

Child Abuse in Northern Sri Lanka

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Abstract

Objective To identify areas of deficiencies and gaps in child protection services in Northern Sri Lanka. Also, to help in recommending strategies, programmes of interventions for addressing issues of child abuse and advice the legal system.

Methods A retrospective study was done to determine the socio-demographic details, type of abuse, clinical profile, relationship of the perpetrator and nature of abuse among children admitted to a tertiary care centre from 2009 through 2014, a period after cessation of a 60-y conflict. Data were obtained from hospital based records and records maintained at the district probation office.

Results Seven hundred twenty cases were referred to the tertiary care centre with abuse. Majority of the children were from the Jaffna district, the northern city of the war affected area and mean age of the children affected was 14.5 ± 2.6 y. Females were affected more than the males and 352 children were seen following sexual abuse. The clinical examination showed penetrative injury in 15 %. The perpetrator was known in 70 % of the situations and the victim was coerced into a relationship for abuse. Attempted suicide was seen in significant numbers during the immediate post war period and

school dropout and delinquent behaviour was seen in later years.

Conclusions The problem of child abuse is considerable in this region and there is an urgent need to strengthen the services offered to the victims. Urgent steps are needed to safeguard these children, especially in the war affected areas.

Keywords Child abuse · Sexual abuse · War · Northern Sri Lanka

Introduction

Child abuse is a state of emotional, physical, sexual and economic maltreatment meted out to a person below the age of eighteen years and is a globally prevalent problem. It can be rooted in both cultural and religious history as well. In Sri Lanka, the magnitude and characteristics of this problem have not been clearly understood.

Sri Lanka is a multi-ethnic and multi-religious country which was affected by civil war between a Tamil separatist group and the Sri Lankan government forces for many long years. This ended in May 2009, after a major conflict especially in the Northern part of the country. It is evident that this civil conflict has targeted civilians including children and the infrastructure of the society, resulting in scenarios which have never been witnessed before. The effect of this has led to the disruption of the medical, social, educational and public services in the area. In these circumstances, the children suffer the most as their homes are destroyed, their families disrupted and their chances of becoming mature sensible members of the society is compromised [1].

Children are exposed to situations of terror and horror during war which leaves lasting physical and psychological impacts. Severe losses and disruption in their lives lead to high

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rates of depression and anxiety which may be prolonged to further exposures of violence and abuse. Malevolence may cause children to suffer loss of meaning in moral and spiritual values leading to lie, steal and changed behavior. Social and cultural losses also lead to disrupted behavior both in adults and children [2].

The child protection services in Sri Lanka were established in the year 1998 by establishing the National Child Protection Authority (NCPA) and then a separate Ministry was appointed to deal with this in 2006. Each district has officers who deal with issues of child protection. Another system is also in place through the Ministry of Women and Children Affairs which oversees district level officers based in hospitals and in the field. Issues of child protection are reported to both these officers and data is available in the district child development committee office centrally in all districts. All district offices summarise their available data which is available at the Northern Province central office. The records of hospitalized children with child protection issues are stored in the hospital database as well as sent to the district office. If properly analysed, these records provide valuable data to understand the magnitude and characteristics of child abuse in a district. The present study on child abuse attempts to understand the extent of the problem, its dimensions and intensity using these records. This also describes the different forms of abuse, its magnitude, the socio-economic pattern of the families affected, the nature of the perpetrator who inflicted the injury to the child and the reporting system. This study will be able to identify areas of deficiencies and gaps for future research. The results of the study will help to recommend strategies, programmes of interventions for addressing issues of child abuse and advice the legal system.

Material and Methods

A hospital based retrospective study was done at the Teaching Hospital, Jaffna among the children admitted or seen by the hospital child protection services from January 2009 through December 2014. Children less than the age of 18 y with suspicion of child abuse were considered. All records maintained at the Teaching Hospital, Jaffna of children admitted with a history of child abuse were sequentially considered. Records of children with suspicion of child abuse are separately maintained at the office for child protection services. Records maintained at the Northern Province child probation office were also considered. Northern Province of Sri Lanka is one of the nine provinces which comprise the districts of Jaffna, Kilinochchi, Mannar, Mullaitivu and Vavuniya. The Teaching Hospital is a tertiary Care Centre for this province and is situated in the district of Jaffna. A pre-tested questionnaire was used to collect the data from the hospital database. Data regarding the demography, social back ground, nature of the

abuse, details of the incident, details of the perpetrator and the follow-up measures were taken from the hospital records. The efficiency of record keeping in the institutions was also assessed. Data was also extracted from the database of the Northern Provincial Child Probation Office to obtain the overall incidence in other districts. Details of abuse according to the districts, age and sex incidence were obtained from the provincial office.

