

CHILD HOMICIDE VICTIMIZATION IN CONTEMPORARY FIJI

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ABSTRACT

Offered here is an in-depth analysis of child homicides that occurred in Fiji from 1982 through 1994. Based on a comprehensive review of police homicide data and extensive interviews with key criminal justice personnel, this study seeks to identify essential characteristics of homicides in children between 0 to 14 years of age. The results reveal significant convergences with published data concerning child homicides in other societies. Child homicide offenders were disproportionately female, young, biological parents, and of low socioeconomic status. The most likely victim was under five-years-old, born unwanted, or growing up in a family plagued by marital discord. The most common modes of death were burning, burial, drowning, and asphyxiation. The findings further indicate that many child homicides in Fiji were the culmination of excessive use of corporal punishment. We conclude that research in other societies and geographical settings is necessary to further enhance our understanding of the phenomenon of child homicide.

Introduction

The extant literature on childhood homicides is vast and expanding. Evidence of this burgeoning research can be gleaned from a cursory review of the professional literature that has amassed on the topic over the past two decades (Daly and Wilson 1988; Dowdy and Unnithan 1997; Hargrave and Warner 1992; Lewis, Baranoski, Buchanan, and Benedek 1998; Marleau, Poulin, Webanck, Roy, and Laporte 1999; McMillen 1995; Schloesser, Pierpont, and Poertner 1992; Unnithan 1991a, 1991b, 1997; Wilczynski 1997a, 1997b).

The emergent research has unquestionably amplified and refined our understanding of the incidence, characteristics and etiology of homicide in childhood. However, the current body of literature is limited by its virtually exclusive focus on modern, industrialized societies. Consistent with the scholarly literature on all categories of homicide, the child homicide literature is presently dominated by research conducted in the United States (e.g., Mann 1993; Plass 1993; Hicks and Gaughan 1995), Canada (Marleau et al. 1999; Silverman and Kennedy 1993), Australia (Alder and Polk 1996; De Silva and Oates 1993), New Zealand (Kotch, Chalmers, Fanslow, Marshall, and Langley 1993) and select Western European countries (Fornes, Druilhe, and Lecomte 1995; Hargrave and Warner 1992; Pritchard 1992; Somander and Rammer 1991). Although homicide involving child victims is not a phenomenon unique to modern Western nations (see Adinkrah 1996; Nkpa

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1980; Nowrojee 1995), there is a lacuna of systematic research on lethal assaults against children in developing, non-Western societies.

The rarity of research and information on child murder in the developing world—despite the growing attention accorded the issue in Western societies—is lamentable since it hampers efforts to reach a fuller understanding of homicide as a behavioral phenomenon. At present, it remains unclear whether and to what extent typologies of childhood homicide (see Bourget and Bradford 1990; Resnick 1969; Unnithan 1991b; Wilczynski 1997a) and theoretical perspectives (see Gartner 1991) developed from studies of childhood homicides in Western industrialized nations are applicable to the rest of the world. Furthermore, the development of successful public policies to curtail child homicides in developing societies is contingent upon an accurate understanding of the problem.

In an effort to remedy this paucity of information on lethal violence towards children in nonindustrialized societies, this article examines child homicide in the South Pacific Island nation of Fiji. Specifically, the central patterns of child homicides in contemporary Fiji are considered, including the social and cultural factors that precipitate these crimes. The focus on Fiji society is consequent, in part, upon the current preclusion of the South Pacific region from empirical research on childhood homicide.

BACKGROUND

Cross-national research (Korbin 1981; Levinson 1989) has demonstrated that violence against children is endemic to many societies, including countries in the South Pacific (Adinkrah 1995, 1996; Schultz 1995). In Fiji, for example, sustained efforts by child advocacy groups to highlight the potentially deleterious impact of child corporal punishment has yielded picayune returns, with parental physical discipline occasionally progressing into child murder (Adinkrah 1995, 1996). Extant research confirms the prevalence of corporal punishment against children in the society. In her ethnographic research on Fiji's secondary schools, White (1997) describes widespread usage of corporal punishment by teachers and administrators, noting its multiformity. She chronicles disciplinary techniques ranging from ear pulling to caning. In a similar vein, Adinkrah (1995) describes the unsparing use of the rod in the discipline of children. Children are corporally chastised for indolence and disobedience, and for such delinquent activities as smoking, drinking, truancy, and vandalism.

