A Study on Child Abuse in Anuradhapura, Colombo South and Ratnapura

by

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Introduction

Abuse of children is a universal phenomenon and is as old as mankind. The definition of child abuse was modified over the years with the detection of new forms of abuse. The world health organization formulated the following definition encompassing different forms of child abuse.\(^1\)

“Child abuse or maltreatment constitutes all forms of physical and / or emotional ill-treatment, sexual abuse, neglect or negligent treatment, 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.”

Incidence of child abuse varies from country to country. The number reported is much less than the actual incidence because a large number of children suffer in silence. In 1946 a radiologist named Caffey first observed an association between multiple fractures of long bones and sub-dural haemorrhage, and postulated a traumatic origin for the findings.\(^2\) In 1962, Kempe a paediatrician cautioned the medical community of the existence of non-accidental injury to children.\(^3\) Since then child abuse became a subject of major concern for the paediatricians world over.

Child abuse in different forms would have existed in Sri Lanka for many centuries in all social strata and among all races. The actual incidence of child abuse in Sri Lanka is not known, it varies from area to area. Child labour had been a common form of abuse in
Sri Lanka. The children from poor families were employed as domestic servants by the affluent. The first reported case of child abuse in Sri Lanka was that of a physically abused child servant in 1956, which was long before the case reported by Kempe. The child had multiple contusions and burns caused by her master and mistress.\(^4\) In 1965, a paediatrician, having witnessed the exploitation of abandoned children drew the attention of the authorities to regularize the adoption of children.\(^5\) A survey of 736 households in Southern Province in 1997 revealed that 64 (8.6%) households had servants. The highest percentage of child servants (7.5%) was seen in the main town, Galle whereas only 4% was observed in smaller towns.\(^6\) Moreover children were employed in different types of industries and commercial establishments; however this was never considered as an illegal act in the past. Those who employed the children were of the view that they were helping the child’s parents in more than one way. While they were undertaking to look after the interests of one child they also made a payment to benefit the parents. There appears to be a decrease in the incidence of child labour over the recent past, which may be due to the increased awareness of the public on the amended laws. There are two fatal cases of child physical abuse reported in the medical literature in Sri Lanka.\(^7\)(\(^8\))

Studies done over the years have shown that there are several factors operating in the society, which predispose children to abuse.\(^9\) These include overcrowding, poverty, addiction to alcohol and drugs by the parents, disturbed childhood in either parent, recurrent disputes in the family, and the absence of the mother. There are over a million Sri Lankans employed in the Middle East, majority of whom are females. This could play a significant role as a predisposing factor to child abuse in our country. On the other hand there exists the extended family system in most Asian countries where the elderly
parents, aunts and other relatives help the young parents to raise their offspring, thus taking off part of their anxiety and stresses associated with raising a young one. This would play a significant role against the occurrence of child abuse.

Child abuse gained recognition in Sri Lanka as a major crime with the amendments to the Penal code in 1995 and the establishment of the National Child Protection Authority (NCPA) in 1999. At present child abuse is a frequently encountered problem for the paediatricians, judicial medical officers and other doctors engaged in medico-legal work in Sri Lanka. There is a paucity of data on child abuse and what is available with the police and the NCPA is incomplete. A national data base would be of vital importance in understanding the gravity of the problem, taking effective measures to curb this grave crime and in rehabilitating the affected children. The frequency with which we (authors) have come across cases of child abuse and the diverse nature of these cases have prompted us to embark on this study.

