

Blossom Inc.



Year in Review January to December 2019

Report

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Retrospective Summary

Since the introduction of the Child Advocacy Centre concept in Guyana, in 2014, to tackle child sexual abuse we are seeing the beginning of an important shift in our society's culture from victim blaming towards a culture that believes children when they tell us that someone has hurt them. The more successful prosecutions we see, it appears, the more confident victims and their families are in reporting child sexual abuse. Hence our reporting numbers are increasing. Blossom Inc. is vehemently continuing to take steps to prevent children from ever being sexually abused and to get justice and healing for those who are already abused. We are making steady progress!

However, our work is far from over. Sexual violence against children is a public health crisis! As you will read in our report, more children are coming through our doors each year following reports of sexual abuse, and we're helping more children who are victims of, and witnesses to, other violence. We've substantially increased our capacity to provide forensic interviews and trauma therapy so that our children can receive justice and heal and grow into healthy adults.

Blossom stands ready to respond and is vigilant in preventing abuse and intervening when abuse has occurred. Society must make the call to report suspected and actual cases of child sexual abuse. We are here to ensure children receive the healing, care, and support they need.

Blossom has been expanding its service throughout Guyana – we now have 5 Child Advocacy Centres covering Regions one, two, four, seven and ten. This has allowed us to take child sexual abuse services and trauma informed care to the children as opposed to the children coming to the service. But there is still much more to do in this area. We must enact policies and laws that protect children from harm. We have expanded our advocacy efforts by doing public education and awareness in 'hard to reach' areas to support laws to protect children and prevent child sexual abuse.



Founder & Managing Director

Child Advocacy Centres

A Child Advocacy Centre (CAC) aims to prevent and respond appropriately to child sexual abuse. It is a safe place where vulnerable children and their non-offending family members can find support and learn coping skills to handle traumatic life events. The work of a CAC is achieved through the coordinated effort of a multi-disciplinary team (MDT). The MDT includes professionals from child protection, law enforcement, prosecution, victim advocacy, medical, mental health and other key players. Research has shown that a coordinated approach to child sexual abuse yields better outcomes for victims. This teamwork model recognizes that each member of the team performs a unique role and their effectiveness within their roles as well as partnership is essential for child protection. Blossom Inc. CACs provide evidenced-based intervention to clients, this includes – forensic interviewing, trauma-informed therapy and victim support advocacy as well as case management and case tracking.

Forensic Interviewing

For most clients, their initial interaction with the CAC begins at the forensic interview stage. Forensic Interviewing involves asking questions in a trauma-sensitive and developmentally- appropriate manner to elicit detailed and accurate information about a possible traumatic event a victim may have experienced or witnessed. A forensic interview takes place at a CAC after a report is made to the CPA or law enforcement. During an interview, the forensic interviewer and the victim sits in one room with a video recorder while the MDT sits in another room and observes the interview on screen in real time. The interview is video-recorded and serves as a visual record of the victim's statement. The forensic interviewer consults with the team during the interview to ensure that all relevant questions are asked and each team member obtains the information needed to investigate and manage the victim's case.

After the interview is complete, the forensic interviewer transcribes the victim's statement using the video-recording. Victims are asked to revisit the CAC to read and sign their statements and the signed statements are then submitted to the Police Station to aid in the investigation. A primary goal of forensic interviewing is to minimize trauma by allowing children to tell their story once in the presence of a MDT rather than multiple times at various agencies which can cause further trauma. In some instances, children may not disclose all the information in one forensic interview, so an extended interview has to

be conducted. The extended forensic interview model recognizes that some children may require more than one session to talk about their experience because of the significance of the trauma, developmental challenges or special circumstances which requires another interview. Forensic interviewing is a technical and specialized skill which requires training and the appropriate qualifications. Blossom Inc. forensic interviewers have received local and international training and continue to hone their skills by participating in peer reviews, webinars, online training and ongoing supervision.