In a survey of post-secondary school students in Fiji, Schultz (1995) found that 9 percent of his sample of 91 respondents reported experiencing some form of childhood physical abuse when "physical abuse" was operationalized as "smacking, hitting, slapping, beating, pinching or punching as a means of discipline or punishment" (p.159). Veramo's (1984) observations on Fijian socialization practices corroborate findings that suggest the pervasive use of physical punishment against children in the society; errant children are subjected to corporal punishment as a form of punitive discipline and to encourage obedience and deference toward adults. He notes: "Fathers have no qualms about slapping or beating their children on the

buttocks with belts if they are too naughty. Mothers are the chief disciplinarians and sometimes use corporal punishment lavishly, especially on daughters who show signs of being lazy” (p.8).

Further evidence of children’s physical chastisement prevails in various local media sources. News reports and documentary features chronicle the battering of children by parents or guardians and the physical punishment of students by educators. Newspaper headlines such as “The Suffering Little Children,” “Boy Suffered Hanging Torture,” “Step-dad Burns Boys,” and “Warning to Act Now on Child Abuse” sensationalize the phenomenon of child abuse in the country. Nevertheless, the recurrence of such captions underscores the enormity of the problem. These reports typically describe in graphic detail vicious and brutal assaults in which adult caregivers inflict potentially fatal injuries on minor children.

Another category of child violence receiving increasing attention in local media circles and from child advocacy organizations is maternal infant homicide. Newspaper accounts recurrently focus upon maternal neonaticides and incidents of infant abandonment (Banuve 1996; Gurdayal 1999; Matau 1995). For example, in 1992, a young woman was charged with concealing the birth of her newborn infant following the gruesome discovery of the infant being devoured by dogs. The incident generated considerable public outrage and revulsion. The front-page headline of a local daily, which read “Dogs Eat Baby,” was particularly evocative in stirring public indignation over the incident (Bhagwan 1992). Although law enforcement investigators could not determine from the state of the remains whether the infant was stillborn or a live birth, the graphic imagery presented in media reports fostered a wave of public pressure for the authorities to vigorously investigate the matter and to deal sternly with the mother. Although the intense media coverage and public outcry that surrounded the case have since abated, homicide of infants still occurs (Adinkrah 1995, 1996; Gurdayal 1999).

Notwithstanding public recognition of infant homicides and child physical battering as significant social problems that merit attention and remediation, systematic research that focuses upon the phenomena is noticeably absent. Thus, there is gradual acknowledgment in Fiji that more research should be directed toward the empirical investigation of lethal violence against children (Adinkrah 1995, 1996; Fiji Medical Association 1994; Schultz 1995).

RESEARCH SETTING

Fiji is a Pacific Island republic located in the southwestern Pacific Ocean, immediately west of the International Dateline. A former British colony, it is multiracial, multiethnic, multireligious, and multilingual in character. In 1996, the resident population of 775,000 comprised Fijians (50.8 percent), Fiji Indians (43.7 percent), and “Others” (Europeans, Part-Europeans, Rotumans, Chinese and non-Fijian Pacific Islanders) (5.5 percent).

The autochthonous Fijian population is of Melanesian and Polynesian descent and are believed to have populated the Fiji archipelago beginning roughly 3,500 years ago. Primarily Christian (99 percent), roughly 50 percent of the Fijian

population resides in rural areas as subsistence farmers. Those who pursue wage labor in the urban centers have traditionally gravitated toward the civil service, mining, stevedoring, soldiering, teaching, and nursing.

Fiji Indians are primarily descendants of indentured laborers who were brought from the Indian subcontinent to work on European-owned sugarcane estates in the late 1800s during British colonial rule. Many settled in Fiji at the conclusion of their indenture contracts. Other segments of the Fiji Indian population, principally Gujeratis and Punjabis, arrived in the early 1920s as merchants and artisans. Having preserved many cultural traditions from India, the Fiji Indian population is primarily Hindu (78 percent), although there is a significant Muslim minority (16 percent), and a small percentage of Christians (4 percent). Today, Fiji Indians dominate the country's business and professional sectors, including medicine and law and are also overrepresented in the sugar industry as cane growers, cane cutters, and industrial workers (Adinkrah 1996).

Fiji society is socially, economically, and politically segmented along racial and ethnic lines. This has contributed to each major ethnic group's retention of its distinctive cultural identity. In contemporary Fiji, rural communities are dominated by either of the two ethnic groups. Inter-marriage is rare, and intimate interethnic social interaction between Fijians and Fiji Indians is mitigated by marked differences in language, customs, religion, and material culture. Although cordial relations prevail in daily social interaction, mutual suspicions and latent hostilities between the two groups are widespread and deeply entrenched (Adinkrah 1996).