Objectives of the study

1. To study the pattern of child abuse in the selected areas; viz. Anuradhapura, Colombo South and Ratnapura area.

2. To find whether recognized predisposing factors are present.

3. To find the correctable deficiencies in the investigation and management process of victims.
Methods and materials

The study was conducted by the three Consultant Judicial Medical Officers attached to the General Hospital Anuradhapura (GHA), Teaching Hospital Colombo South (THCS) and General Hospital Ratnapura (GHR) over a seven month period from 1st April 2002 to 31st October 2002. The Colombo South Teaching Hospital serves the Southern area of the city of Colombo and its suburbs with a high population density of more than 1001/sq. km. The General Hospital of Ratnapura is the premier hospital in Sabaragamuwa province, which has a population of 1,007,601 and a population density of 100-500/sq.km. Anuradhapura is the largest district in Sri Lanka with a population of 746,049 and a population density of 100-500/sq.km. (11)

The subjects of this study included all children who were admitted to the paediatric, gynaecological and surgical wards or referred to the Judicial Medical Officer (JMO) of the respective hospitals with a history of alleged abuse. Those referred by the magistrate were produced with a magisterial order and the others with a Medico-Legal Examination Form (MLEF) issued by the respective police stations where the complaint had been lodged.

At the time of the examination, a detailed history pertaining to the incident/s was obtained by administering a questionnaire prepared for the study. The doctor who examined the child filled in the questionnaire and prior to the examination, written informed consent was obtained from the parent/guardian of the child; in their absence a court order was sought. Each patient was subjected to a clinical examination comprising a general and a specific examination. Specific examination was directed at the region of the body where a detailed examination was indicated depending on the nature of the abuse.
Whenever indicated, special investigations and opinions from other specialists were sought. Those who needed hospitalization were admitted to a ward and the case was followed up until the time of discharge. Whenever indicated, a case conference was held with the participation of the relevant parties. If there was a need to review the child, the parent/guardian was asked to bring the child for re-examination. The data thus obtained was analyzed and discussed.

Results

Total number of cases seen was 190 (GHA 100, CSTH 26 and GHR 64). Out of these, 18 were excluded from the study due to incompleteness of data.

Table 1  Number of Child Abuse cases seen at each Centre

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>GHA</td>
<td>83</td>
<td>10</td>
<td>93</td>
</tr>
<tr>
<td>CSTH</td>
<td>19</td>
<td>6</td>
<td>25</td>
</tr>
<tr>
<td>GHR</td>
<td>41</td>
<td>13</td>
<td>54</td>
</tr>
<tr>
<td>Total</td>
<td>143</td>
<td>29</td>
<td>172</td>
</tr>
</tbody>
</table>

Anuradhapura recorded the highest incidence of child abuse during the seven-month study period accounting for 93 cases followed by Ratnapura, 54 cases and Colombo South, 25 cases (Table 1). These figures are in conformity with the national
figures released by the police for the year 2002. Females out numbered the males in all three areas (Figure 1). Female to male ratio was 3:1 in Colombo South and Ratnapura whereas in Anuradhapura the female to male ratio was 8:1.

Fig. 1 Sex distribution of Child Abuse victims

![Bar chart showing sex distribution of Child Abuse victims in GHA, CSTH, and GHR]

- Female □ Male

Fig. 2 Age group and sex distribution of victims in Anuradhapura

![Bar chart showing age group distribution of Child Abuse victims in Anuradhapura]

- Female □ Male
There were male victims in all age groups among those in Anuradhapura and Ratnapura, whereas in Colombo South the male victims were seen only in the 5-12 year age group.
and 12-14 year groups (Figure 2 -4). Highest number of male victims of abuse in all three areas was seen in the 5-12 year group. However girls in all age groups were subjected to abuse in all three areas and the highest number of victims was seen in the 14-16 year age group in all three centres. In Ratnapura there was a steady increase in the number of girls who were abused from 0-5 years onwards with a peak at 14-16 year group.

Sexual abuse was the commonest form of abuse among girls in all three areas under the study. Physical abuse was commoner among boys than in girls (Table 2).

