Child abuse & neglect in Suriname
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Introduction
My earliest memory of my mum’s temper is from when I was a toddler and she was throwing books down the stairs at my dad. I was so young at the time that I thought it was a game. When my dad moved out, when I was 5 or 6, her aggression turned on me. Over the years, my mum kicked and beat me, throttled me, threw me down the stairs and pushed me into a scalding hot bath. She once held my head under water and another time she shoved a full bar of soap in my mouth. There are too many incidents to recount. Even though she could be really nasty, she could be loving too. I didn’t misbehave and it was always something petty that would trigger her violent outbursts. It would usually start with her yelling and swearing and I would normally try to go to my room to escape her but she would follow me in and overpower me. I’d get thrown against a wall and she would hit and kick me. My neighbours must have heard the raised voices all the time, but no-one complained or did anything about it. It wasn’t until I was around 12 that I started to realise that it wasn’t normal and that other people’s parents didn’t hit them like this. Over the next few years I got stronger and started to fight back so it would happen less regularly. I still find it difficult to trust people and I have flashbacks, especially if I see something on TV which triggers a memory. I find everyday things, like walking down a street, difficult as I worry that making eye contact with someone will cause them to be physically violent towards me. For a long time, I accepted what was going on at home as normal. But no child should have to live in fear or on edge in their own home – that’s the place they should feel safest.

Letter from Orlando, 17 years
The aim of this thesis is to provide scientific knowledge on the current situation of child abuse and neglect in Suriname. It provides information on the (year) prevalence of child abuse and neglect in Suriname, with particular attention to sexual abuse of children. It also gives insight into perceptions of the use and function of corporal punishment among young people and parents/caregivers from different ethnic backgrounds. Furthermore, it pays attention to the prevention of child abuse through the implementation and evaluation of a parenting program. Finally, a tool that screens for posttraumatic stress disorder – one of the possible negative outcomes of child abuse – is examined in order to identify children at risk in an early stage after a (potential) traumatic event.

CHILDREN’S RIGHTS

The United Nations decided that children needed special protection under the Universal Declaration of Human Rights and worked for many years to develop the Convention on the Rights of the Child (CRC). Adopted by the United Nations in 1989, the CRC covers the basic human rights belonging to all children, ratified in Suriname in 1999. They include the right to survival, to develop to the fullest, to protection from harm, abuse, and exploitation and to participate fully in family, cultural and social life. The CRC’s four key principles are: no discriminating against children, acting in the child’s best interests, respecting children’s rights to survival and development, and respecting the views of the child (Committee on the Rights of the Child, 2016; UNICEF, 2016). Children are characterized by their vulnerability – because still in development – and dependency of others (Perry, 2005). Legislative measures force adults to respect the rights of children, as the Lancet recently described: “law: an underused tool to improve health and wellbeing for all” (The Lancet, 2017). The CRC implements a view in which children and adults are both seen as citizens with individual rights (Lyle, 2014) and emphasizes that children are human beings fully worthy of moral and intellectual respect (UNICEF, 2016).

CHILD MALTREATMENT

Child maltreatment, sometimes also referred to as child abuse and neglect, is defined by the World Health Organization as: “all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that result in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power” (World Health Organization, 2017). Child maltreatment is the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or
other exploitation, which results in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Exposure to intimate partner violence is also sometimes included as a form of child maltreatment (World Health Organization, 2017). In this thesis, the definition of the World Health Organization will be used.

SURINAME AND THE CARIBBEAN

Suriname is an upper middle-income country and member of the Caribbean Community (CARICOM). With an area just under 64,000 sq. mi, it is the smallest sovereign state in South America. To the north, Suriname’s coastline is adjacent to the Atlantic Ocean. The country shares borders with Guyana to the west, French Guiana to the east, and Brazil to the south. Suriname is an independent republic since 1975. Like other Caribbean countries, it has a history of slavery (exploitation) and colonization. Slavery by the Dutch was abolished in 1863, but Suriname remained a colony until its full autonomy. Despite its relatively small population (around 585,000 inhabitants), Suriname is characterized by a high cultural and linguistic diversity. Its multi-ethnic population consists of people of African, Indo, Javanese, and mixed-ethnic ancestry. There are also smaller numbers of individuals of the original inhabitants of Suriname known as Indian, and inhabitants of European, Chinese, and Brazilian origin (Sobhie, De Abreu-Kisoensingh, & Dekkers, 2016). The majority of the population is settled on the coastal plain. The official language is Dutch, but Sranan Tongo is the widely spoken lingua franca (World Factbook, 2017). Since its commitment to the implementation of the CRC in 1993, the Government of the Republic of Suriname has planned, executed, and evaluated programmes to set and improve the basic conditions for its implementation. In 2016, however, the United Nations Committee on the Rights of the Child (UNCRC) expressed in her ‘Concluding Observations’ on the implementation of the combined third and fourth periodic reports of Suriname a serious concern about child abuse and neglect in Suriname, the lack of shelters for child victims and information on investigations of cases of child abuse and neglect. The Committee urged the State party to ensure the development of appropriate legislation, policies, and services for prevention and recovery (Committee on the Rights of the Child, 2016).