About 70 percent of Fiji's population resides in the rural areas. Unemployment is a major economic problem. Although the sugar industry is a significant source of foreign exchange earnings and a major employer, as an industry, it has been supplanted in revenue by tourism during the past few years. The lack of economic development in the rural areas, including limited opportunities for gainful employment, has contributed to the phenomenon of rural-urban drift, particularly among the young. It is estimated that only 7 percent of annual school graduates manage to secure paid employment. In 1982 an estimated 9 percent of households were found to be living in poverty and an additional 6 percent were described as being "at risk of poverty." These estimates were based on a survey, which established a poverty line of \$45 per week for a household of 6 people (Adinkrah 1996).

THE STATUS OF CHILDREN IN FIJI

As is characteristic of most developing countries, children constitute a disproportionate percentage of Fiji's total population. In 1986, 48.5 percent of the enumerated population consisted of persons 15 years and younger (Bureau of Statistics 1989). Although the birthrate varies by ethnicity (4.1 for Fijians and 2.8 for Fiji Indians in 1986), parenthood is highly esteemed across racial and ethnic groups. Procreation is regarded as the primary function of marriage while childbearing is considered a critical measure of womanhood. Voluntary childlessness is rare and married couples that opt for a childfree existence are generally regarded as deviant (Pulea 1991). Abortion is illegal and carries a maximum sentence of 14

years in prison for both the service provider and the recipient of the service. The accessibility of family planning services is unevenly distributed and adoption services are rudimentary (Adinkrah 1996).

From birth to age two of the Fijian child, parents and adult family members are key figures in the child's nurturing, learning and social development; age-mates, such as cousins and slightly older siblings begin to play an important role in socialization around age three when social interaction with peers is given greater emphasis. Among Fiji Indians, there is a sex-based differential in the treatment of children: son-preference is strong and male children are indulged. Conversely, girls are undervalued and are considered an economic liability for the immediate family. This emanates, largely, from the Hindu practice whereby the bride's family must pay a dowry to the groom's family.

The subordinate status of children in Fiji society is reflected in expectations of deference and respect based on age. For the major ethnic communities, but most markedly for Fijians, seniority in position and age commands authority. This extends to adult-child interaction where children are typically expected to be seen but not heard. Children and young adults quietly retreat to the background in the presence of their elders, whether at formal ceremonial functions or informal gatherings in the home. Although childrearing patterns and decisions regarding discipline techniques are mediated by sociocultural variables, corporal punishment appears to be a pervasive practice in all economic classes, irrespective of ethnicity. Many parents employ corporal punishment as a corrective and punitive measure in response to perceived errant behavior.

DATA GATHERING METHOD

The data used for the current study were compiled in Fiji during two periods of research in the country: a six-week period in 1992 and a three-year research tenure from July 1993 to August 1996.

The primary source of child homicide data was the "Murder and Manslaughter Register" of the Fiji Police Force (FPF). The register is a repository of information on all lethal incidents reported to the Fiji Police Force annually, containing the demographic characteristics of the victims and assailants, the type of weapon used in homicide commission, interactions preceding the homicide event and the reason for the attack. The register also contains such information as the spatial and temporal location of the homicide, the victim-perpetrator relationship, the judicial verdict, and the date of final resolution in the courts. Judicial records of the High Court of Fiji provided missing data.

Supplementary data were obtained through the analysis of local newspapers and magazines. In Fiji, as in most societies, homicide events are regarded as newsworthy by the local press; almost without exception, crimes involving lethal violence are granted extensive front-page coverage. Attempts were therefore made to corroborate all police homicide data with newspaper reports of homicide incidents.

Another source of homicide data was in-depth interviews conducted with key criminal justice personnel who have direct contact with homicide suspects, witnesses, and survivors. Respondents included the director and other personnel of the Criminal Investigations Department (CID) of the Fiji Police Force, the director of public prosecutions, the forensic pathologist of the Suva-based Colonial War Memorial Hospital, a psychiatrist with the St. Giles Mental Hospital in Suva, and a Justice of the High Court of Fiji. Respondents were asked to identify the characteristics of homicide offenders and victims and the circumstances under which homicides occurred. From these data sources, comprehensive case histories were constructed for all homicide incidents that occurred in the country during the 13-year period, 1982 to 1994. These case histories were then subjected to a rigorous analysis of their themes.

