Personal View

Management of victims of child abuse in Sri Lanka: The view of a Child Psychiatrist

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Background

The United Nations defines violence against children as all forms of physical or mental violence, injury and abuse, neglect or children negligent treatment, maltreatment or exploitation, including sexual abuse[1]. Child abuse is identified as a global problem with devastating long-term consequences throughout life[2]. Apart from a few data from national surveys from different countries, global data on child maltreatment is still limited[2]. A worldwide literature review on child maltreatment reported that 23% of adults have been victims of physical abuse, 36% have been victims of emotional abuse and 16% have been physically neglected, irrespective of the gender, during their childhood[2]. A systemic review done in 2015 on global prevalence of child maltreatment reported that nearly 10 million children aged 2-17 years have been victims of physical, emotional or sexual abuse or neglect[3]. A study done in a Sri Lankan district among students aged 18 to 19 years reported the prevalence of physical abuse in 45.4%, sexual abuse in 9.1% and emotional abuse in 27.9%[4]. The same study reported that there was a greater prevalence of sexual abuse in girls in comparison to boys (11.5% vs. 6.4%)[4].

Consequences of child abuse

Apart from direct and immediate effects, child abuse can also result in multiple long-term adverse consequences to an individual's physical and psychological health, behavioural changes and adverse societal consequences[5]. A 30 year follow up study showed a link between child maltreatment and increased risk of malnutrition, vision problems, lung diseases and diabetes[6]. Studies also showed a negative impact of childhood maltreatment on both structure and function of the brain. It is evident that child abuse is associated with decreased brain volume both in cortical and white matter regions[7].

Children who experienced childhood maltreatment have been shown to have deficits in cognitive functions like cognitive flexibility, working memory, sustained attention and inhibitory control compared to a control group of children[8].

A systematic review showed strong evidence that childhood maltreatment increases the risk of depression and anxiety in adult life[9]. Experiencing childhood adversities is also related to increased risk of lifetime suicidal attempts[10]. Children with adverse childhood experiences are at increased risk of getting post-traumatic stress disorder[11]. Childhood maltreatment is related to risky sexual behaviours, including unprotected sex, poor assertiveness skills in sexual refusal and having more than four partners at age 18 in a study done on 859 high risk youth[12]. Studies have shown that child maltreatment is strongly linked to juvenile delinquency and criminal behaviours in adults[13]. Adverse childhood experience has also been shown to be associated with greater probability of developing a substance use disorder in adulthood compared to a control group[14]. A review done on intergenerational child maltreatment reported that parental childhood adversities were related to intergenerational continuity of child maltreatment[15]. In addition, child maltreatment also increases the economic burden in a country by increasing costs in health care, child welfare, special education and criminal justice[16].

Current services in Sri Lanka to support victims of child abuse and neglect

United Nations Convention on the Rights of the Child (UNCRC) has set out well-defined legally binding standards. Sri Lanka was one of the earliest countries which ratified the UNCRC[23]. National Child Protection Authority (NCPA) was established by ACT No 50 of 1998 under the presidential secretariat, after it was recommended by the presidential task force on child abuse in

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1996. In 2006, the NCPA came under the purview of the Ministry of Child Development and Women`s Affairs. NCPA is the main authority for protecting children and promoting child rights. Some of the main functions of the NCPA include advising the Government on child protection policies, protection and treatment of children who are victims of such abuse, prevention of child abuse and taking measures to protect the victims of child abuse and increase awareness about abuse[17]. The Department of Probation and Child Care Services is functioning under the Ministry of Child Development and Women`s Affairs. Some of its main functions are refurbishment of children's homes, supervision of children's homes, conducting training for caregivers, re-unification of identified children, conducting vocational training for institutionalized children and their life skill development[18].