<table>
<thead>
<tr>
<th>Type of abuse</th>
<th>GHA Girls</th>
<th>GHA Boys</th>
<th>CS Girls</th>
<th>CS Boys</th>
<th>GHR Girls</th>
<th>GHR Boys</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual</td>
<td>76(82%)</td>
<td>2(2%)</td>
<td>14(56%)</td>
<td>2(8%)</td>
<td>37(89%)</td>
<td>8(15%)</td>
<td>139(89%)</td>
</tr>
<tr>
<td>Physical</td>
<td>2(2%)</td>
<td>8(9%)</td>
<td>1(4%)</td>
<td>4(16%)</td>
<td>4(7%)</td>
<td>5(9%)</td>
<td>24(14%)</td>
</tr>
<tr>
<td>Physical and sexual</td>
<td>4(4%)</td>
<td>0</td>
<td>2(8%)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6(03%)</td>
</tr>
<tr>
<td>Other</td>
<td>1(1%)</td>
<td>0</td>
<td>2(8%)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3(02%)</td>
</tr>
</tbody>
</table>

Delay in reporting the alleged abuse was noted in 27 cases (16%) of sexual abuse. A complaint had been lodged only after the child had been abused twice or more by the same perpetrator.

Tables 3 – 7 illustrate the socio-economic factors associated with the abused children.
### Table 3 Father’s employment

<table>
<thead>
<tr>
<th>Type of employment</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual worker</td>
<td>78</td>
</tr>
<tr>
<td>Farmer</td>
<td>44</td>
</tr>
<tr>
<td>Businessman</td>
<td>12</td>
</tr>
<tr>
<td>Member armed force</td>
<td>02</td>
</tr>
<tr>
<td>Executive</td>
<td>02</td>
</tr>
<tr>
<td>Unknown</td>
<td>34</td>
</tr>
</tbody>
</table>

### Table 4 Addiction of father to alcohol, heroin and tobacco smoking

<table>
<thead>
<tr>
<th>Type of addiction</th>
<th>Number with moderate to severe addiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>74(43%)</td>
</tr>
<tr>
<td>Heroin</td>
<td>08(05%)</td>
</tr>
<tr>
<td>Tobacco</td>
<td>87(50%)</td>
</tr>
</tbody>
</table>

### Table 5A Physical presence of parents in the family

<table>
<thead>
<tr>
<th>Presence of Parents</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both parents</td>
<td>101(59%)</td>
</tr>
<tr>
<td>Mother</td>
<td>32(19%)</td>
</tr>
<tr>
<td>Father</td>
<td>26(15%)</td>
</tr>
</tbody>
</table>
Table 5B Reasons for the absence of the parent

<table>
<thead>
<tr>
<th>Reasons for the absence</th>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed abroad</td>
<td>02</td>
<td>16</td>
</tr>
<tr>
<td>Left the family</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>Deceased</td>
<td>24</td>
<td>04</td>
</tr>
</tbody>
</table>

Table 6 Relationship of victim and abuser

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Known person</td>
<td>58</td>
</tr>
<tr>
<td>Boy friend</td>
<td>46</td>
</tr>
<tr>
<td>Father</td>
<td>15</td>
</tr>
<tr>
<td>Mother</td>
<td>02</td>
</tr>
<tr>
<td>Care taker in children’s home</td>
<td>05</td>
</tr>
<tr>
<td>Relative</td>
<td>40</td>
</tr>
<tr>
<td>Stranger</td>
<td>06</td>
</tr>
<tr>
<td>Total</td>
<td>172</td>
</tr>
</tbody>
</table>
Table 7 Age distribution of Abusers

<table>
<thead>
<tr>
<th>Age group years</th>
<th>Number of abusers</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 – 30</td>
<td>103</td>
</tr>
<tr>
<td>31 – 45</td>
<td>36</td>
</tr>
<tr>
<td>46 – 60</td>
<td>15</td>
</tr>
<tr>
<td>Not known</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>172</td>
</tr>
</tbody>
</table>

Among the perpetrators there were 165 males and 7 females. 127 children were attending school at the time of abuse.

