



Public health nurses knowledge of child abuse and/or neglect in American Samoa
by Patricia Eileen Monahan

A thesis submitted in partial fulfillment of the requirements for the degree of MASTER OF NURSING
Montana State University

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Abstract:

The problem of this study was to determine American Samoan Public Health Nurses' knowledge in the area of child abuse and/or neglect, and to identify the sources of their knowledge.

Data were collected from all public health nurses in American Samoa through the use of a 17 item questionnaire. The data were organized into tables, and were analyzed in percentages.

It was found that the nurses had a good understanding of theoretical information in the area of child abuse and/or neglect, however their ability to recognize hypothetical abuse situations was poor. The nurses were generally aware of their responsibility to report child abusing situations. Registered Nurses had a greater amount of child abuse knowledge than Licensed Practical Nurses.

Only 14 percent of the nurses indicated that they had had personal experiences working with child abuse and/or neglect situations. When viewed with the knowledge that harsh physical punishment of children is common in American Samoa, this fact and the nurses' inability to identify hypothetical abuse situations, suggest that the nurses' cultural perceptions of discipline/abuse have minimized their ability to recognize abusing situations.

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July 27, 1979

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NEGLECT IN AMERICAN SAMOA

by

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A thesis submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF NURSING

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Bozeman, Montana

June, 1979

ACKNOWLEDGMENTS

A special note of gratitude and appreciation is due to Margaret Barkley, Professor of Nursing at Montana State University, who served as chairperson of the thesis committee. Her support and assistance have allowed this study to become a reality.

The writer would also like to express thanks to Margaret Vojnovich, Assistant Professor of Nursing, and Douglas Herbster, Assistant Professor of Education. Their time and efforts were kindly offered during the project.

I would also like to thank my husband, Don, for his support while I was involved in the study.

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ABSTRACT

The problem of this study was to determine American Samoan Public Health Nurses' knowledge in the area of child abuse and/or neglect, and to identify the sources of their knowledge.

Data were collected from all public health nurses in American Samoa through the use of a 17 item questionnaire. The data were organized into tables, and were analyzed in percentages.

It was found that the nurses had a good understanding of theoretical information in the area of child abuse and/or neglect, however their ability to recognize hypothetical abuse situations was poor. The nurses were generally aware of their responsibility to report child abusing situations. Registered Nurses had a greater amount of child abuse knowledge than Licensed Practical Nurses.

Only 14 percent of the nurses indicated that they had had personal experiences working with child abuse and/or neglect situations. When viewed with the knowledge that harsh physical punishment of children is common in American Samoa, this fact and the nurses' inability to identify hypothetical abuse situations, suggest that the nurses' cultural perceptions of discipline/abuse have minimized their ability to recognize abusing situations.

Chapter 1.

Introduction

Child abuse is recognized as one of the major health problems of children. A scan of the history of civilization illustrates that the crippling and killing of children has occurred since the beginning of time. Indeed, within the past 10 or 15 years reports of child abuse have been made by numerous countries throughout the world. Although the true dimensions of the problem, it has been estimated that in the United States child abuse occurs in 10 per 1000 births (McNeese and Hebeler, 1977:4). Child abuse seems to be not an isolated, rare phenomenon, but a universal pattern of child rearing.

All persons involved in the helping professions should be knowledgeable in areas which are additional to their major field. Study of human behavior and of various societies throughout the world is a necessity for anyone who would attempt to assist people to deal with the problems of their human condition. Nursing as a discipline has acknowledged this fact, and the study of transcultural nursing is becoming one of the major foci of nursing education.

This author recently worked for the Public Health Department of American Samoa. While there, she was spontaneously approached by many Public Health Nurses who were seeking information about child abuse. In addition, she became aware of the fact that American Samoa has a significant child abuse problem. The current child protection officer, Letumu Talauega, stated that although no formal statistics regarding

this problem exist, there are "many incidents" of this type in American Samoa, and it is a "very serious" problem.

The 1977 Legislature of American Samoa developed a Child Protection Act (see Appendix C) which requires members of the helping professions, and all citizens of American Samoa to report suspected child abuse if they have a reasonable cause to suspect that such an action has occurred. Public Health Nurses have a great amount of contact with the people of American Samoa. For this reason, it can be concluded that they have the potential for playing a significant role in the identification and prevention of child abuse in American Samoa.

Need for the Study

Child abuse and/or neglect is a recognized problem in American Samoa. Although statistics regarding the incidence of this problem are not currently available, the enactment of the Child Protection Act of 1977 and the appointment of a Child Protection Officer are evidence that this problem does exist in this territory.

The Public Health Nurse in American Samoa makes home visits to all families in her assigned villages. She also conducts well child clinics and visits the schools in these villages. In addition, she provides primary health care services at the dispensaries which are at various locations throughout the islands. Because of these functions, the Public Health Nurse is in a unique position to observe parent-child

interactions and to recognize signs of abuse and/or neglect in the children with whom she is in contact.

Nurses must expand their roles to include preventing the maltreatment of children, reporting it, and treating it. Their education must not only alert them to the child abuse problem, but it should assist them in learning to work with people involved in abusing situations. This study attempted to determine whether the Public Health Nurses of American Samoa have the knowledge necessary to adequately perform this function.

The information gained from this study should be valuable to all persons involved in the education and supervision of Public Health Nurses in American Samoa. This information should also be of assistance to members of the helping professions, both within and out of American Samoa, in their attempts to work in the area of child abuse.

Statement of the Problem

The problem of this study is to determine American Samoan Public Health Nurses' knowledge in the area of child abuse and/or neglect, and to identify the sources of their knowledge.

General Procedure

A seventeen item questionnaire was distributed to all Public Health Nurses in American Samoa. Permission to distribute these questionnaires was obtained from the Montana State University Human Rights Committee, the Director of Nursing Services at Lyndon Baines Johnson

Tropical Medical Center, and the Associate Director of Public Health Nursing Services in American Samoa.

Objectives

The following objectives have been formulated:

1. To determine the nurses' competency in identifying situations where child abuse and/or neglect has occurred.
2. To discover if the nurses are aware of their legal responsibilities to report incidents of child abuse and/or neglect.
3. To have the nurses identify the sources of their knowledge about child abuse and/or neglect.

Assumptions

1. The Public Health Nurses have been exposed to information in the area of child abuse.
2. The Public Health Nurses have been exposed to the American Samoan Child Protection Act of 1977.
3. The Public Health Nurses have had experience with child abuse situations.

Limitations and Delimitations

This study was limited by the following factors:

1. A questionnaire approach to assessing Public Health Nurses' knowledge of child abuse could provide a limited sample of their knowledge or potential behavior.

2. Only Public Health Nurses in American Samoa are the subjects of the study.

3. Working in child abusing situations is laden with emotion. This study did not attempt to assess emotional criteria. This study was delimited by the fact that there could be subtle differences between the experimenter's language and culture and the subjects' language and culture.

Definition of Terms

Throughout this study the following terms are used:

Child Abuse and/or Neglect - Any physical or mental injury inflicted on a minor by his caretaker through non-accidental means; a failure to provide, by those legally responsible for the care and maintenance of the child, the proper support, education, medical or any other care necessary for his well-being.

American Samoan Public Health Nurse - Any person licensed by the Government of American Samoa, and employed by the Public Health Division of the Department of Health of American Samoa, to provide nursing care to the citizens of American Samoa.

Culture - That complex whole which includes knowledge, belief, art, morals, law, customs, and any other capabilities and habits acquired by man as a member of society.

Extended Family - A family consisting of two or more close relatives along either the male or female line, their spouses and children.

For example, a husband, his wife, his children, one child's son and wife.

Nuclear Family - A married couple with their children.

Kinship - The social recognition and expression of genealogical relationships that are both consanguinal and affinal. Kinship ties can be based on supposed as well as on actual relationships.

Summary

American Samoan Public Health Nurses work closely with children, mothers, and entire families. Because of this relationship, they are in a unique position to recognize signs of maltreatment in children and to recognize families which have a potential for abuse. For this reason, a study of nurses' knowledge in the area of child abuse is very important. Evidence of their knowledge in this area was obtained through the use of a questionnaire. This questionnaire was administered to all nurses in the American Samoan Public Health Department:

The findings of this study should help all persons involved in the education and supervision of American Samoan Public Health Nurses to more adequately meet the educational needs of these nurses. In addition, the findings should be of interest to all members of the helping professions who are concerned about the problem of child abuse and/or neglect.

Chapter 2

Review of Literature

This review is organized under the following headings:

Culture as an Important Consideration in Health Care

Transcultural Nursing

Social Change

The Changing Family in Changing Society

Child Abuse and Neglect

An Overview

The Abusive Parent

The Abused Child

Situations in Which Abuse Occurs

Sociocultural Determinants of Child Abuse

American Samoa

General Information

Social Organization

Traditional Roles Within the Family

Change in American Samoa

Child Abuse in American Samoa

After presenting information regarding social change, its potential effect on the family, basic concepts underlying child abuse situations, and general information about American Samoa, these concepts will be applied to American Samoa.

The thesis that is presented is that in American Samoa:

- (1) Child abuse is traditionally a culturally accepted phenomenon.
- (2) The trend toward a modernized life style has brought with it many new life stressors.
- (3) Modernization is causing a weakening of the influence of the extended family - and with this, the traditional family support system is deteriorating.
- (4) The potential for child abuse to occur in American Samoa is increasing as a result of these changes.

Culture as an Important Consideration in Health Care

In the world as it exists today, it is extremely important to understand cultural differences and similarities. Mass communication, space age transportation and modern political systems have created situations throughout the world in which people interact daily with people from various countries and cultures. The United States alone is a country whose population is comprised of people who have emigrated - and who continue to arrive - from areas throughout the world. Given this fact, it is recognized that it is vitally important for people in the helping professions to become knowledgeable of and to understand cultural diversities.

An editorial comment in World Health, a publication of the United Nations Educational, Scientific and Cultural Organization, states, "Health work is based on a scientific attitude, but its application is

conditioned by the cultural milieu . . . Health systems, health practices, and health beliefs are a part of culture" (1971, p. 3). Not only do people from variant ethnic and cultural backgrounds have different lifestyles and value systems, they experience different attitudes and responses to health and illness (Pasquali, 1974, p. 20). This idea is further developed by Koshi who discusses cultural and biologic variations among different peoples. He lists areas in which variations frequently occur. They include: skin color and hair texture; bone and body structure and size; rate of growth of children; beliefs regarding birth, death and general health practices; susceptibility to certain diseases; what persons do to keep well and what they do when they become ill; responses to pain and suffering; general body care; and sense of privacy. On the basis of these variations, it can be concluded that health services cannot be comprehensive unless cultural considerations are made by health care providers.

Literature abounds with information regarding specific differences which exist in the health beliefs and behavior of various peoples. These references cover a wide range of information which varies from Warner's (1977, p. 686) discussion of primitive cultures' views of illness as being caused by evil spirits, to Long's (1977, p. 1215) description of caring for an elderly nomad Arab woman in a large British medical center, to Robert's (1975, p. 64) article on child care customs among rural Columbia people.

Understanding cultural variations is a field of study which is vast - but as yet, still developing in the health fields. Nursing as a discipline has recognized the need to develop knowledge in this area. In fact, a specialized field of nursing study has evolved for this purpose.

Transcultural Nursing

Leininger defines transcultural nursing as "That field of study in nursing which focuses upon the humanistic and scientific comparative body of knowledge regarding nursing and caring behaviors, practices, values and beliefs of people from all cultures (or subcultures), and with respect to the modes of health maintenance and illness restorative systems" (1977, p. 7). The area of transcultural nursing, therefore, includes information regarding patients' behaviors and attitudes, nurses' sociocultural orientation, and the various health care systems throughout the world. Advances have been made in constructing formal information bases in each of these three areas, and as a result, culture specific information is becoming available for nurses. When nurses have this information, they will be able to more effectively assess patients and will know how to meet their needs in ways which reflect an understanding of the patients' value and belief systems.

Leininger maintains that understanding cultural factors is integral to quality health care provision. In fact, she calls cultural "the fourth dimension of nursing" and states that culture should be

interwoven with the already acknowledged physical, psychologic and sociologic dimensions of nursing. Knowledge of these four areas of need should be the basis of comprehensive nursing care (1977, p. 11).

Social Change

"It is a fundamental characteristic of culture that, despite its essentially conservative nature, it does change over time and from place to place" (Murdock, 1965, p. 113). Throughout time mankind has evolved from savagery to civilization; thousands of cultures have developed, prospered and fallen.