For the reporting period, Blossom Inc. CACs in all regions facilitated **250** forensic interviews. Victims disclosed in 95% of cases and, where appropriate, the clients were referred to the CAC for further support. Some forensic interview clients are not referred to the CAC where the interview was conducted because of where they live. In 2019, interviews were conducted with child victims of varying circumstances. For example, forensic interviews were done with 3 clients who were witnesses in a murder case. For all interviews, the statements have been submitted to the respective police stations.

Table 1.1 shows a breakdown of forensic interviews conducted in all regions

January – December 2019

Region	Forensic interviews
1	11
2	61
4	107
7	23
10	48
Total	250

Clinical Intervention

Our CACs target children who have experienced sexual abuse and severe physical violence and their non-offending family members. Services also extend to Special Victims, that is, persons with disabilities and developmental challenges, adults and other victims with special circumstances. For the reporting period, Blossom Inc. CACs in regions 1, 2, 4, 7 and 10 have received a combined total of **326** referrals from the Childcare and Protection Agency (CPA). The age range of child victims is 4 to 17 and 81% are girls.

Table 1.2 shows a breakdown of referrals received in all regions

January – December 2019

Region	Referrals
1	52
2	71
4	89
7	36
10	78
Total	326

The therapy process for each client begins with an initial meeting with the therapist. In this meeting, clients receive information about Blossom, the CAC concept, available services and the therapeutic process. Clients also have the opportunity to express their expectations and concerns. Therapists express the importance of being consistent in attending therapy sessions and a date and time is set for clients to regularly visit the centre. Many parents/caregivers who visit the centres for the first time ask questions about the length of the therapeutic process and the CACs' involvement in their court matters. There are normally family dysfunctions that therapists recognize during their first interaction with clients. Common themes include conflict in the family, combative parent-child relationships, trust and communication issues, children's fear of disclosing abuse to their parents and blame directed at the child. These are issues that Therapists make note of and revisit during the therapeutic process. These

issues suggest that many parents who visit the centres need comprehensive parenting training to learn how to effectively communicate and manage their children's behaviour.

All children are screened at the start of therapy for Post-Traumatic Stress Disorder (PTSD). However, children under 11 are screened for depression using the Birlerson Depression Self- Rating Scale (DSRS-C) and children 11 years and older are screened to determine their level of self-worth using the Rosenberg Self-esteem Scale (RSES). The PTSD tool measures symptoms of avoidance, arousal and re-experiencing. Avoidance symptoms refer to a person's attempt to avoid people, places or activities that remind them of a traumatic event. Arousal symptoms are manifested in the form of physiological and maladaptive behavioural reactions to trauma. For instance, insomnia, irritability and aggression are examples of arousal symptoms. Re- experiencing is when a person has sudden and unwanted traumatic memories that intrude their mind and replaces what is happening in the present. Research has shown strong links between child sexual abuse and the onset and development of these symptoms in children. Similarly, a sexually abused child is likely to experience self-esteem and depression issues. Clients are screened before and after therapy to assess their progress during and after treatment.

On average, 20% of clients report severe symptoms of PTSD, 60% fall into the mild to moderately severe range and 20% record symptoms below the trauma threshold. There is a current trend that therapists have observed among older adolescent girls who were victims of sexual abuse but did not experience violent rape. These clients' cases include such characteristics as – the perpetrator being close in age and consensual sex where the victim and perpetrator were either involved in a relationship, had a friendship or developed an emotional bond over time. These clients reported scores below the trauma threshold because they do not feel they were traumatized by the sexual abuse. For instance, while undergoing an assessment, one pregnant client stated that she is affected by the woes of being a single mom and the perpetrator not being able to see his child rather than the sexual activity that occurred. Another client expressed that she was traumatized when the "love [of the perpetrator] went away". In those cases, therapists assess clients for other trauma, related or unrelated, to their case and provide appropriate treatment. This may involve using specific components of Trauma-focused Cognitive Behavioural Therapy (TF-CBT) [*see description below*] and referral to other services (e.g. parenting class for young mothers or public assistance). There are also plans to form a support group to provide educational and psychosocial sessions to these clients. This will be implemented in 2020 in collaboration with the CPA.