The following case definitions were used in identifying and categorizing different types of child abuse. Child abuse was defined as an intended, unintended and perceived maltreatment of the child, whether habitual or not, including any of the following: Psychological and physical abuse, neglect, cruelty, sexual and emotional maltreatment, any act, deed or word which debases, degrades or demeans the intrinsic worth and dignity of a child as a human being. Physical abuse was defined as inflicting physical injury upon a child. This may include hitting, shaking, kicking, beating, or otherwise harming a child physically. Emotional abuse (also known as verbal abuse, mental abuse, and psychological maltreatment) includes acts or the failure to act by parents, caretakers, peers and others that have caused or could cause serious behavioral, cognitive, emotional, or mental distress/trauma.

Sexual abuse is inappropriate sexual behavior with a child. It includes fondling a child's genitals, making the child fondle an adult's genitals, sexual assault (intercourse, incest, rape and sodomy), exhibitionism and pornography. Child neglect is an act of omission or commission leading to the denial of a child's basic needs. Neglect can be physical, educational, emotional or psychological. Psychological neglect includes lack of emotional support and love. The collected data was entered and analysed using Statistical Package for the Social Sciences (SPSS) version 21. Trend analysis of proportions was calculated using stata 14 statistical package.

Ethical approval was obtained from the ethical review committee of the Faculty of Medicine, University of Jaffna.

Results

A total 4270 incidences were extracted from the database of the Northern Province Child Probation Office from 2009 through 2014. The distribution of the incidences in the Northern Province is given in Fig. 1. Majority (68 %) of the children fell in the age range of 14–16 y. Females were affected more when compared to the males, the ratio being (M:F – 1:1.7). Majority of the children were residents of Jaffna district (45 %), followed by Vavuniya (32 %), Mullaitivu (18 %) and Kilinochchi (12 %). Figure 1 shows the trend of different types of abuse and the trend analysis with the *p* values.

A total of 843 cases were reported to the Teaching Hospital, Jaffna during the study period. Major details were missing in the records of 123 cases (14.5 %); hence a total of 720 cases were

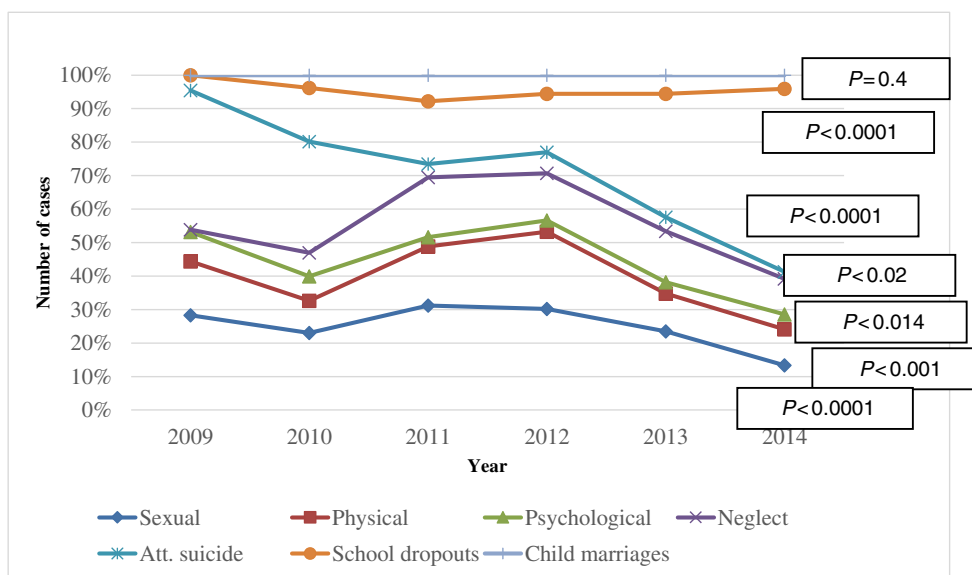


Fig. 1 Trend of child abuse in Northern Province over a period of 6 y

further studied and analysed. Table 1 shows the types of abuse seen at the tertiary centre and the trend analysis over the years.

