Child abuse in Fiji: a hidden problem

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Abstract

A common misperception in the Pacific is that child-abuse is found only in Western industrialised countries. This article places child abuse in a Fijian context and suggests reasons for its hidden nature. Different types of child abuses are defined, described and community attitudes are identified. It is suggested that that misplaced complacency is dangerous and that there is an urgent need for a number of initiatives. These include the amendment of the penal code to specifically include child abuse; introduction of systematic and mandatory reporting of suspected cases; development of effective inter-departmental and inter-agency liaison especially between government health and welfare agencies; education of law enforcement officers about child abuse; increase community awareness aimed at both adults and children; strengthening of family ties; and provision of appropriately resourced support and counselling services.

Introduction

The maltreatment of children, or child-abuse, has received much attention in Western industrialised countries over the past three decades. Since Kempe et. al. (1962) popularised the term 'battered child syndrome', child abuse has entered the collective awareness. However, child abuse has not always been a high profile problem in these countries, and the way it is viewed has also changed. Prior to 1960 it was believed to be a relatively rare problem, generally associated with physical abuse and institutional neglect. When maltreatment occurred it was usually hushed up, and parents or adults who abused children were regarded as 'mentally ill', or alternatively, that it was the child's own fault.

Today, the picture is different and child abuse is now recognised as a problem from which no culture or community is immune (D'Antonio, Darwish & McLean, 1993). It is ironic that while children are acknowledged to be our most valuable resource, they also represent the most vulnerable group within any community (Unicef/SPC, 1993). During the 1980's Western health care professionals shifted their attention from physical abuse and neglect to include sexual abuse as it became evident that the latter often accompanied the former (James, 1994). In the 1990's, child abuse has largely shed its 'mental illness' association as our understanding of its complex causes are now better understood. Today, it is regarded as an indicator of family dysfunction (Wenar, 1994). In many countries health care workers, doctors, police officers and teachers are required to report suspected instances of child abuse as a matter of routine, and international surveys suggest it may effect approximately one child in four during childhood years with annual prevalence rates of between 3 and 6 per 1000 children aged between 0-16 years of age (D'Antonio, Darwish & McLean, 1993; James, 1994).

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While there is general consensus that child abuse includes physical abuse and neglect, emotional abuse and sexual maltreatment, three decades of publicity and education in industrialised countries have not greatly changed community perceptions of abuse as a 'sensitive' issue. Today, the problems of child abuse not only arouse feelings of deep compassion and outrage, it also still arouses reactions of embarrassment and feelings of intrusive uncomfortableness when being investigated. If this is true of Western countries, what is the situation in Fiji?

The Fiji context

In Fiji child abuse is still perceived by many health-care and related professionals as a hidden problem. For example, in the recent Situation Analysis of Children in Fiji, the authors wrote:

> *"...medical staff report physical and sexual abuse of children and mothers appears to be on the increase, including rape, incest and sexually transmitted diseases ... Physical and sexual abuse although apparent are not often reported"*
> National Child Policy Committee, 1991: 22-23

The 36th Annual Fiji Medical Association Conference in 1994, highlighted professional concern at community secre-

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tiveness and indifference toward child abuse, along with frustration at the lack of resources dedicated to the problem. Despite the efforts of some health care professionals and individual agencies, child abuse in Fiji does not feature highly on the public or political agenda. Yet, the limited data available suggests this to be an unfortunate misperception as illustrated by Tables 1 and 2.

Table 1. Child sexual abuse cases reported to police, 1990 - 93

Type of abuse		1990	1991	1992	1993	Totals
Defilement	*females under 13 yrs.*	12	11	2	4	29
	females 13 - 16 yrs	64	42	53	73	232
Incest		1	6	4	2	13
Totals		**77**	**59**	**59**	**79**	**274**

Source: Statistics Office, Fiji Police Force

Why the indifference, complacency and denial? The reasons are complex and appear to lie in a number of interacting factors. First, there are no specific laws in Fiji relating to the physical or sexual abuse of children. Girls under 16 years are 'protected' from sexual abuse under 'defilement' and incest laws (The Penal Code, Cap.17, Ch.XVII), and while the Penal Code and Juvenile Act contain provisions protecting children from neglect, and parents and guardians are required to provide basic needs like clothing, shelter and food, good nutrition and education are not included (National Child Policy Committee, Government of Fiji, 1991). Despite these impediments, instances of child abuse still come to the attention of police and other agencies as indicated in the above tables.