Parents/caregivers are also assessed to determine the dynamics of family relationships and their level of parental satisfaction. All of these assessments provide therapists with relevant information to help clients develop a treatment plan that suits their needs and increase the likelihood of them achieving positive outcomes. After the assessment period, clients benefit from receiving TF-CBT. TF-CBT is an evidence-based therapy model that has proven to reduce emotional and behavioral symptoms of trauma in children ages 3 to 18. It is a hybrid model which contains family, cognitive, behavioral and humanistic principles as well as trauma-informed interventions. TF-CBT is specifically designed to reduce symptoms of PTSD, trauma-related depression, anxiety, and behaviour problems, and common trauma-related cognitive and emotional problems such as fear, shame, embarrassment, guilt, and self-blame. Parents/caregivers also improve their parenting and communication skills to support the child at home. The model can be delivered in individual and group settings.

The steps to TF-CBT spell the word PRACTICE which stands for **P**sychoeducation, **R**elaxation techniques, **A**ffection Identification and Regulation, **C**ognitive coping, **T**rauma Narrative, **I**n vivo Mastery of Trauma, **C**onjoint Parent-Child session and **E**nhancing Safety and Future Development. Through these steps, children and caregivers learn about abuse, trauma and its effects, coping mechanisms to manage physiological and emotional symptoms of trauma, emotional awareness and appropriate expression and how to manage and replace inaccurate and/or unhelpful trauma-related thoughts and improve parent-child interaction. Most importantly, children learn how to effectively cope with trauma symptoms outside of the therapeutic setting and begin the process of healing. The last step involves clients actively developing a tangible safety plan with the therapist to guard against future re-traumatization and victimization. The principles of TF-CBT suggest that for the treatment to be effective there must be strict adherence to the model and professional competency. Adherence means that while TF-CBT is flexible and can be adapted for special and diverse populations, it must be administered as it has been developed and tested. Adhering to the model means:

- using it with the appropriate population, that is, children who have clinically significant symptoms of trauma;
- involving a supportive caregiver in all sessions of TF-CBT;
- maintaining weekly or more frequent sessions with clients;
- following the PRACTICE steps;

- spending one-third of sessions on the PRAC components, one-third on Trauma Narrative component and one-third on the ICE components;
- completing treatment in 12-20 sessions.

Competence speaks to the effective delivery of the model. Professional competence is a key aspect of TF-CBT as it ensures that procedures are delivered appropriately. Developing clinical competence requires learning the knowledge and skills and practicing them. Blossom therapists participate in regular and ongoing clinical supervision to increase their knowledge and hone their skills.

Therapists employ several strategies to keep clients engaged. This includes weekly follow-ups and the use of therapeutic aids/tools/activities for example, journaling, music, outdoor activities, art and play therapy. Therapists also provide regular updates to Police Officers and Caseworkers and have team meetings to discuss effective case management.

Challenges to Therapy

Given the conditions necessary to effectively deliver TF-CBT, therapists encounter many challenges when working with clients. First, clients' inability to maintain consistency in attending therapy sessions is a common challenge in all the regions. Some clients become inconsistent because of financial constraints, scheduling conflicts and academic obligations. Other clients are unable to attend sessions because of where they live. There are clients who live in "hard to reach" areas that make it practically impossible for them to visit the centres regularly because of transportation cost. These areas include - White Water, Hobobeia, Hotoquai and Yarakita in Region 1, the coastal/riverine communities in Region 2, Timehri and Soesdyke/Linden Highway in Region 4, Phillipai in Region 7 and Kwakwani in Region 10.