National child protection policy should ensure effective coordination of all stakeholders and organizations working to protect and develop Sri Lankan children. It should also focus on general care and wellbeing of the children which will include better education, leisure activities, encouraging creativity and social activity participation[19]. Sri Lanka National Policy on Alternative Care of Children, which is in the drafting stage, offers a comprehensive range of alternative care options for children encouraging reform of all formal structures providing services for children deprived of care and protection both at-home and outside[20].

A multi-sectoral approach was used to formulate National Guidelines for management of child abuse and neglect in 2014 with the collaboration of the Health Ministry, Education Ministry, Justice Ministry, Child Development and Women's Affairs Ministry, Attorney Generals Department and Children and Women's Bureau of the Sri Lanka Police[21]. The main objective of the guidelines was the provision of a well-integrated, well directed and more systematic approach to the management of victims of child abuse and neglect in Sri Lanka and minimization of the short and long term adverse consequences of child maltreatment[21].

Considering all these guidelines, policies and acts, it is evident that the government of Sri Lanka has clearly identified the adverse effects of child maltreatment and the requirement to take necessary steps for identification, management and prevention of child abuse in Sri Lanka. Even though all these policies and guidelines are in place, what I have realized as a Consultant Child Psychiatrist is that managing a victim of child abuse is not as smooth as mentioned in the guidelines and policies. Limited awareness of stake holders, limited implementation of strategies and plans, limited resources and various other factors have made the management of child maltreatment at ground level a seriously challenging task. In this paper I will be discussing some clinical examples where systems have deviated from expected standards and recommendations in management.

Case 1

Six girls from the same school who were in grade 11 were reported to be allegedly sexually abused by the science teacher at school, multiple times. Abuse was assessed to be of the non-actual physical activity (non-touch) type. The class teacher reported the incident to the relevant authorities. Police officers dressed in uniforms have visited each girl at their house and transported them to the hospital by police vehicle for the assessment by the judicial medical officer. As the abuse was of the non-touch type, all the girls had no physical injuries. They were sent home and presented to the Consultant Child Psychiatrist after one week for psychological assessment. None of the victims presented with psychological symptoms related to the direct effect of abuse. However, they were all assessed to be having psychological consequences of trauma secondary to being transported in the police vehicle and the public reaction to it. All the girls reported that travelling in the police vehicle was more traumatic than the abuse *per se*. They reported that the reaction and comments of the villagers was much more stressful than the abuse.

Reflection on case 1: According to the national guidelines of management of victims of abuse and neglect, it is recommended that police officers should wear civilian clothing whenever they visit the children at home, school or in hospitals. Victims should be transported in a non-official vehicle[21]. This reflects how the system has further maltreated the victims of abuse.

Case 2

A 12 year old girl was admitted to the paediatric ward after paracetamol overdose and referred to the child psychiatrist for assessment. On assessment, child revealed alleged sexual abuse by the biological father. Supportive staff of the paediatric ward have assaulted the perpetrator in the evening during visiting hours inquiring from him about the incident. Child's psychological symptoms were assessed to be worsening after this incident and she was reported to be more anxious to see the father since then.

Reflection on case 2: The national guidelines for management of victims of child abuse recommend maintaining strict confidentiality in the ward during management procedures. The bed head ticket of the victim should be kept in a locked cupboard and the

key should be kept with Sister / Nurse-In-Charge of the ward[21]. In this case, the system had failed to maintain the confidentiality and supportive staff have taken undue responsibility in management.

Case 3

A 7 year old boy presented to the hospital with 17 injuries in the body as a result of alleged physical abuse by the biological father. Apart from the physical injuries, the child was assessed to be having clinical features of post-traumatic stress disorder. The Officer in Charge (OIC) of the Women and Children's Desk at the police station had advised the child's mother to withdraw the police complaint saying that the father will be convicted of criminal charges if they continue legal procedures. Further, he has advised ignoring the incident as the perpetrator was child's biological father.