William Ogburn attempts to explain the process by which cultures change in his theory of cultural evolution. He discusses (1964, p. 24) the fact that social changes are affected by four processes: invention, accumulation, diffusion and adjustment. Through invention new elements of culture - material or nonmaterial - are developed out of combinations of previously known elements. Accumulation occurs when more new elements are added to a cultural base than are lost. Diffusion refers to the spread of inventions from one area to others, whereas adjustment denotes the change which occurs in part of one culture as a result of an invention in a closely correlated part of that culture or of another culture. Thus, an invention such as steam driven machines results in an accumulation of changes - factories, for example. These changes diffuse or spread throughout society and force adjustments to be made in people's living patterns. An example of this is the fact that with

the advent of factories, people must take occupations away from home, rather than work on home-based activities.

Murdock (1965, p. 116) explains cultural change more broadly by stating, "Changes in social behavior, and hence in culture, normally have their origin in some significant alteration in the life conditions of a society." He goes on to class events which are known to be especially influential in producing cultural changes. Some of these are: increases or decreases in population; changes in geographical environment; migrations into new environments; contacts with people of differing cultures; natural and social catastrophies such as floods, crop failures, epidemics, wars and economic depressions; and accidental discoveries.

Accepting Ogburn's and Murdock's theories of cultural change, one can readily understand the effect that modern technological development has had on the entire world. Science has not only altered individuals' roles in society, it has revolutionized the complexion and organization of societies throughout the world.

Contemporary modernization - that development occurring since World War II - differs from the social and cultural change of the past because today's world-wide information systems allow very rapid diffusion to occur among cultures. The present era is the first time in the history of mankind that the world can be viewed as one system. Goldthorpe (1975, p. 1) states that ours "is not a divided world . . .

On the contrary, the world is one . . . (it is) . . . a world in which all are increasingly involved with one another." Cultures are no longer single and unique with distinctive structures. Involvement and interrelation now occur among societies and throughout the world. There are no untouched cultures.

Prior to World War II, attempts were made by anthropologists to protect backward, isolated societies from rapid change. They thought "slow change was better than fast change, that less change better than more change, that it was a pity to disturb the life of isolated peoples who were reasonably balanced in relationship to the territory they had and the technology they were using" (Mead, 1974, p. 24). After the war, however, people were not concerned with the human aspect of modernization. The new concern was the problem of how much technology was to be introduced everywhere and how quickly. As a result, technological advancement has now affected most of the world's societies.

Ogburn would categorize the world's societies as experiencing cultural lags. This condition occurs when one part of a culture changes before or in greater degree than another part, thereby causing less adjustment between the parts than existed in the past. He states that, "Cultural lags are one characteristic of the process of social evolution which occurs in a closely integrated society in periods of rapid change" (1964, p. 24).

One cultural lag which many societies are experiencing has been created by modern educational systems. In primitive or underdeveloped cultures, education occurs in the sense that adults attempt to influence children to live lives like their own, using skills which they themselves use. The end of this type of education is continuity; making "by education the sort of adult that is admired in the society in which the teacher himself grew up and to make the child ready for a world like that in which the teacher lives" (Redfield, 1953, p. 120). Conversely, modern education is a mechanism of change. It attempts to turn the child of a laborer into a clerk, of a farmer into a lawyer. It has for this reason created a cultural lag. Children have been encouraged to change and have accepted new ideas and values, while adults attempt to maintain the status quo. For this reason, developing countries which initiate formal education programs create turmoil and instability within their societies and in the lives of their people.

The Changing Family in Changing Society

The family is a universal social grouping; at no time in human history has the family not existed. Young presents the idea that the family holds four functions fundamental to human social life: the sexual, the economic, the reproductive, and the educational (1964, p. 103). Without the family's sexual and reproductive functions, life would cease; and without education, culture would come to an end. "The family - the toughest, the most adaptable, the most vital of all human

institutions - has survived the fall of civilizations, the impact of every catastrophe that has befallen mankind, the pressures and demands of every age and society" (Young, 1964, p. 103). Despite the fact that the family has survived these pressures, it is continually altered by the culture of which it is a part.

Yinger states, "The family cannot be understood as an isolated phenomenon. It must be seen in the context of the economic and political institutions, the religious influences, the population facts of the society of which it is a part" (1969, p. 272). Its roles, its relationships and its functions are all directly related to the society in which it exists.

The report of a United States government sponsored conference on the family in transition stated, "If there is a theory of demographic transition, there is a theory of family transition; the two are inter-related" (1969, p. 37). The report goes on to discuss the idea that premodern families tended to be large multigenerational kin groups. In these families, marriage occurred at early ages and fertility was virtually unlimited. With the advent of industrialization and advancing education, the transition to a predominating nuclear family has occurred. Goode (1964, p. 108) expresses this idea by stating that since World War II "in all parts of the world and for the first time in world history, all social systems are moving fast or slowly toward some form of the conjugal family system and also toward industrialization

. . . with industrialism the traditional family systems, usually extended or joint family systems, are breaking down."

The family is loosing its functions in modern society. No longer do education, religious training, food production or other support activities occur within the home. They occur in specialized institutions which are apart from the home and which in general are antecedents of the industrialization process. In order to understand the changes that have occurred within families of a particular society, the factors which affect the form and functions of these families must be analyzed. Ogburn suggests that these factors are: (1) community size (How many people live within the area of the community in which the family exists?), (2) economic growth (Are goods and services produced by the family or by other organizations?), (3) the role of technology (What amount of knowledge and use of invention occurs within this society?), (4) social control (Are property, production and sex subject to control by laws, sanctions and customs within this society?), and (5) cultural lags (To what degree are the interrelated parts of a culture changing at various times and rates?) He states (1964, p. 81), "In general, the social valuations that take the form of laws, sanctions, moral codes, and ideologies are singularly resistant to change. The economic or technological aspects of families often change first, and the ideational aspects change later, thus remaining for a time out

of harmony." In short, during periods of rapid change, the structural parts of the family are in conflict.

Blood discusses the fact that ordinarily, kinship ties thrive under conditions of social stability, and become weakened during periods of change. He expresses this idea through a chart which is represented below

<u>Social Change</u>	<u>Strength of Kin</u>
1. None	1. Moderate
2. Moderate Change	2. Weakened
3. Social Revolution	3. Minimal
4. Social Collapse	4. Maximal

(Blood, 1970, p. 197)

Given Ogburn's and Blood's ideas regarding the condition of the family in times of social change, it is essential to consider the effects these changes have on individual members of the family.

In modern industrial societies, families have become smaller and have broken away from clan ties. They must adjust their routines to educational and occupational programs, and must fulfill their functions by means that are controlled by non-family institutions. Nuclear families are autonomous insofar as they are free from obligations to any but family members. However, these families have a great problem in establishing control over the social and material resources that

they need to function well. Blitsten (1963, p. 273) suggests that autonomous nuclear families suffer from three weaknesses:

First, the performance of their functions demands the cultivation of intensive relationships between husbands and wives and parents and children. Yet, there are many inescapable interferences with them. Secondly, the maintenance of these families depends upon non-family organizations. Thirdly, autonomous nuclear families are largely the responsibility of only two people. The demands that this responsibility makes upon them as individuals are often heavier than personal resources can support. Consequently, a great many autonomous nuclear families fall short of achieving their goals.

Blitsten discusses the fact that psychological studies have revealed the connection between methods of childrearing in families and the performance of adults as social units in their societies. "Family failures are associated with destructive incompetency such as crime and mental illness in adult populations" (1963, p. 274). Winslow relates the ability of individuals to function productively in society with the organization of their family. "Family structure largely determines to what extent emotional needs will be met. If they are not met in the family, the person must look elsewhere. The outcome of his quest may involve some form of deviancy" (1970, p. 291). One such deviancy which

is expressed within the family is the problem of child abuse and neglect.

Child Abuse and Neglect

The neglect and abuse of children has been evidenced since the beginning of time. The natural animalistic instincts of the human race have not changed with the passage of the centuries. Children have been crippled and killed either through ignorance or superstition, by shame or in secrecy. This wastage of children's lives continues and appears to be even increasing in this enlightened modern day (Fontana, 1971, p. 3).

An Overview - Fontana is one among numerous authors who discuss the fact that abuse of children has occurred throughout the history of mankind. Documentation of this fact can be obtained by scanning world literature; sources abound which depict children who are subjected to abuse and who are exploited by adults.

Acknowledging the fact that the maltreatment of children is a universal phenomenon gives an important perspective to the current view of child abuse. It is completely possible that despite recent efforts by professionals to control the incidence of child maltreatment, the problem is one which cannot be abated. Man may be psychodynamically and socioculturally programmed to express his stress against his children.

Despite this possibility, work in the area must continue. Understanding a phenomenon is the first step toward controlling it. Therefore, if the occurrence of abusive behavior is ever to be controlled, research on the problem of child abuse must continue, and attempts by members of the helping professions to prevent, detect and treat abusing situations must continue.

McNeese and Hebeler describe child abuse as occurring in several forms. Among these are physical abuse and neglect, sexual abuse, and emotional abuse and neglect. They state that although these forms may exist as single entities, they frequently occur in combination (1978, p. 3). Each type of abuse should be understood by health workers, and they upon noting any sign of maltreatment should initiate an assessment of the presence of other signs which would indicate an abuse or neglect situation.

Physical abuse is the nonaccidental injury of a child. This type of injury results from punishment that involves activities like hitting with a closed fist or an instrument, kicking, inflicting burns, or throwing. Physical neglect can be defined as the failure to provide the necessities of life for a child. Lack of medical care, adequate nutrition and housing, and appropriate clothing are factors which constitute neglect. Sexual abuse is a term which is used to refer to any sexual activity between an adult and a child. This type of activity can range from assaultive sexual attacks to fondling or other forms of

nonassaultive abuse. Lastly, a definition of emotional abuse and neglect is the failure by parents to provide an environment in which their child can thrive and develop. Manifestations of this situation are ignoring, terrorizing, threatening or rejecting the child (McNeese and Hebeler, 1978, p. 4).

Child abuse may occur as an isolated incident, or may be a recurring and chronic behavior. Whether it is episodic or long term, there are variables which have been identified as existing in each abusing/neglecting situation. Hurt illustrates these variables in equation form:

PARENT + CHILD + SITUATION → ABUSE (1975, p. 7)

Each incident contains all three elements; no single element is caused in itself, but in combination with other elements. A discussion of these three contributing elements follows.

The Abusive Parent - Abusive parents appear to represent a fairly broad cross section of the world's population. They are found in all cultures and societies; vary in intelligence and education; and are present in all socioeconomic, racial and religious groups. The major percentage of parents who abuse their children seems not to be criminal or insane. They are in most cases individuals with little emotional strength who live in highly stressful environments. However, McNeese and Hebeler state that 10 to 20 percent of child abusers have psychopathic personalities (1977, p. 8).

Five classification categories for abusing parents have been developed. These include: mentally ill, overflow abuse, battered child, disciplinary abuse and misplaced abuse. The mentally ill are psychopathic individuals who are in need of hospitalization and intensive psychiatric treatment. Parents who exhibit overflow abuse are unable to cope with their own frustrations and inadequate feelings. They compensate for these feelings by striking at anyone or anything, including their children. Individuals who were battered as children frequently become abusing parents; abusing behavior is patterned into individuals who are victims of it in their youth. Parents who practice disciplinary abuse physically punish their children's real or imagined wrongdoings. Misplaced abuse occurs as a result of displaced aggression. An example of this is a woman who in anger at her husband, abuses her child rather than show aggression toward her husband (Delsordo, 1963, p. 213). These classifications serve as a broad overview of characteristics which researchers have identified as being present in abusing parents. A brief discussion of these characteristics follows.

Smith (1975, p. 52) describes abusing mothers as having an average age of 23.5 years. The study showed that abusing parents are predominantly from low socioeconomic classes, and that their families lack cohesiveness i.e., there are divorces and separations, extramarital relationships, premarital conceptions, etc.

Various investigators, including Elmer (1967), Lynch (1977) and Smith (1975) report that a common characteristic of abusing parents is the fact that they have severe emotional difficulties. A history of suicide attempts, nervous breakdown, drug and alcohol addition, or criminal activity is frequently present. Many abusers are simply emotionally immature and dependent. Lynch (1977, p. 36) states that abusing parents have a basic inability to form good relationships. Cline (1978), Figgins (1977) and Elmer (1967) also discuss the social isolation of these parents. Abusers do not have close friends. Many live far from their families, or have no connections with their relatives. Military families exhibit a large incidence of abuse for this reason.

"Parents of abused children are often the products of abuse and may have been repeatedly beaten or deprived during childhood" (McNeese and Hebel, 1977, p. 11). Because of their own inadequate family backgrounds, most abusing parents have little understanding of their children's basic needs.

Steele and Pollack (1968, p. 109) stated that they observed a recurring pattern in abusing parents' child rearing practices. They demand inappropriately high expectations of their children. Not only were these expectations great, they occurred at times when the infant or child was developmentally completely unable to respond to what is wanted.