Completing therapy in 12-20 sessions is also not a realistic goal in this context because clients who are referred to the centres normally have compounding issues which therapists have to address while administering TF-CBT. Therefore, despite the fact that TF-CBT is meant to be a short term treatment, the CACs' therapeutic engagement with clients may extend over a year.

Additionally, some clients are not ready to access the service. They have misconceptions about therapy and question its effectiveness. Thus, they opt out of receiving treatment even after receiving information from therapists about the benefits of therapy. However, they still access other CAC services such as forensic interviewing and victim support advocacy.

Meeting Challenges

For clients who live in “hard to reach” areas, therapists have done field work to provide support. For instance, in November, with the support of the CPA Caseworker, the Region 1 staff visited clients in Silver Hill, Quarry Junction and Hobo Hill. In Region 2, 7 and 10, outreaches have been conducted to meet with clients who cannot visit the centres on a regular basis. In all regions, there are currently plans being made with the CPA to organize more consistent visits taking into consideration available funds. Therapists also provide telephone support where possible.

Positive Outcomes

Positive outcomes for clients are measured in various ways rather than just successfully completing therapy. There are clients who may not complete therapy but show growth in other areas. Some clients show positive behaviour adjustment and better emotional intelligence, improved parenting and communication patterns, improvement in academics, development of skills to manage trauma symptoms outside of therapeutic environment and general hope for the future. There are also other clients who therapists have assisted to achieve their goals such as writing CXC and gaining access to additional services.

On a wider scale, success is also measured by the number of perpetrators who receive convictions and the number of clients who begin the process of healing while participating in therapy. But, for children who have experience interpersonal trauma like sexual abuse and physical violence, it is recommended that they seek support whenever they need it. A person’s trauma symptoms might be dormant in childhood and resurface in adulthood. Seeking support at the appropriate time is crucial.

Table 1.3 highlights the statistics for TF-CBT clients in all regions

January – December 2019

Description	Percentage (%)
Clients who have been engaged (i.e. via telephone or have visited centre at least once)	100
Clients who have commenced TF-CBT	70
Clients who have clinically significant symptoms of trauma	80
Clients who have experienced multiple traumatic events	100
Clients who have completed TF-CBT	10

Victim Support Advocacy

For 2019, Blossom Inc. has provided victim support advocacy services to **50** clients of which **29** were heard in the Sexual Offences Court and **12** in the Magistrate Court. There were also **9** matters that were resolved at the DPP level. The thought of going to court might make people feel anxious and nervous, especially child victims. Blossom’s Victim Support Advocates (VSAs) help to make the court process less daunting and frustrating for clients. VSAs prepare clients for court by sharing information to reduce fears and anxiety. VSAs follow-up on clients’ cases at the police level, inform clients of their court dates, accompany clients to court. VSAs assist clients to review their statements to get them ready to give their testimony. Victims have the opportunity to visit the courtroom and learn about court roles, rules and procedures. Victims also “run through” the entire process with the Prosecutors to prepare for the actual court session. VSAs collaborate with the Judiciary team to advocate for and work in the best interest of clients. Of the clients supported at court, **5** were Special Victims.

Table 1.4 highlights court support data for all regions

January – December 2019

Description	No.
Sexual Offences Court	
Convictions (perpetrators received from 4 to 45 years)	14
Not guilty	4
No further action	7
Hung Jury	2
Case aborted	1
Case dismissed	1
Matters ongoing	1
Cases for retrial	1
Magistrate Court	
Matters completed (physical abuse case, perpetrator was sentenced to 300 hrs. community service)	1
Matters ongoing	7
Transferred to High Court	4
Matters sent to the DPP	
Files sent to DPP for advice	22
Matters settled at DPP – Complainant opted not to move forward with matter	1
Matters settled at DPP – Counseling recommended for victims, no charges for perpetrators	10
Police Investigation	
Cases pending investigation	125
Total	201

There are **6** additional cases that police ranks stated they are unaware of and **42** cases that ranks have not yet provided feedback on.

