# Child Protection in Fuvahmulah Island

## 1.0 Background

The following observations flow from the request by Mariyam Ali, deputy health minister for Maldives Ministry of health, to look at the child protection practices occurring in the islands I visited during my 2 week stay in The Maldives, via Friends of Maldives programme. My visit was almost entirely spent on Fuvahmulah (brief overnight stay on Addu). Because of time pressures and also because the main problems appear to be in sexual and physical abuse, this has been the focus of this report.

Conversations occurred with senior nurses and social workers based in the Child and Family unit in central Fuvahmulah. No interviews took place with either police or education.

I am a Consultant Paediatric Gastroenterologist, and a general paediatric physician. I work as a joint specialist (tertiary) and a generalist in a large UK children's hospital (Sheffield Childrens Hospital). I am also the team leader for general paediatric medicine (a service run by 18 consultants and more than 40 junior and middle grade doctors). Our service also provides a specialist forensic service for the South Yorkshire region (approx 1.5 million inhabitants). I provide part of the child protection service for all types of abuse, but I am not trained in forensic child sexual abuse. For that purpose, I work jointly with a police medical officer or further specialists in child protection.

## 2.0 Size estimate of child protection

This will have to be preliminary, given the fact that although data is submitted by social services, to the MoH, it is not summarised to enable trends to be seen.

### 2.1 Types of child protection seen

All categories recognised in the UK are reported: Physical, sexual, emotional abuse and neglect.

### 2.2 Frequency or number of cases

These appear to be restricted to 16 years and under. The data from social services would indicate 11 cases of sexual abuse in the last year. Physical abuse occurs at similar rates to sexual abuse.

2.3 Gender

The majority of sexual abuse is against girls, occasionally boys.

## 3.0 How abuse comes to light

Mainly household members and neighbours seeing children being maltreated will report to social services, who then investigate. If there is a genital injury it is a household member that will bring the child to the hospital. The hospital may then inform social services. There have been occasions when a child with a non-sexual assault physical injury, has presented to the hospital, the history given does not explain the observed injury, or there may have been additional history from by-standers, indicating a physical assault on a child. In these situations, child protection procedures do not appear to be activated.

Schools rarely report concerns of child abuse to social services or health.

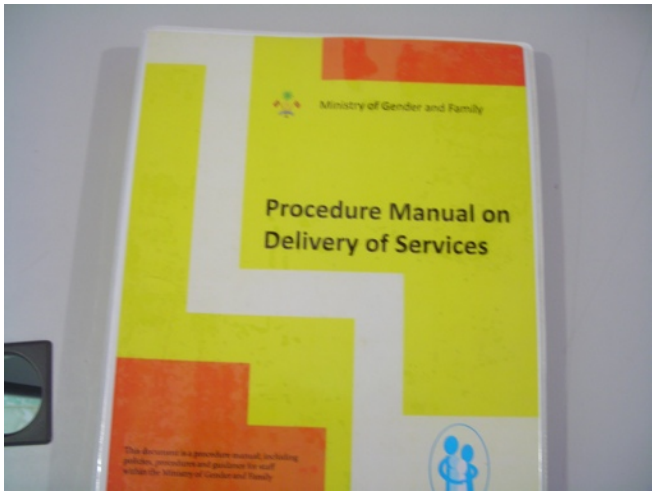
## 4.0 Procedures for processing suspected child abuse

### 4.1 Social services

Social services tends to be the first port of call, where information is gathered and a decision is made as to whether or not abuse has occurred. Social services then operate according to their operating procedures manual (developed with a group of international experts).

Fig 1 Ministry of Gender and Family

Procedure Manual on Delivery of Services




I did not have time to look in detail at this document, but it appears to be appropriately peer reviewed.

Social services liaise with police, who have some officers with special training in child protection.

4.2 Police

I did not have time to interview police on these issues. I understand a police specialist from the London Metropolitan has been working out of Male to consider this aspect of child protection.

