoring System in Guyana will be the first in the Caribbean and CARICOM. As such it will serve as a model for other Caribbean countries as well as serve as a basis for monitoring all children’s issues and the MDGs.

5.1.3 Children and Violence Project: Peace Education Initiatives

This component of the Project sets out to develop peace education and non-violent conflict resolution interventions with children, their families and communities. A pilot was initiated in Region 4, the most populated Region in Guyana. The Advisory Board selected three communities that were used for the piloting initiative (from those randomly selected for the study of all forms of violence involving children). One community was chosen from each of three areas: Georgetown, East Bank Demerara (EBD) and East Coast Demerara (ECD). The three selected communities were Lodge, Covent Garden and Betervenwagting (BV).

At the core of the peace education interventions was the establishment of an inter-sectoral and interagency Steering Committee comprised of: the Ministry of Labour, Human Service and Social Security (Min. LHSSS), Guyana Responsible Parenthood Association (GRPA), Help &
The seven agencies developed indigenous Peace Education interventions for specific target groups in the three pilot communities by sharing resources and expertise regarding the various issues: rights and responsibilities, citizenship and democracy, child abuse and child protection, sexual reproductive health, HIV/AIDS and STDs, religious and ethnic cohesion, “Living Values”, conflict resolution and non-violent communication.

Six target groups were identified and a workshop was designed for each group:
- 30 Children, in school (8-15 years old);
- 25 Youth, out of school (15-25 years old);
- 25 Adults (18+ years);
- 20 NDC/CDC counsellors / community leaders;
- 20 Religious leaders;
- 20 Front Line Workers (teachers, health workers, police, social workers, probation officers and agricultural extension workers).

Tailored programmes for each of the six target groups were designed and delivered in the months of July and August 2004 in each of the three communities. Three of the seven agencies took the lead for two workshops each, but all of the organisations and also the Min. LHSSS professional staff contributed to the programmes. GRPA led the workshops for children & youth, WAVE led the workshops for adults and NDC/CDC and Help and Shelter led the workshops for religious leaders and Front Line Workers. In addition, Help & Shelter carried out two short sessions with young parents at the Health Clinics in each community. The workshop programmes varied in duration and scheduling.

After the community-based workshops, a five-day train-the-trainers course was provided by Help & Shelter in collaboration with the Min. LHSSS for volunteers recruited from the communities. This programme aimed to give these volunteers a more in depth understanding of violence and the skills to support victims of violence in their community as volunteer community social workers.

A total of 402 individuals participated in some or all of the programme, 124 each from Lodge and BV and 154 from Covent Garden. There were 40-58 participants in each community who attended 100% of the sessions (mostly children and Front Line Workers) and a further 36-72 participants in each community who attended at least 50% (2-4 days) of the programme for their target group. The remainder attended less than 40% (1-2 days) of the programme.

Participants expressed very positive views about the programme; of those who chose to write additional comments on the evaluation forms, 43% requested that more programmes of this type be carried out with their communities and both teachers and children suggested the programme be done in schools. In the comments of the Front Line Workers, 40% indicated specifically that they felt empowered to reduce violence in their communities and had the
intention of passing on their knowledge (although only 40% actually wrote this comment down, more may have felt this way).

The main impact of the interventions was on how the participants felt about themselves and on their knowledge. Participants' positive self image increased significantly26 by 6% (average of all workshops). Participants' ability to identify different types of abuse increased on average by 12%; their ability to identify the signs of abuse in children increased by 15%; and their ability to get help from various agencies increased by 15%27.

The impact on attitudes and beliefs for all workshops tended towards a significant28 positive change (i.e. less support for attitudes & beliefs that promoted violence and more support for attitudes that promoted peace). However, the impact on attitudes and beliefs varied greatly between workshops and appeared to be most consistent for Front Line Workers and Religious Leaders.

These recommendations were made by the steering committee at the evaluation workshop for the Peace Education pilots

1. There should be a co-ordinating body for development of Peace Education composed of representatives from all of the contributing agencies
2. A plan for implementation of future peace education activities would be drawn up by this body and include the following elements:
   a. Time frame
   b. Locations
   c. Budgets and funding
3. Creation of a Peace Education Manual incorporating
   a. Revision of programme with respect to content and methodology (building on findings of this workshop)
4. Increasing capacity of Agencies and Facilitators
   a. Networking with each other
   b. Training each other in specialist skills (particularly for children)
   c. Training in funding agency procedures

5.2 Other national development concerning child protection

In the last few years, child rights and child protection issues have become growing concerns of all Guyanese. Laws are being reviewed and there are continual public debates, discussions and campaigns in the media and in communities.

The amendment of the Constitution Act in 2001 was a significant recognition by the Government of the need to strengthen social justice and the rule of law relating to fundamental human rights in Guyana. The Constitution Act made provision for the establishment the Rights

26 The before and after average score for each workshop was compared using the paired sample T-test (treating each workshop as a replicate). The minimum significance level was set at p<0.05.
27 These increases were significant at the p<0.001 level.
28 p=0.06
of the Child Commission to “promote initiatives that reflect and enhance the well-being and rights of children”. The Commission is currently pending appointment.

Laws concerning child protection issues in Guyana are currently being reviewed and some important Acts and Amendments of Legislation have been drafted for tabling in the 2004-2005 session of the National Assembly such as: the Child Rights Bill, the Status of Children, the Family Court Act, the Trafficking in Persons Act and an amendment to the Age of Consent. Although more work will have to be done, especially in the areas of Criminal Law and the enforcement of laws, the above mentioned pieces of legislation are major steps towards protecting children in Guyana as outlined in the UN Convention on the Rights of the Child.

The Min. LHSS has been pro-active in its approach in Child Protection. Not only has it been at the thrust of the Children and Violence Project, it has also started to look internally at ways to strengthen its own abilities to provide effective services to vulnerable children and their families. The Probation and Family Welfare Department has established a Child Protection Policy for the Department which outlines the re-structuring of the Family Unit into a Child Protection Unit. This Unit will be based outside the Ministry and provide child-friendly and specialised psycho-social services to children and their families in vulnerable situations, such as those on the street, those in institutions, those engaged in child labour, those involved in violence and exploitation and those affected by HIV and AIDS or other illnesses and vulnerabilities. The unit will cater for rehabilitative services but also provide financial assistance and public education outreach. Recently the Min. LHSSS held a Child Protection Awareness Week.

Furthermore, the President of Guyana has appointed a National Task Force on Child Abuse to review and examine child abuse in Guyana, and to make recommendations for governmental actions.
REFERENCES


Appendix 1: Survey Communities

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<th>Region</th>
<th>Survey Communities</th>
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