Multi-disciplinary Team Meetings

Owing to the crucial role of the MDT to the work of CACs, meetings were held in all regions throughout the year to discuss systematic issues and build the camaraderie of the team to benefit clients. The National MDT team meets bi-monthly in Region 4 and is chaired by the Director of Public Prosecutions. Meetings in Regions 1, 2, 7 and 10 are held bi-monthly and quarterly. The team members who regularly attend meetings are the CPA Caseworkers and police ranks, in regions 7 and 10 medical personnel also attend regularly. At the National level, members of the Judiciary are also present as well as other NGOs and stakeholders. The discussions at the meetings focused on developing improved systems and procedures to better serve clients and secure an increased number of convictions for perpetrators. Emphasis was also placed on enhancing team cohesion and coordination.

Outreach

The Region 7 team facilitated an outreach in Agatash where stakeholders were engaged to form a child abuse prevention watch group, follow up sessions will be done with the community. Sessions on self-esteem and body safety education were done with youth age 6 - 16 at Hope Foundation in Region 7. The team also collaborated with the Guyana Red Cross Society at their Evidence of Community-based Health and First Aid (eCBHFA) workshop. At this session, positive parenting tips and child sexual abuse prevention were highlighted. In Linden, the team partnered with the CPA and the Ministry of Education to educate 70 students on teen pregnancy prevention. Teen boys and girls were sensitized on the consequences of early and risky sexual behaviour and provided with information on resources available to them.

Media Outreach

Blossom's Founder and Managing Director, Mrs. Ayo Dalgety-Dean, was invited on the 'Big People Show', a Facebook live show, where she discussed the CAC concept, signs and symptoms of child sexual abuse, correct reporting practices and the benefits of therapy. The Region 7 team also partnered with the CPA in two radio segments on Radio Bartica. The conversations focused on child protection services, Blossom's services and correct reporting practices. The Region 10 team participated in a radio programme as well which highlighted Blossom's services, child protection services, the effects of abuse and trauma and emphasized the importance of reporting suspected and actual cases of abuse.

Child Protection Week

During Child Protection Week, Blossom Inc. CACs in all regions supported the CPA in their week of activities and implemented other events. Blossom centres in all regions facilitated “Therapy Talks: The Role of Parents”. Parents were engaged in an intimate setting to learn about therapy and trauma and their role in supporting traumatized children. They also had the opportunity to share their experiences. Parents noted that they valued the supportive environment provided by Blossom Inc. which allowed them to freely discuss their concerns. In Bartica, the team participated in a child sexual abuse awareness walk with the CPA and other stakeholders. The Region 10 team collaborated with the CPA and the Regional Democratic Council on an activity at the Riverview Heritage Day to sensitize adults and children on child sexual abuse and available support services. The President, students and soldiers were a part of the gathering. An outreach was conducted in another “hard to reach” area in Region 10, Kwakwani. The team raised awareness about child sexual abuse at a forum which included representatives from the Kwakwani RDC and community leaders and residents.

Key Stakeholder Engagement

Networking is a top priority at Blossom Inc. because we understand that we need to develop key partnerships to be effective in our work. The Region 4 office hosted a team comprising members from UNICEF Belize, the National Emergency Management Organization in Belize and two independent consultants. The visit allowed the team to gain ‘first hand’ experience of what is a CAC and how it can be adapted in a Belizean context.

Blossom Inc. moderated an intimate discussion with 22 doctors in Region 10 on the CAC Protocol and the Medical Practitioners Guide to the Sexual Offences Act 2010. This session was aimed at educating doctors on the appropriate response to child sexual abuse cases when conducting medical examinations. The Region 10 team, the CPA and Schools’ Welfare Department collaborated with Mrs. Joanne Carryl, a Doctorate student from the US, to develop an “Eduspeak” tablet which is intended to help children feel comfortable about disclosing abuse.