The Abused Child - The children most likely to be physically abused are infants and preschool children because they are defenseless, demanding and nonverbal. Smith (1975, 49) stated that the average of abused children is 18.5 months, and that there is an equal incidence of abuse for both male and female children. The victim of sexual abuse may be a boy or a girl; however, it most frequently occurs with school-age and adolescent girls. Neglect and emotional abuse are not restricted to any age group or sex (McNeese and Hebeler, 1977, p. 6).

Several researchers have found that the child's history, characteristics and behavior may contribute to the child being abused. Children who were separated from their mothers during infancy are at a risk for abuse. This separation can be caused by premature birth, neonatal illness, or maternal illness. It is hypothesized that because of this separation, parent-child bonding is not established - i.e., normal love and attachment do not develop, and the basis for healthy relationships are not formed (Lynch, 1977, p. 18).

McNeese and Hebeler (1977, p. 6) state that although abused children are generally not different from normal children, they are usually perceived as different by their parents. However, overactive, demanding, ill children are more likely to be abused (Hurt, 1975, p. 10). Therefore, any child who is difficult to satisfy or who makes increased demands on the parent is more likely to be abused.

Situations in Which Abuse Occurs - A family's social and economic situation and its psychological environment are related to incidents of abuse. Elmer (1967, p. 42) states that abusive families "live under constant stress of a kind and degree unknown to non-abusive families." The definition of a stressful event is quite variable; what one family perceives as a crisis, another may tolerate without difficulty. McNeese and Hebelar (1977, p. 13) discuss two types of stressors which are involved in abusing situations: emotional stress and situational stress. Examples of emotional stress are a death in the family, physical or mental illness in the family, and divorce or separation of the parents. Situational stress includes occurrences like loss of a job, loss of income, inadequate housing and poverty.

Snyder and Spietz (1977, p. 23) discuss certain characteristics which they observed in homes where abuse occurs. Some of these include the facts that the homes were darkened by closed curtains or shades, households were disorganized, and high levels of noise existed as a result of televisions, airplanes, appliances and stereos. Morse, Hyde, Newberger and Reed (1977, p. 613) found that recent moves and a lack of telephones also seemed to be a part of abusing families' living situations.

As previously discussed, child abuse is the result of an interaction between a child and a parent with a stressful event serving as a catalyst. All three elements are necessary for abuse to occur: given

predisposing characteristics of the parent and child, stresses are likely to precipitate violence.

Sociocultural Determinants of Child Abuse - Gil (1975, p. 12) stated, "Incidents of serious physical attack on children which can be understood dynamically as symptoms of individual psychological disorders and/or environmental stress may at the same time be deeply rooted in culturally supported attitudes." This statement leads to a broader perspective of the problem of child maltreatment.

Attacks on children are the result of emotional problems of abusive parents, and at times also of abused children, as well as from interpersonal relationship problems in the families, and from environmental stresses. However, sociocultural factors, too, play a large part in determining whether abuse will occur.

The manner in which individual personality disorders are expressed, and the content of neurotic and psychotic fantasies and symptoms in any given society, tend to be influenced by the sociocultural context in which they develop. Such disorders, fantasies, and symptoms tend to be extreme manifestations of attitudes and behaviors which, at a less extreme level, constitute a normal element of the culture and are sanctioned by it. In other words, what a society considers sick and deviant in human behavior is not necessarily

qualitatively different from what it considers healthy and normal. The difference may be quantitative only (Gil, 1975, p. 12).

Various cultures' child rearing philosophies and practices provide an example of this quantitative difference between acceptable and non-acceptable parent behavior. Most societies "have not developed absolute cultural taboos and legal sanctions against the use of physical force against children by adults. Not only is the use of physical force not prohibited, it is even encouraged by many societies" (Gil, 1975, p. 8). The philosophy of spare the rod and spoil the child is still widely accepted. Because of this belief, parents feel quite justified in disciplining children through physical means (Steele and Pollack, 1968, p. 110).

In many societies, children are considered to be their parents' property. On the basis of this value, infanticide has been a common practice. Bakan (1971, p. 30) discusses the fact that the practice of killing of infants has occurred throughout history. He states, "Infanticide has been reported as a regular feature of numerous cultures including the Eskimo, Polynesian, Egyptian, Chinese, Scandinavian, African, American Indian, and Australian aborigine." Whether it was as a sacrificial offering, a means of population control, or a means through which to be rid of undesirable female children, this destruction of children was culturally approved.

What is accepted as normal behavior in one society is seen as deserving incarceration or death by another. A further complication of this idea is the fact that as societies evolve, their people's perceptions and values are altered. "Some actions we now label abuse were once the commonplaces of daily life, and what is co-mon in some places today is taken for abuse in others" (Hurt, 1975, p. 5).

When does the acceptable use of physical force in disciplining children become an unacceptable form of abuse? In what situations is it acceptable to damage or destroy infants? The answer to these questions are socioculturally determined.

In discussing American society, Gil states:

There exist significant differences between various segments of the American population concerning the extent of physical abuse of children which is considered appropriate, and which is actually practiced. In spite of such differences, however, it cannot be denied that some measure of violence against children is patterned into the childrearing philosophies and practices of nearly all Americans (1975, p. 11).

What causes this use of force against children to be accepted?

Why are some social groups seemingly more predisposed to using abusive amounts of physical force? There seems to be a connection between a person's exposure to violence in childhood and his tendency as an adult to inflict violence. Children often pattern their own behavior after

their parents' behavior. If their parents use physical force, they may teach by example that physical force is an acceptable means of social interaction. Evidence of this is the fact that victims of child abuse frequently become perpetrators of the same type of behavior.

Gil (1974, p. 166) believes that impoverished children in American society and those who are members of ethnic minorities are victims of a "cycle of violence." Society allows these children to suffer with poverty, malnutrition, racial discrimination, and poor medical care and education. He feels these problems are acts of violence against the young and that they perpetuate a violence syndrome in society.

Given these ideas about sociocultural determinants of child abuse, and the psychodynamic issues which contribute to the problem, it can be stated that the phenomenon of physical abuse of children occurs on a spectrum. At one end, the perpetrators are normal individuals who are behaving in a culturally accepted fashion. On the other end are incidents involving persons with severe personality disorders whose attacks on children are precipitated by environmental stress factors.

American Samoa

General Information - American Samoa is a group of seven islands lying 2200 miles southwest of Hawaii and 1200 miles northeast of New Zealand. Approximately 30,000 people on Samoa's 76 square miles, with approximately 95 percent of this population living on the island of Tutuila. Because of the islands' position 14 degrees south of the

equator, the climate is tropical. Although the temperature remains fairly uniform around 80 degrees, the air is humid due to the 200 inches of annual rainfall. The islands are densely forested, with the exception of the coastal strips and lower mountain slopes which are covered with coconuts and small brush (Kennedy, 1968, p. 18).

Although the origin of the people of Samoa is a matter of much anthropological debate, it is known that the islands were settled in the first century A.D. Mass maritime migrations were probably made from Samoa, and as a result of these movements the other Polynesian islands were settled. These islands include Hawaii, the Cook Islands, Tonga, French Polynesia, Easter Island and New Zealand (Holmes, 1974, p. 7).

White men made infrequent visits to the Samoan islands as early as 1722, and after the middle 1850's missionary activity became strongly established. These missionaries had a profound impact upon the lives of Samoans - to the extent that nearly 100 percent of modern Samoans identify themselves as Christians.*

In the late 1850's, Germany, Britain, and the United States had active trade interests in the Samoan Islands. As a result of this

*Despite this Christian background, belief in ancient mythology and spirit lore remained. In fact, belief in spirits who cause illness, death and suffering still prevails (Holmes, 1974, p. 64).

conflict of interest, political struggles developed to such intensity that by 1889 the U.S. and Britain were on the brink of war with Germany. A settlement of these disputes was arrived at, and in 1899, Western Samoa (the two western islands of the Samoan chain) was declared a colony of Germany, while American Samoa became an American Territory (Holmes, 1974, p. 15). Control over the islands was granted to the Department of Navy in 1900, and this governance continued until 1951 when the U.S. Department of Interior became the administrator of the islands. This presence of Americans in Samoa has had a great effect on the lifestyles of the Samoan people. (U.S. influence on Samoan culture and traditions will be further discussed later in this review.)

Social Organization - "The fabric of the Samoan social organization with its complex interrelationships . . . is the dominant influence in the lives of the people" (Clark et al., 1974, p. 700). This idea is discussed by Holmes (1974, p. 18) who states that the important units of social organization are the household, the extended family and the village.

Villages range in size. They contain from 3 or 4 to 1000 households. An average village has 60 households which contain nine to ten people each. In charge of each household is a titled male, a matai, who is responsible for the behavior and for the welfare of everyone who lives under his authority. In describing the household, Holmes states:

Those who live with the matai usually include his immediate family - spouse and offspring - plus an assortment of collateral relatives such as elderly parents, grandchildren, aunts and uncles, brothers and sisters of the matai, and their families. The group may also include people who have been formally or informally adopted by the household head. Household composition is, however, somewhat impermanent because Samoans have a wide choice of households in which they live, and mobility from one household to another is a common feature of Samoan family life. People are normally welcome in any household with which they have blood or affinal ties (1974, p. 18).

The above quote touches one particularly significant characteristic of Samoan family life - i.e., the fluid movement of family members from household to household. Children can on their own impetus reside in any household in which members of their extended family live. This practice is unquestioned, and in some cases, children live with their parents for only a few years of their lives.

Another family characteristic which deserves specific mention is the number of couple's offspring. Clark (1974, p. 700) states, "Samoans generally have a large number of children . . . Children are seen as a source of power, and men who have many children tend to feel blessed." Baker et al., (1976, p. 15) surveyed 131 Samoan women and

found that the number of children which is traditionally considered ideal is 9.3 per couple.

These two characteristics, the fluid movement of family members and the desire by couples for many offspring, contribute to the extremely large size of the Samoan extended family, or aiga. Holmes (1974, p. 19) states, "Since Samoans claim membership in a given aiga by virtue of blood, marriage or adoption ties, . . . all Samoan aiga are large, and any given Samoan can always trace a relationship to, and therefore membership in, a dozen or more aiga." He adds the fact that one aiga has 961 persons claiming membership in it.

The family is all important to Samoans, and traditional family ties are strong. Because of this, the aiga has a great influence on the lives of Samoans. One example of this influence involves obedience to family members. Within the aiga, any one member is required to show obedience to any other member who is older than he/she. (An exception to this rule is the matai, to whom all are obedient.) As a result, children must unquestionably meet the demands of not only their fathers and mothers, but of aunts, uncles, grandparents, and older siblings and cousins. As these same children grow older and enter adulthood, they must still obey the commands of their elders. Mead describes these relationships as ones of "universal servitude" to all acknowledged relatives (1928, p. 41).

The aiga influences Samoans' lives in ways additional to this required obedience. Another example of the influence which the family holds over its members related to the Samoans' concept of property. Material items - food, clothes, furniture, etc. - belong to the entire family. What one family member possesses, any relative may take at any time for an indefinite period of time. This is done without asking: borrowing or stealing have no meaning in the family situation. One simply takes and uses what one desires from relatives' possessions (Calkins, 1962, p. 44).

Related to this concept of property is what Ablon calls the aiga's "mutual aid function" (1971, p. 391). She states that in times of family crisis such as weddings, funerals or periods of financial need, persons will receive from family members gifts and cash contributions of thousands of dollars to cover their expenses and needs. In return for this aid, all members can expect to receive like assistance in their times of need.

Traditional Roles Within the Family - Many authors (Mead, 1928; Holmes, 1974; Clark et al., 1974; Ablon, 1970; Goldman, 1970) discuss the traditional roles played by various family members. Although they are presently in the process of change, these traditional roles have held great importance for the Samoan people.

All men who are not matai, and all women engaged in agricultural work on family land plots. They traditionally worked during most

daylight hours at farming activities while their children remained at home to perform household tasks. Young boys fished and prepared and cooked most meals, while their sisters were responsible for caring for younger siblings. When a girl reached the age of six or seven, she was fully responsible for feeding, bathing, teaching, and disciplining up to five or six younger siblings.

As soon as children became strong enough to carry heavy loads (around 12 years old), they became workers on the family plantations leaving younger siblings to cook, perform household tasks, and care for the children (Mead, 1928, p. 28).

One can see why Brother Herman stated, "The family is the most important feature of native life" (____, p. 1). Members of the aiga relied on one another for survival.

Change in American Samoa

It is an acknowledged fact that the traditional native cultures of various Polynesian societies are disappearing. Since the arrival of the white man on these islands, the Polynesians have accepted the white man's religion and values - resulting in a drastically altered life style. In spite of this deterioration of Polynesian life styles, the people of the Samoan Islands have to a large extent managed to maintain their traditional values and way of life. Holmes (1974, p. 94) called this cultural conservatism a "phenomenon of cultural stability."

