



care

CHILD PROTECTION – INCLUDING CHILDHOOD EXPERIENCES AND THEIR IMPACT ON VIOLENCE PERPETRATION

Policy and Programming Brief

A collaborative effort of

UNICEF
Ministry of Justice
National Child Protection Authority
National Institute of Education
University of Colombo
College of Paediatricians
Save the Children
Good Practices Group

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PREFACE:

The report 'Broadening gender: Why masculinities matter' – a study on attitudes, practices and gender-based violence in four districts in Sri Lanka – was launched by Care International Sri Lanka under its engaging men project, EMERGE (Empowering Men to Engage and Redefine Gender Equality) in April 2013. The report was developed in collaboration with Partners for Prevention to understand men's knowledge, practices and social attitudes towards gender and gender-based violence in Colombo, Batticaloa, Hambantota and Nuwara Eliya. The survey provides baseline indicators for Care programmes, as well as a wealth of information on gendered attitudes, norms, and practices of women and men that can be applied to enhance GBV prevention, health, youth and empowerment interventions. The study has been implemented using the WHO ethical guidelines for research. The research tools were based on the WHO Multi-country Study on Women's Health and Domestic Violence and the International Men and Gender Equality Survey carried out by Instituto Promundo and the International Centre for Research on Women.

As a means to utilize the data to inform policy and programming enhancements, five thematic working groups which comprised members from the state, health, and NGO sectors and academics were formed to develop recommendations in the following areas:

- Child protection – including childhood experiences and their impact on violence perpetration in collaboration with UNICEF and facilitated by Dr Hiranthi Wijemanne
- Exploring women's attitudes and the impact of GBV on their mental and physical health – facilitated by Dr Nalika Gunawardena
- Private sector engagement and the role they can play in GBV reduction – facilitated by Prof. Maithree Wickramasinghe
- Youth engagement for reduction of SGBV in collaboration with the Family Planning Association of Sri Lanka and facilitated by Prabu Deepan
- Addressing men's health as a means of primary prevention of GBV in collaboration with WHO/UNAIDS and facilitated by Dr Dayanath Ranathunga

These papers will be translated into Tamil and Sinhala languages and shared in the four districts with the local government bodies and civil society working in each field in order to help inform their work.

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INTRODUCTION AND BACKGROUND

The CARE Study ‘Broadening Gender: Why Masculinities Matter’ has identified an association between the sexual abuse of boys, domestic violence and intimate partner violence. This is a factor which has hitherto not been identified as a significant issue. In addition, the Study also exposes other forms of abuse and neglect of boys, largely unaddressed and not given the same attention as in the case of girls. Although the study does not point towards a direct causal relationship, the association is significant enough to be given importance and addressed as a priority concern. It suggests that, the violation of the rights of boys to protection from sexual violence could have an impact on some of them in terms of their behaviour as adults. According to the study findings, in certain circumstances, it could be associated with gender based violent behaviour when boys become adults. The sexual abuse of boys is in itself an important issue which needs to be addressed, in addition to the sexual abuse of girls, the latter being more publicized and reported. Both boys and girls are important in planning a response which can bring about a positive change and many relevant issues which are of a sensitive nature will need to be addressed.

Sri Lanka’s experience in relation to this issue is no different to other countries. The incidence and prevalence of gender based violence while probably existing for a long time became visible mainly in the mid 1980’s and has continued to be given increasing priority, although there is still much which has to be done. The sexual abuse of boys first came into prominence in Sri Lanka mainly in the 1990’s. This was particularly associated with the commercial sexual exploitation of boys related to child sex tourism. In the context of this Study, this particular issue was not evident, probably because the geographical localities covered did not include the high tourist coastal areas.

The tendency in Sri Lankan society is to keep sexual abuse hidden. This is not only a barrier to accessing recovery services but in apprehending and holding perpetrators accountable for the offence they have committed, and preventing them the opportunity to prey on other innocent child victims.

For several reasons, the sexual abuse of boys is much less visible compared to that of girls. It is less frequently reported to law enforcement authorities and child protection services. One factor could be because, in the case of girls, there is a risk of pregnancy and loss of virginity which is of concern to families. This is reflected in the media which is quick to respond to incidents of sexual violence on girls and women. But this is not so, when there is the sexual abuse of boys, although both need equal attention.

Sexual abuse not only affects the quality of the childhood of child victims, but as seen in the CARE Study could have a long term impact on the way they will develop as adults.

The Study indicates that, both the sexual abuse of boys and domestic violence sometimes occurs in the same family. It is indicated that one third of such child victims became adults and perpetrated domestic violence.

Domestic violence occurs in the privacy of a home and can continue throughout a child’s life cycle from birth, through infancy, early childhood and adolescence. It is important to emphasize that this can affect all the stages of the life cycle of a child, each stage of which is critical, to developing an emotionally secure and healthy adult. It is also known that children, who witness violence in childhood could become vulnerable to adopting violent behaviour pattern, are at risk of substance abuse, tend to join “gangs”, and could become engaged in criminal activities.



There are graver and more serious long term consequences of the dual prevalence of domestic violence and childhood trauma which need mention. These include the risk of tragic consequences such as the death of a child due to severe abuse, physical and emotional harm. The death of a mother due to domestic violence could also lead to problems for the children she leaves behind, of deprived parental care. This could be aggravated by the fact that the crime was committed by their father who will have to face judicial consequences.

Studies in other parts of the world have revealed that the sexual abuse of boys in childhood is associated with risk taking behaviour, under achievement in school, anger, shame and feelings of guilt. Such attributes have the potential to be factors in adulthood associated with self inflicted violence or perpetration of violence on others.

Abusive and neglectful experiences in childhood carry long term and harmful effects on children during their childhood and as adults. Such experiences affect their normal development and right to achieving full potential as adults. Experiencing violence in the home could also influence children to regard such behaviour as a norm, contributing to modelling their own behaviour as adult men who perpetrate violence on others.

Infants and young children exposed to violence at an early age by parents find it difficult to develop strong family ties. They may delay in reaching developmental milestones, have sleep disturbances, and drop out of school. They could find it difficult to form attachments with peers, and become depressed and anxious. They are also at the risk of inflicting violence on peers. Older adolescents, who are victims may run away and become part of the increasing numbers of homeless young people particularly in cities.

Hitherto, the emphasis when addressing gender based violence was heavily weighted on a law and order response to individual acts of violence, and providing the necessary protective support to women and girl victims. Sri Lanka's Penal Code was amended in the mid 1990's to include offences related to gender based violence and child abuse. Subsequent to these legal changes, a dedicated arm of the law enforcement system was established with the specific task of responding to violence against women and child abuse. This gradually developed into an island wide network of Women and Children police desks with specially trained women police who would respond to women and children who reported incidents of violence and abuse. This also included the establishing of a Hot Line for complaints by the Police. The National Child Protection Authority (NCPA) also has a Hot Line for complaints on Child Abuse and exploitation, and a team of dedicated police personnel who conduct investigations island-wide on the basis of individual complaints. Ensuring that perpetrators do not get away with impunity is emphasized and continues to be so.

However, there is now greater recognition of the importance of addressing root causes which lie in a family. This includes the quality of the relationship between wives and husbands, in addition to an intimate partner. More recognition is needed on the negative influence which such violence has on children, and thereby cycles of violence and abuse in the future.

A protective environment devoid of abuse and violence in homes, schools and communities, and access to essential knowledge on preventing the sexual abuse of children are important priorities. Although the Study collected information from men in homes, some of the abuse reported could have occurred in other surroundings. In addition to the family, schools, training centres, child care institutions, religious institutions which enrol children as novices, juvenile detentions and streets are also



situations where abuse could be perpetrated by peers, older children, teachers and principals, and care givers who are supposed to protect them.

The Cairo Conference on Population and Development gave significant prominence to gender and masculinities. This was done by highlighting the importance of the role of males in fulfilling their responsibilities related to population control. There was particular attention placed on the importance of fathers, beyond being economic providers, to a role as a joint caregiver with the mother. There was also increased importance placed on improving sexual health and addressing STI/HIV prevention. Other areas highlighted included expanding maternal health and widening access to family planning. In addition, the prevention and control of violence against women was viewed within the overall context of all such issues in a family. This was very different to the previously narrow focus only on family planning.

It is in this context that the Study by CARE is timely, as it broadens what we commonly regard as gender to include masculinities, expands the understanding on how Sri Lankan men and women relate to each other, all of which are important in addressing gender based and domestic violence. Unlike other studies which have tended to focus mainly on women and girls, and their experiences, this survey has collected data from men in the study areas, and their experiences related to child sexual abuse, trauma and neglect. Adding childhood abuse and trauma experiences, particularly sexual abuse, as a possible determinant of gender-based violence is a new dimension identified and therefore addressed. The fact that the males who were interviewed, disclosed their childhood abuse experiences was interesting on that, the tendency to disclose such information is generally considered low.

The childhood trauma scale used in the survey was an internationally recognized one. Questions were asked under the subject areas of physical abuse, sexual abuse, neglect, emotional abuse and physical hardships. When questioning, the respondents were specifically asked about frequencies, never, sometimes, often and very often. A numerical scale was also developed based on the responses ranging from the lowest to the highest extent of child trauma.

The findings of the Study form a useful base to develop prevention programmes which address root causes and to improve the response to incidents of such abuse.

SUMMARY OF KEY FINDINGS

SEXUAL ABUSE

There is no universal definition of child sexual abuse. A common definition describes child sexual abuse as a form of child abuse in which an adult or older adolescent uses a child for their own sexual gratification and stimulation. Sexually abusive behaviour generally refers to any sexual activity between an adult and a child below the age of consent. In Sri Lanka this is 16 years for girls. There is no such reference to boys. Child sexual abuse is a form of non consensual sexual activity between minors, or a sexual activity between a child under 18 years and an adult person in authority or a position of power over the child. Such sexual activity could include a variety of activities such as the fondling of the genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger or object, fondling of breasts, voyeurism, exhibitionism, and exposing or involving children in pornography.

While over two thirds of the men did not report sexual abuse in childhood, one third did so. They said the abuse occurred sometimes, often and very often. There were reports of a variety of different forms of abuse. Some said that they were touched on their thighs, buttocks, genitals or were forced to touch someone else's private parts, against their wish. There was no information on the profile of the perpetrators who committed such offences. But, they did disclose the occurrence of abuse against their will, which is the usual pattern of child sexual abuse.

One in ten men reported that in childhood, they had been exposed to "unwanted incidents of a sexual nature". In terms of frequency, most of them, some of them and a few of them said that it was often, and even very often. Over one in ten reported forced exposure to pornography without their consent. In terms of the geographical distribution of adult men with a history of sex abuse, the prevalence was highest in Colombo with nearly half affected (47%), followed by Nuwara Eliya of one in three, and Hambantota and Batticaloa, one in nearly five.

As elicited in other studies on child sexual abuse and police information, the perpetrators of abuse were mostly people known to the child victim, including family members, "friends" of the family and in particular older men. A small percentage of the sample in the study reported that they were sometimes forced to have sexual and physical relationships with community leaders, while still being adolescents.

While there is a possible association between victimization in childhood and the perpetration of sexual violence against women in adulthood, it also needs to be mentioned that it should not be concluded that all men who experienced abuse in childhood become perpetrators of violence. But preventing and responding to the sexual abuse of children is in itself important and could be more important than has been previously given attention.

It is also important to note that the data was collected in a manner in which it was not possible to determine a casual relationship of child abuse with violence against women, although there is a strong possibility of its existence, if not in all situations, but at least in some situations.

MALE ON MALE VIOLENCE

In relation to the data on homophobic and male sexual violence, over one in ten said that they had done something sexual with a boy or man, whether voluntary or forced. Less than half of this number

of men admitted committing sexual violations against another man or boy.

Based on these findings it can be concluded that, childhood abuse, particularly the sexual abuse of boys occurs to a significant extent in Sri Lanka, although not well reported nor widely determined. It is probable that most of the victims keep such abuse a secret and therefore do not access therapy and counselling services, which are necessary to promote healing. Unaddressed in childhood, the experience of abuse could impact on them when they are adult men.

Another aspect which needs attention is sex abuse of boys in schools, teaching institutions and universities in the name of “ragging, as members of gangs, and as victims of adult males engaged in homophobic violence. Such acts are most often kept secret. Homosexuality is illegal in Sri Lanka, but a distinction needs to be made between sex between two consenting adult males and forced sex on an underage boy, which is the sexual abuse of a child. In the latter case of child victims, it is a criminal act and has to be dealt with as a criminal offence according to existing laws.

OTHER FORMS OF CHILDHOOD TRAUMA

The study in addition to sexual abuse, also determined the occurrence of other forms of childhood trauma, abuse and neglect. This was done on the basis that there could be a relationship with IPV and GBV. Less than half of the men (44.2%), reported some form of emotional abuse in childhood. This included being called lazy, stupid, or weak by family members, and, suffering insults and humiliation in front of others. Over one third reported some form of emotional neglect, for example in one in ten, the parents were sometimes too drunk or drugged to care for them, and in very few, it was often.

About one third saw or heard their mother being beaten up by their father or a boyfriend of the mother.

In terms of physical abuse, over a third said it occurred sometimes, including any form of emotional abuse. Less than one in ten sometimes suffered by living in different homes, and in a few it occurred often. One in 12 spent times outside their home although the parents were unaware they did so. A small percentage reported they did so often.

About one in three said that they did not have anything to eat sometimes, and a few said it occurred often. This was highest in Batticaloa, next Nuwara Eliya and then Colombo.

Nearly one in four reported experiencing some form or other of physical abuse.

- Half reported being physically punished in school by the head master and teachers. This occurred sometimes or often.
- Nearly one in three had sometimes been beaten with a stick or suffered corporal punishment.
- Nearly one third reported experiencing some form of emotional abuse as a child, or being called lazy, stupid or weak by family members.
- One in three had at least sometimes seen their mother beaten by her husband or a boyfriend.

ABSENTEE PARENTS

It was reported, that a significant number of fathers did not participate equally nor even to a significant extent in nurturing their children, depriving them of emotional support and bonding which is

important for children. This relates to 2 factors. One was an attitude of aloofness and distance from their children, and absence of a caring function which may relate to their own perceptions on the role of a father, and how men should behave. Another would be their idea that these are “feminine” qualities. Another factor was the physical separation which occurred frequently when fathers had to migrate to other localities for work. It is possible that such men may be repeating the attitudes and behaviours of their own fathers towards them in childhood.

Out of the total of 245 respondents, less than half in the 18 to 24 age group, and in the 25 to 34 group as well as one in three in the 35 to 49 year group had only a mid level engagement with their children. The majority had a low level of engagement signifying this as an issue which could have affected their children. The highest engagement was in the older ages of 35 to 49 of more than 60%.

One in four men reported that when they were growing up, their mothers were rarely or never at home. 77% of the males reported that other than their biological father, they had no other important male figure in their life when growing up. Fathers were absent as they were working in other districts. This was particularly high in the Batticaloa district, and was due to a lack of employment opportunities in their own districts. Excessive alcoholic consumption by men was another serious problem, particularly in the plantation areas, affecting family lives and the well being of children.

HEALTH ASPECTS OF VIOLENCE AND IMPACT ON CHILDREN

- Among the women who had been physically abused by their husbands or male partners, nearly half had suffered injuries. Some were bedridden for awhile, and others needed medical attention. All such situations would have been witnessed by their children and could have had an impact on them.
- Only about a third of women victims sought medical care, and probably received no counselling. The consequences could affect the mother’s capacity to care and look after her children.
- Only a third of the women reported violence to the police. Children in families where such abuse is hidden, would also learn that they should not report abuse, but keep it secret because of social stigma.
- Only one in ten women shared the information with their family. Girls were generally secretive regarding violence perpetrated by men.
- Studies indicate that boys who have experienced domestic violence in their homes are at greater risk of becoming aggressive, and becoming depressed. Although not significant on a statistical basis, there were men perpetrators of Domestic violence and IPV in adulthood, who disclosed that they were from families where they had witnessed their mothers as victims of domestic violence.

EXISTING POLICIES AND PROGRAMMES

Policies related to child abuse are incorporated in the National Children's Charter which is based on Article 34 of the Convention on the Rights of the Child (UNCRC) which was ratified by Sri Lanka in 1992. This includes taking appropriate general measures of implementation which include identifying and coordinating relevant government departments, relevant non governmental institutions, undertaking a review to ensure all legislation, policy and practice is compatible with the article for children in all parts of the jurisdiction and adoption of a strategy to secure full implementation. Other areas include allocation of necessary resources, mechanisms for monitoring and evaluation, making the Article 34 widely known and developing the necessary training for all groups working with and for children. The National Children's Charter which is based on the UNCRC provides a policy framework for action which has been approved by the Cabinet. The National Child Protection Act 50 particularly focuses on the protection of children from abuse and exploitation which includes the sexual abuse of children. There is also a National Plan of Action developed in relation to children, which contains specific interventions and activities on prevention and responding to child abuse, particularly sexual abuse.

The Penal Code was amended in 1995/1996 to include penal code sanctions against the perpetrators of child sexual abuse. Law enforcement was also expanded to include a network of women and children police desks throughout the island as a response to violence against children and women.

There is a United Nations Focal Point on GBV. UN Agencies such as UNICEF, UNFPA and WHO collaborate with local counterparts both in the government as well as civil society organizations on specific projects. There is ongoing research by the Centre for Women's Research and advocacy by Women and Media Collective and other civil society organizations.

RECOMMENDED INTERVENTIONS AND STRATEGIES

RATIONALE

A well coordinated response to address the vulnerability of boys to sexual abuse needs to be a goal in terms of its own importance in addition to its relevance in gender-based violence.

Since the issues related to the sexual abuse of boys are of a multi-sectoral nature, a coordinated response of all relevant institutions working together with a common goal in sight is necessary. This includes community based initiatives, improving reporting systems, strengthening law enforcement, expediting court cases, improving awareness including the education of children to protect themselves and report abuse, and expanding access to therapy and counselling for victims. Child victims in all settings need protection.

Male models of masculinity begin to be established in childhood. Childhood experiences, particularly in the home environment have a strong influence. But as a child grows, particularly in adolescence there is more peer pressure and the other influences such as the media which can contribute to the adoption of violent behaviour, particularly towards girls and women. Media can and should support more actively the promotion of non violent behaviour patterns among adolescents, youth and other males as a social obligation.

STRATEGIES

Both the prevention and greater responsiveness are important. This is necessary at the family, community as well as national level including all institutions where children are at risk. This should include, not only responding to the sexual abuse of all children in general, but placing added attention on hitherto insufficiently addressed issues relevant to the sexual abuse of boys, identified in the study.

Well focused interventions at home and community level, which can reduce childhood neglect, exploitation and other harmful practices, including poor parenting practices are important. Interventions are also needed at schools, child care institutions, vocational schools, training institutions, child care homes, and in juvenile detention centres. Special interventions will need to be formulated to reach out to children who are homeless, who live on streets as well as religious institutions where children may be recruited as novices. In all such instances boys could be most vulnerable to sexual abuse by older peers as well as adults. There is a need for greater vigilance and monitoring of child rights standards in such circumstances. Recruiting qualified and well trained staff, who are well screened before recruitment and supervised on a regular basis are essential aspects of providing quality protection from child abuse. All such situations need a confidential system for children to report abuse, particularly sexual abuse, which if occurring, will be independently investigated in each instance.

Prevention needs community level interventions which support families at risk of such abuse due to poverty, unemployment, migrant mother, alcoholism and drug abuse, absentee fathers and other factors, depending on each geographic locality. Parenting programmes are important and access to community level support systems for families at risk.

In planning and developing interventions, area based approaches are recommended, which includes all relevant sectors and stakeholders, related to both the state as well as civil society.

A more comprehensive data base than is available at present is important to determine the real ex-

tent of the sexual abuse of boys in particular but also covering all children in general, including girls. There should be a geographical mapping done to identify areas where the problem is most prevalent. There also needs to be better access to the reporting of incidents by children themselves, in addition to adults, not necessarily only parents.

A wider access to quality therapy and counselling for child victims is essential. The NCPA has a hot line for reporting as does the women and children's police. Such reporting systems need to be evaluated in terms of effectiveness and impact on children who are victims of abuse, particularly sexual abuse. Such systems may need strengthening and expansion to respond to the widespread need for services.

Increasing awareness on the availability of legal instruments, and how the law enforcement system can be accessed are both necessary. This includes legal aid and access to justice interventions at local level.

There is an important need to improve the capacity of institutions such as the Ministry of Child Development and Women's Affairs as well as the NCPA, the Department of Probation and Child Care as well as the Ministry of Justice to record and document all cases of Child Sexual Abuse. This is important as a base to undertake a periodic analysis, review trends, develop new policies and or change existing ones in the best interest of child victims of sexual abuse. The information should be disaggregated to provincial, district and Pradeshiya levels.

INTERVENTIONS

Primary intervention at home and community level- prevention

The primary prevention of child sexual abuse in homes and in the immediate community in which children live is essential. It is important to bear in mind that most of the sexual abuse occurs not by strangers but by people the child knows and associates with, and so called "friends of the family".

In this connection, to promote prevention, parenting classes for young couples is important to be aware of risks of child abuse in addition to health, nutrition, education and other issues. Information on how children should and could be protected from abuse, particularly Sexual Abuse needs to be communicated to the public. This could also be added when services related to antenatal care, well baby care and preschool education programmes are conducted. An opportunity to openly discuss the issue of sexual abuse is important for early detection, reporting and prevention. The barrier of secrecy which surrounds sex abuse acts as a factor which allows perpetrators to get away with impunity.

Preventive programmes at the family and community need support from social service officers as well as civil society organizations who may already be involved in such activities. Others include field based staff of the NCPA, Child Rights officers and staff of probation and child care. This could also include public health staff who visits homes, development officers, teachers, religious leaders and civil society organizations.

Protective education on child abuse should be provided to all children in all schools, to open up discussion on and expand knowledge related to child sexual abuse. Teachers will need to be trained for this purpose. It may be necessary to identify particular teachers who have the necessary skills and capacity to communicate well with children without inhibitions. Well selected peer educators if trained could be an important resource. Protective education could be incorporated into Life Skills education programmes. It could also be incorporated into School Health Services depending on each school situation as schools vary. Acceptability may be greater if the health care providers are involved. The



Protective Committees established in schools by the NCPA need to be strengthened and expanded to include the communication of key messages related to the prevention of child sexual abuse of both boys and girls.

Primary interventions at home and community level- response

Family Health workers, social service officers and NCPA coordinators including psychosocial coordinators who visit homes, are a useful group of field level officers who could be mobilized for the early detection of child sexual abuse. They could undertake referral to relevant service providers either the hospital, or a NGO dedicated to providing services. They should focus on vulnerable families where the risk of abuse is high. Indicators to identify such families will need to be developed. If a mapping of vulnerable families is conducted, they could focus on such homes and families. Training will be needed if such groups are mobilized to perform this function which will be of great benefit to children. Child Victims of sexual abuse most often keep the abuse hidden and therefore an outreach intervention where services go out to them is worth consideration.

Social workers could play a useful role in terms of detecting vulnerable families and detecting the possible occurrence of both child sexual abuse as well as GBV. Another option is to make use of Social Services centres to promote child protection. Such centres could be used for providing parenting and child protection classes for families. There could also be NGOs and religious organizations with volunteers who could support such schemes. Access to compulsory couple counselling is worth consideration in the event of GBV and IPV.

All schools need a confidential complaints mechanism, which provides opportunities for children to report abuse, which may be perpetrated by peers, older boys or masters and even the principal in some instances. Confidentiality is an important aspect without which such systems will not be effective. Parents also need to provide information on Child Sexual Abuse, through Parent Teachers Associations and similar bodies.

School based interventions

Since over 90% of Sri Lankan children attend schools, this is a good entry point to provide Protective Education. This needs to begin in the early years and particularly during adolescence. Schools should also provide opportunities to report abuse. This should be supported with access to counselling services. If there are perpetrators of sexual abuse, action must be taken against all offenders. This will need training for teachers to provide age appropriate protective education. This could be made part of life skills education.

The Education sector needs to play an important role in terms of conducting gender audits related to curricula and text books. In addition, it may be useful to include non violent methods of conflict resolution, which would be particularly relevant to GBV. The Education Ministry should also have a complaints mechanism where sexual abuse in schools can be reported. Action must be taken in all instances without delay. Every complaint must be investigated to ascertain the accuracy of the facts reported so action is taken against the perpetrator. This is important for prevention as it is a deterrent to perpetrators, many of who tend to get away with impunity if children lack the courage to report, are embarrassed and fear reprisal or non action if the abuse is reported.

Reporting and law enforcement

Once the reporting of an incident of Sexual abuse to law enforcement authorities has occurred, it is

essential that there is effective action taken without delay. Law delays could be a reason why some instances of child abuse are not reported. Others include media exposure with little regard towards the sensitiveness of victims regarding privacy, lack of victim protection and perpetrators who gets off with bail causing intimidation of the victim and the family to withdraw the charge.

The staff working at the Women and Children police desks need regular training and support to perform their tasks. More well trained male police as staff in addition to women may be necessary to encourage more boys to report sexual abuse. Child abuse including the less documented and reporting of the sexual abuse of boys may need to be highlighted more in the police training curriculum. This should also include the commercial sexual exploitation of boys.

Improving the data base

It is important to improve the quality and extent of the reporting of the sexual abuse of boys, in addition to that of girls. All children need to be included equally. At present, most of the data refer to girls and women. Trained and qualified male interviewers may be necessary to obtain information from boys. The current Hot Lines of the NCPA and the Police may need to be reviewed in terms of the response to the sexual abuse of boys. The reporting systems at the women and children police desks, information to NCPA coordinators in the field, in hospitals and health institutions need to be strengthened and expanded.

Complaints mechanisms that are confidential and effective are very important in boy's schools, particularly boarding schools, vocational training institutions, universities and religious institutions with only male clergy.

The data base must include information from the judiciary on cases presented and pending as well as indictments related to boy sexual abuse.

Strengthening of the National Child Protection Authority (NCPA)

Since the NCPA is already mandated to perform functions related to the protection of children from Child Abuse it is necessary that the institution be strengthened and supported to expand its efforts to both prevent and respond effectively to the sexual abuse of boys. This should include advocacy against such abuse and undertaking social communication using media as well as other forms to reach out to families particularly children. It is necessary to improve their system which responds to the reporting of the sexual abuse of boys in addition to girls. Opportunities in districts for such reporting should be expanding through the system of NCPA coordinators. The psychosocial coordinators could play an important role in education, and the providing of services to child victims. Both groups could and should expand awareness programmes at the local level of the district and the Pradeshiya division.

Child protection committees should be established in all schools on a phased basis. This would add much strength and support to the highlighting of issues of child sexual abuse as well as reporting and improving access to therapy and counselling for child victims.

The NCPA could also take a lead role in expanding the opportunities for victims to obtain services related to therapy and counselling, The NCPA psycho social coordinators could play a significant role in providing such services. This should include, training local NGOs and civil society organisations who are committed to helping in delivering services to children. The NCPA could also provide leadership to highlight the issue of the sexual abuse of boys in the media, and promote better recognition of the problem. The NCPA could also provide media materials for use at local and national levels, focused

on the sexual abuse of boys. A specific media campaign on the issue of sexual abuse of boys would be useful in bringing the subject into the open.

Improving the quality of services by the Department of Probation and Child Care, including care for victims of child sexual abuse

There is a need to improve the quality and extent of victim protection and care services provided in protection institutions for abandoned children, orphans, child victims of neglect and abuse administered by the Department of Probation and Child Care, at provincial level. This includes providing access to counselling and therapy for all victims of child sexual abuse. All children in the institutions under the Department of Probation and Child care homes should be able to access such services, although children with different types of care and protection need are often kept together. All staff working in such establishments need to have well developed criteria for recruitment, basic training which include methods to detect and respond to sexual abuse. This includes preventing abuse within the institution as well.

NGOs and civil society organizations also provide shelters for child victims of abuse, neglect and exploitation. All such institutions need to be registered at Provincial Level, should be regularly monitored on the basis of conformity to the Standards on improving the quality of care and protection. All Probation and Care officers may need to be aware of the new dimensions of the sexual abuse of boys, so that they too could be more alert to the problem and respond accordingly. Training may be needed on this aspect.

It is also important for Probation officers to be on the alert for Child Sexual abuse occurring in institutions, both state run as well as by other groups. Some may not be registered as NGOs and may not be conforming to required standards. Some may be used to exploit and abuse boys. A strict set of guidelines and standards need to be maintained in all institutions, and an independent monitoring system be established so that there is no abuse occurring, particularly sexual abuse. Children in all such institutions need access to a confidential reporting system.

Research

More research may be needed to determine the causes of the sexual abuse of boys, the relationship with GBV and other forms of violence against women. This may need detailed information from offenders as well as victims with trained interviewers and a representative sample of the population.

This will also need to include the collection of more information and data from districts and even at the Pradeshiya level to identify particularly vulnerable areas and communities. The other area in which there is little information includes boys' schools particularly boarding schools, tutorials, vocational training institutions, juvenile detention centres, training colleges, religious institutions which have boy novices. These are all areas for more research and the gathering of more information. Due to the sensitivity of the information and because children are involved, the researchers need to be well selected and trained.

The Sri Lanka College of Paediatricians which have already been involved and support both research as well as intervention programmes needs to continue to be supported and can take a lead role where research is concerned.

The prevention of substance abuse

This is an important factor contributing to GBV and could also contribute to the abuse neglect of

children. It is essential that current interventions be expanded. Effort are needed to provide children with life skills education in schools as well as conduct peer educator programmes to prevent children becoming addicted to both alcohol, drugs and tobacco. Changing such practices in adult life is much more difficult and may even not yield the desired benefit. Hence such programmes for schools, particularly for adolescents and youth are important. This also includes controls in the media regarding the advertisement of alcohol.

The media

Violence in the media, particularly the electronic media could have a significant impact on children and youth. This is particularly related to the models of masculinity portrayed which are mostly based on violence as accepted male behaviour.

Media has the advantage of reaching a wide cross section of the public. However, media can play a positive or negative role in the context of values related to GBV and child abuse. These need to be more widely recognized. Since there are 24 TV stations, 43 radio channels and 18 cable TV networks there is a wide cross section of the public including men, women and children who watch TV and listen to the radio for long periods of time as a form of recreation. It is therefore important to establish certain ethical practices where children and GBV are concerned. It could lend itself for a media campaign which is of benefit if the right messages of Child Protection are communicated. A Code of Ethics should be established to monitor violations as well as a complaints mechanism. This should include the Internet. A cyber surveillance system is important to detect and prevent the soliciting of children for child sexual abuse by paedophiles.

Teledramas which are popular portray an excessive amount of GBV, which is depicted as “normal” male behaviour in homes. These are often watched by children from an early age. Aggressiveness towards women and children is justified by the traditional male role model of men controlling women, particularly when it occurs in the privacy of a home. Script writers of such teledramas need to be orientated to understand the harm created in reinforcing such attitudes in society.

It is also important to control and prevent the exploitation of children particularly girls in reality shows, dressed and behaving in a sexualized manner. Such programmes can encourage potential perpetrators of child abuse.

The private sector could play a role in monitoring and preventing advertisement using children, particularly in a “sexualized” manner in reality shows.

Planning, coordination and monitoring

The focal point ministry, which is the Ministry of Child Development and Women’s Affairs, will need to lead the planning and implementation of interventions related to responding to GBV as well as Child Sexual Abuse. The support of other key ministries such as justice, defence, health, education, social services, media, provincial administration and interested donor agencies and civil society organizations is important. A coordinating mechanism will need to be established including the development of a plan of action and a monitoring mechanism.

Building alliances

A comprehensive response to the elimination of the sexual abuse of children, with particular reference to boys is important at all levels of society. This will need to be built on multi-sectoral alliances at



different levels. These include the community level involving families, the Grama Niladhari, Pradeshiya and the District levels as well as the province. All these need to be incorporated with the national level institutions, particularly the Ministry of Child Development and Women's Affairs. This alliance will need political support, and that of civil society organizations working on Child Sexual abuse issues. The support of professional bodies such as the Sri Lanka College of Paediatricians and the Sri Lanka College of Forensic Pathologists is essential.

Explicit policy statements in the media, regular press conferences on this issue by the political leadership, professional institutions, religious institutions, civil society organisations and academic institutions can all contribute towards enabling a positive impact.

ANNEX A

RECOMMENDED PLAN OF ACTION

No.	Focus Area	Goals / Objectives	Issues	Activities	Key Responsibility	Performance Indicators	Time frame
01	Improving the Data Base	<p>*Improve the quality and content of the data base on child abuse, expand collection of information on the sexual abuse of boys.</p> <p>* Strengthen reporting by the NCPA, and the Women and Children Police Desks, Probation and Child Care as well as Civil Society organizations providing services to children at risk, information from courts and, paediatric units.</p>	<p>*The data base needs to be comprehensive covering both the sexual abuse of boys and girls and all institutions providing services to affected children.</p>	<p>* Coordinate all relevant institutions collecting data and undertaking research on Child Sexual Abuse’.</p> <p>* Identify a focal point to coordinate and collect the data from all relevant at a focal point institution.</p>	<p>* Min. of CD and WA</p> <p>* Supporting institutions include the Women and Children Police Bureau, NCPA, MOJ, AG’s dept. SL College of Paediatricians, NGOs providing services to Children</p>	<p>*Number of meetings held with relevant institutions and development of the data base</p> <p>* No of coordinated comprehensive data systems established</p>	2 years
02	Primary Interventions at Family level, Prevention of Child Abuse through a coordinated response	<p>* Identify ‘At Risk’ families at Grama Sevaka and/or Pradeshiya Level supported by the Child Rights Officers and other Pradeshiya level officials.</p> <p>* Provide training on the identification of Child sexual abuse to all field workers who visit homes.</p> <p>* Provide information on access to services.</p>	<p>* Child Sexual Abuse occurs in homes and the family involving both girls and boys, and most incidents by those known to the child.</p> <p>* The sexual abuse of children with emphasis to obtain better reporting related to boys.</p> <p>* Promotion of parenting</p>	<p>* Selection of a district, Pradeshiya Divisions, and or GN divisions for area based home level interventions.</p> <p>* Collection of baseline information on vulnerable families.</p> <p>* Advocacy/ awareness among the key government officials in the selected areas.</p> <p>* Development of relevant</p>	<p>* Min. of CD and WA</p> <p>* Provincial and District administration</p> <p>* Local political leadership</p> <p>* Health sector staff, particularly the field staff. Family health workers, Paediatricians, MOOH</p> <p>* NCPA coordinators and psychosocial coordinators.</p> <p>* Social Ser-</p>	<p>*No of districts/ Pradeshiya divisions/ GS divisions selected.</p> <p>* Availability of baseline data on most vulnerable families selected.</p> <p>* No of advocacy programmes conducted.</p> <p>* Quality of awareness materials produced.</p>	2 - 3 years.

			<p>education with an emphasis on protection of children from child abuse.</p>	<p>material in local languages on Child Abuse for distribution.</p> <p>* Identification of civil Society Organisations interested in providing support</p> <p>*Mobilising the support of local political leadership religious leaders.</p> <p>* Development of educational materials for all groups involved in programme implementation.</p>	<p>ices Officers.</p> <p>* Child Rights officers.</p> <p>* Probation and Child staff</p>	<p>* No & functioning of network of Civil sociality organizations and relevant govt. officials established. Families contacted</p>	
03	Reporting incidents of Child Abuse to Law Enforcement Authorities.	*Improving the reporting of Child Abuse with special emphasis on improving and encouraging the reporting of sexual abuse of boys.	<p>* Priority to be placed on families/ communities/ and the general public to detect and report the sexual abuse of boys, in addition to girls.</p> <p>* Determining measures to motivate more boys to report abuse.</p> <p>* Training of staff involved in handling such complaints.</p>	<p>* Assess the Training of Police in Women and Children Police Desks and information on the sexual abuse of boys.</p> <p>* Relevant Inputs to basic Police Training to improve quality aspects..</p> <p>* Training of all NCPA coordinators and Psycho social coordinators with special emphasis on the sexual abuse of boys. .</p>	<p>* Min. of CD and WA</p> <p>* MOJ</p> <p>* AG's Dept</p> <p>* The Police/W and C Desks</p>	<p>* Nos. of Training programmes held for the Police & NCPA coordinators</p>	2 - 3 Years

			<ul style="list-style-type: none"> * Media support. * Expediting court cases/ AG's Dept./ MOJ 	<ul style="list-style-type: none"> * Planning and implementing a multi media strategy. * Strengthening the expediting of court cases. 			
04	<p>Expanding the role of outreach staff of the NCPA to improve action taken related to the Sexual Abuse of boys in addition to that of girls, to both prevent and respond effectively including reporting and responding in the project areas targeted.</p>	<ul style="list-style-type: none"> * Improve the knowledge and capacity of the NCPA coordinators and Psycho-social coordinators. Provide skills to enable them to respond effectively. * Provide educational tools they could share at field level * Provide necessary inputs to improve their capacity to fulfil their job functions. 	<ul style="list-style-type: none"> * unmet need for information in schools, community centres, social work centres, by NGOs and Civil Social groups . * Lack of knowledge among vulnerable families * Lack of knowledge among teachers and schools regarding Child Sexual Abuse, particularly of boys. * Lack of access to Therapy/ Counselling for child victims * Support to victims and families to report perpetrators. * Need for Child protection committees in all schools. * Facilitate access to W 	<ul style="list-style-type: none"> * Training/ improving their skills and knowledge. * Provision of Teaching Materials. * Overcoming barriers related to their outreach work. * Setting up a support system with the local Paediatrics Unit/MO Mental Health * Provide opportunities for quarterly reporting of issues for problem solving at the national level * Take action to set up Child Protection Committees in all Schools. 	NCPA	<ul style="list-style-type: none"> * No of training programmes held, covering all relevant staff * Quality of teaching materials provided and being utilized. * No & functioning of support and referral systems set up in each districts in the project areas. * No of established Child Protection Committees in All schools in the project areas. * No of Quarterly monitoring meeting held/issues resolved at NCPA at central level. 	2 Years.

			& C police desks.				
05	School Based Interventions	<p>* To prevent and respond to child Sexual Abuse in Schools, including both boys and girls.</p> <p>* Establish a confidential and accessible reporting system for children to report Sexual Abuse/harassment either to the principal, or, a focal point in the Ministry of Education or other authorities in the case of private schools.</p> <p>* Set up Child Protection Committees in all schools</p> <p>* Provide Protective Education in schools</p> <p>* Train Peer educators in Schools.</p> <p>*Undertake prevention of Child Abuse as a component of Life Skills</p>	<p>* Children are not Aware of Child Sexual Abuse and do not have the knowledge how to prevent such abuse. This includes both boys and girls.</p> <p>* Affected children do not have confidential, accessible "Child Friendly" system to report such abuse.</p> <p>* There is a tendency to hide sexual abuse, and in the process, perpetrators escape with impunity.</p> <p>* The secrecy surrounding sexual abuse of boys needs to be eliminated.</p> <p>* Abuser could be a peer, an older child, a teacher or even a principal.</p> <p>* The protection of children in schools needs to</p>	<p>* Orientate all Teachers and Principles on Child Sexual abuse, including issues related to the sexual abuse of boys.</p> <p>* Identify and train teachers who could undertake protective education classes for children.</p> <p>* Develop age appropriate educational materials for children on protection from abuse.</p> <p>* Conduct discussions at Parent Teacher Association Meetings.</p> <p>* Include it as an item in School Health Activities. Establish child protection committees in schools with the support of the NCPA</p>	<p>* Min. of CD and WA</p> <p>* NCPA</p> <p>* Dept. of Psychiatry and Psychology, Univ. of Colombo</p> <p>* Min. of Education</p> <p>* Family Health Bureau / Min. of Health.</p>	<p>* Coverage of all Schools with a confidential reporting system on Child Sexual Abuse.</p> <p>* Coverage of Schools with a well functioning Child Protection Committees.</p> <p>* No of schools providing Protective Education to Children/ Number of Teachers trained</p> <p>* Extent of provision of Education materials to Children.</p> <p>*No of orientations of Principals and Teachers on the importance of preventing and responding to Child sexual abuse</p>	2 Years.

			overcome such situations, where children are very vulnerable.				
06	Access to Services for all Victims of Sexual Abuse- both Boys and Girls	<p>* Expand and improve the quality and access to confidential counselling/ therapy and other support services to child victims and their families so that they are enabled to regain normalcy.</p> <p>* Identify and train service providers at the provincial/district/ Pradeshya levels as services need to be accessible.</p> <p>* Train service providers including NCPA staff, Child Care and Probation Officers, Staff in Child Care institutions, Social services Officers, local medical staff, Paediatricians in the nearest hospital, MO/Mental health, and civil society organizations, religious institutions with trained volunteers.</p>	* Many Child Victims of sexual abuse do not have access to quality therapy/ Counselling. Neither is there sufficient support for parents and the family in terms of how they can support child victims.	<p>* The identification of persons at the local who could provide services.</p> <p>* Setting up a training team/ SL College of Paediatricians and Dept. Psychiatry/ Psychology Colombo.</p> <p>* Undertaking the training, preparation of training material.</p> <p>* Monitoring of progress/ assessments of the quality of the services provided/coverage.</p>	<p>* SL College of Paediatricians.</p> <p>* Dept. of Psychology Univ. of Colombo.</p>	<p>* No of trainee groups identified.</p> <p>* Quality of training curricular developed.</p> <p>*Quality of training materials produced.</p> <p>* No of training programmes conducted.</p> <p>* No of evaluations conducted.</p>	3 years
07	Ensuring that children and youth, particularly adolescents are aware and understand the	<p>* Conduct gender audits on the curricula, text books and learning materials in schools.</p> <p>* Introduce early warning systems in schools if there</p>	*Sexualised "ragging" in Boys Schools and mixed schools as well as universities, Technical Colleges, Military es-	* Establish Child Protection committees in all such establishments. Should involve children, but also responsible adults	<p>* MOE</p> <p>* NIE</p> <p>* NCPA</p> <p>* Min. of CD and WA</p>	<p>* No of Child Protection Committees formed, and which are functional.</p> <p>* Conduct of Peer Education, numbers</p>	3 years 2 - 3 Years.

	<p>importance of gender equality from their early years, and that violence and bias on the basis of gender should receive zero tolerance in society at all levels, beginning in the home. This should be combined with the elimination of the abuse of both boys and girls in all learning institutions..</p>	<p>is such a bias/discrimination occurring. Set up a surveillance system.</p> <p>* Promote the introduction of eliminating gender bias to the Protection committees in Schools.</p> <p>* Promote the importance of elimination gender bias and child abuse at the Parent Teachers Association meeting.</p>	<p>establishments for youth.</p> <p>* Boarding schools and potential sites where sexual abuse could take place.</p> <p>* Child Care institutions both state run and private, which may/may not be registered with the relevant provincial Authorities, are run by NGO's may / may not be registered.</p> <p>* Religious institutions which have underage boys, undergoing training to be priests.</p>	<p>from the community, local leaders etc.</p> <p>* Provide educational materials to children on the importance of gender equity/equality.</p> <p>* Establish a complaints mechanism, which is accessible and confidential. Ensure action is taken in all situations without bias. Raise the issues at PTAs.</p> <p>* Introduce child protection into Teacher Training.</p>	<p>of peer educators trained.</p> <p>* Quality of information produced and distributed.</p> <p>* No. of PTAs where the issues are discussed/responses.</p> <p>* Outcome of the complaints mechanism and the action taken.</p>		
08	<p>The prevention of Substance abuse as a factor in increasing the risk of GBV and IPV. Prevention should commence in Childhood, with an emphasis on adolescence.</p>	<p>Provide Life Skills Education in all schools through Peer Education Programmes.</p>	<p>* Data reveals that a majority of men commit violence on women under the influence of Alcohol. There is a possibility that some use drugs.</p> <p>* Alcohol use, including illicit brews are used in the poorer homes and families.</p>	<p>* Life skills education in all schools, particularly secondary schools. Should include private as well as government schools. Focus on Adolescents and on Peer Education.</p> <p>* Undertake Media initiatives to highlight the link between alcohol and violence.</p>	<p>* Dept. of Psychiatry Faculty of Medicine Colombo</p> <p>* MOE</p> <p>* NGOs/ADDIC/Mel Medura</p> <p>* SL Dangerous Drug Board</p> <p>* Health Education Bureau/Ministry of Health</p>	<p>* Peer Educator programmes in Schools, numbers of peer educators trained, number of schools covered, and numbers of adolescents participating.</p>	2 Years.

			<p>* Inadequate attention is given to the importance of educational programmes in schools, for adolescents and for youth groups.</p> <p>* Media tends to portray alcohol abuse, although tobacco is being controlled.</p>	Particularly GBV and IPV.			
09	Developing a Child Protective Media	To mobilize the mass media, particularly the TV and Radio, in addition to the print medium, to promote Child Protection, particularly to prevent and respond to both the sexual abuse of girls and boys, including other factors in homes and families such as neglect, exploitation, abusive, and poor parenting practices which lead to a lack of protection in the home. This should include all systems involving children such as schools, tuition classes, universities, training colleges, boarding schools and religious institutions which provide schooling facilities to children.	<p>* TV/particularly teledramas which portray violence against girls, women and children.</p> <p>* Not much information is contained on the importance of prevention.</p> <p>* Media sometimes exposes the identity of victims of sexual abuse, leading to stigmatization.</p> <p>* Gender biased stereotypes are used extensively in the teledrama.</p>	* Advocacy, information sharing, particularly with media institutions, leading media personalities, advertising agencies and script writers of teledramas.	<p>* Min. of CD and WA.</p> <p>* Media Ministry.</p> <p>* Dept. of Information.</p> <p>* Private Sector.</p> <p>* Media Institutions.</p>	<p>* No of meetings with Teledrama Script Writers.</p> <p>* No of discussions with Media Institutions.</p> <p>* Established monitoring system to determine a change in gender stereotyping and providing child protective messages.</p>	2 - 3 years



A COLLABORATIVE EFFORT OF CARE INTERNATIONAL SRI LANKA WITH THE FOLLOWING MEMBERS OF THE WORKING GROUP:

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Ms. Nida Mushtaq	-	UNICEF
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