4.3 Hospital and Health services

Health services will be consulted to document injuries. There are times when there are no gynaecologists and no paediatricians. It is not clear what contingency plans exist for this, not uncommon, eventuality. No formal child protection policy exists within the hospital. The following comments were made (all are translated and as such not direct quotations):

“Genital injuries are documented on the day by the resident gynaecologist”

Meaning Police collect an opinion from the doctor. No written statement appears to be given to police, who never seek further clarification from the doctor after further interviewing of witnesses.

“Forensic specimens are collected from patients, but nearly always the girl has been washed and rarely are any useful samples collected”.

It would seem that rarely any useful specimens are obtained by swabs for DNA or chemical analysis. It was not clear to me who has the responsibilities of sending uncontaminated forensic material to a forensic laboratory, nor where this laboratory is. It has not been known for a doctor or nurse to attend court or further interviewing (as a witness) by police in any case of child protection.

5.0 Outcomes of investigations

It would be important to get the police and judicial views on this issue, but because of time constraints that was not possible. However, professionals working through the child and family centre (established in 2007), have only known one conviction of a 16 year old girl who had a serious genital injury after a rape, this occurred in 2007. Although the social services seem to be seeing about one case per month of alleged child rape, there are no other convictions that have been secured. Often after further police investigation the case is dropped. It had been pressed on me on several occasions, that open conversation of events pertaining to child sex abuse is a social taboo. There would not be a strong cultural reason for a family to bring a case to social services attention, unless there was great concern from a family member.

6.0 Practice of paedophilia

There are no situations where it has been felt that a ring, or group of collaborating adults has been working together to harm children. This was thought to be highly unlikely. Grooming of children appears to be common though before an act of sexual crime has occurred. Children over a period of time are enticed in to a secluded place (the perpetrators home usually) by the giving of sweets and gifts. This is a very common practice. It is also common for neighbours to provide a safety net for children playing near by i.e. they watch out to ensure children are safe.

There have not been any situations where pornographic material is being produced during the acts of child abuse. This is a point worth noting, as financial gains can be made by

perpetrators selling this material, greatly increasing the likelihood that the practice becomes “organized”.

## 7.0 Conclusions

In general, the conclusions made below have to be couched by the limitations of this report.

1. I am not a specialist in child protection, but I have a lot of experience in the practice of child protection. As a broad sweep I am well qualified to take a first look.
2. I have not interviewed police, or judiciary.
3. I have only been able to carry out this work as part of a short 2 week attachment that had many other tasks to complete in addition.
4. Only a single island (Fuvahmulah) has been studied, other islands may have different experience, particularly Malé

### 7.1 Size of the problem

Disproportionately large compared to the size of the population. I heard the same story from several different health workers and all the social workers.

### 7.2 Procedures

There seems to be a weak link between police and health, yet the police have some special training in child protection matters. I cannot comment on the police procedures, but a large proportion of cases referred with a view by social services and/or health seem to be dropped. This may be because of inadequate evidence, or it may be because an innocent explanation is found for the event. It surprises me that so many cases appear to be dropped.

There may be an over reliance on forensic specimens and underutilization of clinical photographs and expert opinion. There may be a need to educate the population about the need to not wash before you attend for a forensic examination.

7.3 Cultural issues

Until last year a child's confession and statement was inadmissible as evidence, that is now no longer the case. There is a reticence to speak openly about these issues, yet wide scale recognition of the problem. Any family openly declaring a situation of abuse would appear to do so against cultural boundaries i.e. speaking about a situation that people choose not to speak about for risk of stigmatization.

8.0 It would seem that some process between reporting and prosecuting is not working well in child protection cases in Fuvamulah. The problem is of a surprisingly large scale when adjusted for the population size. Weaknesses appear in documentation of injuries, lack of use of photographs, and with police liaison. Further investigation should focus on medical report writing, police liaison but also on work by law enforcement to bolster their approach to these problems.

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