Some of the socio-demographic risk factors were compared, mainly between sexual abuse, physical abuse and neglect. Table 2 describes the characteristics of the study population and the highlighted values show a significant association with the type of abuse and risk factor.

The form of abuse was sexual in majority and 83.8 % (295) children lived with their parents. The perpetrator was known to the victim in 302(86 %) occasions. Seventy percent (247) of the time the perpetrator coerced the victim into a relationship before abusing. Fourteen children living with their parents were abducted and abused. Penetrative injury was seen in 15 % (53) and none of the children tested positive for sexually transmitted disease. Fondling was seen in 270 cases. The details regarding pornography were not reported in the hospital data. In the sexually abused group, school dropout before GCE O/L was seen in 30.6 % (108) children which has shown an increasing trend over the years. Reason given for school dropout was mainly poor socio-economic status. Two hundred one children (57 %) belonged to poor socio-economic status getting a monthly income of less than Rs. 10,000/-. Unemployment, at least in one

parent was seen in 71 (20 %) and alcohol abuse in the parent was seen in 80 (22.7 %) of the cases. None of the victims reported alcohol or drug abuse. Seventy eight percent (274) of the parents indicated that they feared stigmatisation in the community and thereby, wanted to change school or put the child into hostels/children’s homes. Intelligence quotient was tested using Raven’s in 52 victims (14.7 %) of child sexual abuse and 20 (38.4 %) had IQ of less than 90. None of the victims had neurodevelopmental disability.

Child marriage was reported in 245 (34 %) cases that were seen at the Teaching Hospital, Jaffna. The mean age of these children was 16.2 ± 1.8 y. Majority (97 %) of them were females. The reason given was circumstances leading to the incidence in 104 (42.5 %), poverty in 97 (39.5 %) and traditional belief in 38 (15.5 %). Circumstances were mainly fallen in love and coerced into a relationship. Pregnancy was reported in 121 cases (49 %) and none tested positive for sexually transmitted diseases. None of these children were tested for intelligence and none reported alcohol or drug abuse.

Physical abuse was seen in 40 (5.5 %). Majority (85 %) of these children belonged to the age group of 5–10 y. Unexplained bruising on the face and back was the common

Table 1 Types of abuse seen at the tertiary care centre

Type of abuse	2009	2010	2011	2012	2013	2014	Total	X ² for trend	P value
Sexual abuse	48	45	68	75	61	55	352	0.275	0.6
Child marriage	45	28	54	46	39	33	245	4.4	0.03
Physical abuse	4	3	3	8	12	10	40	4.94	0.02
Neglect	2	2	8	11	10	12	45	7.2	0.007
Attempted suicide	0	0	2	3	8	8	21	14.1	0.0002
Conflict with law	3	3	2	2	3	4	17	0.008	0.9
Total	102	81	137	145	133	122	720		