Blossom Inc. was present for the launch of the new Sexual Offences Court (SOC) in Essequibo. There are now 3 courts in – Georgetown, Berbice and Essequibo. Since the opening of the SOCs, there has been increased convictions and sentencing of perpetrators. Conviction rates have moved from 10% to 60%. At the event, representatives from The Ministry of Social Protection, UNICEF, the British High Commission and Canadian High Commission, the Judiciary and the JURIST Project were all present. The Blossom team had the opportunity to engage stakeholders on the way forward.

Blossom Inc. also had discussions with Representatives from UNICEF, the CPA and QC Alumna, Michelle Mickle Foster, on future plans to collaborate to provide further support to sexually abused children and their families.

Trainings

Blossom Inc. facilitated several training workshop with members of the MDT to promote trauma-informed and child-friendly services. Training was held with professionals from the CPA, Ministry of Health, Law Enforcement and Blossom staff on the CAC concept. The purpose of this training was to orient professionals on the work of the CAC, the services offered and their roles in the CAC framework. Feedback from participants indicated that the training was informative and impactful and suggest, that it would lead to an improved, coordinated team effort and better systems being implemented to safeguard children from abuse.

A forensic interview training was also conducted with professionals from ChildLink, the CPA, Law Enforcement, Ministry of Health and Blossom Inc. staff. A total of 25 participants attended the training from regions 1, 2, 3, 4, 7 and 10. The objectives of the training were to educate participants on the best practices used for forensic interviewing of children and strengthen the collaboration of the MDT by facilitating open discussions to address challenges and concerns, foster camaraderie and standardize forensic interview practices in all regions. The intensive, condensed training was delivered over a 4-day period. Participants benefitted from lecture sessions, group activities, mock interviews and candid discussions.

The participants were thoroughly engaged in the training activities and were very vocal about their experiences and challenges. Based on the post training assessment, the learning objectives were met and the participants indicated that they gained sufficient knowledge that would enhance their effectiveness in their respective roles.

Staff development

Blossom Inc. staff participated in several trainings this year, two of which are mentioned above. Professional development and ongoing training are core values of the organization because we provide specialized services which require staff to have the knowledge and competence to deliver. One staff attended an NGO Advocacy workshop in Saint Lucia. The workshop was a follow-up session from a previous training that was hosted in Guyana last year which was funded by USAID and hosted by the Caribbean Policy Development Centre (CPDC). The objectives of the sessions were to enhance the advocacy skills of NGO professionals, provide key advocacy techniques for NGO professionals to develop competent advocacy campaigns and facilitate the implementation of relevant and effective advocacy campaigns.

Other staff members attended a workshop hosted by The International Office for Migration (IOM) in partnership with the Government of Guyana, titled, “Direct Assistance for Victims by Trafficking: Specialized Approaches and Psychological Support”. This workshop educated participants on the physical and mental effects of human trafficking. The objective was to strengthen participants’ capacity to effectively combat trafficking in persons and assist victims of trafficking. Staff also attended a follow-up session on the said training. There was also training hosted by UNICEF on the purpose and correct use of anatomical dolls when conducting forensic interviews. Lastly, staff attended a grief symposium which was hosted by the Guyana Golden Lives Organization and facilitated by Janelle Chase-Mayers, a mental health professional who specializes in grief work. The purpose of the sessions was to engage helping professionals in psycho-educational support for grief and loss and to provide action steps and provide opportunities for growth and healing. The symposium was really an impactful one which helped professionals to explore their own experiences of grief and loss and how the impact has affected their work and lives. Strategies for self-care were also discussed.

Projects

Parenting Skills Training Program

Given the need for more parents to learn positive parenting strategies, Blossom Inc. in Region 4 partnered with the CPA East Bank Team to deliver a Parenting Skills Training Programs to families in Mocha. The program ran for 5 sessions and the goal was to educate parents on effective parenting practices that would foster better parent/child interactions and positive outcomes for children. The sessions were interactive and parents were very vocal about their experiences, challenges and successes. At the end, the parents received certificates for participating and completing the program. One parent stated, "I learn to have patience with my children and not fret so much".