Discussion

Sexual abuse was the commonest form of abuse among the victims in this study with 145 incidents of sexual abuse (Table 2). There were 30 instances of physical abuse and six children were subjected to more than one form of abuse (Table 2). Girls were at a higher risk of being abused than the boys especially those in the 14 - 16 year age group (Figures 1–4). This is in sharp contrast to the findings of a study conducted among university students in Sri Lanka through a questionnaire only where it was found that 21% of male students and 11% of female students admitted having been sexually abused during childhood. (13) But the findings of that study cannot be generalised as it was a selected sample and there was no mention of any legal action been taken. Further analysis
of the data in the present study revealed that the majority of victims were in the 14 – 16 year age group.

Usually there was a history of a male having a relationship with the victim prior to being sexually abused. This is a common occurrence in most parts of Sri Lanka, a finding reported previously in a study conducted in 1998.\(^\text{[14]}\) In 27 cases it was noted that there was a delay in reporting the incident to the police. Such delays entail problems in the interpretation of findings.

Incidence of sexual abuse was much higher in Anuradhapura and Ratnapura accounting for 88% and 84% respectively (Table 2). Colombo South area showed 72% of sexual abuse. Child abuse is more common in socially deprived families with low income or without employment.\(^\text{[15]}\) This was evident in the present study too. Victim's father was a manual worker in 78 (46%) instances and a farmer in 44 (26%) instances (Table 3). Among the abusers in the series there were only two parents who were graduates holding executive posts in the private sector.

The role of alcohol and drug abuse in domestic violence is well documented.\(^\text{[16]}\) Although the father who was addicted to alcohol or drugs was the perpetrator in only a minority of cases, the unstable environment created in the family as a result of alcoholism makes the children in these families more vulnerable to suffer from abuse either from family members or outsiders. In the present study there was a distinct association between alcoholism in the father and the vulnerability of the child to abuse. In 43% of households the father was found to be addicted to alcohol and in a further 5% the father was a heroin addict. Spending excessive amounts on alcohol and heroin by men whose wives were remitting money from their earnings abroad had disrupted many a family. In
addition 87(50%) fathers were moderate to severe smokers (Table 4). The money spent on alcohol, drugs or cigarettes by the father would have further aggravated the financial situation of these families who were in any case undergoing hardships.

Only 101(59%) children had both parents living with them at the time of abuse (Table 5 A). A total of 47 parents (18 fathers, 29 mothers) were found to have left the family at the time of abuse, among whom, 16 mothers and 2 fathers had left for a job in the Middle East (Table 5 B). The children of poor families whose mothers have left for employment abroad are at a higher risk of being abused either by the family members or outsiders. It is important to realise that the employment of females abroad is a major foreign exchange earner for the country. And if it affects the well being of the children of these mothers, the authorities should take immediate steps to protect the children from being abused.

In a great majority of cases (all forms of abuse); 166 (96%) the abuser was a person known to the victim and there were only six cases where the abuser was a complete stranger (Table 6). This is a finding previously reported both locally and abroad. (17) 103 (60%) of the perpetrators were aged between 15 – 30 years, and few of them were below 18 years. Majority of the perpetrators who belonged to the “boy friend” category were in the 15 – 30 year age group. It appears that in some of these cases the girl and the “perpetrator” have indulged in a sexual activity without understanding the gravity of the act and its consequences. Due to the above reasons some of these cases may not fall strictly within the definition of child sexual abuse.

The five victims who were abused in children’s home happen to be from the same institution and had been abused by the same worker. All the children had been abused
sexually. This finding shows that a perpetrator in a children's home is much more
dangerous than in any other community set up. Further it also emphasises the importance
of employee screening prior to recruiting of staff to children's homes. Physical or sexual
abuse of inmates of children's homes is not uncommon; lack of supervision,
overcrowding, poor facilities and employment of poorly motivated staff are some of the
factors responsible for this deplorable state.