Reflection on case 3: In this case the child presented with physical and psychological consequences of abuse. According to the National Child Protection Policy of Sri Lanka, no form of abuse and violence against a child, or exploitation and neglect, can ever be justified and require a zero tolerance policy[19]. This reflects how different stakeholders can be irresponsible in their duties putting victims further at risk.

Case 4

A 14 year old girl was reported to be allegedly sexually abused by the stepfather since age 3. According to the judicial medical officer's report, her vagina was hyper keratinised due to vigorous chronic intercourse. Since this had been happening as a routine from a very young age, the child had never refused the act of the perpetrator. She was told by the perpetrator that this was a normal action between family members. Girl has revealed this to the student counsellor at school who informed the National Child Protection Authority. Child had to stay in the hospital for a few weeks to complete the medico-legal procedures. One of the senior nursing staff member claimed that we are paying undue attention to this case and the child was occupying a hospital bed unnecessarily. Her view was that the child had given consent to the act and never refused the act of the perpetrator.

Reflection on case 4: According to the Penal Code (Amendment) Act, No. 22 of 1995, the age of statutory rape is increased to 16 years and there is specific provision that evidence of physical injury is not essential to prove a lack of consent[22]. In Sri Lanka, the legal age of consent for sexual activity is considered to be age 16[22]. The reaction of the above mentioned staff member showed the limited awareness among them about this fact. I randomly spoke to 10 nursing staff members in the hospital who worked with children, to assess their knowledge on the legal age to have sex in Sri Lanka. Only 1 out of 10 knew that the age was 16. This shows the limited awareness among health care workers related to child sexual abuse.

Case 5

A five year old girl was reported to be allegedly sexually abused by the stepfather. Mother, who was the sole caregiver of the child, was unemployed and totally dependent financially on the perpetrator. She did not have any accommodation other than the perpetrator's house. Even though the mother was desperate to keep the child with her, she was not in a position to provide the expected care and security to the child. During the Institutional Case Conference, stake holders were unable to find a suitable support system for a homeless mother like her. Eventually, the child was placed in alternative care.

Reflection on case 5: The National Policy for Alternative Care of Children in Sri Lanka emphasizes the importance of preventing unnecessary separation of children from families and considers institutionalization of children as the last option[20]. In this scenario, mother's financial constraints were the only barrier to keep the child with the mother. Unfortunately, there was no support system available to provide care for homeless mothers with victimized children.

Case 6

A 14 year old pregnant girl was referred to the child psychiatry clinic for psychological assessment and management. She was from the estate sector and had never been to school. She could not write or read. Her mother also could not read or write. Child did not have a birth certificate and mother was unable to give her proper age. The paediatric team had calculated her age according to the bone age. Child was reported to be allegedly sexually assaulted by her older sister's spouse thatresulted in the pregnancy. Child was unable to give a clear account about the incident and the time period. Gestational age of the foetus was calculated by the ultra sound scan. Child was unable to understand that she was pregnant and in fact reported that an animal was crawling inside her tummy.

Reflection on case 6: This case is a good example of total system failure in the country related to assuring child rights and child protection. The compulsory school attendance regulation in 1998 notified that every parent is required to send his/her child to school if the child is not less than 5 and more than 14 years[23]. Every child has the equal right to get proper education[23]. In this case, the system had failed to detect children who are not

getting education. Her mother not having been to school shows how inter-generational deprivation is transmitted. It is probable for this victim to experience most of the physical and psychological consequences of abuse. Management of this victim would be challenging in all aspects. The newborn of the victim will also be affected massively both physically and psychologically. Prevention of these kinds of presentations would be the best approach rather than management after victimization.

Conclusion

Government of Sri Lanka has clearly identified the adverse consequences of child maltreatment and implemented many strategies in the areas of identification, management and prevention of child abuse and neglect in Sri Lanka. However there are many difficulties faced by the stake holders when managing victims of abuse at ground level due to various reasons such as limited awareness among stakeholders, limited resources and limited implication of action plans by responsible authorities.

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