Table 2 Characteristics of the study population in the main forms of abuse

Feature	Sexual Abuse			Physical Abuse			Neglect		
	Count	OR (95 % CI)	<i>p</i> value	Count	OR (95 % CI)	<i>p</i> value	Count	OR (95 % CI)	<i>p</i> value
Age									
<5	3	0.0088 (0.002–0.029)	<0.0001	5	1.28 (0.47–3.44)		37	222 (78.74–625.86)	
5–10	72	0.29 (0.18–0.48)	<0.0001	32	15.85 (7.03–35.72)	<0.0001	8	0.60 (0.27–1.33)	0.203
>10	277	100.95 (31.01–328.54)	<0.0001	3	0.04 (0.01–0.12)	<0.0001	0		0.0001
Sex									
Male	123	0.60 (0.37–0.98)	0.04	19	1.59 (0.83–3.06)	0.161	21	1.54 (0.83–2.87)	0.170
Female	229	1.66 (1.03–2.67)	0.04	21	0.63 (0.33–1.21)	0.1	24	0.65 (0.35–1.21)	0.17
Religion									
Hindu	308	0.8 (0.39–1.78)	0.63	36	1.2 (0.41–3.57)		40	1.11 (0.42–2.97)	0.82
Christian	42	1.14 (0.53–2.45)	0.72	4	0.83 (0.66–1.13)		5	0.92 (0.34–2.43)	0.86
Reported to Authority									
Family	188	0.69 (0.43–1.13)	0.14	23	1.11 (0.58–2.14)	0.75	30	1.72 (0.90–3.29)	0.10
Other	164	1.45 (0.89–2.35)	0.137	17	0.61 (0.32–1.17)	0.133	15	0.58 (0.30–1.12)	0.100
Family Structure									
>6 members	105	0.54 (0.35–0.84)	0.005	28	2.83 (1.39–5.760)	0.002	45	1.26 (0.78–2.05)	0.342
Single parent	70	2.24 (1.28–3.93)	0.004	8	0.78 (0.34–1.75)	0.537	11	0.39 (0.20–0.78)	0.006
Unemployment	71	1.10 (0.68–1.78)	0.698	4	0.25 (0.09–0.73)	0.007	30	1.51 (0.90–2.53)	0.11

Bold are statistically significant

form followed by ruptured ear drum and fracture of long bones. In 23 occasions, perpetrator was the step father or close friend and regular visitor to the house. There were 8 (20 %) occasions where the child had received corporal punishment. Two children had their IQ tested using Raven's and were within the normal limits.

Neglect was seen in 45 (6.2 %) of the children and they belonged to the age group of less than five years. Poor nutrition was seen in 30 (66 %) children and ten children failed to seek medical care in time.

Attempted suicide was seen in 21(3 %) children. The rest 17 (2.3 %) were seen due to conflict with law. The reason given was mainly to threaten the parents. None of the victims reported drug or alcohol abuse and none of them had their IQ tested.

Seven children were found abandoned and had problems with tracing the family.

In 384 (53.3 %) instances the parents notified the incidence to the authorities. It was followed by police in 180 (25 %), by probation officers in 80 (11 %) and by the teachers in 54 (7.5 %).

Multidisciplinary case conferences were held in the hospital in 352 children (49 %). The rest were seen by the judicial medical officer and discharged. Follow-up for the children who had multidisciplinary case conferences were advised to all children and 23 (6.5 %) attended one follow-up clinic and lost to follow-up after that.

One hundred and twenty-three records (14.5 %) were rejected due to major deficiency in the records. One hundred

eighty three records (25.4 %) lacked the details of family mainly the details of siblings. Medical details were satisfactorily filled in all records. Five hundred eighty (80 %) records did not have details of follow-up.

Discussion

According to World Health Organization, an estimated 40 million children between 0 and 14 y of age suffer from abuse or neglect and require health or social care [3]. Statistics reveal that child abuse, in all its forms – physical, sexual, emotional and neglect is present across all strata of society. Child abuse, long neglected by both society and medicine is now a focus of public attention. The world report on violence and health has shown that there is insufficient knowledge about child abuse recognition and management among health workers [2].

The medical community plays an important part in identifying possible victims of child abuse. Poverty, inaccessible health care, inadequate nutrition, unavailability of education *etc.* are the contributing factors identified so far [3, 4]. The present study also showed that poverty, large family size, unemployment and alcohol abuse in the parents contributed to child abuse. Large family size had a significant association in sexual and physical abuse ($p < 0.001$). Single parent family contributed significantly to sexual and physical abuse whereas unemployment contributed to physical abuse (Table 2).

The incidence of child abuse has also shown an increasing trend over the years; a significant increase over the years in physical abuse, neglect, child marriages and attempted suicide (Table 1). The possibility is that more abuse is coming to the attention of the authorities [5]. The common form of abuse is sexual among the 10–14 y olds, physical abuse among 5–10 y and the neglect mainly in under 5-y-olds. In the USA the common form of abuse was physical [3] and in the UK teenage girls between the ages of 15–17 y experienced a higher rate of sexual abuse [6, 7].

Child marriages have occurred in the society from very ancient times but it has shown an increasing trend over the last few years. Quarter of the cases seen at the Teaching Hospital, Jaffna were due to child marriages. This problem did not come to light in the immediate post war period but now it has an increasing trend. Circumstances leading to the incidence, poverty and traditions maintained by the family contribute to children being given away in marriage at an early age. The circumstances have been mainly the child being coerced into a relationship and then found by the parents when living together.