Margaret Mead (1928, p. 277) described this conservatism by writing, "The Samoans have only taken such parts of our culture as made their life more comfortable, their culture more flexible." Oliver described these islands as "presenting a radically different picture from the usual South Seas spectacle of native peoples cheerfully and unknowingly losing their identity and their heritage in a setting of successful and expanded economy established and controlled by white men" (1961, p. 220).

Although Samoa has retained much of its traditional culture, changes have in fact occurred. Until the 1960's, however, this change was much slower and less dramatic than in other Polynesian societies. Keesing, in 1936, divided the history of cultural change in Samoa into three periods:

(1) 1830-1869 - The period of Samoan mission-trader equilibrium when "the Samoan accepted those goods he wanted from the trader, and bowed to the voice of an evidently superior Deity.";

(2) 1870-1934 - A period of "political and judicial changes in accordance with the will of alien authorities whose word was backed by warships and prisons."; and

(3) 1934 on - A period characterized by a "set of influences that may broadly be called educational (which) have commenced to spread out from the urban centers, by way of the schools." (p. 476)

Mead also discussed the effect schools had on Samoan life. "With the introduction of several months a year of government schools, these children are being taken out of their homes for most of the day. This brings about a complete disorganization of the native households which have no precedents for a manner of life where mothers have to stay at home and take care of their children and adults have to perform small routine tasks and run errands" (1928, p. 28). (As mentioned previously, before this time, the children performed all household tasks while adults worked in the family plantations.)

Holmes suggests that in American Samoa, a fourth period of cultural change began about 1961. At this time, the U.S. Congress became interested in the territory and granted large amounts of funds to be used to improve education, develop industry, and promote tourism on American Samoa. This author writes (American Samoans) "have been exposed to the most pervasive Western educational influence ever devised in a developing territory. That influence has been the educational television system established in 1964" (1974, p. 98). This system brings 180 U.S. developed video lessons a week into the classroom of 24 government schools in American Samoa.

The significance of this educational system lies not just with the fact that Samoan children were taught by English speaking persons on video tapes, but with the technological developments which were required for this educational system to be functional. In order for transmission

signals to reach islands 60 miles from Tutuila, a transmitting tower was constructed on a high mountain peak. However, technicians had to be able to reach this high control room, so a tramway system was constructed across Pago Pago Harbor to transport them. A further complication was the fact that few villages had electricity, so power lines had to be installed to make the television system functional.

With the advent of electricity, Samoan families quickly purchased televisions - and now report that watching TV is one of their favorite pasttimes. (Productions from the U.S. comprise the great majority of shows broadcast for these people.) The resistance to change which American Samoans had demonstrated has been bombarded. Since 1964, the Western World has been literally brought into the homes of these people. As a result, their values, perceptions and goals in life have been altered.

In 1928, Margaret Mead wrote:

Economic instability, poverty, the wage system, the separation of the worker from his land and from his tools, modern warfare, industrial disease, the abolition of leisure, the irksomeness of a bureaucratic government - these have not yet invaded an island without resources worth exploiting. Nor have the subtler penalties of civilization; neuroses, philosophical perplexities, the individual tragedies due to an increased consciousness of personality and to a greater

specialization of sex feeling, or conflicts between religion and other ideals, reached natives (p. 276).

It is apparent that this statement no longer holds. In fact, American Samoa manifests many of the attributes which Mead listed.

Government schools have taken children from their traditional roles in the family, forcing women to abandon their work on family plantations. This educational advancement has resulted in disorganization of Samoan households, and created turmoil and conflict between youth, who through their education have experienced Western ideas and values; and older adults, who continue to value the traditional Samoan life style.

The development of this educational system in American Samoa has been only one of many diffusions from Western society. Another major alteration has been the transition from a subsistence to a money economy. It is approximated that at present, 10,000 American Samoans, one third of the total population, are in the wage labor force. While a large number of these people are employed as teachers, health service workers, public work employees and clerical workers in a variety of government agencies, there is a substantial number of Samoans employed by private enterprise. Two fish canneries alone employ 2000 Samoans.

While in 1960 families raised most of their own food, plantations now go uncultivated because family members are off working for wages.

Accompanying the increase in money available has been an influx of imported material items, plus an increasing desire to own them.

Samoans now use large amounts of imported foods - soda pop, beer, and other "junk" foods. This has resulted in a deterioration in the quality of the Samoan diet and "has had deleterious effects on children's health" (Keesing, 1953, p. 56). Additionally, obtaining luxury items such as pickup trucks, stereos, radios, refrigerators, etc. has now become a priority, and as a result, many aiga members no longer give freely of their money or possessions to their matai or to relatives. Because of this development, the matai system of social organization has lost much of its strength.

Another major development of contemporary Samoan life is the fact that many Samoans are moving from the islands to the U.S. In 1974, it was approximated that 40,000 Samoans lived on the West Coast of the U.S. or in Hawaii (Holmes, 1974, p. 105).

Baker et al. (1976, p. 3) report that the major reasons for this migration are "better education for children and self, better jobs, and to be with a relative who had migrated earlier." Holmes adds that the "desire to escape what they consider an oppressive traditional social system involving heavy obligations to the matai" is an additional factor motivating Samoan to emigrate to the U.S. (1974, p. 105).

The diffusion of Western ideas, values, economics and technology has forced major adjustments for the Samoan people. American Samoa has

since the early 1960's become a modern society (Munsey, 1977, p. 767) in which the desire for money and education have contributed to the breakdown of a social organization which existed for hundreds of years prior. The influence of the matai is deteriorating, many children upon marriage break ties with their aiga, "generation gaps" exist between the young and the old, young adults no longer desire to have large numbers of offspring (Baker et al., 1976, p. 15), and the stresses which result from the demands of twentieth century living are becoming apparent for the people of American Samoa.

Child Abuse in American Samoa

Bakan discussed the fact that infanticide has been reported historically throughout the world, and specifically mentioned Polynesia as an area where the killing of infants was a regular feature of life. In the Hawaiian Islands, it was customary to kill all children after the third or fourth. While in Tahiti during the Nineteenth Century, more than two-thirds of the children were destroyed "generally before seeing the light of day. Sometimes in drawing their first breath they were throttled to death, being called Tamari'i Hia (Children Throttled)" (1971, p. 30). The reason for these actions was the fact that members of the low social class were obligated to destroy their children, while members of the higher classes were obliged to refrain from killing their children.

Based upon the fact that Hawaii and Tahiti - and other islands which practiced infanticide - were inhabited by migrating Samoans, one could assume that Samoans, too, participated in this practice. However, there is no evidence of this type of behavior by Samoans. In fact, in 1184 Turner wrote "infanticide as it prevailed in Eastern Polynesia, was unknown in Samoa. After they were born, children were affectionately cared for" (p. 78). Nonetheless, documentation of physical punishment of Samoan children by adults is found in the literature.

Attempts at early training are often accompanied by severe punishment. Erring children are sometimes slapped on the buttocks, legs or face or switched on the legs or buttocks with brooms made of coconut leaf midribs or even with leather belts. Mothers usually administer punishment, although belt whippings of older children by fathers is not uncommon. Threats that the aitu (ghosts) 'will get you' are sometimes made, but the common deterrent to improper behavior is refusing to allow children to go out and play in the moonlight when all the other children are doing so. While youngsters may be reprimanded for making too much noise or for standing in the house, little is said about the very common practice of throwing stones or bullying smaller youngsters. Parents often resort to stone throwing themselves; a crying baby may receive a shower of small pebbles

accompanied by shouts of "Soia!" (Stop it!) or "Uma!" (Enough!) (Holmes, 1974, p. 78).

Mead, too, refers to this physical punishment of children - but does so indirectly. In her discussion of the fluid movement of different family members from household to household, she states that it is not infrequent that children who have been "severely beaten over" by their fathers in the morning will be found later in the day living in a different household (1928, p. 43). She also mentions the fact that children can be physically reprimanded outside of the household or relationship group:

If a crowd of children are near enough, pressing in curiosity to watch some spectacle at which they are not wanted, they are soundly lashed with palm leaves, or dispersed with a shower of small stones . . . No one who throws the stones actually means to hit a child, but the children know that if they repeat their intrusions too often, by the law of chance some of the flying bits of coral will land in their faces (1928, p. 25).

Although these citings appear to be means of normal disciplining, they are indirect indications of types of punishment which do occur.

Numerous authors discuss Samoan people's tendency toward flares of temper. Beaglehole (1957, p. 179) stated, "The Samoan is likely to flare up easily with emotional and physical outbursts if frustrated by

social relationships . . . Thus physical brawls and violence are far from being unknown in families. They most often occur when a command is not followed." Keesing and Keesing (1956, p. 8) list numerous elements of Samoan character. Among them are "security", "conformity", and "group responsibility" on the one hand, with "devisiveness", "deviousness", "turbulence", and the "potential for violence" on the other.

On the basis of this information, it can be concluded that Samoan society traditionally condones the use of physical punishment by adults against its children. It should be questioned whether the punishment that is provided qualitatively fits McNeese and Hebeler's definition of "disciplinary abuse" - i.e., "severe punishment for real or imagined wrongdoings" (1978, p. 4).

No direct evidence is cited in the literature which specifies instances of physical abuse of children. (In fact, it is interesting to note that there are no words in the Samoan language for the terms "child abuse" and "child neglect".) Those citations previously mentioned seem to be in the realm of "normal parental discipline" according to the definition provided in the American Samoan Child Protection Act of 1977 (Appendix).

However, the fact that a Child Protection Act was mandated, and the fact that a Child Protection Officer was appointed, indicate that there is an abuse problem. Despite the fact that physically,

disciplining children is condoned in American Samoan society, this law is a legal sanction against excesses in physical abuse.

Until this point, the present discussion has centered on the physical abuse of children. At this time, mention of physical neglect and sexual abuse is warranted. Barrow and Sieben (1967, p. 136) mention the fact that although parents are quite fond of their children, they frequently neglect them.

Certainly, Mead's (1928, p. 28) description of seven and eight year old girls being completely responsible for feeding, bathing, teaching and disciplining up to five or six younger siblings might be considered neglect by present U.S. standards.

Holmes states that after infants are turned over to their older siblings for care, "If the older child is not attentive to how much nourishment the baby is getting, serious health problems can result. Malnutrition combined with other complications (usually of a respiratory nature) can take a heavy toll of children during the beginning months of their second year of life" (1974, p. 77). Is this neglect on the part of the parents?

Mead in discussing the sexual relations of adolescents, mentions that young girls having sex with older men and young boys with older women "are exceedingly frequent occurrences" (1928, p. 88). She also discusses incest. Acknowledging that incest does in fact occur, she

states that men accused of this type of activity are severely ostracized by their village.

Physical abuse and neglect, and sexual abuse of children occur in American Samoan society - although they are not traditionally called as such. The diffusion of U.S. values into American Samoan society has caused the Samoan people to recognize their problem and has prompted them to take action to curtail it. (Witness: the Child Protection Act of 1977)

The social change which is occurring in present-day Samoa has brought with it the stresses of the modern world.

- The islands have moved from a subsistence economy to a monetary system, and poverty and malnutrition are becoming apparent.

- A modern educational system has created a generation gap between young and old. Cultural lags abound.

- Young Samoans are breaking ties with their aiga because they do not want the responsibility and obligations of the extended family. However, they are losing the traditional family support system which has been evident throughout Samoan history.

These and other changes have resulted from U.S. presence in the Territory. As Samoan lifestyles, goals and values more closely approach those of people from the U.S., severe stressors have become apparent in their lives.

For a people who have strong predispositions toward violence - who are socialized to express anger physically - this increase in life stressors could significantly magnify the frequency and intensity of physical outbursts. Child abuse is a recognized problem in American Samoa today. The fact of increased stress and increased aggression suggests that the potential exists for child abuse to become an even more prevalent reality in the future. This idea must be recognized, and action must be taken.

Chapter 3

Methodology

This chapter outlines the procedures used in investigating the knowledge of American Samoan Public Health Nurses in the area of child abuse and/or neglect. The following sections are included in this chapter: survey population, methods of collecting data, methods of arranging data, analysis of data, and a summary.

Survey Population

The population of this study consisted of all nurses employed by the Public Health Branch of the American Samoan Health Department. The total number of these nurses is 47. Two nurses, the Associate Director of Public Health Nursing Services and the Director of Public Health Inservice Education, are Registered Nurses. The remaining 45 are Licensed Practical Nurses.