Data on socialization patterns and disciplinary practices in the home and the school, as well as teacher perspectives on the use of corporal punishment are based on a review of participant observation research in 13 rural and urban secondary schools, coupled with open-ended and structured interviews with students, teachers, school principals and education administrators (White 1997). Permission was also obtained from the Department of Social Welfare of the Government of Fiji to examine the records of the Suva-based Boys' Centre and the Girls' Home for delinquent and abused children.

Findings

A total of 61 children aged 14 years or younger were victims of lethal violence in Fiji from January 1982 to December 1994. The figure represents 19 percent of all 361 homicides that occurred in the country during the period.

Sociodemographic Characteristics of Victims and Offenders

Of the 61 child homicides examined, 25 (41 percent) were committed against infants less than 1 year old; 9 victims (15 percent) were 1-2 years old; 8 (13 percent) were 3-4 years; 8 (13 percent) were 5-8 years, 6 (10 percent) were 9-12 years old and 5 (8 percent) were 13-14 years. Of the 25 infant murders, 21 (84 percent) were neonaticides, that is, involved the killing of infants within their first 24 hours of life. The average age of the victims whose sex was known was 48.8 months. Male victims were significantly older than female victims; the mean age was 51.8 months for males and 45.8 months for females. There were six neonaticide victims whose sex was unknown. Offenders' ages ranged from 13 to 67 years, with an average of 27.2 years.

With regard to distribution by sex, boys and girls were victimized in roughly equal proportions. Twenty-eight (46 percent) of the victims were male and 27 (44 percent) were female. The sex of the child victim was not identified in police records in the remaining 6 (10 percent) cases.

Overall, a total of 51 offenders were responsible for the 61 child homicides. Females comprised the majority of the perpetrators, committing over 63 percent of

the homicides in this study. Of the 51 offenders, 35 (68.6 percent) were female and 16 (31.4 percent) were male. Fifteen males committed 22 of the 61 child homicides while 34 females were responsible for 38 homicides. A marital couple was jointly responsible for the murder of their child.

Classification by race or ethnic background reveals that 37 (61 percent) of the victims were Fiji Indian. The remaining 24 (39 percent) were Fijian. All but 2 (3 percent) of the cases were intraracial crimes. In one of these cases, a group of Fijian men sexually assaulted and killed a Fiji Indian youngster; in the other, a Fijian youth struck and lethally injured a Fiji Indian boy.

The majority of victims and assailants were from low-income backgrounds. Female offenders were invariably classified in police records as full-time housewives or engaged in “domestic duties,” a denotation for married women who were not engaged in paid employment. In the same vein, the vast bulk of male slayers were unemployed or held such low wage occupations as laborers or artisans.

Victim-Offender Relationship

Perusal of the data shows that parental child killings constituted the largest category of family-perpetrated child homicides. In 50 (82 percent) of the 61 child homicides, a parent was the assailant. In 37 (61 percent) cases, the mother of the child was the sole perpetrator, while fathers were the lone offenders in 12 (20 percent) cases. In only one case did both parents act together in the killing of their child. With one exception, parent-to-child killings were perpetrated by biological parents.

Of the 37 child killings committed by mothers, 24 (65 percent) cases involved victims less than 1 year old. Most of these maternal infanticides (17 out of 24 or 71 percent) were perpetrated by Fijian assailants; the remaining 7 (29 percent) cases were committed by Fiji Indian women.

Eight (13 percent) child homicides were stranger homicides. These occurred under a range of circumstances. One was a lethal case of corporal punishment administered by a school principal; in another deadly but accidental assault, the child was an innocent bystander during a brawl between two adults in a crowded marketplace. In still two other instances, a 9-year-old and a 3-year old were sexually assaulted and killed by adult attackers. All eight nonfamilial child homicides were committed by male assailants.

Single versus Multiple Killings

The majority of the cases studied involved a single victim and assailant. In 44 (88 percent) incidents, a single victim was killed in each case. In 6 (12 percent) incidents, a total of 17 children were killed: in 1 incident, 5 siblings were killed simultaneously; in another incident, 4 siblings were killed simultaneously. In the remaining 4 separate incidents of multiple killings, 8 children were killed as sibling pairs.

Method of Homicide

The data revealed a number of methods employed in the commission of child homicides. The most frequent mode of death was by fire; 13 (21 percent) victims were either directly set alight or burned to death in an arson fire. The next most common methods were stabbing and burial. In 11 (18 percent) cases, the victims died from stab wounds inflicted with machetes or kitchen knives. In 11 (18 percent) other cases, all involving newborns, the victims were buried alive in mangrove swamps, wells, pit latrines, cassava plantations, and other outdoor sites.