Blossom Inc. Child Sexual Abuse Prevention Program

In 2019, Blossom Inc., with the support of UNICEF, conducted extensive outreach in "hard to reach" areas in Regions 2 and 7. Blossom's Outreach Officer visited Bethany, Capoey, Wakapau, Mashabo and Karrau with the goal of strengthening child protection systems within those communities. Based on assessments done in the communities, we found that there is a general lack of knowledge on what constitutes child sexual abuse, the age of consent, the Sexual Offences Act and the Protection of Children's Act. Correct reporting guidelines are also significant barriers to prevention. For example, if there is a suspected or actual case of child sexual abuse in the community, residents would report to the Tshaos rather than the CPA or law enforcement and often times, these matter would be handled in the community and not reported to the relevant authorities.

We also found that in most of these areas there is a culture of silence and residents are reluctant to report because of fear, embarrassment and backlash from other residents. In some areas, sexual grooming is prevalent because some families are poor and children are easily victimized. Boys are the common victims in some communities while girls are mostly victimized in others. Other contributing factors to child sexual abuse includes poverty, domestic violence, power imbalances, and alcohol and drug abuse, and dependency. As a result, Blossom's Outreach Officer facilitated outreach sessions to educate residents on the Sexual Offences Act and the Protection of Children's Act and mobilize the communities

to reinforce child protection systems. The target group included community leaders, religious groups, parents, youth, and community policing groups, women's groups and other residents in the communities. The residents were very responsive and information was shared in the form role plays, games and interactive focus group sessions. The outreach work continues because it is essential to educate and re-educate residents in these areas where there are cultural and attitudinal distortions that perpetuate the violation of children. Thus far, an estimated **2,532** have been reached.

Migrant and Host Community Services

Blossom Inc.'s Migrant and Host Community Service (MHCS) was launched in May 2019 with the support of UNICEF Guyana & Suriname. The overarching aim is to promote the integration and settlement of migrants in Guyanese society and enable them to fully participate in social and economic life by undertaking a needs assessment to identify and then address their specific needs through psychosocial support. This pilot project is evolving based on the current needs and challenges faced by migrants as we learn more about this new and emerging problem in South America.

The MHCS provide migrants with holistic support. Clients have the opportunity to share their experiences in a safe and supportive environment. The initial interaction with clients involve a Pathway Assessment which determines the type and level of support that is needed. The areas of assessment include, but are not limited to:

- Finance,
- Health and development
- Family and social relationships
- Independent living skills
- Education,
- Rights and citizenship
- Training and employment

Blossom's MHCS Migrant Support Workers have been conducting community outreaches to educate migrants on their rights and the services available to them. Through these outreaches, many migrants have been able to access services and receive support. The work is ongoing and the ultimate goal is to

ensure that all migrants can contribute positively to Guyana's society.

Since the start of the project, the MHCS has delivered support to over **500** migrants!

Conclusion

The year 2019 has brought additional growth and expansion for Blossom Inc. We continue to make an impact by providing high-quality services and using evidence-based approaches to strategically accomplish our mandate. This year Blossom celebrated 5 years of service to the community. Within this time, we have opened 5 Child Advocacy Centres and provided support to over **6,000** clients! We are truly grateful to our staff, partners and sponsors for their collaboration, support and commitment in accomplishing our goals. The children and families who benefit from our services are our main focus and we will continue to address child sexual abuse at all levels. We believe that effective prevention starts at the family and community level. Therefore, we will continue to provide education to change cultural and attitudinal distortions which normalizes the violation of children.

We anticipate that there will be new challenges in 2020, however, Blossom Inc. remains firm in our vision to make communities safe for children!