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Research article

Exposing the culture of silence: Inhibiting factors in the prevention, treatment, and mitigation of sexual abuse in the Eastern Caribbean[☆]

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ABSTRACT

This article features a study that explored the presence of adverse childhood experiences (ACEs), including childhood sexual abuse and neglect, among women associated with Partnership for Peace (PfP), the first and only culturally adapted domestic violence diversion program for men in the Eastern Caribbean. Within a multiyear evaluative study that assessed the impact of the PfP intervention in reducing domestic violence in Grenada in the West Indies, life-history interviews were collected from a subsample of women ($N=9$) associated with men enrolled in the PfP program between 2009 and 2011. We found that the exposure to sexual abuse and neglect during childhood was evident in the histories of the women. Most perpetrators were trusted family or community members who suffered from a common set of behavioral patterns, most prominently alcohol use. Our findings reflect an evidence-based connection, as one causative factor, of a culture of silence that is related to child sexual abuse and its management. The apparent lasting effects of these traumatic childhood exposures reflect cycles of abuse in the life histories collected during the domestic violence evaluation study. Our study identified three key structural deficiencies (insufficient research, ineffective policy, and lack of public-health interventions) and one embedded cultural norm (the culture of silence) that together "inhibit current attempts to address ACEs as a means of curbing domestic violence in the Caribbean."

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1. Introduction

Family violence is a significant public health challenge in the Caribbean, where the probable risk of exposure to abuse is among the highest in the world (Jeremiah, Gamache, & Hegamin-Younger, 2013; Reid, Reddock, & Nickenig, 2014; World Health Organization, 2016). Numerous research studies have shown that the most common predictors of vulnerability and exposure to domestic violence within a woman's lifetime are adverse childhood experiences (ACEs) such as physical

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abuse, sexual abuse, and interparental violence (Riggs, Caulfield, & Fair, 2000). One ACE study, which retrospectively and prospectively assessed the enduring impact in adults of childhood abuse, neglect, and household dysfunction (such as mental illness, substance abuse, physical violence, parental separation and divorce, and incarceration of family members), found among these adults higher disease risk factors, lower quality of life, less health care utilization, and increased mortality (Anda et al., 2006; Brown et al., 2009; Chartier, Walker, & Naimark, 2010; Felitti et al., 1998).

Early ACEs within family settings can include, among other events, children witnessing or being victims of abuse or neglect, which can lead to incidences of intimate-partner violence in adulthood (Pournaghash-Tehrani and Feizabadi, 2009). Findings suggest that 4 to 16% of children are the targets of severe parental violence, and 10 to 20% of children witness interparental violence (Gilbert et al., 2009). Research regarding the enduring effects of childhood sexual abuse and other ACEs has grown over the past two decades (Felitti et al., 1998; Liu et al., 2013). Specifically, universal prevalence estimates of childhood sexual abuse range from 8 to 31% for girls and 3 to 17% for boys (Barth, Bermetz, Heim, Trelle, & Tonia, 2013). Early sexual initiation and exposure are also considered to be ACEs and can later manifest as harmful behaviors such as patterns of sexual activity (both consensual and nonconsensual) that lead to abortions in adolescence and early adulthood (Ramiro, Madrid, & Brown, 2010). Patterns also include lifetime risks of depression, alcohol or drug dependence, panic disorders, posttraumatic stress disorders, suicide (Dube et al., 2005), sexual disturbances and dysfunctions (Ramiro et al., 2010), and, when compared to non-abused individuals, higher probabilities of re-victimization (Beitchman et al., 1992; Cohen et al., 2000; Finkelhor, Hotaling, Lewis, & Smith, 1990; Lamers-Winkelmann, Willemen, & Visser, 2012). Individuals who experience abuse as children often become vulnerable to other forms of trauma, including physical, emotional, and mental-health disorders.