Eight (13 percent) victims lost their lives in fatal beatings. Four newborn victims (7 percent) were strangled, while an additional 4 neonates (7 percent) were suffocated and abandoned. In the case of 3 victims (5 percent), the method employed was drowning. Two victims (3 percent) were hanged by their assailants.

The findings indicate that only one child death was attributable to a firearm. This case was an accidental homicide where one child shot a sibling while playing with their soldier father's gun. The low usage of firearms in the perpetration of child homicides in Fiji must be considered in light of the country's current stringent government restrictions on the ownership and possession of firearms, including policies that forbid law enforcement personnel from bearing firearms (Adinkrah 1996).

In the remaining cases, one victim's head was slammed against another child's head with lethal consequences, and another child was raped and killed. In two infanticide cases (3 percent), the precise cause of death was indeterminable.

The results reveal significant differences between Fijians and Fiji Indians in the modus operandi of child homicides. More Fijian offenders killed children through physical beatings than did Fiji Indians, while all filicidal killings involving cane knife stabbings, burning and hangings were by Fiji Indian assailants.

Location of Homicide

The physical setting for child homicides in Fiji reflects the nature of the offenses. As previously noted, the majority of child homicides were perpetrated by family members and relatives. Concurrently, the most common setting for the crime was the home or its immediate environs (75 percent). Other common settings were isolated bushlands (7 percent), a beach or seashore (5 percent), roadside (5 percent) and public park (3 percent). Other physical settings were a school classroom, a marketplace, and a hospital. Neonaticidal killings typically occurred in or around the home (17 out of 21); the mothers delivered the infants alone in a bedroom, bathroom or toilet. Only one neonaticide victim was born in a hospital.

Circumstances of Homicide

The Fiji data indicate four major categories of child homicides: (1) maternal neonaticides; (2) altruistic killings; (3) fatal child abuse, mistreatment and neglect; and (4) assaults by nonfamilial assailants.

As noted, a total of 21 infants, mostly neonates, were killed by their mothers before their first birthdays. This represents 34.4 percent of all child homicides that occurred during the study period. As a category of child homicide, these infanticides grew out of maternal decisions to dispose of unwanted newborns. They were precipitated by unwanted pregnancies and births emanating from nonmarital or extramarital sexual activity. Pregnancy was carried to full gestation without the knowledge of family, friends, and neighbors and the infant was killed immediately following birth.

A number of child homicides occurred against a backdrop of chronic familial conflict, particularly between husbands and wives and between affinal kin residing in the same household. Marital disputes often centered on accusations of spousal infidelity.

In a 1989 case, a Fiji Indian man caused the death of his four-year-old daughter via a protracted pattern of deliberate starvation, physical mistreatment, and exposure to the elements. Case records show that the 32-year-old assailant disputed the paternity of the child whom he felt bore no physical resemblance to him or any of his other children. He accused his wife of having carried on a love affair with a neighbor and insinuated that the girl was the product of the illicit relationship. For him then, this daughter became a living symbol of his cuckoldry. The indignities inflicted on the victim were as multifarious as they were cruel. The toddler was not allowed to eat with the rest of the family; her meals consisted of the scraps collected from the plates of other family members and were served in a dog's dish. She was frequently tied to a tree beside the family domicile for several hours in the scorching sun or under the pouring rain. On numerous occasions, she was denied food. The victim was also made to sleep on the bare floor while other family members slept on beds. Poor nutrition coupled with recurrent physical and psychological abuse left the little girl emaciated and weak. On the day the toddler died, she sustained an injury after the father threw a scrubbing brush at her, hitting her on the forehead. Consonant with his usual neglectful and abusive treatment of the child, the father delayed seeking medical treatment for the victim. The toddler died while being transported to the hospital.

In another case, a toddler met his untimely death as an innocent witness to a spousal assault. The perpetrator was the victim's father who returned home intoxicated one evening, started an altercation with his wife and physically assaulted her. Upon hearing their mother's cries for help, the couple's four children became distressed. After repeatedly commanding the children to cease crying, the enraged father picked up his two-year-old son and hurled him across the room, slamming his head against a doorpost. The child sustained fatal head injuries.