American Samoa has only one school of nursing. This school offers a three year program of study which prepares persons to practice as Licensed Practical Nurses. Because of this fact, the nurse population in Samoa is comprised basically of Licensed Practical Nurses. These nurses are the direct-care givers in all sections of the health department, whereas Registered Nurses because of their scarcity, work in leadership positions such as supervision, education and administration.

Method of Collecting Data

Stein (1977) developed a questionnaire on child abuse and neglect which was modified by Collins (1978). This study utilized the same

questionnaire to gather data; however, the present tool (Appendix) was altered from Collins' tool. Questions which surveyed nurses' knowledge of their legal responsibilities in child abuse were altered to include information contained in the American Samoan Child Protection Act of 1977 (Appendix) rather than that specified in the 1974 Montana Child Abuse Law. In addition, an item which addressed itself specifically to students was not used because the participants on the present study were practicing nurses rather than student nurses.

Although English is the legal language of American Samoa, it is a second language for the Samoans. Different individuals have varying degrees of proficiency in understanding written and spoken English. In order to facilitate the understanding of all participants, the questionnaire was translated from English into Samoan (Appendix). This translation was performed by the official translator of the Fono, the Legislative Branch of the American Samoan Government.

The questionnaire consisted of 17 items which were related to various aspects of the problem of child abuse. Questions 1 and 2 pertained to the environment in which maltreatment occurs. Questions 3, 4 and 5 focused on factors in adults which indicate their potential for abusing. Questions 6, 7 and 8 referred to behaviors which abused children frequently display. Questions 9, 10 and 11 tested participants' ability to identify actual cases of child abuse. Prevention of child abuse was the focus of questions 12 and 13. Participants' knowledge of

their responsibilities according to the American Samoan Child Protection Act of 1977 was south in Questions 14 and 15.

The remaining two questions had a different purpose. They sought the nurses' opinions. Question 16 sought the participants' opinions of their ability to initiate a report of suspected child abuse and/or neglect. Lastly, question 17 sought the sources of the nurses' knowledge in the area of child maltreatment.

After the project was explained to the three Public Health Nursing Supervisors, they took questionnaires to each nurse assigned to their district. The supervisors explained the study to the nurses under them, distributed and received the questionnaires from these nurses, and delivered the completed tools to the Central Nursing Office where they were received by the author. This method of questionnaire distribution was utilized in an attempt to maximize the rate of response.

Method of Organizing Data

The data obtained for this study were organized into tables. These tables illustrate in an itemized format the knowledge and beliefs of American Samoan Public Health Nurses in the area of child maltreatment.

Analysis of Data

The data collected for this study describe Samoan Public Health Nurses' information about child abuse. This information is analyzed in percentages, and is presented rounded to the nearest whole number.

Summary

All nurses employed by the Public Health Branch of the American Samoan Department of Health were surveyed to determine their knowledge and opinions in the area of child maltreatment. Stein's (1977) questionnaire which was altered by Collins (1978) was further modified for this study. The data obtained were analyzed by percentages and presented in table form.

Chapter 4

Analysis of Data

This study's data were obtained from Public Health Nurses working in American Samoa. Of the 45 Licensed Practical Nurses (LPNs) and 2 Registered Nurses (RNs) employed by the Public Health Department, 42 LPNs and 2 RNs completed the questionnaire. Table I displays these numerical characteristics of the population. Nurses who participated in the study constituted 94 percent of the total population.

Table I

Number of Nurses Who Participated in the Study

Level of Nurse	Population Size	Number of Respondents	Percentage of Participation
LPN	45	42	94%
RN	2	2	100%
Total	47	44	94%

In Table II listed are the numbers and percentages of correct answers which nurses gave to questions 1 through 15. These questions attempt to measure general knowledge of child abuse and/or neglect. Therefore, a large number of correct answers indicates that nurses have a substantial amount of knowledge in the area of child abuse, while a

small number of correct responses indicates a deficient degree of knowledge in the area. While 52 percent of the nurses answered 7, 8 or 9 questions correctly, it is interesting to note that only one nurse - a RN - answered all questions correctly.

Table II
Number and Percentages of Correct Answers
To Questions 1 Through 15

Total Correct Answers	LPN		RN		Total Sample	
	N	(%)	N	(%)	N	(%)
3	2	(5)			2	(5)
4	1	(2)			1	(2)
5	3	(7)			3	(7)
6	2	(5)			2	(5)
7	7	(17)			7	(16)
8	7	(17)			7	(16)
9	9	(21)			9	(20)
10	3	(7)			4	(9)
11	3	(7)	1	(50)	4	(9)
12	2	(5)			2	(5)
13	3	(7)			3	(7)

14	- -	- -	- -
15	<u> </u>	<u>1 (50)</u>	<u>1 (2)</u>
	42 (100)	2 (100)	44 (101)*

*Total is more than 100% due to rounding error.

Tables III to VIII display the total number of correct responses for each of the 15 general information questions. The questions are grouped according to the nature of information sought in them. For example: Questions 1 and 2 ascertain the nurses' ability to recognize environments where maltreatment occurs, so responses to these questions are grouped in one table; and Questions 6, 7 and 8 consider behaviors which abused children frequently display, so responses to them are combined in another table.

The displayed information is grouped into two columns - LPN and RN. Information from these two columns is then combined in a sample total column. Column data is displayed in whole numbers and by percents. Percentages are rounded to the nearest whole number; therefore, listed percentages may total less than or more than 100 percent due to rounding errors.

Question:

1. Child Abuse: (check one only)

- ☒ a. occurs in all socio-economic groups.
- ☐ b. occurs most frequently in an economically disadvantaged family.
- ☐ c. is almost non-existent in the upper income group.

2. Child abuse occurs:

- ☐ a. most frequently outside the home.
- ☒ b. most frequently within the home.

Table III

Number of Nurses Who Selected Correct
Answers to Questions 1 and 2

Question	Correct Answers By Level of Nurse		Total Sample	
	LPN (N-42)	RN (N-2)	Correct Answers	
	N (%)	N (%)	N (%)	
1	38 (90)	2 (100)	40	(91)
2	40 (95)	2 (100)	42	(96)
Total Level Correct Answers	78 (93)	4 (100)	82	(94)

Responses to Questions 1 and 2 attempt to determine whether nurses are aware of demographic considerations of child abuse. Child abuse

and/or neglect occurs in all socio-economic groups, and usually within the home. These facts were recognized by 94 percent of all sampled nurses. Knowledge of demographic parameters of child abuse, therefore, appears to be high in these nurses.

Question:

3. Which of the following clues would lead you to suspect that you are dealing with a potential abuser?

- ☒ a. unreasonable expectation of the child.
- ☐ b. crisis or stress in a family with ineffective coping mechanisms.
- ☐ c. a family socially isolated from friends and family.
- ☐ d. handicapped child.

4. Experience shows that a parent who disciplines too severely may become a child abuser. To forestall possible future damage to a child, you should suggest that the less aggressive parent assume the responsibility for discipline.

- ☐ true ☒ false

5. As more cases of child abuse are reported, a clearer picture of the potential child abuser is emerging. Which of the following facts and characteristics best describe such a person?

- ☐ a. likely to be the child's father.
- ☒ b. likely to be the child's mother.
- ☒ c. likely to be under age 30.

- ☐ d. likely to be over age 40.
☒ e. likely to be introverted.
☐ f. likely to be extroverted.
☐ g. likely to set clear limits on child misbehavior.
☐ h. likely to not set clear limits on child misbehavior.

Table IV
 Number of Nurses Who Selected Correct
 Answers to Questions 3 Through 5

Question	Correct Answers By Level of Nurse <u>LPN</u> (N-42)		<u>RN</u> (N-2)		Total Sample Correct Answers	
	N	(%)	N	(%)	N	(%)
3	35	(84)	1	(50)	36	(82)
4	6	(14)	1	(50)	7	(16)
5	4	(10)	1	(50)	5	(11)
Total Level Correct Answers	45	(36)	3	(50)	48	(36)

Questions 3, 4 and 5 attempt to ascertain the nurses' ability to recognize a potentially abusive adult. It is essential that Public Health Nurses be able to identify a potential child abuser. This skill is necessary for detecting abusing situations, and is especially important in situations where a child is presented who has injuries of

questionable origin, or who has symptoms of neglect. Table IV indicates that only 36 percent of the nurses surveyed could identify characteristics of potentially abusive adults.

Question:

6. Children who have been abused:

- ☒ a. frequently are apathetic to their surroundings.
- ☐ b. often are aggressive and disruptive in behavior.

7. An older child may not admit to being abused, especially if he has been threatened with further abuse if he tells. But when you suspect abuse, your suspicion should be heightened if during hospitalization a child:

- ☐ a. struggles and resists violently when painful procedures must be carried out.
- ☒ b. unprotestingly complies when painful procedures must be carried out.

8. In an infant, which one of the following signs is almost always an indication of parental neglect?

- ☐ a. irritability
- ☐ b. hematomas.
- ☒ c. failure to thrive
- ☐ d. bite marks.

Table V
Number of Nurses Who Selected Correct
Answers to Questions 6 Through 8

Question	Correct Answers By Level of Nurse				Total Sample Correct Answers	
	LPN (N-42)		RN (N-2)			
	N	(%)	N	(%)	N	(%)
6	29	(69)	2	(100)	31	(70)
7	37	(88)	2	(100)	39	(87)
8	7	(17)	2	(100)	9	(20)
	—	—	—	—	—	—
Total Level Correct Answers	73	(58)	6	(100)	79	(59)

Public Health Nurses must be able to recognize behaviors which abused children are prone to display. Information provided in Table V illustrates that 59 percent of the nurses surveyed were able to recognize these distinguishing behaviors. Only 20 percent were aware that failure to thrive, when present in a child, is a strong indicator of child abuse.

Question:

9. The "Battered-Child Syndrome", coined by Dr. C. H. Kempe, is most often used to describe a specific clinical condition. Which of the following phrases apply?

- ☒ a. a single or repeated episode of physical abuse and/or neglect.
 - ☒ b. a single or repeated episode of emotional stress and/or neglect.
 - ☐ c. a condition most often noted in a pre-school child.
 - ☐ d. a condition most often noted in a school-age child.
10. The single most important diagnostic tool used by the medical profession to establish an identified child abuse case is? (Check one)
- ☐ a. a complete social, family and personal history.
 - ☐ b. observation of interactions between the parents and child when the child is hospitalized.
 - ☒ c. a complete radiologic examination in conjunction with a complete physical exam.
11. A young mother brings her infant son to clinic several times during his first month. Each time the child is found to be healthy, clean and thriving. What should you suspect and how should you handle the situation?
- ☐ a. She is a potential child abuser. Report your suspicions to the proper authority.
 - ☒ b. She doubts her competence. Give her reassurance.
 - ☐ c. She doesn't really want the baby. Refer her to social services.

Table VI

Number of Nurses Who Selected Correct
Answers to Questions 9 Through 11

Question	<u>Correct Responses by Level of Nurse</u>		<u>Total Sample</u>	
	<u>LPN (N-42)</u>	<u>RN (N-2)</u>	<u>Correct Answers</u>	
	N	(%)	N	(%)
9	11	(26)	2	(100)
10	8	(19)	1	(50)
11	35	(83)	2	(100)
Total Level Correct Answers	54	(43)	5	(83)

Correct answers to questions 9, 10 and 11 indicate nurses' ability to identify possible cases of child abuse. Table VI demonstrates the ability of 45 percent of the respondents to accurately identify this information. Eighty-four percent were able to apply their knowledge of child abuse in a situation which could have been misdiagnosed as an abusing situation.

Question:

12. You note that this is the third time in six months that a seemingly frantic mother has brought her 7-year-old daughter to the emergency room because the child swallowed liquid detergent. Now

you suspect child abuse. Which of the following steps should you not take to assure the child's future safety?

- ☐ a. confront the mother with your knowledge.
- ☒ b. wait and see if this happens one more time before you report your suspicions to the proper agency.
- ☐ c. urge that the child be hospitalized so that she can be separated from the parent.

13. Multiple fractures in a child may be a clue that he is being abused. Such fractures are especially significant when:

- ☒ a. the child is under age 2.
- ☐ b. the child is over age 2.

Table VII

Number of Nurses Who Selected Correct
Answers to Questions 12 and 13

Questions	Correct Answers by Level of Nurse		Total Sample	
	LPN (N-42)	RN (N-2)	Correct Answers	
	N	(%)	N	(%)
12	21	(50)	2	(100)
13	37	(88)	2	(100)
Total Level Correct Answers	58	(69)	4	(100)

Prevention of child abuse was the focus of questions 12 and 13.

As illustrated by Table VII, American Samoan Public Health Nurses had a reasonably high ability to correctly identify significant information from possible abusing situations. (Seventy-one percent answered this pair of questions correctly.)