According to the UNICEF reports of increasing child abuse, neglect and exploitation are on the rise in Sri Lanka. Out of about 15,000 legal trials pending nationwide, more than 4000 (27 %) involve some form of violence toward a child. Moreover, out of 1126 abuse cases for which the Ministry of Child Development had detailed information in 2013, 206 victims were younger than age 10 and 878 were between 10 and 16-y-old [6].

Considering the trend of abuse over the years in the immediate post war period, prevalence of attempted suicide was more in 2009 and 2010 whereas the school drop out was more in the years 2011 and 2012. There was a rapid increase in abuse in the year 2014, most likely cause being the education and the probation departments being more vigilant and reporting school drop outs. Education has been given an importance in this society over centuries but the trend is noticed to be changing over the recent years. This again may be a reflection of poverty and change in attitude among the young generation and the parents [4]. Further studies are needed to study this problem in depth. Action was taken regarding this increased number and in the year 2014, 53 % of the school drop outs re-joined school according to the district child probation office in the Northern province.

One-third of the child maltreatment cases involve substance use to some degree [4, 8]. Children whose parents' abuse alcohol and other drugs are three times more likely to be abused and more than four times more likely to be neglected than children from non-abusing families [8]. In the index study, 45 % of the time the parents had been abusing alcohol. None of the victims reported alcohol or drug abuse but with the increasing access to these, it will be a major association in the future.

According to the United States State Department Statement, five children die per day due some form of maltreatment [8]. In the index study there were no deaths reported during the study period.

Cyber bullying is another emerging problem on which awareness and data is lacking. In the index study the authors were not able to establish this problem. The impact of child maltreatment was not analysed in depth in the index study.

All forms of abuse in childhood are associated with poorer mental health and elevated delinquent behavior and developmental disorders [9]. Strong associations are found between maltreatment, sexual abuse and physical violence, and poorer emotional wellbeing, including self-harm and suicidal thoughts [9]. The children have shown problems with relationship, trust, behavior and development, hence urgent steps are needed to control this problem [6, 8]. This problem is reflected by the number of children dropping out of school and facing educational problems.

The services available for the children in this part of the country are very limited. Services are mainly provided by the government by accommodating some children in safe houses and by providing private run children's homes after the court case. Social services department also provides financial support to the victims. The follow-up and psychological support to the victims is not utilised mainly due to stigmatisation and lack of knowledge. Further studies are needed to assess the use of the services provided to the victims.

This study documents clinical and socio-demographic description of a very sensitive social issue in this part of the country. The authors also managed to document the trend over the years. These findings are valuable in planning preventive strategies and providing care to victims. This is the major strength of this study. However, the interpretation of findings is limited by the fact that it is a record based study of a selective sample. The sample is tip of an iceberg. However, the usefulness of this data is mainly two-fold; first, this could be a trigger to a well-planned prospective study covering both hospital and community settings and secondly, data obtained from this selective sample can be utilized to improve the care given to these innocent children and to plan preventive strategies.

To conclude, the problem of child abuse is considerable in this region and there is an urgent need to strengthen the services offered to the victims. In addition, authors recommend that the authorities should launch effective capacity building and preventive programmes and initiate further studies to document the real extent of the problem and its short and long term consequences on the medical, mental and social wellbeing of the victims.

The recommendations should have a fool proof reporting system in place for accurate and complete record keeping. Computerisation and training adequate personal to maintain the records is needed. Establishing a multi-disciplinary team with representations from medical, mental health, education, social service and legal professions is needed. A system should be in place to ensure follow-up and counseling to all the children with problems of child abuse [5].

The other recommendations are to have awareness programmes for school staff, health professionals, lawyers,

social workers and the police [10]. The mass media can be used to do the awareness. Importantly, children themselves should become involved in the project through drama, music and essay competitions. These must be held at the local level and subsequently, at district, provincial and national levels.

Training of the personals in identifying and taking necessary action is needed in aspects of investigations, medical evaluations, mental health care, family interventions and legal services.

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Compliance with Ethical Standards

Conflict of Interest None.

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