There were 13 (21 percent) non-infanticide maternal filicides. These cases occurred under strikingly similar circumstances and are reminiscent of child homicide cases referred to in the literature as "altruistic filicides" (Bourget and Bradford 1990; Gottlieb 1996; Resnick 1969; Wilczynski 1997a). The perpetrators were all Fiji Indian women experiencing chronic marital or domestic conflict who killed their children in response to specific instances of abusive treatment at the hands of

husbands or in-laws, then attempted or successfully committed suicide. Case profiles revealed that these mothers feared for the safety and well-being of their surviving children at the hands of affinal kin upon their demise.

Nine (14.8 percent) child homicides occurred in the context of physical discipline administered by parents and are characteristic of the child homicide taxonomy referred to as “fatal child abuse or neglect” (Somander and Rammer 1991). In these cases, there was no evidence of homicidal intent. It is speculated that the nine child homicide cases that resulted from corporal punishment were those disciplinary cases where the magnitude of the force applied was excessive. As noted, many parents and parent surrogates in Fiji routinely employ physical punishment to discipline their children. Corporal punishment is perceived by many as an efficacious way to deter errant behavior and encourage deference toward adults. Children are hit with fists or other objects, kicked, thrown against the floor and burned or scalded.

One tragic case, known in Fiji’s judicial circles as the “Banana Murder Case” illustrates the draconian lengths to which some parents go to discipline their children, taking the injunction to “spare the rod, spoil the child” to a literal and fatal conclusion. In this case, a father’s brutal assault on his eight-year-old son resulted in the murder of the child. The boy, without his father’s permission, took a banana from a bunch sitting on the family dining table. The father punished the child by kicking him down a flight of stairs and beating him into unconsciousness with a belt and a stick. He barred his wife and other members of his household from seeking medical treatment for the victim. The youngster died days later and the father was charged with murder. During the ensuing criminal trial, the father testified that his son had committed the abhorrent sin of stealing and that it was within his parental responsibility to discipline him in the manner he deemed appropriate.

In another case of corporal punishment gone awry, the excessive force used by a school principal to discipline two students resulted in a tragic death. The 13-year-old victim was allegedly causing a disturbance in an unsupervised classroom. When the principal went to investigate, two boys were identified by their classmates as the source of the noise. The principal then called the two boys to the front of the classroom, grabbed them by their necks and slammed their heads together before ordering them back to their seats. One of the boys suffered a fractured skull and later died.

In another incident, a 25-year-old woman struck the legs and buttocks of her 11-year old stepdaughter with a lemon tree branch after the latter spilled water on the kitchen floor. The child developed severe hematomas from the resulting bruises and died three days later. The autopsy report revealed that the child died from septicemia—the result of third degree burns on the lower buttocks. The youngster also suffered a fractured left hand.

In yet another fatal case of child abuse, a mother resorted to physical abuse in frustration when she could not control her baby’s crying, striking her on the forehead with a wooden spoon with deadly force. At the time of the homicide, the mother was plagued by financial difficulties and psychological burdens that stemmed from estranged relations with her husband and in-laws.

Child homicides occurring in the context of spousal revenge (Resnick 1969) are exemplified by two cases that incidentally turned out to be the most deadly. Both of these assailants were responding punitively to the perceived errant behavior of their spouses. In the worst incident of multicide (multiple killing) on record in Fiji, a Fiji Indian cane farmer brutally bludgeoned his wife and their five children in response to suspicions that his wife was engaged in an illicit affair with a neighbor. In the other case that resulted in the death of a marital couple's four children, the husband assailant doused his house with kerosene and set it ablaze while his children remained asleep inside. He allegedly was incensed when upon rousing his wife from her sleep to request that she warm up his dinner, she retorted that he should do it himself.

Sexual assaults by strangers contributed to two (3.3 percent) child homicides. In separate incidents, two prepubescent females were abducted, sexually assaulted, and murdered by unacquainted adult males. In one case, a nine-year-old student returning home from school separated from her siblings and friends to collect mangoes in an isolated area. She was abducted by two men who carried her to a nearby creek and drowned her. The men then gang-raped her lifeless body. In the other case, a three-year-old girl who had joined a crowd of spectators at a village function was kidnapped, sexually molested, and murdered.

Suicide Following Homicide

In 6 (12 percent) of the 50 child homicide incidents, the perpetrators committed suicide immediately following the homicide. One other assailant attempted suicide, but was unsuccessful. These suicides invariably occurred on or near the scene of the crime, and the method of suicide corresponded closely with the means by which the homicide was perpetrated. Three assailants—two mothers and a grandmother—killed young children before taking their own lives by arson; one mother hanged her two children and herself; and one mother drowned her infant baby, but was unsuccessful in her attempts to drown herself. In the two remaining cases of posthomicide suicide, two men, in separate incidents, fatally attacked children to avenge “love disputes” with the victims’ families, and then hanged themselves. All suicides and suicide attempts following child killings were committed by Fiji Indian assailants.