Second, while there may be broad agreement on definitions of child-abuse, there is a lack of consistency regarding its operational definition and a mind-set among some professionals who often fail to recognise it when encountered. While physical abuse and examples of extreme deprivation may be relatively easy to recognise, it is acknowledged that emotional and sexual abuse are not. Third, there is no formal requirement in Fiji for persons like health workers or teachers to report instances of suspected abuse. In cases where abuse is suspected, there is often no one to report to, or a reluctance to involve police because previous attempts have met with frustrating results.

Table 2. Fiji Women's Crisis Centre: new (incidence) child abuse clients, 1990 – 93*

1990	1991	1992	1993
–	11	8	13

** New cases only, these exclude on-going cases continuing to receive assistance.*

Source: Fiji Women's Crisis Centre.

Fourth, as communities experience social change traditional support networks become weakened. For example, in 1986, 49% of families in Fiji lived in extended households; by 1989 this had dropped to 34%. In 1986 nuclear families made up 46% of households; by 1990 this had increased to 62% (National Child Policy Committee, 1991; p.20). Not only is the general trend important, its rapidity is significant. Thus, the assumption often made by Fijians in particular, that there is always someone to fall back on, is out of touch with social reality. Rapid social change also tends to generate conceptual confusion in the minds of some adults as to what are culturally normal patterns of parenting and child-rearing, and what represents excessive and/or harmful deviations from it.

Fifth, there is a reluctance to acknowledge abuse on the grounds that it is a private or family matter - this rationalisation is also commonly used to avoid recognising the problem of domestic violence. There appears to be a residual notion that to 'interfere' when a child has been maltreated, is to challenge the rights of a parent to exercise control over their offspring.

Sixth, community reticence to acknowledge child-abuse is also influenced by traditional custom and religious beliefs. For example, in its discussion paper on child-abuse, the Fiji Law Reform Commission (1993) referred to a 'cultural tolerance' of excessive discipline and corporal punishment within families in Fiji.

The United Nations Convention on the Rights of the Child (1989) spell out what may be regarded as universally appropriate and humane obligations towards children. The Convention also sets universal standards for the defence of children against neglect, abuse and exploitation (Unicef/SPC, 1993). Fiji is a signatory to that Convention and there is some evidence to indicate that the Convention is having a positive impact on Fiji Government policy (e.g. the Fiji Government's Draft Policy and Plan of Action for Children, 1991; and the National Child Policy Committee's Situation Analysis of Children in Fiji, 1991). Unfortunately, situation analyses and draft policies are only a small beginning: their implementation requires a strong political will if they are to be translated into useful and effective action, and this has yet to happen.

Untangling the problem

If child abuse is to be constructively dealt with, it needs to be seen in more than simple one-dimensional terms. For example, differences between the various forms of abuse need to be acknowledged, their differing causes recognised, and their range of consequences noted as contingent on factors like the child's age, the nature of the abuse, its frequency and the relationship between the child and the perpetrator.

Problems of definition and interpretation. While it is common practice to identify four categories of abuse, namely

physical abuse, neglect, emotional maltreatment, and sexual abuse, there is often a lack of operational agreement within each of the above categories. It is relevant to keep in mind that cross-cultural variations in childbearing beliefs and practices make it impossible to arrive at a single universal standard. Definitions of abuse need to guard against imposing a particular set of Western ethnocentric beliefs on a community. However it is equally dangerous to suspend judgement as to what constitutes inhuman treatment of children on the ground it may offend cultural sensitivities. Sometimes extreme cultural relativism and/or religious custom are used to justify clear instances of maltreatment and abuse. For example, the use of severe physical beatings in the name of discipline; or clitoral circumcision in the name of religious practice cannot be adequately justified.

Broadly defined, *child physical abuse* refers to non-accidental injuries caused by adults who are responsible for the child's care and welfare. These are acts committed directly against a child and occur most frequently to infants, toddlers and adolescents.