Question:

14. The 1977 American Samoan Child Protection Act has named specific persons to be responsible for the reporting of suspected child abuse cases. Which of the following persons are specifically named?

- | | |
|--|--|
| ☒ a. physician | ☒ e. teacher |
| ☒ b. dentist | ☒ f. social worker |
| ☒ c. optometrist | ☒ g. law officer |
| ☒ d. nurse | ☒ h. other |

15. Suspected cases of child abuse are reported initially on a low level. Which of the following agencies and/or persons are contacted when this report is made?

- ☐ a. attorney general
- ☐ b. court
- ☒ c. medical examiner or coroner
- ☐ d. person in charge of your department, school or agency.

The data in Table VIII and Table IX are gathered from questions 14 and 15. Table VIII, which presents information gained through question

14-d, illustrates the fact that 95 percent of the nurses were able to correctly identify members of their own profession as being named by the 1977 American Samoan Child Protection Act to report cases of suspected child abuse. Table IX demonstrates the nurses' knowledge of their responsibilities according to the 1977 Child Protection Act. Fifty-eight percent of the respondents were able to correctly answer questions 14 and 15. Although only 14 percent were able to correctly identify all categories of persons required to report suspected cases of child abuse, 89 percent knew who these cases should be reported to.

Table VIII

Information From Question 14-D:

Number and Percentages of Nurses Who Correctly Identified Nurses
As Being Mandated to Report Real or Suspected Child Abuse

	<u>Correct Answers by Level of Nurse</u>		<u>Total Correct Response</u>	
	<u>LPN (N-42)</u>	<u>RN (N-2)</u>		
	N	(%)	N	(%)
Total Correct Answers	40	(95)	2	(100)
			42	(95)

Table IX

Number of Nurses Who Selected Correct
Answers to Questions 14 and 15

Question	Correct Answers by Level of Nurse				Total Sample Correct Answers	
	LPN (N-42)		RN (N-2)			
	N	(%)	N	(%)	N	(%)
14	4	(10)	2	(100)	6	(14)
15	37	(88)	2	(100)	39	(89)
Total Level Correct Answers	41	(49)	4	(100)	45	(58)

Tables X and XI refer to information obtained from questions 16 and 17. Because these questions attempt to obtain opinion information and not knowledge, no correct answers are indicated.

Question:

16. Do you, at this time, feel you are personally capable of initiating a report of suspected child abuse and/or neglect?

___ yes ___ no

17. Child abuse is at present being widely discussed with the public. Indicate which of the following areas you feel assisted you most in answering this questionnaire.

___ a. reading

___ b. news media

- ___ c. nursing school
- ___ d. personal involvement with an identified case of child abuse and/or neglect
- ___ e. other.

Table X illustrates the responses to question 16. Ninety-five percent of the nurses indicated that they felt they were capable of initiating a report of actual or suspected child abuse. (An interesting note at this point is that this 95 percent closely corresponds to the 89 percent of nurses who in question 15 correctly identified the persons to whom suspected cases of abuse should be reported.)

Table X

Information From Question 16:

Number of Nurses Indicating Whether or not They Had Sufficient

Knowledge to Initiate a Child Abuse and/or Neglect Report

Answers	<u>LPN (N-42)</u>		<u>RN (N-2)</u>		<u>Total Sample Answers</u>	
	N	(%)	N	(%)	N	(%)
Yes	40	(95)	2	(100)	42	(95)
No	2	(5)	0		2	(5)
Total	42	(100)	2	(100)	44	(100)

In Table XI, nurses listed the informational resources which provided them with their child abuse knowledge. The major source of information was independent reading (81 percent). Note should be taken of the fact that 14 percent of the nurses had obtained information through personal contact with abusing situations.

Table XI

Information From Question 17:

Resources Used by Nurses to Complete This Questionnaire

Resource Options	<u>LPN (N-42)</u>		<u>RN (N-2)</u>		Responses	
	N	(%)	N	(%)	N	(%)
Readings	34	(81)	2	(100)	36	(82)
News Media	2	(5)	-	-	2	(5)
School Curriculum	7	(17)	2	(100)	9	(20)
Personal Contact	4	(10)	2	(100)	6	(14)
Other	-	-	-	-	-	-
Total	47	(113)	6	(300)	53	(121)

Chapter 5

Summary, Findings, Discussion, Conclusions, and Recommendations

Summary

The purpose of this study was to determine American Samoan Public Health Nurses' knowledge in the area of child abuse and/or neglect, and to identify the sources of their knowledge. Three objectives were developed for this study: (1) to determine the nurses' competency in identifying situations where child abuse and/or neglect has occurred, (2) to discover if the nurses are aware of their legal responsibilities and to report incidents of child abuse and/or neglect, and (3) to have the nurses identify the sources of their knowledge about child abuse and/or neglect.

The study data were collected from the population of Public Health Nurses in American Samoa. A 17-item questionnaire was given to each of the 45 Licensed Practical Nurses and 2 Registered Nurses employed by this public health department. Forty-two Licensed Practical Nurses and 2 Registered Nurses returned completed questionnaires. The first 13 questions surveyed the nurses' general knowledge of physical child abuse and/or neglect. The two following questions determined awareness of their legal responsibilities in the area of child abuse, while the last two questions identified the sources of the nurses' child abuse knowledge.

Findings

The findings of this study are organized around three objectives: the nurses' knowledge of child abuse, their knowledge of their legal responsibility to report incidents of child abuse, and their opinion of the sources of their child abuse information.

An important point to make is the fact that because the Registered Nurse population for the study was so small, comparisons between responses by Licensed Practical Nurses (N=42) and Registered Nurses (N=2) are very difficult to make. However, it is interesting to note that the two RN respondents did answer questions with far more accuracy than the LPNs questioned. (The mean number correct for all LPNs was 8 while the two RNs gave 11 and 15 correct answers.)

The researcher presents the following findings from this study:

1. All nurses surveyed correctly answered 58 percent of the questions on the parameters of child abuse. While the nurses had an excellent understanding of the environment in which maltratement occurs (94 percent correct) and a fairly good understanding of prevention of abuse (71 percent correct), their ability to indicate parents who are potential abusers (36 percent correct) and to identify abusing situations (45 percent correct) was poor.

In responding to the form's questions, the nurses performed well in areas which were only indirectly related to abusing situations; i.e., which described environmental correlates of child abuse, or which

described nursing actions that should be taken in various situations. Questions which tested their ability to recognize abusing adults, abused children and abuse situations received poor responses.

2. Ninety-five percent of the nurses surveyed (42 out of 44) were able to correctly identify members of their own profession as being mandated to report real or suspected cases of child abuse. However, only 14 percent correctly indicated other professions whose members are also required to report this information. A large number of the nurses (89 percent) knew to whom reports of possible child abusing situations were to be submitted. These facts suggest that American Samoan Public Health Nurses work independently of other public service, social and health care workers. (Interdisciplinary work is, in fact, uncommon in American Samoa.) Although the nurses were not able to identify other persons who are responsible to report abuse, they knew they were responsible and they knew who to report their information to.

3. When asked if they felt capable of initiating a report of child abuse, 95 percent of the nurses answered yes. It is interesting to note that this percentage is identical with the percentage of nurses who knew that they, in fact, were responsible to report abusing situations. It is also quite similar to the number (89 percent) who were aware of who the Child Protection Act of 1977 designated as the recipient of reports of real or suspected abuse.

Of the Public Health Nurses who responded to the questionnaire, 14 percent indicated that they had had personal experiences with child abusing situations. Eighty-two percent of the nurses indicated that the source of their child abuse knowledge was through personal reading, while only 5 percent selected the news media as a source of information. This is supported by the fact that American Samoa is a group of isolated islands in the Pacific. News sources - newspapers, television newscasts, news magazines, etc. - are not abundant on the islands.

Although both Registered Nurses indicated that they gained information about child abuse through their schooling, only 17 percent (7) of the Licensed Practical Nurses made this statement. This fact could be indicative of the differences between curriculums which educate LPNs and those for the preparation of RNs.

Discussion

The facts that the nurses answered poorly in questions pertaining to recognition of signs of abuse, and that only 14 percent indicated that they had had personal experience with child abusing situations deserve further discussion. One would assume that in a society where harsh physical punishment of children is commonplace, most public health nurses who work daily in the same village would periodically see evidence of abuse. How is it that these nurses state that they have not personally dealt with abusing situations?

Recognition must be made of the fact that all of these nurses (with the exception of one) are Samoan. These nurses may perceive physical punishment through culturally determined perspectives; that is, although evidence of abuse is presented, they may not perceive it as such. Rather, they may view it as a common, accepted form of punishment.

Conclusions

It was found that:

1. American Samoan Public Health Nurses are generally aware of their legal responsibility to report real or suspected child abuse situations to the medical examiner.
2. The nurses answered an average of 58 percent of the questions correctly. While they had a good background in theoretical areas, their practical knowledge was limited.
3. Registered Nurses had a greater amount of child abuse knowledge than the Licensed Practical Nurses. Both of the Public Health Nurses who are Registered Nurses indicated that they had gained some information about child abuse in their school preparation, whereas only seven Licensed Practical Nurses (out of 42) indicated this fact. It is possible that the lack of formal education regarding child abuse and/or neglect is a major reason for the LPNs generally poor amount of knowledge in the area.

4. Only 14 percent (6 out of 44) of the nurses indicated that they had had personal experiences working with child abuse and/or neglect situations.

5. American Samoan Public Health Nurses' perceptions of child abuse seem to be affected by their cultural backgrounds. Despite the fact that abuse occurs in many forms on Samoa, 86 percent of these nurses report not having worked with or observed abuse situations. In general, they perceive abuse situations as an acceptable form of discipline.

Recommendations

Recommendations are proposed in three areas: further research, changes in nursing school curriculum, and changes in inservice programs for practicing nurses. The recommendations are as follows:

Recommendations for further research include:

1. An investigation should be performed to determine nurses' actual practice when dealing with child abuse and/or neglect situations (as opposed to surveying their knowledge).
2. Research should be performed to test the effectiveness of various strategies for nurses working in abuse situations.
3. Research should be performed to determine actual and optimal interdisciplinary team efforts in dealing with child abuse and/or neglect situations.

4. Investigation should be performed to determine the effects of diverse cultural attitudes, values, perceptions and behaviors upon child abuse situations.

Recommendations for changes in nursing school curricula include:

1. More emphasis should be placed on how to work with families, especially families where child abuse and/or neglect is occurring.
2. More practicum experience should be provided to nursing students in the area of child abuse and/or neglect. This experience would enhance theoretical classroom content.
3. Nursing curricula should have a transcultural component which emphasizes, among other considerations, differences in family structure and functioning.

Recommendations for changes in inservice programs for practicing nurses include:

1. More inservice education should be presented on the problems of families in which abuse occurs, and the nursing roles appropriate to these situations.
2. Educational offerings should be presented in which inter-agency efforts are emphasized.
3. Experiences should be provided which assist public health nurses to recognize covert abuse situations.

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Appendix A

Questionnaire on Child Abuse

The following questionnaire has been constructed for use in this study.

Please do not put your name on the instrument as all responses are anonymous. Feel free to check as many answers as you think apply to each question, unless a specific number are indicated.

1. Child abuse: (check one only)
 - ☐ a. occurs in all socio-economic groups.
 - ☐ b. occurs most frequently in an economically disadvantaged family.
 - ☐ c. is almost non-existent in the upper income group.
2. Child abuse occurs:
 - ☐ a. most frequently outside the home.
 - ☐ b. most frequently within the home.
3. Which of the following clues would lead you to suspect that you are dealing with a potential abuser?
 - ☐ a. Unreasonable expectation of the child.
 - ☐ b. crisis or stress in a family with ineffective coping mechanisms.
 - ☐ c. a family socially isolated from friends and family.
 - ☐ d. handicapped child.
4. Experience shows that a parent who disciplines too severely may become a child abuser. To forestall possible future damage to a

child, you should suggest that the less aggressive parent assume the responsibility for discipline.

☐ true ☐ false

5. As more cases of child abuse are reported, a clearer picture of the potential child abuser is emerging. Which of the following facts and characteristics best describe such a person?

☐ a. likely to be the child's father.
☐ b. likely to be the child's mother.
☐ c. likely to be under age 30.
☐ d. likely to be over age 30.
☐ e. likely to be introverted.
☐ f. likely to be extroverted.
☐ g. likely to set clear limits on child misbehavior.
☐ h. likely to not set clear limits on child misbehavior.

6. Children who have been abused:

☐ a. frequently are apathetic to their surroundings.
☐ b. often are aggressive and disruptive in behavior.

7. An older child may not admit to being abused, especially if he has been threatened with further abuse if he tells. But when you suspect abuse, your suspicion should be heightened if during hospitalization a child:

☐ a. struggles and resists violently when painful procedures must be carried out.