Criminal Justice Response and Judicial Outcome

As noted, there were 50 lethal events that produced 61 child homicide victims. Case dispositions were available in 36 (72 percent) of the 50 incidents. An analysis of the cases shows that judicial sanctions varied considerably, ranging from probation to life imprisonment. At present, Fiji has no death penalty. Capital punishment was abolished in 1979 and the last execution was carried out in 1964. The current maximum penalty for homicide is life imprisonment.

In four (11 percent) cases, the defendants received a sentence of life imprisonment. Defendants in eight (22 percent) cases received custodial sentences ranging in length from 6 months to 20 years. Twelve (33 percent) defendants, all neonaticidal offenders, received probationary sentences ranging in length from 15 to 36 months.

The defendants in two (5.5 percent) child homicide cases were not convicted of their crimes. One defendant was adjudged psychiatrically impaired at the time of the crime and was remanded to the custody of a mental institution. In the other case, the prosecutor refused to prosecute a case of accidental siblicide.

Penalties for infanticidal murders were relatively lenient. Although infanticide in Fiji carries a maximum penalty of life imprisonment, none of the defendants received the maximum sentence. While none were acquitted, the majority of offenders received probationary sentences. For the four who received incarcerative sentences, the terms ranged from 6 to 18 months. Fiji's criminal code recognizes post-natal depression as a mitigating factor in the commission of infanticide. Attorneys representing infanticide defendants secured minimal sentences for their clients by raising the defense of the mother's psychiatric impairment following pregnancy, childbirth, and lactation. The comments of trial judges during sentencing invariably reflected a sympathetic regard for infanticidal mothers and their tragic stories. Previous research on infanticide in other societies confirms a tendency for the criminal justice system to deal with infanticidal mothers with relative leniency due to consideration of mitigating factors that precipitated the crime (see Marks and Kumar 1993; Oberman 1996; Wilczynski 1991).

Child homicides stemming from severe child abuse and neglect garnered some of the most severe sanctions. The father in the "Banana Murder Case" received an incarcerative life sentence. The father who starved and maltreated his daughter was sentenced to 10 years' imprisonment. Homicides that were perpetrated by strangers (i.e., non-family) also received the harsh penalties. The defendant in the rape-murder of the nine-year-old girl received a sentence of life imprisonment.

Discussion and Conclusion

Over two decades of studies cited in the introduction of this article serve to identify some important findings about child homicide in Western, industrialized nations. The research reported in this article was undertaken to provide information on childhood homicides in small, non-Western societies.

Results of the present investigation converge in some areas with findings identified in previous studies. For example, a large body of empirical research (Copeland 1985; Crittenden and Craig 1990; Hargrave and Warner 1992; Unnithan 1997) suggests that children are most at risk for homicide between birth and age four. The Fiji data support the results of these studies, with 69 percent of all child homicides occurring in children between birth to 4 years.

Congruent with numerous published studies (Goetting 1990; Marleau et al. 1999; Haapasalo and Petaja 1999) on various societies, our Fiji data show that child homicide is overwhelmingly an intrafamilial crime; that is, most incidents occurred

within the context of the family. We report that 82 percent of child killings in Fiji were perpetrated by parental assailants, with 61 percent involving the mother of the child. The data further demonstrate that in Fiji, as elsewhere (see Crittenden and Craig 1990; Fornes et al. 1995; Overpeck et al. 1998; Resnick 1969, 1970; Somander and Rammer 1991), neonatal homicides were overwhelmingly committed by the biological mother. There was no case of neonaticide by a father.

The findings of the present study regarding the predominance of persons of low socioeconomic status among both assailants and victims of child homicide are congruous with extant studies (e.g. Bourget and Bradford 1990; Crittenden and Craig 1990; Goetting 1988; Marleau et al. 1999). We posit that economic hardship contributes to high stress and frustration, which increases the likelihood of lethal and sublethal violence toward children and other family members.

In accord with the findings of Marleau et al. (1999) and Fornes et al. (1995) who found that the victim's home was the most prevalent location for child homicides, this study shows that most of the fatal assaults on children occurred at the victim's home. This finding is not unfathomable given the high percentage of intrafamilial killings in child homicides and the tendency for primary familial interactions to occur in the home.