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Neglect, sometimes referred to as deprivation, and *emotional maltreatment* are more difficult to define, generally refer to adult acts of omission rather than commission, and commonly occur during early childhood. Broadly speaking, *neglect* or *deprivation* includes being deprived of the necessities of life - i.e., nourishment, shelter, health care, adequate supervision and education, and may also involve emotional abuse in the form of withholding love and emotional support (Wenar, 1994). In her survey of weaning practices among Fijians, Tunidau (1991) reported a high incidence of nutritional neglect among Fijians where grandparents and/or multiple caregivers are involved. *Marasmus* or wasting away and *non-organic failure to thrive* are also used to describe deprivation and neglect.

While there is general consensus that *emotional abuse* involves adult behaviour that is "psychologically harmful to a child and hinders healthy development", it has recently been pointed out that there is little agreement regarding its psychological dimensions or its legal definition (Wenar, 1994). Local examples of emotional abuse include things like constantly telling a child they are no good and worthless; rejecting a child and showing no affection; periodically threatening and verbally abusing a child; and punishing a child by physically locking or chaining them up and not allowing them to have friends.

Sexual abuse refers to any kind of sexual contact between a child and an older person. Surveys have typically identified four categories: intercourse; touching, fondling, masturbation or kissing; nude photographs or exhibitionism; and oral sex or sodomy (Finkelhor et. al., 1990). In Western Australia sexual abuse has been defined as:

> *" the involvement of a dependent and developmentally immature child or adolescent in the sexual activities of an older person or adult, where the younger person is used for the gratification of sexual desires or needs of the older person or where social taboos or family roles are violated."* (Child Sexual Abuse Task Force, 1987).

Finkelhor et. al's. (1990) survey of adult American men and women indicated that 27% of women and 16% of men reported experiencing at least one of the above four types of sexual abuse as children, and similar figures have been reported from other countries. Apart from the information contained in Tables 1 and 2, little systematic data is available for Fiji.

In Fiji, sexual intercourse with a minor (under the age of 16 years) is classified as defilement, and where sexual abuse involves close family members (father, mother, siblings) it is classified as incest. Beyond close family, definitions of incest vary from one culture to another. Under Fiji Criminal Law incest is defined as *"sexual intercourse with a woman whom he knows to be his granddaughter, daughter, sister or mother"* (Fiji Criminal Law Vol II (1) para. 511).

Associated with the problem of definition are the related issues of *context*, *frequency and severity*. Contexts can vary considerably. For example, physical abuse may involve injury by spontaneous beating, punching or burning as the result of anger over something a child has done; or it may be in the form of a beating deliberately and coldly administered in the name of discipline and punishment. Alternatively, it may be the end product of frustration and tension as an overwrought parent, triggered by some behaviour in the child, reaches breaking point and lashes out as a means of coping.

It is an oversimplification to say that abuse is abuse regardless of its *context*. Perceived *motivation* is relevant because it can effect the way a child interprets the act. Does a beating given within a loving family context in the name of discipline have the same effect on a child as a beating given by a violent and drunken father in a fit of rage? Contrary to popular belief, both are potentially damaging, but for different reasons. The former because it is deliberate and calculated and may be interpreted by the child to mean that physical violence is OK provided you are big and in authority; the latter may be excused or justified on the grounds that it was really the alcohol that made him do it and therefore it was not his/her fault. Neither represent good role models for children to imitate.

Frequency can vary from a single event to repeated abuse over a long period of time. In some instances a single traumatic experience can be just as harmful as repeated experiences, and negative outcomes do not always emerge right away but sometimes emerge as a delayed reaction weeks or months later (James, 1994). There are also value judgements relating to *severity* . For example, what distinguishes *severe* from *cruel* and *brutal*? Is it appropriate to physically beat a child provided no permanent physical damage occurs? If the bruising lasts for more than two or three days, does such physical punishment then become physical abuse and brutality?

Community and parental attitudes. While child abuse is partly a matter of definition and perception, what is seen as abuse is also determined by community attitudes that reflect cultural values and priorities. For example, the Fiji Law Reform Commission Discussion Paper (1993) identified what it referred to as a 'cultural tolerance' of physical abuse in Fiji whereby punching, hitting or beating is perceived as a normal response. Physical punishment of children appears to be the norm rather than the exception and many parents claim the right to physically punish a child on religious grounds. This attitude appears deeply embedded within both Fijian and Indo-Fijian families.