- ☐ b. unprotestingly complies when painful procedures must be carried out.
8. In an infant, which one of the following signs is almost always an indication of parental neglect?
- ☐ a. irritability.
- ☐ b. hematomas.
- ☐ c. failure to thrive.
- ☐ d. bite marks.
9. The "Battered-child Syndrome," coined by Dr. C. H. Kempe, is most often used to describe a specific clinical condition. Which of the following phrases apply?
- ☐ a. a single or repeated episode of physical abuse and/or neglect.
- ☐ b. a single or repeated episode of emotional stress and/or neglect.
- ☐ c. a condition most often noted in a pre-school child.
- ☐ d. a condition most often noted in a school-age child.
10. The single most important diagnostic tool used by the medical profession to establish an identified child abuse case is? (Check one)
- ☐ a. a complete social, family and personal history.
- ☐ b. observation of interactions between the parents and child when the child is hospitalized.

- ___ c. a complete radiologic examination in conjunction with a complete physical exam.
11. A young mother brings her infant son to clinic several times during his first month. Each time the child is found to be healthy, clean and thriving. What should you suspect and how should you handle the situation?
- ___ a. She's a potential child abuser. Report your suspicions to the proper authority.
- ___ b. She doubts her competence. Give her reassurance.
- ___ c. She doesn't really want the baby. Refer her to social services.
12. You note that this is the third time in six months that a seemingly frantic mother has brought her 7-year-old daughter to the emergency room because the child swallowed liquid detergent. Now you suspect child abuse. Which of the following steps should you not take to assure the child's future safety?
- ___ a. confront the mother with your knowledge.
- ___ b. wait and see if this happens one more time before you report your suspicions to the proper agency.
- ___ c. urge that the child be hospitalized so that she can be separated from the parent.
13. Multiple fractures in a child may be a clue that he is being abused. Such fractures are especially significant when:

- ☐ a. the child is under age 2.
- ☐ b. the child is over age 2.
14. The 1977 American Samoa child abuse law has named specific persons to be responsible for the reporting of suspected child abuse cases. Which of the following persons are specifically named?
- | | |
|---|---|
| ☐ a. physician | ☐ e. teacher |
| ☐ b. dentist | ☐ f. social worker |
| ☐ c. optometrist | ☐ g. law officer |
| ☐ d. nurse | ☐ h. other |
15. Suspected cases of child abuse are reported initially on a low level. Which of the following agencies and/or persons are contacted when this report is made?
- ☐ a. attorney general
- ☐ b. court
- ☐ c. medical examiner or coroner
- ☐ d. person in charge of your department, school or agency.
16. Do you, at this time, feel you are personally capable of initiating a report of suspected child abuse and/or neglect?
- ☐ yes ☐ no
17. Child abuse is at present being widely discussed with the public. Indicate which of the following areas you feel assisted you most in answering this questionnaire.

- ☐ a. reading
- ☐ b. news media
- ☐ c. nursing school
- ☐ d. personal involvement with an identified case of child
abuse and/or neglect.
- ☐ e. other

Are you ☐ A L.P.N.

☐ A R.N.

Appendix B

Fesili I Le "Sauaina O Tamaiti"

(Child Abuse)

O lenei tu'ufa'asologa o fesili ua saunia mo lenei su'esu'ega e fa'atatau i le sauaina o tamaiti e matua.

Aua le tusia lou igoa i lenei pepa. E mafai ona sili atu i le tasi au tali mo fesili ta'itasi vagana ai ua fa'atonuina le tasi o le tali.

1. Sauaina o tamaiti: (tasi le tali)

___ (a) E maua i so'o se vaega o tagata po'o aiga.

___ (e) E maua tele i aiga e fa'a le lava le tamaoaiga.

___ (i) E tau le maua i aiga e tele le tamaoaiga.

2. O le sauaina o tamaiti e:

___ (a) E le tupu so'o i totonu o le fale o le aiga.

___ (e) E tupu so'o i totonu o le fale o le aiga.

3. O le fea o nei tulaga e ta'u atu ai ia te oe ua e feagai nei ma se tasi e sauaina tamaiti?

___ (a) Pe a le talafeagai se mea o lo'o fa'amoemoe mai i le tamaitiiti.

___ (e) O se fa'afitauli i totonu o se aiga e le mafai ona latou fa'afilemuina lea tulaga.

___ (i) O se aiga e le pipi'i atu i ni uo ma ni aiga.

___ (o) O se tamaitiiti e le atoatoa ona itutino.

4. E masani ona avea ma matua fa'asaua se matua ua malosia tele lona fa'atonuina po'o le pulea o lana fanau. Ina ia puipuia le

fa'asauaina o tamaiti, e te manatu ua tatau ai le tu'uina atu o le fa'atonuina o le fanau e le fa'apena le malosi o lana puleaga?

_____ (Ioe)

_____ (Leai)

5. A o tele mai pea lipoti i le fa'asauaina o tamaiti, ua atagia atili mai ai fo'i se ata o matua e ono avea ma matua fa'asaua. O fea o nei tali e sili ona fetau i le fa'amatalaina o na matua?

_____ (a) O le tamā o le tamaitiiti.

_____ (e) O le tinā o le tamaitiiti.

_____ (i) Matua e i lalo o le 30 tausaga.

_____ (o) Matua e i luga o le 30 tausaga.

_____ (u) O se matua le tautalatala.

_____ (f) O se matua tautalatala.

_____ (g) O se matua e fa'asā pe fa'atonutonu atu i amio a le fanau.

_____ (l) O se matua e tu'u fa'asa'oloto le fanau i a latou amio.

6. O tamaiti sa sauaina e:

_____ (a) Masani ona le fiafia i so'o se tulaga po'o le nofoaga o lo'o i ai.

_____ (e) Masani ona fiamalolosi ma fa'aleagamea.

7. Atonu e le ta'uina e se tamaititi ona cila matua le sauaina o ia, ae maise pe afai ua fa'alālā i ai e matua se isi fasiga pe a ta'u. Ae afai o lo'o e masalomia sa sauaina leni tamaitiiti, e

fa'ateteleina ou masalosalogā i le taimi e taofia ai lenei tama pe afai e:

___ (a) Fa'ali'i ma musu pe a tīgā se togafiti e avatu i ai. (e pei o se tu)

___ (e) Talia ma le filemu so'o se togafiti e ui lava ina tīgā ai lona tino.

8. O fea o mea nei e tatau ona fa'aילוa mai ai ua tu'ulafoaina se tamaitiiti e ona matua?

___ (a) O se tamaitiiti e ita gofie ma fia fa'ali'i.

___ (e) O ni totolia po'o fulatoto (hematomas)

___ (i) Pe a le tupu malosī se tamaitiiti.

___ (o) Tulaga nifo i le tino o le tamaitiiti.

9. O le fea o mea nei o lo'o aofia i le fa'amatalaina o tamaiti sauaina e Dr. C. H. Kempe? (The Battered-Child Syndrome)

___ (a) O le fa'atasi po'o le fa'asoso'o ona sauaina/tu'ulafoaina le tino o le tamaitiiti.

___ (e) O le fa'atasi po'o le fa'asoso'o ona sauaina/tu'ulafoaina le tamaitiiti i le itu fa'a le mafaufau.

___ (i) O se tulaga lenei ua va'aia so'o i tamaiti e lē i a'o'oga.

___ (o) O se tulaga lenei ua va'aia so'o i tamaiti ua a'o'oga.

10. I le galuega fa'afoma'i, o fea o mea nei e tatau ona fa'aaogaina e sa'ilia ai pe sa sauaina se tamaitiiti? (tasi le tali)

- ___ (a) O se tala'aga atoatoa o le olaga o le tamaititi ae maise i lona olaga fa'a le aiga.
- ___ (e) Va'ava'aia o feso'ota'iga ma feuaiga i le va o matua ma le tamaititi a o taofia le tamaititi i le falema'i.
- ___ (i) Matua'i faia ni fa'ata ma su'esu'eina mae'a lona tino e se foma'i.
11. E aumaia e se tina talavou lana pepe i le falema'i e sili atu i lo le fa'alua i lona masina muamua. O nei taimi uma e maloloina pea lava le pepe. O lea sou manatu i le mea o lo'o tupu, ma o le a fo'i se mea e tatau ona faia i lenei tulaga?
- ___ (a) Ua masalomia o le a avea lenei tina ma se tina fa'asaua ma ia lipotia loa i le ofisa e tatau ai.
- ___ (e) O lo'o fa'aletonu le tina pe agava'a o ia i le tausiga o le pepe. Fesoasoani atu i lenei tina ina ia iloa lona agava'a fa'a le tina.
- ___ (i) E le mana'o ia i le pepe. Fa'asino o ia i ile ofisa o tagata faigaluega mo le puipui ina o tagata.
12. Ua e masalomia le sauaina o se teineititi ona ua fa'atolu lenei i le ono masina ona aumai e lona tina talu ai ona e inu e le teine le vaila'au tamea. O fea o mea nei e le tatau ona e faia ina ia puipuia ai le toe sauaina o lenei teineititi?
- ___ (a) Fa'aailoa atu i le tina ou masalosaloga.

___ (e) Fa'atali se'i toe tupu mai se isi mea fa'apenei ona lipotia loa lea o lenei tina i le ofisa e tatau ai.

___ (i) Tauanau ina ia taofia le teineititi i le falema'i ina ia fa'amamao ai ma lona tina.

13. E masalomia le sauaina o le tamaititi pe afai ua va'aia le tino gau (i ivi) po'o ni foa (i le ulu). E silisili ona mataulia lenei tulaga pe afai:

___ (a) O le tamaititi i lalo o le 2 tausaga.

___ (e) O le tamaititi i luga o le 2 tausaga.

14. I le tulafono a Amerika Samoa mo le puipua o tamaiti ua sauaina, o lo'o patino mai ai ni tagata faigaluega latou te lipotia ni tamaiti ua sauaina. O fea o tagata nei ua ta'ua i lenei tulafono?

___ (a) Foma'i o le tino.

___ (u) Faia'oga

___ (e) Foma'i fa'i-nifo

___ (f) Tagata faigaluega mo le

___ (i) Foma'i mata

puipua o tagata

___ (o) Teine tausima'i

___ (g) Leoleo

___ (l) Nisi tagata

15. O fea o ofisa nei e tatau ona lipotia muamua i ai lenei ituaiga fa'alavelave?

___ (a) Ofisa o le Loia Sili.

___ (e) Ofisa o Fa'amasinoga.

___ (i) O se foma'i.

___ (o) Le tagata o lo'o pule i lau matagaluega.

16. E te lagona i lenei taimi ua lava lou iloa i lenei mataupu e te lipotia mai ai ni mea fa'apenei o lo'o tutupu?

_____ (Ioe)

_____ (Leai)

17. O lo'o talanoaina tele nei lenei mataupu i le atunu'u. O fea o nei vaega sa fesoasoani tele mo oe i le tali ina o lenei tu'ufa'asologa o fesili?

___ (a) Faitauga tusi.

___ (e) T.V., Leitio, po'o le nusi-pepa.

___ (i) A'oga a teine tausima'i.

___ (o) O se tulaga fa'apenei sa e iloa, pe auai ai

___ (u) Se isi tali.

O oe o se:

___ (a) L.P.N.

___ (e) R.N.

Appendix C

H. B. No. 10

Public Law 15-22

The Fifteenth Legislature of American Samoa

First Regular Session

Begun and held at Fagatogo, Tutuila, American Samoa

on Monday, the tenth day of January

one thousand nine hundred and seventy-seven

"An act entitled the 'Child Protection Act of 1977'; providing for procedures to avoid abuse to children or those who may be mentally retarded."

Be it enacted by the Legislature of American Samoa:

Section 1. Purposes

The public policy of this territory is: to protect children whose health and welfare may be adversely affected through injury and neglect; to strengthen the family and make the home safe for children by enhancing the parental capacity for good child care; to provide a temporary or permanent nurturing and safe environment when necessary; and for these purposes to require the reporting of child abuse, investigation of the reports by the proper authorities.

Section 2. Short Title

This act shall be known and may be cited as the "Child Protection Act of 1977".

Section 3. There is a new Chapter 29 of Title 21, added which reads:

"Chapter 29. Child Protection

"S 2901. Definitions

When used in this chapter, unless the specific content indicates otherwise:

(1) "Child" means any person under 18 years of age of a mentally retarded person regardless of age;

(2) "Abuse" means any physical injury or mental injury inflicted on a child other than by accidental means or an injury which is at variance with the history given of it;

(3) "Neglect" means a failure to provide, by those legally responsible for the care and maintenance of the child; the proper or necessary support; education, as required by law; or medical, surgical, or any other care necessary for his well-being;

(4) "Normal parental discipline" means all actions by parents, such as administration of blows by hand, strap, or light switch upon the buttocks, or any firm handling, scolding or light taps, insufficient to permanently bruise or produce medical injury or disability.