With reference to homicidal methods, numerous studies (Crimmins et al. 1997; Crittenden and Craig 1990; Haapasalo and Petaja 1999; Myers 1970; Resnick 1969; Somander and Rammer 1991) indicate a large proportion of child homicides perpetrated via strangulation, drowning, and burial. The findings obtained in the present Fiji study corroborate these data. However, unlike previous research, we find that burning was a frequent mode of death. Furthermore, previous studies (Fornes et al. 1995; Jason 1983; Lewis, Baranoski, Buchanan, and Benedek 1998) have reported that a sizable portion of child homicides are accomplished with firearms. This finding was unsupported by the Fiji data, which revealed only one shooting death.

In most previous research on infant homicides (Daly and Wilson 1984; Haapasalo and Petaja 1999; Nkpa 1980; Silverman and Kennedy 1993), neonaticidal mothers were commonly young, poor and unmarried women who resorted to neonaticide to dispose of unwanted newborns. Congruent with these studies, the present study reports that single, young, and poor women were most at risk for committing neonaticides in Fiji. Also consistent with findings in previous research (Haapasalo and Petaja 1999), the Fiji data suggest that most of the pregnancies that ended in neonaticide were concealed from family, friends, neighbors, and health care professionals and, with the exception of one birth, occurred in non-medical settings. As in prior studies (Alder and Baker 1997; Mendlowicz et al. 1998; Wilson 1985), this study suggests that neonatal homicides in Fiji are an underestimation of the total number of neonaticides in the society. Since pregnancies and parturition are invariably hidden, the crime is easily concealed and police data are generally unreliable. The relatively large number of neonaticides relative to other categories of child murder appears to stem, principally, from the lack of legal abortion services in the society, the high cost of illicit abortions and rudimentary contraceptive programs. As noted, abortion is illegal in Fiji and carries a maximum incarcerative

sentence of 14 years. A physician-performed illicit abortion costs U.S.\$350 to U.S.\$400 (Motufaga 1997), an exorbitant fee in a country where the average family income for an urban family of six is estimated at U.S.\$30 per week (Adinkrah 1996).

Our results also converge with studies that suggest the absence of a sex differential in child homicide victimization rates (Cheung 1986; Crittenden and Craig 1990; Resnick 1969; Silverman and Kennedy 1988). In regard to the sex of child homicide perpetrators, our results are concordant with other research (see Alder and Polk 1996) that reveals a high representation of females among offenders in child homicide cases, compared to other categories of homicide.

Several studies (Fornes et al. 1995; Haapasalo and Petaja 1999) report the phenomenon in which child homicide perpetrators commit suicide in the immediate post-homicide period. Consistent with these studies, our study reports a 14 percent post-homicide suicide for child homicides in Fiji.

In addition to identifying the patterns of child killings, this research sought to identify the etiological factors undergirding the perpetration of homicidal acts against children in one society. Several previous studies (Bourget and Bradford 1990; Somander and Rammer 1991) report that a substantial proportion of child homicides are the lethal outcome of intrafamilial violence. Paralleling these findings, one of the most striking results to emerge from the present investigation was the extent to which intrafamilial violence was a precursor to child homicide. Conjugal altercations—oftentimes triggered by suspicions of spousal unfaithfulness—as well as disputes between in-laws residing in a common abode occasionally escalated into domestic homicides; in these cases, children were caught in the middle. Also, in accordance with previous studies (Fornes et al. 1995), the Fiji data show that parental abuse and neglect constituted additional etiological factors that contributed to filicidal behavior.

Several prior studies have examined the criminal justice response to child homicide. The available literature (d'Orban 1979; Cheung 1986) indicates that maternal defendants charged with committing neonatal homicide in various societies received relatively lenient penal sanctions, oftentimes consisting of probationary or nonincarcerative sentences. The Fiji data corroborate these findings.

In conclusion, this study of child homicide in Fiji has, in addition to shedding empirical light on patterns of child homicide in a non-Western society, replicated several aspects of previous research. Future research on child homicides in Fiji should attempt to answer the following questions: What accounts for the higher rate of child homicide among Fiji Indians in comparison with indigenous Fijians? What explanatory variables—cultural or otherwise—exist for the differences in the modes of offense commission between Fiji Indians and native Fijians in child homicides? Clearly, more research is needed in other geographical or cultural settings to continue to provide new insights into, and to enrich our understanding of, the phenomenon of child homicide.

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