PREVALENCE

Worldwide, child maltreatment is recognized as a significant public health concern (Finkelhor, Turner, Shattuck, & Hamby, 2013; Vachon, Krueger, Rogosch, & Cicchetti,
However, there is no consensus among researchers on the extent of the problem and whether nationally or globally rates of maltreatment are increasing or declining (Finkelhor, Shattuck, Turner, & Hamby, 2014; Gilbert et al., 2012). It is acknowledged that prevalence rates of child maltreatment recorded by child protection services are lower than the prevalence in the general population, because many cases are not identified, reported, nor given a service response (Munro, 2011). The extent of the gap between the recorded and/or reported cases and levels of prevalence in the general child population, however, is hard to assess. Child maltreatment is hard to talk about and developmental factors will influence the extent to which abuse or neglect is recognized and named as such by the victim. Furthermore, child maltreatment often occurs in private settings where both disclosure and detection are difficult (Radford, 2013). Furthermore, data describing the general prevalence of child maltreatment are unavailable in many low- and middle-income countries, where malnutrition and infection are considered the major pediatric problems. According to UNICEF, more than 80% of the Surinamese children between the ages 2 and 14 reported to have experienced violent physical disciplines in the month prior to the interview (UNICEF, 2010). Suriname is no exception in the Caribbean region: a cross-national regional study involving 34 countries found that a majority of mothers in Jamaica, Belize, Trinidad and Tobago and Guyana uses corporal punishment on children between 2 and 12 years of age (Cappa & Kahn, 2011).

RISK AND PROTECTIVE FACTORS

It can be assumed that risk factors for child maltreatment occur across multiple developmental domains or levels of a person’s social ecology (Bronfenbrenner, 1988). Factors found to have an increased risk for child maltreatment include individual characteristics related to the parents (e.g., substance abuse, mental health, relatively low levels of education, and early parenting) and child (e.g., disability, lower or retarded mental development), family circumstances (e.g., family structure, parenting skills, and intimate partner violence), and contextual factors (e.g., stress of) poverty, neighborhoods, and poor social network; Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007; Gilbert et al., 2009; MacKenzie, Kotch, & Lee, 2011; Sedlak et al., 2010). Situation-bound risk factors, such as poverty, inadequate housing, single-parent families, substance abuse problems, and lower levels of education are more common in low- and middle-income countries (LMICs; Bernal & Saez-Santiago, 2006), such as Suriname. Furthermore, societies, communities, and families differ in their views on the acceptability of the use of violence in conflict resolution and in helping children conform to the wishes of parents. Sometimes religious motives (‘save the rod and spoil the child’) are used in rationalizing
these practices. In many communities it was, and often still is, accepted that husbands use physical and psychological violence towards their spouses, as well as towards their children. Violence towards children appears to be common in Suriname. Its prevalence may be the result of both cultural and socio-economic factors. In the Caribbean, harsh and authoritarian types of discipline have often been described as commonplace child-rearing strategies; ‘beatings’ (with a hand, belt or instrument) are, in fact, defended as essential tools of the responsible parent. Caribbean parents often expect obedience, compliance, and respectful behavior from their children toward adults, even when such behavior is unrealistic in terms of age and circumstance (Williams, Brown, & Roopnarine, 2006). Intergenerational transmission of child maltreatment has been found as a risk factor for child maltreatment as well (Heyman & Slep, 2002; Pears & Capaldi, 2001). However, this might be a debatable matter since a recent study showed that the extent of intergenerational transmission of child maltreatment is a complex phenomenon that depends largely on the methodology used (Widom, Czaja, & DuMont, 2015). There is growing scientific evidence that substantiates the role of supportive family environment and social networks as protective factors for child maltreatment (Schelbe & Geiger, 2017).

**CONSEQUENCES**

For over 50 years, clinicians have described the effects of child maltreatment on the physical, psychological, cognitive, and behavioural development of children (Kempe, Silverman, Steele, Droegemuller, & Silver, 1962; Kempe, Silverman, Steele, Droegemuller, & Silver, 2013). While some stress in life is normal - and even necessary for development - the type of stress that results when a child experiences maltreatment may become toxic when there is strong, frequent, or prolonged activation of the body's stress response systems in the absence of the protection of a supportive, adult relationship. The biological response to this toxic stress can be incredibly destructive and last a lifetime by inducing a toxic stress response leading to permanent changes of the brain (Shonkoff & Garner, 2012). Child maltreatment is associated with mental health problems, decreased physical health, lower education and employment, and increased aggression and crime rates (Gilbert et al., 2009). Rates of fatal child maltreatment are more than twice as high in low- and middle-income countries (World Health Organization, 2013). The Adverse Childhood Experiences (ACE) study, one of the largest investigations of childhood abuse and neglect and later-life health and well being, showed a strong relationship between maltreatment and household dysfunction during childhood and the leading causes of death in adulthood (Felitti et al., 1998). Beyond the health and social consequences of child maltreatment it has an economic impact on healthcare costs (Brown, 2014). Not
all children, however, experience negative outcomes as a consequence of maltreatment (Tlapek et al., 2017). The ability to cope, and even thrive, following a negative experience is often referred to as ‘resilience’. Stable family environment and supportive relationships appear to be consistently linked with resilience following childhood maltreatment (Afifi & MacMillan, 2011; Shulman, 2016).

