

Letter to the editor

Child Maltreatment in Sri Lanka: an Iceberg Phenomenon?

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Dear Sir,

Child maltreatment is a universal problem and defined as “abuse and neglect that occur to children under 18 years of age”(1). It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power(1, 2). According to the World Health Organization, from 500 million to 1.5 billion children under go some form of violence every year, globally(3). While a vast number of children suffer from a cumulative impact of physical, mental and emotional violence, millions more are at risk on the hands of their parents (4, 5).

We believe one major risk factor for sexual abuse in children is less parental care, supervision and attention due to a variety of reasons. Parents’ employment overseas (especially middle east countries), chena cultivation season, estate sector, parents being away from home due to occupation, attending after school sessions and tuition classes will leave children away from parental supervision. Other risk factors are easy access to pornography through the internet, inability to refuse the perpetrator’s demands due to loyalty and early marriage ending up with statutory rape / rape. Identified perpetrators are close relatives or a known person to the family in most instances (6,7). Physical abuse is more common in families with poor socio-economic conditions, single parent and parental overseas employment (most of the women working as domestic helpers who leave the children under the custody of a relative). However the real incidence of child abuse in Sri Lanka is unknown and estimated figures are 17/100000 population /year (6, 8).

Maltreatment can increase the risk of behavioural, physical and mental health problems in adulthood (5). One of the main problems is that the same child will become a victim and/or perpetrator of other forms of violence during adolescence and adulthood (5). Exposure to intimate partner violence is also considered a form of child maltreatment (9) and is described as a form of interpersonal violence (5). Nearly one in four adults have been physically abused in childhood; where 36% say that they were emotionally abused. 20% of women and 5–10% of men have been sexually abused during their childhood (5). According to the United States Department of Health and Human Services, the overall rate of victimization is 9.1 per 1,000 children and 1520 children died of abuse and neglect in USA in the year 2013(10).

Although the exact prevalence of child abuse is not known in Sri Lanka (SL), reported literature shows that it is a significant problem (11). The first reported case was in 1980s (12,13). A study conducted in southern SL revealed that a considerable proportion of both male (22.4%) and female (15.7%) late adolescent school children have been victims of physical abuse (14). There are several case reports on all types of child abuse and neglect in SL(11). Most of the perpetrators are known by the victim and a significant number of them had experienced some form of physical or sexual maltreatment during their childhood (11,15). A study conducted among adults showed that 44% have experienced some form of sexual abuse and 36% have been physically maltreated during childhood(15). These figures are very much similar to world statistics with male predominance (14,15). There were different figures on reported cases of child maltreatment in various sources. Sri Lanka Police grave crime abstract for year 2011 reports 376 cases under cruelty to children & sexual exploitation of children (16).

However, a newspaper article written on parliamentary report says that in 2011 number of child rapes is 1463, leaving a huge difference in figures (8). During the subsequent years the situation remained the same (17,18). However National Child Protection Authority (NCPA) states that increased awareness of people and media has made prompt reporting of cases which could have led to this high numbers but the actual figures may not have increased. They have started a national database to find the exact situation in Sri Lanka (19). We believe that a problem in Sri Lanka set up is children do not present themselves to the relevant authorities early and parents tend to hide the facts due to social stigmata and cultural issues. The other problem is cases are undiagnosed due to lack of knowledge. High degree of suspicion is essential from the health care personnel's side, since some of them will present with nonspecific symptoms and interpreted as a medical illness. In SL, most of the reports are on sexual abuse (20,21), and few on other forms of child maltreatment (14,22). Further, the impact of war on adults in psychological and physical aspects (23), as well as children as conscripts on abusive aspects is a significant factor. Especially in relation to using children as soldiers, leading to emotional abuse, neglect and physical harm are well documented (24,25).

The Sri Lankan government has taken initiation to protect children from violence since past. SL has ratified UN convention in 1991 (3,26). Moreover, the Penal Code was amended in 1995(27) and the presidential task force on child protection was appointed in 1996. The NCPA, a statutory body, was established with the recommendations of task force and several legal amendments in 1998 (26,28). In 2014 the National guidelines for management of child abuse and neglect was launched and this booklet gave a guide on how to manage a child with suspected abuse and neglect (29).

We believe that stakeholders and policy makers should be aware of the situation of child abuse in SL. For that, there should be a clear database on magnitude of the problem. The NCPA database is a good start. At the same time

professionals should have a sound knowledge on child maltreatment. Especially first contact medical officers (outpatient department medical officers, ward house officers, field medical staff and judicial medical officers) should be able to identify a child with maltreatment. All the suspected cases should be evaluated in detail. For that we need a proper well-structured mechanism (place, professionals, studio facilities for recordings etc.). Currently, the only available such place is "Lama Piyasa" at North Colombo teaching hospital Ragama. This is grossly inadequate to handle the situation. There are some facilities at NCPA and teaching hospital Karapitiya as well. The law against those accused needs to be strengthened and the cases heard in the courts have to be expedited to reduce the burden on the child. Further we believe that the NCPA should be more empowered. The NCPA should have the advantage of reporting directly to the president, and it should comprise of high-ranking officials. This will facilitate the implementation and coordination of action suggested by NCPA. Employing specially trained people to take care of these children when they are in temporary placement, with facilities for rehabilitation, counselling and supervision are essential. Taking statements from the child should be done in a way that the psychological trauma is minimal. Video recording facilities should be decentralized and communication with the legal system to accept this evidence at national level is a mandatory requirement.

Child maltreatment is not uncommon in SL, but what we see is only the tip of the iceberg, as many cases go unnoticed or unreported. Un-identification of victimized children and releasing them without proper therapy is a threat to the society for the reason that the victim can become an adult perpetrator. Thus, it is a duty of primary care medical officers to identify the abused / maltreated children who present with other indirect complaints and provide the best possible care to prevent them from being a victim or a perpetrator in another instance. Strengthening the network of legal, judicial, medical and social management all over the country is mandatory.

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