Survivors of childhood sexual abuse experience long-term difficulties with interpersonal relationships, including higher rates of divorce (Isely, Isely, Freiburger, & McMackin, 2008; Nelson et al., 2002; Roberts, O'Connor, Dunn, Golding, & ALSPAC Study Team, 2004), and are at increased risk for limited educational attainment, unemployment, and reduced earning potential in adulthood (Currie and Widom, 2010). Survivors of childhood sexual abuse are also more likely to report poorer physical health and to utilize at higher rates health services associated with high-risk behaviors such as smoking and alcohol misuse (Anda et al., 1999; Felitti et al., 1998; Kendler et al., 2000; Kristman-Valente, Brown, & Herrenkohl, 2013; Leserman et al., 1997; Noll, 2008). This suggests the comorbidity of childhood abuse and domestic violence with mental health disorders (Pournaghash-Tehrani and Feizabadi, 2009).

Exposure to these forms of violence is likely to result in a twofold to fourfold increase in the risk of experiencing domestic violence in adulthood (Banyard, Williams, Saunders, & Fitzgerald, 2008; Iverson, Jimenez, Harrington, & Resick, 2011; McKinney, Caetano, Ramisetty-Mikler, & Nelson, 2009; Smith, White, & Holland, 2003). However, this correlation remains undocumented in the Caribbean, where scientific data are insufficient to provide accurate assessments of the scope and causative factors of these problems or to draw correlations to other public-health issues (Barclay, 2011; Reid et al., 2014; Trotman, 2002). The paucity of literature and research about patterns of ACEs within Caribbean families is attributed to some regional-level capacity deficit in data collection that allows many cases of abuse to go unreported or underreported. However, anecdotal accounts are widely known among Caribbean families (Le Franc et al., 1996; St. Bernard, 2002).

Early exposure to family violence is of particular concern for children and adolescents in the Caribbean, and research has shown that among such children, most initial sexual intercourse experiences were coerced and occurred at a time when the children were most vulnerable to sexual exploitation and before they were physically and psychologically ready (Barrow, 2007; Bombereau, 2007; Gage, 2005; Kempadoo and Dunn, 2001; Reid et al., 2014). Even more startling, 34.1% of Caribbean children reported being sexually active before the age of 16; of these children, 47.9% of females and 31.9% of males identified a family member or someone known to their family as their sexual partner (Halcón et al., 2003).

However, it is important to note that these cases of ACEs in the Eastern Caribbean occur within social, cultural, and structural contexts characterized by gender inequality, patriarchal beliefs, hegemonic male practices, and insufficient political will and legal frameworks—all of which make it hard to penalize perpetrators or provide trauma-informed treatment (Chevannes, 2001; Jones & Trotman-Jemmott, 2009; Reid et al., 2014). Coincidentally, the failure to address ACEs is part of a broader issue about the perpetuation of violence in the Caribbean, where estimates of domestic violence rates are significantly higher than rates from around the world: 70% in Suriname; 30% in Antigua, Barbuda, and Barbados; 29% in the British Virgin Islands, Trinidad, and Tobago; and 25% in Guyana (Allen, 2009; Clarke & Sealy-Burke, 2005).

Family violence in the Caribbean today is a legacy of the oppressive and patriarchal culture that characterized the plantation economies and colonial practices of the Caribbean's past. Over time, in response to colonial enslavement and indenturing of the islands' populations, the colonies developed Caribbean-specific social and cultural norms predicated upon a society stratified by race, ethnicity, gender, and class. Such stratification, especially the male dominance inherent within them, supported colonial rule through intimidation and control of the Caribbean people, who typically occupied the lower strata of society. Contemporary Caribbean societies have emerged out of what many consider to have been among the most violent and destructive examples of the colonization process (Ashcroft, Griffiths, & Tiffin, 2013). As described by Morgan and Youssef's *Writing Rage* (2006), violence has been woven into the social fabric of modern Caribbean societies since the region's inception, and today, violence—including family violence and ACEs—still remains deeply embedded within Caribbean social and cultural norms (Morgan and Youssef, 2006).

So how and why are women and children in the Caribbean hindered from disclosing, reporting, and dealing with the constant threat of violence to which they have been vulnerable for so long? Our findings and discussion of this featured

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