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Continued overleaf

Strategies in the management of child maltreatment: should reporting be mandatory or voluntary?

"Child abuse or maltreatment constitutes all forms of physical and/or emotional ill treatment, sexual abuse, neglect or negligent treatment, or commercial or other exploitation, resulting 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". WHO 1999 [1]

Crimes against children have taken place from the beginning of time, and they are today a universal problem. In 1962 Kemp and others wrote a landmark paper describing the "battered child syndrome" [2]. Following this, abusive acts in the form of physical abuse received due recognition. Several different forms of child maltreatment have been described since then. These range from sexual abuse and Munchausen syndrome by proxy to conscription.

When child maltreatment was first described it was said to occur in "squalid homes" with poor socio-economic backgrounds. We now know that this scourge occurs without any geographic, ethnic, educational, occupational, cultural, religious or socio-economic divides.

Increasing awareness of child rights has made maltreatment recognised as a major social problem facing contemporary society. The development of a good social policy response and a management strategy is extremely difficult. It is compounded by the fact that some acts such as corporal punishment are still accepted as social norms.

According to WHO in the year 2002 an estimated 31 000 deaths were attributed to homicide among children under 15 years of age. Global estimates of child homicide suggest that infants and young children are at greater risk. The rate for 0-4 year olds is more than double the rate for 5-14 years olds due to their dependency, vulnerability and relative social invisibility [3].

Data from the developed world reveal that 2 children die from abuse and neglect every week in Germany and the United Kingdom, 3 a week in France, 4 a week in Japan, and 27 a week in the United States [4].

The Sri Lankan scene

Thirty-five child homicides (one every 10 days) have been recorded in 2005 in Sri Lanka [5]. This is in addition to records of other different types of child maltreatment. When global attention to the problem of child maltreatment was being focused in the 1960s, Sri Lanka was in a denial phase. However, in the last decade the government of Sri Lanka has recognized the problem and shown commitment to the cause of protecting children. The ratification of the

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United Nations Convention on the Rights of the Child (UNCRC) (1989) in 1991, establishment of a Children's Charter 1993, the establishment of the National Child Protection Authority by an act of parliament in 1998, amendment of the Penal Code of 1889 in 1995, to strengthen the laws to combat child abuse, are some measures taken to protect children.

Although provisions have been made in the law and other measures, there is still a sense of denial and a sense of reluctance to get involved in the minds of many adults dealing with children. This applies to all 'key players' such as doctors, teachers, lawyers, probation officers and the Police. This is sad for the children of Sri Lanka.

Children are innocent victims who often cannot comprehend the wrongs committed against them. They are unable to speak up for their rights. Local data confirm that the perpetrators are known and trusted adults in the large majority of instances [6]. If these victims are let down again by the very professionals who are supposed to protect them, to whom are they to turn? We also know that the abused child is prone to become an abuser. This vicious cycle needs to be broken with recognition and proper intervention. Many instances of corporal punishment, sexual abuse etc, go unreported even after the victims come to the attention of the relevant authorities. This amounts to neglect on the part of such professionals. The importance of reporting needs to be reinforced. So far the reporting of these cases has been purely voluntary, and many cases go unreported. It is time then to consider the introduction of mandatory reporting in Sri Lanka.

What is mandatory reporting?

Legislation which specifies who is required by law to report suspected cases of child maltreatment is mandatory reporting. It was first introduced in the USA 3 years after Dr. Kemp's publication. Since then several countries have adopted this policy. However, the people who are mandated to report, vary from doctors only (Sweden) to mandatory reporting by all responsible adults caring for children (most States in USA and Australia). UK still follows a policy of voluntary reporting [7]. Mandatory reporting has the following advantages.

- It is a symbolic acknowledgement of the seriousness of child maltreatment in the community and implies that governments will not tolerate it.
- It reinforces the moral responsibility for members of the community to report suspected cases of child abuse and neglect.
- It increases awareness of child maltreatment in the professionals who are mandated, and thereby in the general public.
- It overcomes the reluctance of some professionals to become involved in suspected cases of child maltreatment.
- It will achieve reporting of a majority of cases, ensuring appropriate intervention, reducing the impact on the child's life, and child mortality and morbidity generally.

Some concerns that have arisen in the countries which have introduced mandatory reporting [8,9], include the following.

- It leads to a large increase of reports which child welfare services find difficult to handle, and the majority of cases investigated are never substantiated [10].
- It does not lead to the expected significant increase in intervention and benefits.

- Loss of enthusiasm to report when expected outcomes for the child are not achieved.
- It tends to discriminate against less privileged populations in society.
- It deters families from seeking help because of the threats of reporting.
- It takes away resources that may be used for prevention of the problem.

In voluntary reporting there is no legal compulsion for reporting. This is the type of reporting currently practiced in Sri Lanka. The success of such an approach depends heavily on professional responsibility and commitment. The main drawback is that the onus of reporting depends on the professional standards and ethics of individuals. Professional standards and ethics should make reporting the accepted norm. When designing a reporting process, there should be agreement on which elements need legislation, that should be set as guidelines reflecting best practice, and which could be in the form of a professional code of practice [3].

Strategy for Sri Lanka

With the evidence currently available mandatory reporting does not seem to provide the desired effect of preventing or reducing child maltreatment. In addition, due to inherent weaknesses of the legal system of Sri Lanka, it is unlikely to be an effective tool. Taking heed of the experiences of countries that are rethinking their strategy of mandatory reporting Sri Lanka needs to formulate its own system of reporting. This should be equally balanced with a good system for protection and psychosocial rehabilitation of victims, and assistance to their families.

All key players involved in the management should be infused with a new sense of professional responsibility that will encourage reporting. To achieve this, medical officers must be provided with skills and updated knowledge to recognise the problem. Overburdened probation and child-care departments, the women's and children's desks at Police stations, and the legal system must be provided additional well trained staff to carry out their tasks properly. They should be provided with opportunities for professional development. Clear definitions and guidelines for management should be formulated to ensure smooth multisectoral co-operation in management.

There have been several workshops, seminars, updates and books and booklets published to achieve these goals. However, these should be continued as a priority ongoing process. It is encouraging to note that all

undergraduate medical curriculums have included the subject as core knowledge for the past several years.

Global attention is drawn at present to prevention of child maltreatment [3]. For its prevention, cultural norms conducive to child maltreatment must be studied in this country. Families and communities must be made safer for children. A community-centred approach with support by means of home visits, programmes for improving parenting skills, and working with subgroups of the population at the highest risk of maltreatment should be planned. This is workable with the existing resources in the community. Family health workers, public health workers and child rights promotion officers are some examples. The aim should be to create norms of caring that prevent harm to children. The vision should be the ability to state, "We can say with some assurance that although our children will be victims of fate, they will not be victims of our neglect". [John F Kennedy]

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