



WORK MATTERS

AUGUST 2022

COLUMN

Child Abuse Is a Medical Problem in Trinidad and Tobago

The physical maltreatment of children is a social problem and medical problem in Trinidad and Tobago. Child abuse is not new to the country, but due to the proliferation of internet use, cellular phone and social media, the issue has been 'made public', or as the young people say, 'is blowing up'. The physical maltreatment of children is a social problem and medical problem in Trinidad and Tobago. Child abuse is not new to the country, but due to the proliferation of internet use, cellular phone and social media, the issue has been 'made public', or as the young people say, 'is blowing up'.

To be sure, the history of child maltreatment, neglect, and physical injury is a long one, particularly in post-colonial states like ours. Child-rearing methods long ago were often austere and severe; harsh punishments inflicted by parents and the other adult authorities were commonplace, in fact, normative.

Long ago parents had total sovereignty over their children. In the colonial era, physical punishment in the name of discipline rarely could be viewed as too harsh, as the system was one based on oppression, exploitation and abuse. As was the case with the slave master and the slave, the whipping and caning of children was the prerogative of parents and teachers. Corporal punishment was the regular disciplinary fare, with the dictum 'spare the rod and spoil the child' capturing the child-rearing spirit at the time.

It took a certain organized interest in medicine to discover child abuse as a medical problem. The key in defining and legitimizing child abuse as a medical problem. The appearance of the article, 'The Battered Child Syndrome' in a prestigious medical journal, opened the proverbial floodgates (Kempe et al., 1962). The editorial underlining the medical seriousness of the problem, gives visibility and legitimacy to battered children as a significant medical problem in society, one that had before been unacknowledged or ignored.

They described the syndrome with characteristics that include the victims being usually under 3 years old and neglected, having traumatic injuries (especially to the head and the long bones), and having parents who themselves had been battered as children and who denied the abuse of their own child.

Child abuse is not an isolated social phenomenon, and it is rooted in the socio-cultural landscape of the society. Research has shown there is a higher incidence of child abuse in families subject to social stresses such as working-class families, 'broken' families, and families with four or more children. The incidences of this violence are also exacerbated by issues such as poverty, social exclusion and isolation and mental distress.

Violence against children is rooted in the practices of child-rearing societal culture, especially in the use of force in adult-child relations, and in the social structure, particularly in the existence of poverty. Further, children are victims of social forms of child abuse such as malnutrition, poverty, poor education and medical services, and physical abuse in schools and other child caring organizations.

When schools and other childcare settings employ practices that are not conducive to optimum child development, such as corporal punishment and other demeaning and threatening, negative disciplinary measures; they convey a subtle message to parents saying that this treatment is appropriate as it is sanctioned by educational authorities.

Parsons (1951) pointed out that when deviance is seen as willful, it tends to be defined as a crime; when it is seen as un-willful, it tends to be defined as sickness. In Trinidad and Tobago, because of the way children are defined and the status ascribed to them, they are much more likely to have their behaviour defined as willful.

It must be noted that children, by nature have a dependent status in our society. All societies are designed

to some extent to protect their children, and we are no different. As such, when cases of child abuse increase, there is arguably the propensity to arouse a protective response in society by institutions such as the child protective services, orphanages, and the judiciary. This can be seen as being manifested in increase in the number of safe houses, the increase in laws related to child labour, child abuse and child protection.

In terms of viewing child abuse as a medical issue, the move in this direction demonstrates a public health approach to the problem, as opposed to the old theories which were restricted to cultural and familial issues.

In this sense the medical fraternity is seen a protective institution. The protection of the child aligns with the protective response of medicine, and this relatively new approach encourages increased protection for our children, and utilizes the links with the state and other authorities to reducing the levels of child abuse in our society. And in a broader, more holistic approach, one can subscribe to the view that in a democratic society like Trinidad and Tobago, early medical intervention is more justified than legal or civil interventions that come as a response to the actions of the abusers.

Valentine Smith (PhD)
Senior Fellow
CCLCS