To the editors:

**Do schools promote violence in Sri Lanka?**

I read with interest the article titled ‘Do schools promote violence in Sri Lanka?’ [1]. It is encouraging that the problem is being discussed in medical forums. The problem of violence in schools has been carefully documented in the University Paediatric Unit, Colombo North Teaching Hospital, over a period of time. Described below are 5 cases which reinforce the need to urgently address this problem.

A 13-year old boy was admitted with a swollen black eye with abrasions over the right upper cheek and subconjuctival haemorrhage. He had been assaulted with a cricket bat for a minor offence by the cricket coach. It has been the normal practice for this coach to inflict corporal punishment with the bat. This boy had previously been admitted to hospital as he had sustained a facial injury as a result of another schoolboy intentionally banging his face on the wall within the school premises. Another 13-year old boy from the same school was admitted after a classmate punched him on his face. He had a fractured nasal bone. A 16-year old boy, again from the same school, had been beaten up by a gang of schoolboys. He had a cut on his right hand, which needed surgical intervention. A 6-year old boy was admitted with an abscess of the right hand following blows with a cane by his class-teacher. An 8-year old boy had received blows on his neck and right shoulder with a cane by the class-teacher. On assessment he was found to have brachial neuralgia. He was depressed and in addition to dealing with his physical injuries, needed psychiatric help.

In four of the cases there was considerable delay in reporting the incidents of violence to the Judicial Medical Officer.

Some adults still justify corporal punishment, although evidence suggests that corporal punishment, besides being ineffective is not a quick solution as many think it is. As shown in some of the given examples, it leads to unnecessary suffering both physical and psychological. If a teacher is allowed to mete out physical punishment students too may consider physical violence as a means to settle disagreements. Children educated in such an environment are likely to perpetrate violence, as was probably the case in some of the examples. It is unfair to put the whole blame on the teaching fraternity. Parental alcoholism and violence at home, 20 years of war in the country, violence on television, use of violence by leading figures in society to achieve political and other goals, and a very slow legal system that fails to mete out justice expeditiously, have all contributed. To break this cycle both the medical professionals and education authorities must play a role.

There should be training programmes for teachers regarding student discipline, as the circular issued by the Ministry of Education in 2001 states that corporal punishment is not acceptable [2]. The medical profession too, has a vital role to play. Since Sri Lanka is a signatory to the Conventions of the Rights of the Child (a child is defined as a person less than 18 years old [3]), every doctor should recognise violence against children and inform the Judicial Medical Officers, so that action can be taken to defend the rights of a child. Unfortunately, there seems to be some reluctance on the part of the medical professionals to intervene in such cases. This may lead to delayed reporting or even non-reporting of such instances. All categories of medical personnel should be sensitised to deal with the problem. Such an action may eventually lead to a reduction in violence in schools and set an example to our younger generation that there are better ways than violence to settle disputes.

**References**


Aswini D Fernando, Senior Lecturer and Head, Department of Paediatrics, Faculty of Medicine, University of Kelaniya, Ragama, Sri Lanka. E-mail: <ranilfer@sri.lanka.net> (Competing interests: none). Submitted 6 January 2004 and revised version accepted 7 May 2004.