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As previously mentioned, the distinction between reasonable and unreasonable physical punishment can be difficult to define and needs to be contextualised. For example, does reasonable punishment become unreasonable abuse if administered within a caring home environment? Although corporal punishment by individual classroom teachers is not sanctioned by the Ministry of Education, it is implicitly condoned by many parents and appears to be widely practised. In any event, head teachers and principals are permitted to administer corporal punishment and many parents expect it. Does this justify its use?

While it may be culturally appropriate to show tolerance when faced with a difficult or annoying situation or when one's inhibitions are reduced by alcohol, many individuals explode into a physical response. Thus, there appear to be culturally sanctioned thresholds of tolerance which in turn may be mediated by individual thresholds. When exceeded, physical and violent modes of coping become an accepted response. For example, observe the physical assaults common around bars and night-clubs, or the frequency and severity of domestic violence evident in many families (Dept. for Women & Culture, 1994).

A belief often implicitly held by some parents is that children are possessions with obligations rather than individuals with rights. Furthermore, the reputation of a family takes clear precedence over any individual rights a child may have. The Biblical injunction *"spare the rod and spoil the child"* is often interpreted literally and applied diligently. As a consequence, disciplining a child may take the form of a beating, and be regarded as a parental or religious right or obligation. In such circumstances it becomes easy to assume that the child is to blame, not the caregiver. In other words, in this context it is the victim rather than the abuser who is typically blamed.

While sexual talk and jokes occur within certain family, gender and kin contexts, the discussion of sexual matters outside permitted relationships is generally not done. Sexual abuse, and especially incest, are generally not discussed; yet equally clearly, they occur (Table 1; and National Child Policy Committee, 1991). Where sexual abuse does occur, family honour, traditional mores, notions of complicity and a preference for silence combine to protect an abuser. To break such a silence is to dishonour the family. It would be an exceptional child who, when faced by such powerful social sanctions, breaks the silence and/or seeks outside help. Yet it is clear that some do (refer to Tables 1 & 2).

Community Complacency. In Fiji it is not uncommon to hear the comment that child-abuse is only found in Western industrialised communities and not in the Pacific. Yet, the Fiji Law Reform Commission (1993) cited three local examples that came to their attention during one year. These were a 3 year old child with gonorrhoea; a 5-month old infant weighing less than its birth weight covered in bed sores and ulcers, while its four brothers and sisters were normal, healthy children; and another child, black and blue with bruising and old fractures of ribs and arms. Another example contained in the recently released Unicef/SPC (1994) video production *First Call Pacific Children,* documents the beating, neglect and subsequent death of a Fijian female 11 years old.

Anecdotal evidence from doctors and nurses and a cursory scan of the daily newspapers in Fiji, indicate that child-abuse is a real and relevant issue. Last year the Director of Public Prosecutions in Fiji drew attention to what she perceives as a rising rate of child abuse as reported by police and Women's Crisis Centre statistics (Shameem, 1994). There is every reason to believe that the cases referred to in Tables 1 & 2 represent only a fraction of what occurs. Thus, community denial and government complacency represent a serious and dangerous misperception.

Promoting principles of the UN Convention. A number of recent publications have provided valuable impetus to the

task of publicising the principles contained in the UN Convention on the Rights of the Child (1989), and this represents one important means of combating child abuse. (For example, the joint Unicef/SPC publication "The State of Pacific Children"(1993) and their locally produced video "First Call Pacific Children" (1994) are two regional examples). The Fiji Government's National Child Policy Committee's "Situation Analysis of the Children in Fiji" (1991) together with the government's "National Policy, Strategy and Plan of Action for Children" (1991) are welcome steps in the right direction. The Fiji Women's Crisis Centre also provides a valuable source of printed material on child abuse and practical assistance for the general community. At a more specialised level, courses like Human Development and Community and Health Psychology offered by The University of the South Pacific, consider child abuse within a South Pacific context as part of course content.

Unfortunately all of the above are limited in their outreach and impact, and large sections of the Fiji community still remain untouched.

