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Advocating for a paradigm shift in school discipline practices in the Pacific Islands: Perspectives from an Australian audiologist living in Samoa

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I am writing to express my support and appreciation for the article written in the April edition "Beyond the Cane: Reimagining School Discipline in Fiji and the Pacific". This article provides an excellent overview of the controversies and complexities surrounding school-based corporal punishment in the Pacific Islands, and I especially appreciated the discussion on alternative approaches to school discipline that align with Pacific cultural values. I would like to be part of the transformative change advocated by the author Dr Davendra Sharma, and am writing to add my voice to this important conversation by highlighting the effects of corporal punishment on children from the perspective of an Australian hearing health professional who has called the Pacific Islands home for the past 15 years. I would also like to take the opportunity to highlight current efforts by the Samoan Ministry of Education and Culture to address school discipline and corporal punishment.

The most recent World Health Organization (WHO) World Report on Hearing includes blunt force trauma to the head and/or ear as an avoidable cause of hearing loss*(WHO, 2021)*. "Intentional trauma" such as a slap across the head/ear is highlighted as an on-going practice in many parts of the world, and a likely cause of childhood hearing loss. At the Ear Nose & Throat (ENT) Clinic of the national hospital of Samoa, it is not unusual to assess children with severe ear pain, perforated eardrums, and significant hearing loss following an alleged slap to the ear by their school-teacher. While the ear and hearing health may eventually recover, in extreme cases the child will need surgery to repair the eardrums, and/or hearing aids to optimize their hearing levels. Given that it is generally the more severe cases that come to the clinic for care, I often wonder how many unrecognized or unreported cases there are of children with ear-related injuries received from school disciplinary measures. The prevalence of hearing loss among school-aged children is already high in Samoa due to ear disease*(Kaspar et al., 2024)*, and I further wonder if corporal punishment in schools is a silent contributor to additional hearing difficulties among children.

As noted in Dr Sharma's article, the lifelong **psychological** effects of corporal punishment are well-known. Similarly, the lifelong **physical** effects are also well-known, and extend well beyond ears and hearing to the adverse impact on neurological development for children experiencing acute and chronic trauma to the head and/or ears. A recent WHO technical report on the public health impacts of corporal punishment states that negative impacts include disruption of brain maturation, and present as delayed developmental milestones (motor and sensory), and cognitive difficulties that lead to poor academic outcomes (learning, language and executive function)*(WHO, 2025)*. The tragic irony is not lost on me that the very people whose profession it is to nurture childhood development and optimize academic achievement may be unknowingly undermining their efforts through their disciplinary practices.

Dr Sharma's article also resonated with me because I agree we are in a time of transition regarding corporal punishment as an acceptable form of school discipline in Samoa. Anecdotally, I sense there is a strong desire for change but that it is mixed with a degree of helplessness and uncertainty on how to advocate and implement change – the vital role of traditional, religious and cultural beliefs cannot be denied in these discussions. And yet, I am hopeful because professionally I am connected to the very people who can and are leading change in Samoa - health professionals, the Inclusive Education Unit at the Ministry of Education and Culture, and advocates for children with disabilities.

Similar to Fiji, Samoa officially implemented an end to corporal punishment in schools with the Education Act of 2009*(Samoa*

Ministry of Education, 2009). More recently, the Ministry of Education and Culture developed a National Safe School Policy (2024-2029) with the following vision: "Samoa schools are to be safe, violence-free, supportive and respectful teaching and learning communities."*(Culture, 2024)* The introduction to this document reads as follows: "For many children though, the school environment means exposure to corporal punishment, bullying, playground fighting, verbal abuse, intimidation, humiliation, sexual abuse and other forms of cruel and humiliating treatment at the hands of teachers, other staff members and peers." One of the key strategies is for each school to use the National Safe Schools Guidelines to ensure their Discipline Policy aligns with the Education Act of 2009. Another key strategy is the capacity-development of all staff through the training of pre-service and in-service teachers on positive discipline, classroom management, and peaceful conflict resolution. The National Safe Schools Policy highlights that successful implementation of the Discipline Policy involves the whole community, and includes the students, teachers, school administration and parents/caregivers.

From my perspective, I felt Dr Sharma's article was a motivational call to action. I found myself wondering: How can I contribute to existing efforts in Samoa to end school-based corporal punishment? What is the unique voice that I bring to the discussion as an audiologist? Where are my particular opportunities to advocate for change?

World Hearing Day is an annual event on the 3rd March where hearing health advocates raise awareness about all aspects of hearing health. For the past 7 years in Samoa, our focus has always been on prevention of ear disease among schoolchildren as the leading avoidable cause of hearing loss: perhaps next year we can collaborate with the Health Promotion Unit of the Ministry of Health to include and introduce messaging about the impact of trauma to the ear?

Another opportunity may be to build on previous collaborations with the Ministry of Education and Culture. I have previously presented on childhood hearing loss for schoolteachers during training workshops facilitated by the Inclusive Education Unit: perhaps I can approach my Inclusive Education Unit colleagues on raising awareness about the adverse effects of ear trauma as part of their own endeavors to successfully implement their National Safe Schools Policy.

And of course, writing this letter is a formal statement of my active engagement in advocating for change. My aim in writing this letter is to add my voice to this important conversation as an allied health professional, health researcher, international development practitioner, and advocate for children with disabilities. While I am not naïve about the fact that change is slow, I agree with Dr Sharma's article that changes are made through collective efforts, one small step at a time.

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