**PREVENTION**

Increasing numbers of organizations are working at an international level on the topics of child maltreatment (Butchart, Harvey, Mian, & Fürniss, 2006; News Centre, U.N., 2013). Many of the recent international organizations and funders in the field have a priority of supporting low- and middle-income (LMIC) countries. There is growing evidence that maltreatment is more severe in LMIC environments, particularly given findings that maltreatment thrives under conditions of social disorganization and dislocation (Finkelhor & Lannen, 2015). Four types of universal and selective interventions to prevent actual child maltreatment are promising, i.e. home visiting, parent education, abusive head trauma prevention, and multi-component interventions (Mikton & Butchart, 2009). There are, however, many challenges to mobilizing child maltreatment activity in LMIC environments. One challenge is that most of the visible programs and accumulated experience have been developed in high resource environments (Wessells et al., 2012). These do not necessarily correspond to rearing goals and values in developing and non-western cultures, or with longstanding local styles of parenting (Baumrind, 1971; Berry, 2016; Roe, 2012). Therefore, one of the key issues to consider when implementing a parenting program in non-western or developing countries is the modification of the program to fit the local cultural situation (Baumann et al., 2015; Mejia, Calam, & Sanders, 2012). Not adapting a program to the local context, education goals and language is likely to compromise both engagement and outcomes (Lau, 2006). Socialization practices may be different from those in Western and – in terms of the Human Development Index (United Nations Development Programme, 2011) – more developed countries. This certainly poses a challenge to the development of parenting programs in Suriname: the region consists of many cultural groups and ethnicities that speak many different languages. Besides, many LMICs lack fundamental capacities for doing work in the field of child maltreatment because other kinds of programming (e.g., improving education and combatting malnutrition and infections) may get priority given limited resources. LMICs may be environments with high social change pay-offs, but may also entail much higher costs and likelihood of failure (Wessells et al., 2012). Furthermore, research on the effectiveness of parenting programs in LMICs is limited (Knerr, Gardner, & Cluver, 2013).
Parenting programs are available in Suriname, but conducted on a small scale. Thus far no evidence-based programs have been implemented, adapted and evaluated. At this moment, the government in Suriname is involved in developing strategies addressing child maltreatment, within the framework of a multidisciplinary child mental health approach, targeting all violence against children (UNICEF, 2010).

AIM AND STRUCTURE OF THEThESIS

The aim of this thesis is to provide scientific knowledge on the current situation of child abuse and neglect in Surinamè. In this regard, we establish the lifetime and year prevalence of child abuse and neglect in Suriname, with a focus on child sexual abuse. Furthermore, the thesis aims to gain deeper insight in community perceptions of the prevalence of corporal punishment in Suriname, responses to and feelings about its use as a discipline strategy and perspectives of the rationales for and against corporal punishment, and views on banning it. It also focuses on the prevention of child maltreatment by implementing and evaluating a parenting program. Finally, a tool that screens for posttraumatic stress disorder – one of the possible negative outcomes of child abuse – is examined in order to identify children at risk in an early stage after a (potential) traumatic event.

GENERAL OUTLINE

Chapter 2 presents the lifetime and year prevalence rates of child abuse and neglect in Suriname, based on a national representative study among 1,391 adolescents and young adults.

Chapter 3 presents the lifetime and year prevalence rates of child sexual abuse in Suriname, and gains deeper insight in these prevalence rates.

Chapter 4 describes a qualitative study that reflects perspectives of corporal punishment of community members as well as professionals of Creole and Maroon background in Suriname.

Chapter 5 describes a qualitative study that reflects perspectives of corporal punishment among adolescents and caretakers of Indo Caribbean background in Suriname.

Chapter 6 presents the results of the implementation and evaluation of a parenting program called ‘Lobi Mi Pikin’ to reduce corporal punishment and prevent child maltreatment in Suriname.
Chapter 7 evaluates the reliability and validity of the Children’s Revised Impact of Event Scale – 13 (CRIES-13) in Suriname, a brief self-report measure designed to screen children for posttraumatic stress disorder.

Chapter 8 summarizes all previous chapters and discusses the findings in the context of recent literature. The chapter ends with the conclusions of the thesis.

Chapter 9 provides a summary and conclusion in Dutch, as well as a list of co-authors, contributors’ statement, a PhD portfolio, and acknowledgements.
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