There were a significant number of children 127 (74%) who were attending
school at the time of the abuse. As the news of abuse often leaked to the public at various
levels, the children had to undergo additional hardships; they were often subjected to
humiliation, ill treatment and discrimination by some of the teachers or other children.
Some of the school principals, unable to cope with these situations, and worried about the
blemish it would bring on the good name of the school, influenced parents of the abused
children to remove their children from the school.

We would now like to highlight some of the areas, which have not received the
attention they deserve, in terms of long-term effects and rehabilitation of the victims.
These include deficiencies in the assessment of emotional states of the victims and
perpetrators, role of the media, difficulties encountered in conducting case conferences
and follow up of cases.

It is a well-established fact that a large proportion of children who are physically
or sexually abused are invariably subjected to some degree of emotional abuse. Therefore
any management strategy aimed at rehabilitating these victims should necessarily include
counselling and follow up.
Children subjected to abuse are vulnerable to suffer from post-traumatic stress disorder (PTSD) and studies have also shown that there is a predisposition for substance use disorder (SUD) in adolescence. These studies have highlighted the need to develop a programme for detection and integrated treatment of PTSD and SUD in adolescents.\(^{(13)}\) A study conducted on women presenting to a primary care facility had shown an association between childhood emotional abuse and neglect, and development of psychological symptoms in later life.\(^{(19)}\) These studies reiterate the importance of early psychiatric assessment and intervention in all victims of abuse.

In a study conducted on 200 sexual assaults on girls and 200 sexual assaults on boys it was found that over 80% of the perpetrators were suffering from some form of mental disorder at the time of abuse.\(^{(20)}\) But no such studies have been conducted in Sri Lanka. In the present series, the perpetrators were examined in only a few instances. Early detection and treatment of mental disorders in perpetrators or potential perpetrators would be vital to save those children at risk of being abused.

An obvious lack of emotional support to the victimised children on the part of the schoolteachers was noted. Affected children were invariably stepping down in their performance and dropping out of school, being unable to cope up with the stress of continued emotional abuse and lack of support. Some children were found to be suffering from acute post-traumatic stress disorder and had to be treated and followed up by psychiatrists.

Adverse publicity given to cases of child abuse, especially sexual abuse, by print and electronic media adds to the burden of the victimized children. Despite the provisions of existing law restricting the media from identifying the victimised children, the media
reports have sometimes, released certain details of the cases indirectly identifying the victim. Steps should also be taken to educate the media personnel on the issue of reporting cases of child abuse in the media and the harm it could bring about in the child.

Case conferences were held in respect of those where consensus was required to take decisions regarding further management of the victim. Judicial Medical Officer, paediatrician, psychiatrist, police officer and a probation officer attended these case conferences. We experienced difficulties in getting them down for a meeting due to their other official commitments. The slow legal process, deficiencies in coordination, lack of understanding the problems, poor infrastructure and shortage of staff hampered implementation of the decisions taken at these meetings. With the limited resources at our disposal, a high degree of commitment on the part of all the personnel involved was vital to achieve the ultimate objective.

However, the case conferences could not be used to its true potential for the benefit of the victim, under the existing system. Virtually the "case conference" in our context was not a forum constituted by any procedural law of the country. Therefore there were no identified powers or responsibilities delegated to them. Thus it was uncertain whether the decisions taken at the "case conference" were admissible in a court of law or whether any head of a department was under any obligation to comply with them. With these limitations of the scope of the "case conference", the concept itself was not viable and it cannot be carried forward only by the enthusiasm of a few officials.