(5) "Unfounded report" means any report made under this chapter which is not supported by some credible evidence;

(6) "Department" means the department of health.

"S 2902. Mandated reports of abuse or neglect

(a) When any physician, surgeon, medical examiner, coroner, dentist, osteopath, optometrist, chiropractor, podiatrist, resident,

intern, registered nurse, hospital personnel (engaged in admission, examination, care or treatment of persons), Christian Science practitioner, teacher, school official, social service worker, day care center worker or any other child or foster care worker, mental health professional, peace officer, or law enforcement official has reasonable cause to suspect that a child has been subjected to abuse, sexual abuse, or neglect or observes the child being subjected to conditions or circumstances which would reasonably result in abuse, he shall immediately report or cause a report to be made to the department. Whenever that person is required to report under this chapter in his capacity as a member of the staff of the department, school, facility, or other agency, he shall immediately notify the person in charge of the department, school, facility, or other agency or his designee, who shall then become responsible for making a report or cause a report to be made.

(b) In addition to those persons and officials required to report suspected child abuse, sexual abuse, or neglect, any other person may make a report if he has reasonable cause to suspect that a child has been abused or neglected.

"S 2903. Mandatory report to medical examiner; post-mortem investigations.

Any person or official required to report cases of suspected child abuse, sexual abuse, or neglect, under S2902 above who has reasonable cause to suspect that a child has died as a result of child abuse,

sexual abuse, or neglect shall report that fact to the appropriate medical examiner or coroner. The medical examiner or coroner shall accept the report for investigation and shall report his findings to the police, the attorney general, and to the LBJ Tropical Medical Center.

"S 2904. Color photographs and X-rays

Any person who is required to report cases of child abuse, sexual abuse, or neglect may take or cause to be taken, at public expense, color photographs of the areas of trauma visible on a child and, if medically indicated, cause to be performed radiological examinations of the child. Any photographs of X-rays taken shall be sent to the department as soon as possible. Whenever anyone is required to report under this chapter, in his capacity as a member of the staff of the department, school, facility, or agency, he shall immediately notify the person in charge of the department, school, facility, or agency or his designee, who shall then take or cause to be taken, at public expense, color photographs of physical trauma and shall if medically indicated, cause to be performed a radiological examination of the child.

"S 2905. Protective custody

A police officer or a law enforcement official may take a child into protective custody or any person in charge of the department or any physician treating a child may keep that child in his custody without

the consent of the parent or the guardian, whether or not additional medical treatment is required if the circumstances or conditions of the child are such that continuing in his place of residence or in the care and custody of the parent, guardian, custodian or other person responsible for the child's care presents an imminent danger to that child's life or health; provided, however, that such custody does not exceed 96 hours and that the juvenile court and the department are notified immediately in order that child-protective proceedings may be initiated. The director of the department may give effective consent for medical, dental, health, and hospital services for any abused child under the age of 16 years.

"S 2906. Reporting procedures

(a) Report of child abuse, sexual abuse or neglect made under this chapter shall be made immediately by telephone and shall be followed by a written report within 48 hours if requested by the receiving agency. The receiving agency shall immediately forward a copy of this report to the central registry on forms supplied by the registry.

(b) The reports shall include the following information: the names and addresses of the child and his parents or other persons responsible for his care, if known; the child's age, sex, and race; the nature and extent of the child's injuries, sexual abuse, or neglect, including any evidence of previous injuries, sexual abuse, or neglect, if known; family composition; the source of the report; the person

making the report, his occupation and where he can be reached, the actions taken by the reporting source, including the taking of photographs and X-rays, removal or keeping of the child or notifying the coroner, medical examiner; and other information that the person making the report believes may be helpful in the furtherance of the purposes of this chapter.

(c) A copy of this report shall immediately be made available to the appropriate law enforcement agency for its consideration.

(d) A written report from persons or officials required by this chapter to report shall be admissible in evidence in any proceeding relating to child abuse, sexual abuse, or neglect.

"S 2907. Department duties on receipt of report

(a) The department shall make a thorough investigation promptly upon receiving either the oral or the written report. The primary purpose of the investigation shall be the protection of the child.

(b) The investigation shall include the nature, extent and cause of the child abuse, sexual abuse, or neglect; the identity of the person responsible; the names and conditions of other children in the home; an evaluation of the parents or persons responsible for the care of the child; the home environment and the relationship of the children to the parents or other persons responsible for their care; and all other pertinent data.

(c) The investigation shall include a visit to the child's home; a physical, psychological, or psychiatric examination of all children in that home; and an interview with the subject child. If the admission to the home, school, or any other place that the child may be, or permission of the parent or other persons responsible for the children for the physical, psychological, or psychiatric examination cannot be obtained, then the juvenile court, upon cause shown, shall order the parents or persons responsible and in charge of any place where the child may be to allow entrance for the interview, above examinations and investigation.

(d) If, before the examination is complete, the opinion of the investigators is that immediate removal is necessary to protect the children from further abuse or neglect, the juvenile court, on petition by the investigators and with good cause being shown, shall issue an order for temporary removal and custody.

(e) The department shall make a written report or case summary, together with services offered and accepted, to the central registry on forms supplied by the registry.

"S 2908. Immunity from liability

Any person, official, or institution participating in good faith in the removal of a child under this chapter, shall have immunity from any liability, civil or criminal, that otherwise might result by reason of such actions. For the purpose of any proceedings, civil or criminal,

the good faith of any person required to report cases of child abuse, sexual abuse, or neglect is presumed.

"S 2909. Abrogation of privileged communication

Any privilege between husband and wife or between any professional person, except lawyer and client, including but not limited to physicians, ministers, counselors, hospitals, clinics, and schools and their clients, shall not constitute grounds for excluding evidence at any proceeding regarding child abuse, sexual abuse, or neglect of a child or the cause of it.

"S 2910. Penalty for failure to report

(a) Any person, official, or institution required by this chapter to report a case of suspected child abuse, sexual abuse, or neglect, who wilfully fails to do so shall be subject to a fine of \$25 and not more than 5 days imprisonment.

(b) Any person, official; or institution required by this chapter to report a case of suspected child abuse, sexual abuse, or neglect, and who wilfully fails to do so, shall be civilly liable for any damage proximately caused by that failure.

"S 2911. The guardian ad litem

(a) The court, in every case filed under this chapter, shall appoint a guardian ad litem for the child. The guardian shall be given access to all reports relevant to the case and to any reports of examination of the child's parents or other custodian under this chapter.

The guardian ad litem shall, in general, be charged with the representation of the child's best interests. To that end, he shall make any further investigation that he considers necessary to ascertain the facts, to interview witnesses, examine and cross-examine witnesses in both the adjudicatory and dispositional hearing, make recommendations to the court, and participate further in the proceedings to the degree appropriate for adequately representing the child.

(b) At any time after the completion of the adjudicatory hearing of a case of child abuse, sexual abuse, or neglect and a finding of dependency therein, the court may, on its own motion, or the motion of the guardian ad litem, order the examination by a physician, psychologist, or psychiatrist, of any parent or other person having custody of the child at the time of the alleged abuse, sexual abuse, or neglect, if the court finds that examination is necessary to the proper determination of the dispositional hearing of the case. The dispositional hearing may be continued pending the completion of the examination. The physician, psychologist, or psychiatrist conducting the examination may be required to testify in the dispositional hearing concerning the results of the examination and may be asked to give his opinion as to whether the protection of the child requires that he not be returned to the custody of his parents or other persons having custody of him at the time of the alleged abuse, sexual abuse, or neglect. The rules of evidence as provided by law shall apply to the testimony except that

the physician, psychologist, or psychiatrist shall be allowed to testify to conclusions reached from the hospital, medical, psychological, or laboratory records, tests or reports, provided they are produced at the hearing. Persons testifying are subject to cross-examination as are other witnesses. No evidence acquired as a result of any examination of the parent or any other person having custody of the child may be used against them in any subsequent criminal proceedings against them concerning the abuse or non-accidental injury of the child.

"S 2912. Establishment of a central registry

(a) There is established within the department, a central registry for child abuse, sexual abuse, or neglect under this chapter.

(b) There shall be a single telephone number that all persons, whether mandated by law or not, may use to report cases of suspected child abuse, sexual abuse, or neglect and that all persons so authorized by this chapter may use for determining the existence of prior records in order to evaluate the condition or circumstances of the child before them. The oral telephone reports shall immediately be transmitted by the central registry to the director of health together with any previous report concerning the subject of the report or any other pertinent information.

(c) The central registry shall contain, but shall not be limited to:

- (1) All information in the written report;

(2) Record of the final disposition of the report including services offered and services accepted;

(3) The plan for rehabilitative treatment;

(4) The names and identifying data, dates, and circumstances of any persons requesting or receiving information from the registry; and

(5) Any other information which might be helpful in furthering the purposes of this chapter.

(d) Reports made under this chapter as well as any other information obtained, and reports written or photographs taken concerning those reports in the possession of the department shall be confidential and shall be made available to:

(1) A physician who has before him a child whom he reasonably believes may have been abused, sexually abused, or neglected;

(2) A person authorized to place a child in protective custody when that person has before him a child whom he reasonably believes may have been abused, sexually abused, or neglected and that person requires the information to determine whether to place the child in protective custody;

(3) A duly authorized agency having responsibility for the care or supervision of the subject of a report;

(4) Any person who is the subject of a report;

(5) A court where it determines that information is necessary for the determination of an issue before the court;

(6) Any person engaged in bona fide research.

(e) After a child, who is the subject of a report, reaches the age of 18 years, access to a child's record under this section shall be permitted only if a sibling or offspring of the child is before that person and is a suspected victim of child abuse, sexual abuse, or neglect.

(f) Unless an investigation of a report conducted under this chapter determines there is some credible evidence of alleged abuse, sexual abuse, or neglect, all information identifying the subject of the report shall be immediately expunged from the central registry.

(g) In all other cases, the record of the report to the central registry shall be sealed at no later than 10 years after the subject child's 18th birthday. Once sealed, the record shall not otherwise be available, unless the head of the central registry upon notice to the subjects of the report, gives his personal approval for an appropriate reason. In any case, and at any time, he may amend, seal, or expunge any record upon good cause shown and notice to the subjects of the report.

(h) At any time, the subject of a report may receive, upon request, a report of all information contained in the central registry; provided, however, that the head of the registry may prohibit the release of data

that would identify the person who made the report or who cooperated in a subsequent investigation which he reasonably finds to be detrimental to the safety or interests of that person.

(i) At any time, subsequent to the completion of the investigation, but in no event later than 90 days after the receipt of the report, a subject of the report may request the head of the registry to amend, seal, or expunge the record of the report. If he refuses or does not act within a reasonable time, but in no event later than 30 days after the request, the subject shall have the right to a fair hearing to determine whether the record of the report in the central registry should be amended or expunged on the grounds that it is inaccurate or it is being maintained in a manner inconsistent with this chapter. The burden, in the hearing shall be on the department. In the hearings, the fact that there was a finding of child abuse, sexual abuse, or neglect shall be presumptive evidence that the report was substantiated.

(j) Written notice of any amendment or expungement made under this chapter, shall be served on each subject of the report.

(k) Any person who wilfully permits and any other person who encourages the release of data or information contained in the central registry to persons not permitted by this chapter, shall be guilty of misdemeanor.

"S 2913. Child Abuse Commission; creation; review of

(a) In the event a child is taken from parents, due to child abuse, the parents may appeal, within 10 days, by written notice of appeal, to the Child Abuse Commission. The commission shall be appointed by the Governor: 1 medical staff from the LBJ Tropical Medical Center; 1 member of the Attorney General's staff; the Secretary of Samoan Affairs or his designee; 1 reverend or minister of any Judeo-Christian faith, sect, or denomination; and the Juvenile Commissioner at the High Court.

(b) The commission shall render its decision in 5 days and may order other conditions or changes as it considers best for the child. The commission may retain jurisdiction and review cases, from time to time, on a continuing basis. Decisions of the commission shall be final for purposes of judicial review. Timely appeal to the commission is a condition precedent to judicial review.

"S 2914. Education program

The Child Abuse Commission shall cooperate in developing an active program of education and training in the villages with the cooperation of private organizations, public health nurses, medical personnel, and in direct cooperation with the matais of respective families, to train parents regarding the difference between natural parental discipline and child abuse. This active program is designed to establish an awareness of the problems to society and families of the medical

problems of child abuse and the need for regularly maintained protective action."

SALANOÁ S. P. AUMOEUALOGO
President of the Senate

TUANA 'ITAU F. TUIX
Speaker
House of Representatives

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