Conclusions and suggestions

Before attempting to draw a number of conclusions, four general points need to be made. First, simple one-dimensional problems and straightforward causes are obviously easier to understand and communicate to a wider community than more complex ones. Yet, the problem of abuse, by its very nature, is a complex one. Second, over-generalisations about child abuse and its causes generally lead to unrealistic expectations, along with simplistic solutions and 'quick fixes'. While these may be better than nothing, they tend to be superficial and are of limited value: in the long run they are wasteful of scarce resources. Third, 'quick fixes' also reinforce community complacency by giving the impression that something is being done when very little is being effectively achieved. Fourth, where community and political complacency exists, attempts to generate greater community awareness run the risk of being labelled as bothersome stirring and alarmist grandstanding. Yet, to do or say nothing is to abdicate one's responsibility to a new generation. Child abuse is too serious an issue to become trivialised by defensive politicians or an embarrassed government.

Observation, anecdotal evidence, limited local data and international studies all point in one direction: Fiji is not immune from this insidious and damaging problem. However, prevalence rates are a matter of considerable conjecture. Because local child abuse statistics are not 'official' or systematically collected, they are at best patchy and unreliable and it is impossible to determine whether abuse is increasing, decreasing or remaining static. Thus, the reporting of suspected child abuse needs to become mandatory, systematic and uniform[1,2] It is important to bear in mind that where mandatory and uniform reporting is carried out, its advantages have outweighed its disadvantages, and initial estimates of maltreatment have been found to underestimate its true prevalence.

The Penal Code and Juvenile Acts need to be amended to specifically protect children from abuse in a manner consistent with the principles of the UN Convention (1989). However, punitive legislation aimed at abusers is of limited value and needs to be accompanied by educational and therapeutic strategies. One option is to require abusers and their spouses to attend compulsory counselling designed to teach basic parenting and coping skills. While legislative changes help to focus community attention on the problem and provide useful operational definitions of child abuse, they also need to be accompanied by changes in the way police officers are prepared and trained. Police need to learn how to recognise child abuse and deal more sensitively and humanely with complaints and allegations. In particular, an attitudinal shift is required to avoid the old problem of blaming the victim.

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In the area of prevention and education it is suggested that the Ministry of Education consider designing appropriate curriculum content geared to develop abuse awareness in primary and secondary school-aged children. The media needs to be encouraged to shoulder a more constructive role in reporting abuse. For example, articles and features designed to educate rather than merely sensationalise tragic or bizarre abuse cases are needed. Appropriate ministries need to design a new generation of information posters, pamphlets and radio programmes in the vernacular to inform and sensitise the community. This written material needs to be made readily available to all sections of the community and not just counted and carefully stored in office cupboards. Local markets, fund-raising bazaars, places of worship, and public bars need to be targeted as important poster sites.

Build on the foundations laid in 1994 during the Year of the Family, materials should aim at strengthening the family unit in times of social change, highlight the importance of constructive ways of dealing with personal and family stress, and encourage the maintenance of traditional support networks. The vicious cycle where parents model physical violence as the main way of coping, to in turn be imitated by our children, needs to be broken.

There is a need to introduce effective inter-departmental and inter-agency liaison mechanisms, especially between

government health and welfare agencies and NGO groups. Formal links between district health staff and the staff of the Department of Welfare are needed. As pointed out in the National Child Policy Committee's submission (1991): *"The health staff are often the first to see the signs of child abuse but are not in a situation to do anything more than tend the injured child."* Trained helpers and resources for outreach work need to be provided and rationalised. At present, religious groups and some NGO's take on this role. Unfortunately, certain geographic areas are serviced by more than one group, while other areas have no access to help and counselling.

Child abuse needs to be taken off the hidden list and placed firmly onto the public agenda. Through education, greater community awareness can in itself become an important preventive measure. The Pacific need to remember that our children are not our possessions: rather, they are our gift to the future to be nurtured, loved and valued today.

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End notes

1 For example, under the Community Welfare Act of South Australia the following groups **must** report suspected child abuse: doctors, dentists, pharmacists, registered or enrolled nurses, psychologists, police officers, social workers employed in hospitals, health centres or medical practices, and all employees and voluntary workers in any agency that provides health, welfare, education, child care, or residential services for children. (Thomson, 1993)

2 This need was recognised in the Situation Analysis report (1991) where it was listed as Recommendation #19. However, that recommendation has yet to be implemented.

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