When there was a need to transfer the custody of a child from parents/guardian to a children's home there was often a long delay in finding a home, causing an extended stay in the hospital. This had a detrimental effect on the child's psychology in addition to
the threat of the child acquiring hospital infection. Long and complicated procedures involving several government departments such as Health Service, Probation and Childcare, Police and Judiciary were needed to complete such a process. A significant lack of co-ordination and indifference towards the suffering of the children by some of the officials concerned were seen. Possible causes for these observations could be the usual problems faced by the government departments, namely over burden of work compared to lack of infrastructure facilities and shortage of staff etc. However, the ultimate result was none other than further victimisation of children.

One other major defect observed in the system was the absence of a proper organized system for monitoring and follow up of the victimized children. Once a case is reported, Police, Health Department (paediatric/gynaecological and medico-legal) and Probation and Childcare Departments are initially involved. Victims are treated and discharged, legal actions are taken and sometimes child is transferred to “safe custody” when indicated. However, as there is no monitoring or follow up, there is no guarantee that the child will not be abused further in the new environment. There is an urgent need to fix the responsibility of monitoring these children to an institution. The supervision could be done by the probation officer, who in turn should report the findings to an official body such as the NCPA or the group of officials who conducted the case conference.

It was observed, that there is no proper system to provide medical care to the inmates of children’s homes. The standard practice is for the members of the staff in the children’s homes to take the children needing medical attention to the nearest hospital.
This is not a satisfactory practice as it may lead to undue delay in providing the medical care to the needy.

**Conclusions:**

A high incidence of abuse was seen among girls in all three study areas, sexual abuse being the commonest form of abuse. Problems associated with poor socioeconomic conditions such as low standard of education, alcoholism, and inadequate protection from the parents have contributed to this high rate of sexual abuse.

At present, the supportive services available to the victims to overcome the emotional disturbances are grossly inadequate. Abused children are often subjected to further abuse as a result of adverse publicity, disruption of schooling, protracted legal procedures and lack of proper coordination among the different agencies involved in the investigation and management of cases of child abuse.

**Recommendations:**

Socio-economic development of the nation is highly dependent on the personality and intellectual development of the future generation. Thus, it is of paramount importance to pave the way for a free and complete development of the child.

Prevention of child abuse is one of the most important tasks in this regard. This can be achieved by eliminating conditions favourable for abuse. It is equally important to provide the necessary facilities to rehabilitate the abused children, so that they could grow up like any other child to become a citizen who is useful to the society.
Based on the findings of this study, we propose the following recommendations to be considered for implementation, so as to prevent children from being abused and to help rehabilitate those already abused.

1. Educating children to identify the dangerous and potentially dangerous environments, circumstances and perpetrators of child abuse. Methods should be adopted to educate the young girls on the dangers of having intimate relationships with the opposite sex.

2. Conduct awareness programmes for schoolteachers, health and other staff and general public with a view to motivate them (a) to identify and detect abuse at the earliest (b) to actively appear in the society against child abuse (c) to render emotional support to victims and help them to recover from trauma.

3. Educate parents on the need to have a safe environment for their children, especially when children are left alone.

4. Establish special units in major cities in the country, manned by trained staff, to assess and manage the emotional disturbances of the abused children.

5. To subject offenders of abuse to an assessment by a psychiatrist, so that if they have committed the act due to a mental illness they could be treated. This will help to prevent further abuse once he is released.
6. The laws pertaining to reporting of cases of child abuse in the media, should be amended and strengthened, in order to protect the interests of the victim.

7. To provide more children's homes with better facilities, not only the physical comforts for the children but with dedicated and trained staff that understands the needs of a child who has lost his/her home.

8. Establish day-care centres for children, especially for those living in underprivileged areas. The authorities concerned need to take urgent steps, to provide the necessary support and care for those children, whose parents have left the country for overseas employment.

9. A system should be developed to closely monitor the progress made on all aspects concerning a case of child abuse; treatment, rehabilitation and the legal process.

10. A doctor from the nearest government hospital should visit all children's homes in that area on a regular basis to ensure the well being of the inmates.

11. Laws with regard to child abuse should be amended to give an official status to the case conferences.
References:


